

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

HOLY CROSS HOSPITAL, INC.

Employer identification number

59-0791028

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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 the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		13,698	9433248.		9433248.	1.47%
b Medicaid (from Worksheet 3, column a)		1,873	32851432.	16200179.	16651253.	2.60%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		15,571	42284680.	16200179.	26084501.	4.07%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	52,502	2234902.	482,104.	1752798.	.27%
f Health professions education (from Worksheet 5)	3	217	865,168.		865,168.	.13%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	6,631	301,306.	251,836.	49,470.	.01%
j Total. Other Benefits	19	59,350	3401376.	733,940.	2667436.	.41%
k Total. Add lines 7d and 7j	19	74,921	45686056.	16934119.	28751937.	4.48%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL, INC.

	Yes	No
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?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL, INC.

	Yes	No	
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?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> 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?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> 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)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> 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?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: HOLY CROSS HOSPITAL, INC.**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** ☐ 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.

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.

	Yes	No
23		X
24		X

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Part V Facility Information (continued)

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.

HOLY CROSS HOSPITAL, INC.:

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

PART V, SECTION B, LINE 3E:

HOLY CROSS HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE

COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY

CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED

SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED FACILITATED

SELECTION PROCESS:

HEALTH NEEDS:

1) BEHAVIORAL HEALTH

2) DIABETES/OBESITY

3) HEART DISEASE AND STROKE

4) CANCER

5) MATERNAL AND INFANT HEALTH

6) ALZHEIMER'S DISEASE

7) HIV/AIDS

8) SICKLE CELL

SOCIAL DETERMINANT OF HEALTH NEEDS:

1) HEALTH CARE ACCESS AND QUALITY

2) ECONOMIC STABILITY

3) HOUSING/HOMELESSNESS

4) FOOD ENVIRONMENT

Part V Facility Information (continued)

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.

5) SAFETY AND CRIME

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 5: MEMBERS OF THE HOLY CROSS HOSPITAL COMMUNITY NEEDS ASSESSMENT ADVISORY COUNCIL PARTICIPATED IN FIVE MEETINGS BETWEEN AUGUST AND NOVEMBER 2021. HOLY CROSS HOSPITAL'S CHNA PROCESS ALSO INCLUDED DEFINING THE COMMUNITY, ANALYZING SECONDARY DATA SETS TO ASSESS THE HEALTH STATUS OF THE COMMUNITY, CONDUCTED PRIMARY QUALITATIVE DATA COLLECTION THROUGH SURVEYS, FOCUS GROUPS, KEY INFORMANT INTERVIEWS AND COMMUNITY CONVERSATIONS. THE DATA WAS THEN ANALYZED BY THE COMMUNITY HEALTH ADVISORY COMMITTEE AND COUNCIL TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS WITHIN THE HOLY CROSS STRATEGIC PLANNING AREA. THE COLLABORATIVE PROCESS RESULTED IN ACTION PLANNING AND THE FORMULATION OF THE IMPLEMENTATION STRATEGY.

ORGANIZATIONS THAT COMPRISED THE HOLY CROSS HOSPITAL COMMUNITY NEEDS ASSESSMENT ADVISORY COMMITTEE REPRESENTED MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN OUR SERVICE AREA. MEMBERS INCLUDED REPRESENTATIVES AND COLLABORATIVE PARTNERS FROM THE COMMUNITY, INCLUDING: THE DEPARTMENT OF HEALTH-BROWARD COUNTY, BROWARD HOUSING AUTHORITY, YMCA OF SOUTH FLORIDA, THE URBAN LEAGUE OF BROWARD COUNTY, HOPE SOUTH FLORIDA, SOUTH FLORIDA HUNGER COALITION, BROWARD COUNTY MEDICAL ASSOCIATION, THE UNITED WAY, THE UNITED WAY COMMISSION ON SUBSTANCE ABUSE, THE CHILDREN'S SERVICES COUNCIL, SUNSERVE, BROWARD HEALTHY START COALITION, BROWARD SHERIFF'S OFFICE-COMMUNITY PROGRAMS, MEALS ON WHEELS OF SOUTH FLORIDA, CLINICA LUZ DEL MUNDO (LIGHT OF THE WORLD CLINIC), LIVING WATERS CLINIC,

Part V Facility Information (continued)

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.

