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 HEALTH, INC.

Employer identification number
52-0738041

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	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] 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 _____ %	3a	X	
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 _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			47838221.	19995832.	27842389.	4.16%
b Medicaid (from Worksheet 3, column a)			155242460	160978899	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			203080681	180974731	27842389.	4.16%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	58	163,331	7372502.	842,434.	6530068.	.98%
f Health professions education (from Worksheet 5)	3	461	3519609.		3519609.	.53%
g Subsidized health services (from Worksheet 6)	7	2,977	14247262.	1222070.	13025192.	1.95%
h Research (from Worksheet 7)	2	530	226,141.	11,550.	214,591.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		117,850.		117,850.	.02%
j **Total.** Other Benefits	71	167,299	25483364.	2076054.	23407310.	3.51%
k **Total.** Add lines 7d and 7j	71	167,299	228564045	183050785	51249699.	7.67%

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.

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

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
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	2 9,966,966.		
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	3 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)	5 128,807,808.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 111,862,012.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 16,945,796.		
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 ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	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	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 HOLY CROSS HOSPITAL 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 WWW.HOLYCROSSHEALTH.ORG MARYLAND LICENSE # 15-016	X	X		X			X			
2 HOLY CROSS GERMANTOWN HOSPITAL 19801 OBSERVATION DRIVE GERMANTOWN, MD 20876 WWW.HOLYCROSSHEALTH.ORG MARYLAND LICENSE #015-080	X	X		X			X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			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	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
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	[X] Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C			
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

			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	[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 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] 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	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[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			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

		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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			

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

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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

		Yes	No
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? **23**		X
	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? **24**		X
	If "Yes," explain in Section C.		

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 GERMANTOWN HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		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 [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
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 [X] Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C			
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 GERMANTOWN HOSPITAL

			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	[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 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[X] 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	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[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			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

			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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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 GERMANTOWN HOSPITAL

		Yes	No
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? **23**		X
	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? **24**		X
	If "Yes," explain in Section C.		

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:

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

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

1. ACCESS TO CARE (MENTAL HEALTH PROVIDERS; PRIMARY CARE PROVIDERS; AND LACK OF INSURANCE)
2. HEALTHY BEHAVIORS (FOOD INSECURITY; ADULT OBESITY; AND PHYSICAL INACTIVITY)
3. EDUCATION, INCOME, JOB, AND ENVIRONMENT (WORKFORCE/LABOR SHORTAGES; INCOME INEQUALITY; AND HOUSING COST BURDEN)

HOLY CROSS GERMANTOWN HOSPITAL:

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

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

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.

1. ACCESS TO CARE (MENTAL HEALTH PROVIDERS; PRIMARY CARE PROVIDERS; AND LACK OF INSURANCE)

2. HEALTHY BEHAVIORS (FOOD INSECURITY; ADULT OBESITY; AND PHYSICAL INACTIVITY)

3. EDUCATION, INCOME, JOB, AND ENVIRONMENT (WORKFORCE/LABOR SHORTAGES; INCOME INEQUALITY; AND HOUSING COST BURDEN)

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 5: HCH AND HCGH AGAIN COLLABORATED WITH OTHER HEALTH CARE PROVIDERS TO SUPPORT HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS. GUIDANCE WAS PROVIDED FROM A PANEL OF EXTERNAL PARTICIPANTS WITH EXPERTISE IN PUBLIC HEALTH AND INSIGHT INTO THE NEEDS OF OUR COMMUNITY.

IN 2015, THROUGH HEALTHY MONTGOMERY, THE MONTGOMERY COUNTY HEALTH SYSTEMS/HOSPITALS (ADVENTIST HEALTHCARE, HOLY CROSS HEALTH, MEDSTAR HEALTH, AND SUBURBAN HOSPITAL) BEGAN MEETING AS A SUBGROUP TO LEVERAGE COMMUNITY BENEFIT RESOURCES, IDENTIFY OVERLAPPING IMPLEMENTATION STRATEGIES, AND DECREASE DUPLICATION OF EFFORTS. IN 2021, THE MONTGOMERY COUNTY HOSPITALS, THROUGH THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC), FURTHER ADVANCED THEIR DEDICATION TO COLLECTIVE IMPACT BY BEGINNING THE DEVELOPMENT OF A JOINT CHNA AND IMPLEMENTATION STRATEGY.