AMERICAN CANCER SOCIETY, WOMEN IN DISTRESS, JACK AND JILL CHILDREN'S
CENTER, FAU CHRISTINE E. LYNN COLLEGE OF NURSING, HEALTHY FAMILIES
BROWARD, SICKLE CELL DISEASE ASSOCIATION OF BROWARD COUNTY, HEALING ARTS
INSTITUTE OF SOUTH FLORIDA, SOUTH FLORIDA INSTITUTE ON AGING, BOYS TOWN
SOUTH FLORIDA, BROWARD COUNTY PUBLIC SCHOOLS FAMILY MATTERS THERAPEUTIC
SERVICES, BROWARD SHERIFF'S OFFICE POMPANO BEACH, FIRST UNITED METHODIST
CHURCH, WOMEN IMPACTING NEIGHBORHOODS, INC., AND SECOND CHANCE SOCIETY.
TOGETHER, THIS DIVERSE GROUP OF INDIVIDUALS REPRESENTED NUMEROUS
POPULATIONS THAT LIVE, PLAY, AND WORK IN THE BROWARD COMMUNITY.

ADDITIONALLY, MANY COMMUNITY-BASED ORGANIZATIONS, INDIVIDUALS, AND KEY
INFORMANTS WHO REPRESENT AND/OR PROVIDE DIRECT SERVICES TO THOSE WHO ARE
MARGINALIZED ALSO PROVIDED COMMUNITY INPUT INTO THE CHNA PROCESS. THEY
REPRESENTED: HOMELESS FAMILIES, INDIVIDUALS, AND VETERANS; FAMILIES AND
INDIVIDUALS WHO ARE FOOD INSECURE; WOMEN AND FAMILIES AT HIGH RISK OF LOW
BIRTHWEIGHT INFANTS AND ABUSE; FAMILIES WHO LIVE BELOW THE FEDERAL POVERTY
LEVEL; AT-RISK TEENS; PHYSICALLY, EMOTIONALLY, AND/OR MENTALLY ABUSED
INDIVIDUALS; SUBSTANCE USERS AND ABUSERS; UNDOCUMENTED INDIVIDUALS; AND
INDIVIDUALS WITH BEHAVIORAL/MENTAL HEALTH DISORDERS. FEEDBACK WAS RECEIVED
FROM: 42 COMMUNITY CONVERSATION PARTICIPANTS; FIVE COMMUNITY FOCUS GROUPS
CONDUCTED IN ENGLISH, CREOLE, AND SPANISH WITH 57 PARTICIPANTS; EIGHT
KEY-INFORMANT INTERVIEWS; FOUR PROVIDER FOCUS GROUPS WITH 53 PARTICIPANTS
IN MULTIPLE SPECIALTY AREAS, INCLUDING MATERNAL CHILD HEALTH, SPECIAL
NEEDS, SUBSTANCE ABUSE/MENTAL HEALTH, LGBTQ & TRANSGENDER YOUTH, AND
LOW-INCOME INDIVIDUALS AND FAMILIES, AND 400 SURVEYS STRATIFIED ACROSS THE
COUNTY CONDUCTED BY BROWARD REGIONAL HEALTH PLANNING COUNCIL COMMUNITY
HEALTH NEEDS ASSESSMENT SURVEY.

Part V Facility Information (continued)

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.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 11: HOLY CROSS HOSPITAL IS A COMMITTED COMMUNITY PARTNER, WORKING WITH NUMEROUS PUBLIC AND COMMUNITY AGENCIES TO IMPROVE THE HEALTH AND WELL-BEING OF VULNERABLE BROWARD COUNTY RESIDENTS. THE IMPLEMENTATION STRATEGY FOCUSES ON SPECIFIC POPULATIONS AND GEOGRAPHIES MOST IMPACTED BY THE NEEDS BEING ADDRESSED. RACIAL EQUITY PRINCIPLES WERE USED THROUGHOUT THE DEVELOPMENT OF THE PLAN AND CONTINUE TO BE USED DURING ITS IMPLEMENTATION. STRATEGIES FOCUS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE AS THESE SYSTEMS CHANGES ARE NEEDED TO DISMANTLE RACISM AND PROMOTE HEALTH AND WELLBEING FOR ALL MEMBERS OF THE COMMUNITIES SERVED.

IMPLEMENTATION STRATEGIES ARE DESIGNED TO ADDRESS THE PRIORITY AREAS IDENTIFIED IN THE CHNA. THE FOLLOWING ARE PROGRAM EXAMPLES OF STRATEGIES FOR FISCAL YEAR 2024:

HEALTHCARE ACCESS & QUALITY

IN RESPONSE TO THE SYNDemic OF HIV, HEPATITIS C AND SYPHILIS IN BROWARD COUNTY, COMMUNITY HEALTH AND WELL-BEING (CHWB) IMPLEMENTED THE FRONTLINES OF COMMUNITIES IN THE U.S. (FOCUS) PROGRAM IN PARTNERSHIP WITH THE EMERGENCY DEPARTMENT, LAB, AND THE HEALTH DEPARTMENT. FOCUS PROVIDES OPT-OUT TESTING OF HIV, HCV, AND SYPHILIS IN THE EMERGENCY DEPARTMENT SETTING.

CONTINUING TO 'CATCH UP' ON MISSED OR DELAYED CHILDHOOD IMMUNIZATIONS, CHWB CLINICAL STAFF MADE GREAT EFFORTS TO PROVIDE VACCINES AT

Part V Facility Information (continued)

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.

COMMUNITY-BASED BACK TO SCHOOL FAIRS TO UNINSURED, UNDERINSURED, AND
 MEDICAID RECIPIENTS, RESULTING IN 620 DOSES OF CHILDHOOD VACCINES
 ADMINISTERED TO INFANTS, TODDLERS, AND SCHOOL AGE YOUTH. IN ADDITION, 693
 UNDERVALUED ADULTS RECEIVED VACCINES AT COMMUNITY-BASED SETTINGS.

A NURSE-LED PRIMARY CARE HEALTH CENTER LOCATED IN THE SISTRUNK
 NEIGHBORHOOD (ZIP-CODE 33311), PROVIDES PRIMARY CARE SERVICES TO
 INDIVIDUALS EXPERIENCING UNTREATED CHRONIC DISEASES AND RELATED HEALTH
 INEQUITIES. THE HEALTH CENTER PROVIDED 1,682 CLINICAL APPOINTMENTS AND
 EASY ACCESS TO A COMMUNITY HEALTH WORKER (CHW) ADDRESSING OUTSTANDING
 SOCIAL DETERMINANTS OF HEALTH.

MAJOR RENOVATIONS HAVE STARTED ON THE HOLY CROSS FAMILY HEALTH CENTER
 PLANNED TO OPEN IN FISCAL YEAR 2025. THE CENTER WILL PROVIDE COMPREHENSIVE
 SERVICES AT ONE LOCATION: INTEGRATED PRIMARY CARE, LAB AND SOCIAL SUPPORT
 SERVICES, MEDICAL NUTRITION THERAPY, PEDIATRIC PHYSICAL THERAPY, SPEECH
 AND LANGUAGE THERAPY, AND OCCUPATIONAL THERAPY WHICH WILL INCREASE ACCESS
 TO ESSENTIAL HEALTH AND SOCIAL SERVICES TO THE 33334 NEIGHBORHOOD AND
 SURROUNDING COMMUNITY.