THE 2022 MCHC CHNA RELIED ON MULTIPLE RESOURCES TO IDENTIFY THE UNMET HEALTH NEEDS OF THE PEOPLE WE SERVE, INCLUDING: FEDERAL, STATE, AND LOCAL

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.

HEALTH SURVEILLANCE DATA SETS; EXTERNAL ADVISORY GROUPS COMPRISING OF OFFICERS FROM STATE AND LOCAL GOVERNMENT AGENCIES AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, FAITH-BASED ORGANIZATIONS, COLLEGES, COALITIONS, AND ASSOCIATIONS; A 19-QUESTION CHNA SURVEY COMPLETED IN 2021; COMMUNITY CONVERSATIONS AND KEY INFORMANT INTERVIEWS; AND EXISTING NEEDS ASSESSMENTS FROM LOCAL HEALTH INITIATIVES, GOVERNMENT AGENCIES, AND NON-PROFIT COMMUNITY HEALTH ORGANIZATIONS.

A QUESTIONNAIRE WAS DESIGNED TO SEEK INPUT FROM THE COMMUNITY FOR THE 2022 CHNA AND UNDERSTAND THE HEALTH PRIORITIES, BARRIERS TO CARE, AND HEALTH BEHAVIOR PREVALENCE IN THE MCHC DEFINED COMMUNITY BENEFIT SERVICE AREA (CBSA). DUE TO COVID-19 RESTRICTIONS AND TO HELP WIDEN OUR REACH, THE QUESTIONNAIRE WAS AVAILABLE ELECTRONICALLY IN BOTH ENGLISH AND SPANISH FROM OCTOBER 2021 TO MARCH 2022. TO REACH COMMUNITY STAKEHOLDERS, THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, THE QUESTIONNAIRE WAS DISTRIBUTED VIA VARIOUS CHANNELS, INCLUDING COMMUNITY CLASSES, HOSPITAL'S COMMUNITY NEWSLETTERS, VACCINATION AND SAFETY-NET CLINICS, AND MORE THAN 80 COMMUNITY PARTNERS.

A TOTAL OF 488 ADULTS WHO RESIDE IN THE 2022 CHNA CBSA RESPONDED TO THE SURVEY. RESPONDENTS SELF-IDENTIFIED AS NON-HISPANIC WHITE (63%), WOMEN (82%), AND OVER THE AGE OF 55 (65%). ETHNIC AND RACIAL MINORITIES ACCOUNTED FOR 38% OF THE ELIGIBLE RESPONSES. AFRICAN AMERICANS/BLACKS (14%) WERE THE SECOND MOST COMMON GROUP TO PARTICIPATE IN THE SURVEY. LATINOS/HISPANICS ACCOUNTED FOR 13% OF RESPONDENTS AND ASIANS FOR 7%. THE LATINO/HISPANIC RESPONDENTS MOST OFTEN REPORTED THEIR RACE AS WHITE (53%), OTHER (27%), OR PREFERRED NOT TO ANSWER (11%).

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.

IN ADDITION TO THE COMMUNITY SURVEY, HCH AND HCGH OBTAINED ADVICE FROM 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, HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES.

ON JUNE 2, 2022, THE EXTERNAL REVIEW COMMITTEE MET TO PROVIDE INPUT ON EXISTING AND EMERGING COMMUNITY NEEDS FOR THE CURRENT CHNA. ORGANIZATIONS REPRESENTING MULTIPLE LOW-INCOME, MINORITY, MEDICALLY UNDERSERVED, AND SENIOR COMMUNITIES WITHIN OUR CBSA WERE SOLICITED FOR INPUT INCLUDING: THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE MONTGOMERY COUNTY DEPARTMENT OF RECREATION, THE GAITHERSBURG-GERMANTOWN CHAMBER OF COMMERCE, UNITED WAY OF THE NATIONAL CAPITAL AREA, IMPACT SILVER SPRING, MONTGOMERY COLLEGE, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND CROSS COMMUNITY.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 5: HCH AND HCGH AGAIN COLLABORATED WITH OTHER

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.

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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.