PARTNERS IN BREAST HEALTH PROVIDES ACCESS TO BREAST SCREENING AND
 DIAGNOSTIC SERVICES THROUGH GRANTS AND PHILANTHROPY. THE GOAL IS TO REDUCE
 LATE-STAGE BREAST CANCER DIAGNOSIS AND DEATH. 472 SERVICES WERE PROVIDED
 TO LOWER INCOME, UNINSURED MINORITY WOMEN. WOMEN DIAGNOSED WITH BREAST
 CANCER WERE LINKED INTO TREATMENT AND CARE. 1,135 INDIVIDUALS RECEIVED
 COMMUNITY-BASED BREAST HEALTH EDUCATION AND PREVENTION SERVICES.

Part V Facility Information (continued)

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.

COMMUNITY-BASED RNS ARE RESPONDING TO THE HIGH MORBIDITY AND MORTALITY

RATES IN THE BLACK COMMUNITY. REGULAR VISITS WITH FIRST-TIME MOMS,

STARTING EARLY IN THE PREGNANCY AND CONTINUING UNTIL THE CHILD'S SECOND

BIRTHDAY HELPS EMPOWER MOMS TO TRANSFORM THEIR LIVES AND CREATE BETTER

FUTURES FOR THEMSELVES AND THEIR BABIES.

FOOD ENVIRONMENT

IN PARTNERSHIP WITH LIFENET 4 FAMILIES AND SOUTH FLORIDA HUNGER COALITION,

4,976 INDIVIDUALS WERE PROVIDED WITH NON-PERISHABLE FOOD PACKAGES AND

FRESH PRODUCE. THE SUMMER BREAK SPOT PROGRAM PROVIDED 250 CHILDREN WITH

21,950 PORTION-CONTROLLED, NUTRITIOUS BREAKFAST AND LUNCH MEALS AND

SNACKS.

DIABETES/OBESITY

DIABETES/OBESITY IS A KEY FOCAL POINT FOR PROGRAMMING. 256 DIABETES

PREVENTION CLASSES WERE TAUGHT TO 1,595 INDIVIDUALS VIA IN-PERSON,

VIRTUALLY, OR BY DISTANCE LEARNING. ADDITIONALLY, THE DIABETES

SELF-MANAGEMENT EDUCATION PROGRAM PROVIDED 294 INDIVIDUAL APPOINTMENTS AND

125 DUPLICATED INDIVIDUALS ATTENDED GROUP CLASSES AND SUPPORT GROUPS.

TO CURB DIABETES AND OBESITY WITHIN THE SISTRUNK COMMUNITY, THE DIABETES

CHW WORKED CLOSELY WITH THE HEALTH CENTER. THIS CHW PROVIDED INDIVIDUAL

EDUCATION SESSIONS, LIFESTYLE CHANGE CLASSES, AND SOCIAL CARE

SCREENINGS/LINKAGES TO AT-RISK INDIVIDUALS. IN ADDITION, A PEDIATRIC

LIFESTYLE CHANGE PROGRAM, SMARTMOVES WAS PROVIDED TO CHILDREN PREDISPOSED

FOR DIABETES IN PARTNERSHIP WITH FORT LAUDERDALE PARKS AND RECREATION AND

SELECTED HOUSING AUTHORITY SITES. 322 YOUTH WERE PROVIDED WITH 27 CLASSES.

Part V Facility Information (continued)

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.

HOLY CROSS HEALTH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. HOLY CROSS HEALTH IS PARTNERED WITH LOCAL COMMUNITY RESOURCES THAT PROVIDE SPECIALIZED SERVICES AND ENSURES THAT PATIENTS RECEIVE THE CARE AND TREATMENT THEY NEED. HOLY CROSS HEALTH DID NOT DIRECTLY ADDRESS THE FOLLOWING HEALTH AND SOCIAL NEEDS IN FISCAL YEAR 2024: BEHAVIORAL HEALTH, HEART DISEASE AND STROKE, CANCER, MATERNAL AND INFANT HEALTH, ALZHEIMER'S DISEASE, HIV/AIDS, SICKLE CELL, ECONOMIC STABILITY, HOUSING/HOMELESSNESS, AND SAFETY AND CRIME.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO

Part V Facility Information (continued)

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.