AND TO HELP WIDEN OUR REACH, THE QUESTIONNAIRE WAS AVAILABLE ELECTRONICALLY IN BOTH ENGLISH AND SPANISH FROM OCTOBER 2021 TO MARCH 2022. TO REACH COMMUNITY STAKEHOLDERS, THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS, THE QUESTIONNAIRE WAS DISTRIBUTED VIA VARIOUS CHANNELS, INCLUDING COMMUNITY CLASSES, HOSPITAL'S COMMUNITY NEWSLETTERS, VACCINATION AND SAFETY-NET CLINICS, AND MORE THAN 80 COMMUNITY PARTNERS.

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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.

EXPERTS IN A RANGE OF AREAS, INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS, HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES.

ON JUNE 2, 2022, THE EXTERNAL REVIEW COMMITTEE MET TO PROVIDE INPUT ON EXISTING AND EMERGING COMMUNITY NEEDS FOR THE CURRENT CHNA. ORGANIZATIONS REPRESENTING MULTIPLE LOW-INCOME, MINORITY, MEDICALLY UNDERSERVED, AND SENIOR COMMUNITIES WITHIN OUR CBSA WERE SOLICITED FOR INPUT INCLUDING: THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE MONTGOMERY COUNTY DEPARTMENT OF RECREATION, THE GAITHERSBURG-GERMANTOWN CHAMBER OF COMMERCE, UNITED WAY OF THE NATIONAL CAPITAL AREA, IMPACT SILVER SPRING, MONTGOMERY COLLEGE, UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH, AND CROSS COMMUNITY.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6A: HOLY CROSS HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS GERMANTOWN 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: 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

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.

GROVE ADVENTIST HOSPITAL.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HCH COLLABORATED WITH THE FOLLOWING ORGANIZATIONS TO CONDUCT THEIR CHNA: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, AFRICAN AMERICAN HEALTH PROGRAM, ASIAN AMERICAN HEALTH INITIATIVE, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, MONTGOMERY COUNTY DEPARTMENT OF TRANSPORTATION, MONTGOMERY PARKS, MONTGOMERY COUNTY COLLABORATION, COMMISSION ON HEALTH, AND UNITEDHEALTH CARE COMMUNITY PLAN MCO.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HCGH COLLABORATED WITH THE FOLLOWING ORGANIZATIONS TO CONDUCT THEIR CHNA: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, AFRICAN AMERICAN HEALTH PROGRAM, ASIAN AMERICAN HEALTH INITIATIVE, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, MONTGOMERY COUNTY DEPARTMENT OF TRANSPORTATION, MONTGOMERY PARKS, MONTGOMERY COUNTY COLLABORATION, COMMISSION ON HEALTH, AND UNITEDHEALTH CARE COMMUNITY PLAN MCO.

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:

PART V, SECTION B, LINE 11: HOLY CROSS HEALTH INCLUDES HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL. BOTH HOSPITALS WORK TOGETHER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. HOLY CROSS HEALTH ADDRESSES THE UNMET NEEDS OF OUR COMMUNITY IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE FINDINGS OF OUR CHNA AND THE PRIORITIES OF HEALTHY MONTGOMERY.

BELOW ARE PROGRAM EXAMPLES FOR EACH CHNA PRIORITY AREA:

ACCESS TO CARE:

MENTAL HEALTH PROVIDERS - HOLY CROSS HEALTH CENTER BEHAVIORAL HEALTH SERVICES WERE ESTABLISHED TO MEET THE GROWING NEED FOR MENTAL HEALTH PROVIDERS. 82.0% OF HOLY CROSS HEALTH CENTER PATIENTS AND 80.5% OF HOLY CROSS HEALTH PARTNER PATIENTS RECEIVED DEPRESSION SCREENINGS DURING THEIR PRIMARY CARE VISITS; 102 PATIENTS WERE REFERRED TO MINDOULA HEALTH.

PRIMARY CARE PROVIDERS - HOLY CROSS HEALTH CENTERS AND OB/GYN CLINICS PROVIDE PRIMARY CARE SERVICES TO LOW-INCOME PATIENTS WHO ARE UNINSURED OR ENROLLED IN MARYLAND PHYSICIANS CARE AND OPERATE ON A SLIDING SCALE (FOR PATIENTS WITH INCOME UNDER 250%, 251%-300%, AND OVER 301% OF THE FEDERAL POVERTY LEVEL, THE FEE IS $30, $45, AND $60, RESPECTIVELY). IN FISCAL YEAR 2024 (FY24), THERE WERE 38,790 TOTAL PATIENTS AT THE HOLY CROSS HEALTH CENTERS; 865 WOMEN WERE PROVIDED MAMMOGRAM SERVICES; 689 NEW MEDICAID ADMISSIONS FOR PRENATAL CARE AT THE OB/GYN CLINICS LOCATED AT BOTH HOSPITALS, WITH 183 OF THOSE BEING FIRST TRIMESTER ENTRY; 47 NEW PATIENT

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.