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

HOLY CROSS HOSPITAL, INC.

PART V, LINE 16A, FAP WEBSITE:

WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

HOLY CROSS HOSPITAL, INC.

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

HOLY CROSS HOSPITAL, INC.

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

WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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

WWW.HOLY-CROSS.COM/ABOUT-US/CHWB/COMMUNITY-NEEDS-ASSESSMENT

Part V Facility Information *(continued)*

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.

HOLY CROSS HOSPITAL, INC. - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S
IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE
FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE
TO THE PUBLIC.

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

WWW.HOLY-CROSS.COM/ABOUT-US/CHWB/COMMUNITY-NEEDS-ASSESSMENT

Part V Facility Information (continued)**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? 27

Name and address	Type of facility (describe)
1 HOLY CROSS ORTHOPEDIC INSTITUTE 5597 N. DIXIE HIGHWAY, 2ND FLOOR FORT LAUDERDALE, FL 33334	ORTHOPEDICS, SPINE, PODIATRY, REHABILITATION, SPORTS MED
2 GALLAGHER ADULT PRACTICE 1900 E. COMMERCIAL BLVD., #101 FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE, FAMILY MEDICINE
3 NEUROSCIENCE INSTITUTE 1931 NE 47TH STREET FORT LAUDERDALE, FL 33308	NEUROLOGICAL CARE
4 PAIN MANAGEMENT 5597 N DIXIE HIGHWAY, 2ND FLOOR FORT LAUDERDALE, FL 33334	PAIN MANAGEMENT
5 GASTROENTEROLOGY PRACTICE 4701 N FEDERAL HIGHWAY, B BLDG. FORT LAUDERDALE, FL 33308	GASTROENTEROLOGY PRACTICE
6 GALLAGHER PEDIATRICS 1900 E. COMMERCIAL BLVD., #202 FORT LAUDERDALE, FL 33308	PEDIATRICS PRACTICE
7 UROLOGY 1930 NE 47TH STREET, SUITE 205 FORT LAUDERDALE, FL 33308	UROLOGY
8 ENDO AND INTERNAL MEDICINE PRACTICE 4701-A N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE
9 WILTON MANORS PRACTICE 1402 NE 26TH STREET FORT LAUDERDALE, FL 33305	INTERNAL MEDICINE, PEDIATRICS PRACTICE, RESIDENT PRACTICE
10 RIO VISTA PRACTICE 1309 S. FEDERAL HWY FORT LAUDERDALE, FL 33316	INTERNAL MEDICINE, FAMILY MEDICINE, REHABILITATION

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Part V Facility Information (continued)**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? 27

Name and address	Type of facility (describe)
11 BARIATRICS/GENERAL SURGERY PRACTICE 4701-A-39 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	BARIATRICS/GENERAL SURGERY PRACTICE, COLORECTAL SURGERY
12 LIGHTHOUSE POINT 2850 N FEDERAL HIGHWAY, 2ND FLOOR LIGHTHOUSE POINT, FL 33064	PRIMARY CARE
13 OBSTETRICS AND GYNECOLOGY PRACTICE 1000 NE 56 STREET FORT LAUDERDALE, FL 33308	OB/GYN PRACTICE
14 RHEUMATOLOGY 4701 N. FEDERAL HIGHWAY, B. BLDG. FORT LAUDERDALE, FL 33308	RHEUMATOLOGY
15 PODIATRY 5597 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	PODIATRY
16 FAMILY LIFE CENTER PRACTICE 1940 NE 47TH STREET SUITE 2 FORT LAUDERDALE, FL 33308	FAMILY PRACTICE
17 PHYSIATRY 1931 NE 47TH STREET FORT LAUDERDALE, FL 33308	PHYSIATRY
18 HOLY CROSS MEDICAL PLAZA 5601 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	INTERNAL MEDICINE, INFECTIOUS DISEASE, RHEUMATOLOGY, PAIN MANAGEMENT
19 BROWARD MEDICAL GROUP 1100 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301	FAMILY PRACTICE
20 THE LEONE CENTER FOR ORTHOPEDIC CARE 1000 NE 56TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33334	FAMILY PRACTICE