NEWBORN VISITS AT HOLY CROSS HEALTH CENTER IN GAITHERSBURG; AND 3,805 COMMUNITY MEMBERS RECEIVED FREE PRIMARY CARE TRANSPORTATION SERVICES.

LACK OF INSURANCE ADVOCACY - HOLY CROSS HEALTH ADVOCATED FOR ADEQUATE REIMBURSEMENT, TO PROTECT 340B DRUG PRICING PROGRAM, TO ADVANCE VIRTUAL CARE AND TELEHEALTH PERMANENCY, EXPAND MEDICAID, ACCELERATE TOTAL COST OF CARE MODELS, REFORM INSURER PRACTICES, AND EXPAND PACE. IN FY24, 99.8% OF SELF-PAY INPATIENTS WERE SCREENED BY ELEVATE FOR EMERGENCY MEDICAID. AT HOLY CROSS HOSPITAL, 3,136 PATIENTS (IP/OP/ED) WERE APPROVED FOR EMERGENCY MEDICAID; AND AT HOLY CROSS GERMANTOWN HOSPITAL, 855 PATIENTS (IP/OP/ED) WERE APPROVED, WITH MOST OF THESE PATIENTS BEING UNDOCUMENTED COMMUNITY MEMBERS.

HEALTHY BEHAVIORS:

FOOD INSECURITY: IN FY24, AS A SUB-CONTRACTOR WITH MONTGOMERY COUNTY FOOD COUNCIL, 1,228 SNAP ENCOUNTERS WERE MADE.

ADULT OBESITY: DIABETES MANAGEMENT AND PREVENTION - IN FY24, THERE WERE 2,490 HEALTHY LIFESTYLE PROGRAM ENCOUNTERS (KIDS FIT, CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, DIABETES PREVENTION PROGRAM, AND DIABETES SELF-MANAGEMENT PROGRAM). THERE WERE 11 EQUITABLE WELLNESS INITIATIVE COHORTS, REACHING 55 UNDUPLICATED COMMUNITY MEMBERS IN 27 CLASSES HELD IN ENGLISH AND SPANISH IN PREDOMINANTLY UNDERSERVED COMMUNITIES, TO PROMOTE DIABETES PREVENTION AND DIABETES SELF-MANAGEMENT. THERE WERE EIGHT CDC-RECOGNIZED DIABETES PREVENTION PROGRAM COHORTS, HELD IN ENGLISH (5) AND SPANISH (3), AS WELL AS FOUR DIABETES SELF-MANAGEMENT EDUCATION COHORTS HELD IN ENGLISH. IN FY24, THERE WERE OVER 6,300 VIRTUAL FITNESS

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.

ENCOUNTERS IN YOGA, PILATES, AND ZUMBA, AND OTHER FITNESS CLASSES. THE HEALTH CENTERS CREATED FOLLOW-UP PLANS FOR 93.9% OF ADULT PATIENTS DIAGNOSED WITH HIGH BMI.

PHYSICAL INACTIVITY - IN FY24, 2,618 SENIOR FIT CLASSES WERE HELD WITH 88,120 VIRTUAL AND IN-PERSON ENCOUNTERS; 799 EXERCISE CLASSES WERE HELD VIRTUALLY WITH 6,309 ENCOUNTERS AND 1,846 PARTICIPANTS. IN FY24, HOLY CROSS HEALTH MAINTAINED 23 SENIOR-FOCUSED PARTNER SITES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES AND OPENED HOLY CROSS HEALTH PARTNERS AT ELIZABETH SQUARE.