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Part VI Supplemental Information

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 (for example, 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 HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF FLORIDA. IN ADDITION, HOLY CROSS HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

HOLY CROSS HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN

Part VI Supplemental Information (Continuation)

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$22,735,344, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MEMBERS OF THE EXECUTIVE TEAM PARTICIPATE IN COMMUNITY BOARDS OF DIRECTORS AND REPRESENT HOLY CROSS HOSPITAL. NON-PROFIT BOARDS INCLUDE: THE SECOND CHANCE SOCIETY, LIGHT OF THE WORLD CLINIC, LIFENET4FAMILIES, CARDINAL GIBBONS HIGH SCHOOL, THE SOUTH FLORIDA INSTITUTE OF AGING, GREATER FT. LAUDERDALE CHAMBER OF COMMERCE, AND THE BROWARD WORKSHOP. EACH OF THE COMMUNITY-BASED AGENCIES WORK WITH AND/OR ON BEHALF OF VULNERABLE POPULATIONS AND HOLY CROSS REPRESENTATIVES PROVIDE LEADERSHIP IN THEIR EFFORTS TO ENSURE SUSTAINABLE ACCESS TO SERVICES ARE MAINTAINED. IN ADDITION, HOLY CROSS PROVIDES HEALTHCARE EXPERTISE, FINANCIAL STEWARDSHIP, AND PARTICIPATES IN THE STRATEGIC DIRECTION AS OUR COUNTY CONTINUES TO GROW DAILY IN POPULATION AND NEED.

PART III, LINE 2:

Part VI Supplemental Information (Continuation)

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

PART III, LINE 3:

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

PART III, LINE 4:

HOLY CROSS HOSPITAL 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 14 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

Part VI Supplemental Information (Continuation)

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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

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

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE,

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Part VI Supplemental Information (Continuation)

THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - MEMBERS OF THE HOSPITAL'S LEADERSHIP ROUTINELY PARTICIPATE ON NUMEROUS COMMUNITY COMMITTEES THAT PROVIDE ONGOING INFORMATION, INPUT, AND INSIGHT INTO THE COMMUNITY'S HEALTH CARE NEEDS. AWARENESS OF OUR COMMUNITY NEEDS IS ALSO MONITORED BY REGULARLY SCANNING

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Part VI Supplemental Information (Continuation)

THE ENVIRONMENT, REVIEWING COMMUNITY REPORT CARDS AND INFORMATION PROVIDED BY OTHER INSTITUTIONS, MONITORING VITAL STATISTICS, LOCAL MORBIDITY AND MORTALITY RATES, COUNTY HEALTH RANKINGS, AND PEOPLE-CENTERED 2030 GOALS, AND BY CONTINUING RELATIONSHIPS WITH THE LOCAL HEALTH DEPARTMENT AND OTHER HEALTH CARE PROVIDERS AND HEALTH PLANNERS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HOLY CROSS HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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 FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, 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

Part VI Supplemental Information (Continuation)

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 AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - BROWARD COUNTY IS THE SECOND LARGEST COUNTY IN THE STATE AND RANKS HIGH IN DIVERSITY. ABOUT 35% OF THE POPULATION IS 65 AND OVER AND THIS PERCENTAGE CONTINUES TO GROW. THE OLD AGE DEPENDENCY RATIO, WHICH IS THE RATIO OF OLDER DEPENDENTS (65+) TO THE WORKING POPULATION (15-64), IS 31.3%.

ABOUT 37% OF HOUSEHOLDS ARE WALKING A FINANCIAL TIGHTROPE - THEY ARE UNABLE TO KEEP AND GROW THEIR FINANCIAL ASSETS AND ARE ONE EMERGENCY FROM FALLING INTO CRISIS. THE INCREASED DEMAND FOR AFFORDABLE RENTAL HOUSING FOR WORKING POOR FAMILIES AND THE HOMELESS IS PARAMOUNT IN THE COMMUNITY. BROWARD COUNTY HAS ALSO BEEN SIGNIFICANTLY IMPACTED BY UNEMPLOYMENT (4.5% IN 2001 VS. 8.7% 2018), REFLECTING THE ECONOMIC CRISIS. NEARLY 15% OF BROWARD RESIDENTS LIVE IN POVERTY. OF THE FAMILIES WITH CHILDREN UNDER THE AGE OF 18, 15.6% WERE REPORTED AT OR BELOW THE FEDERAL POVERTY LEVEL. ABOUT 43% OF CHILDREN IN BROWARD COUNTY FALL BELOW 200% OF THE FEDERAL POVERTY LEVEL.

26% OF ADULTS 18-64 YEARS OF AGE ARE UNINSURED, 14% OF WHOM ARE UNDER AGE

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Part VI Supplemental Information (Continuation)

19. THERE HAS BEEN A STEADY INCREASE IN THE NUMBER OF INDIVIDUALS AND FAMILIES RECEIVING PUBLIC ASSISTANCE (MEDICAID AND FOOD STAMPS). THE UNINSURED RATE HAS BEEN INCREASING OVER TIME FOR BROWARD COUNTY, AND IT IS ESTIMATED THAT 24% OF NON-INSTITUTIONALIZED CIVILIAN RESIDENTS ARE UNINSURED. IN ADDITION, THE NUMBER OF "HIDDEN HUNGRY" SENIORS IS ESTIMATED TO BE CLIMBING AS WELL.

THE HOLY CROSS STRATEGIC PLANNING AREA IS DEFINED GEOGRAPHICALLY BY WHERE 90% OF HOSPITAL DISCHARGES ARE REPRESENTED. THE AREA ENCOMPASSES A TOTAL OF 36 ZIP CODES THAT ARE GROUPED AS FOLLOWS: PRIMARY SERVICE AREA (13 ZIP CODES), SECONDARY SERVICE AREA (16 ZIP CODES), AND STRATEGIC PLANNING AREA (7 ZIP CODES).

PART VI, LINE 5:

OTHER INFORMATION - THROUGH THE TRANSFORMING COMMUNITY INITIATIVE, HOLY CROSS IS INVESTING IN THE SISTRUNK COMMUNITY TO IDENTIFY SUSTAINABLE SOLUTIONS TO FOOD INSECURITY.

THE TRANSFORMING COMMUNITY INITIATIVE, A PARTNERSHIP WITH HOLY CROSS AND THE SOUTH FLORIDA HUNGER COALITION, AND THE COMMUNITY CONTINUED THEIR EFFORTS TO IMPLEMENT SUSTAINABLE COMMUNITY SOLUTIONS TO FOOD INSECURITY WITHIN THE SISTRUNK NEIGHBORHOOD (33311). COMMUNITY MEETINGS ARE HELD REGULARLY WITH KEY STAKEHOLDERS INCLUDING COMMUNITY MEMBERS, VOLUNTEERS, TRADITIONAL/RELIGIOUS/POLITICAL LEADERS, PARTNERS, AND SERVICE PROVIDERS ADDRESSING POLICY AND ENVIRONMENTAL CHANGE TO COLLABORATIVELY ADVANCE FOOD INSECURITY. BASED ON THE ROOT CAUSE ANALYSIS AND LOGIC MODEL A COMMUNITY ACTION PLAN RESULTED. A MOBILE MARKET AT SISTRUNK WAS INITIATED AND PROVIDES MOBILE PRODUCE MONTHLY. IN ADDITION, SEVERAL MEETINGS WERE HELD

Part VI Supplemental Information (Continuation)

WITH STATE AND NATIONAL REPRESENTATIVES ADVOCATING FOR FL STATE SUMMER EBT.