HOLY CROSS HEALTH CONTINUED TO EXPAND SELF-CARE PROGRAMS IN THE COMMUNITY:
- PROVIDED 26 EVIDENCE-BASED (STANFORD) WORKSHOPS FOR THE COMMUNITY WITH 1,319 ENCOUNTERS.
- RECEIVED CDC RECOGNITION OF THE DIABETES PREVENTION PROGRAM FOR ANOTHER FIVE YEARS; IMPLEMENTED SIX COHORTS WITH APPROXIMATELY 50 PARTICIPANTS WITH FUNDING SUPPORT FROM TRINITY HEALTH AND NEXUS MONTGOMERY REGIONAL PARTNERSHIP.
- WITH MINORITY OFFICE FOR TECHNICAL ASSISTANCE STATE FUNDING, IMPLEMENTED 11 ROAD TO HEALTH COHORTS REACHING 186 COMMUNITY MEMBERS; OF WHOM 26% REDUCED BODY WEIGHT, AND 70% COMPLETED 150 MINUTES OF PHYSICAL ACTIVITY PER WEEK BY THE END OF SIX-WEEK CLASS; APPROXIMATELY 38% OF PROGRAM PARTICIPANTS ATTEND FOLLOW-UP SESSIONS; AND MORE THAN 4,000 COMMUNITY OUTREACH ENCOUNTERS.
- DEVELOPED CURRICULUM AND DELIVERED A SIX-WEEK NUTRITION, MOVEMENT AND MENTAL HEALTH LIFESTYLE MEDICINE PROGRAM TO AN AVERAGE OF 25 PARTICIPANTS PER CLASS.

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.

KIDS FIT, OFFERED TO STUDENTS ENROLLED IN THE CLUB ADVENTURE AFTER SCHOOL PROGRAM THROUGH MONTGOMERY COUNTY RECREATION, PROVIDES KIDS WITH WEEKLY PHYSICAL FITNESS CLASSES AND NUTRITION EDUCATION. HEALTH AND WELLNESS CLASSES ARE HELD EVERY OTHER MONTH TO FOSTER HEALTHY EATING, PREVENTATIVE CARE, MENTAL HEALTH, AND FINANCIAL LITERACY. THE GOAL OF THE PROGRAM IS TO INTRODUCE PROGRAM PARTICIPANTS TO DIFFERENT ASPECTS OF HEALTH AND WELLNESS AND TO ESTABLISH HEALTHY LIFELONG HABITS. WITH FUNDING RECEIVED FROM KAISER PERMANENTE, HOLY CROSS HEALTH IMPLEMENTED THE KIDS FIT PROGRAM IN TWO COMMUNITY CENTERS IN MONTGOMERY COUNTY. BETWEEN OCTOBER 2023 AND JUNE 2024, THE PROGRAM HAD 1,323 FITNESS ENCOUNTERS AND 299 EDUCATION ENCOUNTERS.

TO ADDRESS MATERNAL MORTALITY/MORBIDITY AMONG AFRICAN AMERICAN/BLACK MOTHERS, HOLY CROSS HEALTH DEVELOPED AN EMPOWERMOMS PROGRAM, A FREE 3-CLASS WORKSHOP SERIES LED BY AFRICAN AMERICAN DOULAS, EDUCATING ON TOPICS OF NUTRITION AND WELLNESS, PRE-ECLAMPSIA, AND GESTATIONAL DIABETES.

EDUCATION, INCOME, JOB & ENVIRONMENT:

WORKFORCE/LABOR SHORTAGES - HOLY CROSS HEALTH IMPLEMENTED THE CAREER PATHWAYS PROGRAM IN JANUARY 2023, PROVIDING COLLEAGUES IN POSITIONS REQUIRING A HIGH SCHOOL DIPLOMA OR GED AN OPPORTUNITY TO ADVANCE AT HOLY CROSS HEALTH BY COMPLETING A CERTIFICATION PROGRAM. IN FY24, HOLY CROSS HEALTH IMPLEMENTED ITS SECOND WORKFORCE DEVELOPMENT PROGRAM COHORT TO ADVANCE ENTRY LEVEL COLLEAGUES IN PROGRAMS SUCH AS CMA, CNA, AND PHLEBOTOMY TECH. SINCE THE PROGRAM'S INCEPTION, 11 COLLEAGUES HAVE BEEN PLACED IN NEW ADVANCED POSITIONS. IN FY24, HOLY CROSS HEALTH NETWORK

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.