THE FOOD IS MEDICINE JUMPSTART SYMPOSIUM WAS HELD IN PARTNERSHIP WITH SOUTH FLORIDA HUNGER COALITION AND THE FLORIDA HEALTH & NUTRITION COALITION TO LOOK AT THE HUNGER CHALLENGES, BARRIERS, AND OPPORTUNITIES FACING OUR BROWARD COMMUNITY. SPEAKERS FROM THE UNIVERSITY OF FLORIDA, REPRESENTATIVE DEBBIE WASSERMAN-SCHULTZ, LOCAL ADVOCATES, LEADERS FROM FOOD PANTRIES, AND COMMUNITY MEMBERS DISCUSSED THE IMPACT THAT FOOD INSECURITY IS HAVING ON THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FROM THIS SYMPOSIUM, A FOOD INSECURITY STAKEHOLDER ROUNDTABLE EVOLVED AND CONTINUES TO MEET.

HOLY CROSS HOSPITAL'S PROGRAMMING EXTENDS TO THE EXTERNAL COMMUNITY AS WELL AS ITS INTERNAL COMMUNITY. INVESTMENTS IN PROGRAMMING THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH AND THEIR IMPACT ON AN INDIVIDUAL'S HEALTH ARE MADE DAILY BY THE COMMUNITY HEALTH AND WELL BEING TEAM AND BY THE HOSPITAL'S SUPPORT TO EXPAND ACCESS POINTS. EFFORTS TOWARDS INCREASING ACCESS TO EDUCATION AND ECONOMIC POLICIES INCLUDE CONSISTENTLY EVALUATING SALARIES AND WAGES AND ADJUSTING THEM TOWARDS MARKET VALUE; INCREASING THE MINIMUM WAGE FOR ENTRY LEVEL POSITIONS; IMPLEMENTING WORKFORCE PROGRAMS TO INCREASE COLLEAGUE SKILL LEVELS AND OPPORTUNITIES FOR EDUCATIONAL SCHOLARSHIPS. WORKING TO DECREASE DISCRIMINATION, HOLY CROSS EVALUATED ITS POLICIES, EDUCATION, AND OPPORTUNITIES IN ACCORDANCE WITH THE HUMAN RIGHTS CAMPAIGN HEALTH EQUALITY INDEX. THROUGH EFFORTS MADE, THE HOSPITAL EARNED TOP PERFORMER RECOGNITION. THROUGHOUT THE YEAR, HEALTHCARE DISCRIMINATION WAS LOOKED AT BY THE DIVERSITY, EQUITY, AND INCLUSION COUNCIL INCLUDING PARTICIPATION IN THE AHA'S HEALTH EQUITY TRANSFORMATION ASSESSMENT.

Part VI Supplemental Information (Continuation)

OUTCOMES INCLUDED SETTING A GOAL FOR FISCAL YEAR 2025 OF DECREASING
DISPARITIES IN BLOOD PRESSURE CONTROL.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON
COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT
AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE
SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS
EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION
BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL
COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY
INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO
DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A
DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE
EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

HOLY CROSS HOSPITAL'S COMMUNITY IMPACT IN FISCAL YEAR 2024 TOTALED \$88.7
MILLION.

PART VI, LINE 6:

HOLY CROSS HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST
CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S
COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR
PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES
WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL
CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

Part VI Supplemental Information (Continuation)

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 WE 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 FISCAL YEAR 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

Part VI Supplemental Information (Continuation)

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

Part VI Supplemental Information (Continuation)

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

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

FL