PROVIDED EDUCATIONAL EXPERIENCES TO NINE INTERNS IN THE FORM OF CLINICAL ROTATIONS TO MEDICAL ASSISTANT STUDENTS, RESIDENTS, CHW STUDENTS, AND NURSING STUDENTS AT MADC. ADDITIONALLY, HOLY CROSS HEALTH IS A MEMBER OF THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP WORKFORCE CAPACITY STEERING COMMITTEE, WHICH RECEIVED $1.3 MILLION IN FEDERAL FUNDING TO ADDRESS WORKFORCE DEVELOPMENT BY PROVIDING CERTIFICATION TRAINING TO COMMUNITY MEMBERS IN THE FIELDS OF CNA, PHLEBOTOMY TECHNICIAN, AND PHARMACY TECHNICIAN. IN FY24, NEXUS MONTGOMERY ENROLLED 11 PHLEBOTOMY TECH STUDENTS, 27 PHARMACY TECH STUDENTS, AND 40 CNAS INTO CERTIFICATION PROGRAMS AT MONTGOMERY COLLEGE.

INCOME INEQUALITY - HOLY CROSS HEALTH ALSO ADDRESSED INCOME INEQUALITY THROUGH THE PATHWAYS TO INDEPENDENT EMPLOYMENT (PIE), WHICH CONTINUED IN FY24. PIE PROVIDES GAINFUL EMPLOYMENT TO HARD-TO-HIRE INDIVIDUALS, SUCH AS THOSE WHO HAVE BEEN PREVIOUSLY INCARCERATED, AGING OUT OF THE FOSTER CARE SYSTEM, OR TEENAGE PARENTS. IN FY24, FIVE PIE PARTICIPANTS WERE HIRED. HOLY CROSS HEALTH PARTNERED WITH THE HOUSING INITIATIVE PARTNERSHIP AND THE CITY OF GAITHERSBURG FINANCIAL EMPOWERMENT CENTER TO PROVIDE ONE-ON-ONE FINANCIAL COUNSELING TO COLLEAGUES ENROLLED IN THE CAREER PATHWAYS AND PIE PROGRAMS.

HOUSING COST BURDEN - IN FY24, THERE WERE 840 PATIENTS, COLLEAGUES, AND COMMUNITY MEMBERS WHO WERE SCREENED AND REFERRED TO HOUSING RESOURCES.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS HEALTH INCLUDES HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL. BOTH HOSPITALS WORK TOGETHER

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.

TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. HOLY CROSS HEALTH ADDRESSES THE UNMET NEEDS OF OUR COMMUNITY IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE FINDINGS OF OUR CHNA AND THE PRIORITIES OF HEALTHY MONTGOMERY.

BELOW ARE PROGRAM EXAMPLES FOR EACH CHNA PRIORITY AREA:

ACCESS TO CARE:

MENTAL HEALTH PROVIDERS - HOLY CROSS HEALTH CENTER BEHAVIORAL HEALTH SERVICES WERE ESTABLISHED TO MEET THE GROWING NEED FOR MENTAL HEALTH PROVIDERS. 82.0% OF HOLY CROSS HEALTH CENTER PATIENTS AND 80.5% OF HOLY CROSS HEALTH PARTNER PATIENTS RECEIVED DEPRESSION SCREENINGS DURING THEIR PRIMARY CARE VISITS; 102 PATIENTS WERE REFERRED TO MINDOULA HEALTH.

PRIMARY CARE PROVIDERS - HOLY CROSS HEALTH CENTERS AND OB/GYN CLINICS PROVIDE PRIMARY CARE SERVICES TO LOW-INCOME PATIENTS WHO ARE UNINSURED OR ENROLLED IN MARYLAND PHYSICIANS CARE AND OPERATE ON A SLIDING SCALE (FOR PATIENTS WITH INCOME UNDER 250%, 251%-300%, AND OVER 301% OF THE FEDERAL POVERTY LEVEL, THE FEE IS $30, $45, AND $60, RESPECTIVELY). IN FY24, THERE WERE 38,790 TOTAL PATIENTS AT THE HOLY CROSS HEALTH CENTERS; 865 WOMEN WERE PROVIDED MAMMOGRAM SERVICES; 689 NEW MEDICAID ADMISSIONS FOR PRENATAL CARE AT THE OB/GYN CLINICS LOCATED AT BOTH HOSPITALS, WITH 183 OF THOSE BEING FIRST TRIMESTER ENTRY; 47 NEW PATIENT NEWBORN VISITS AT HOLY CROSS HEALTH CENTER IN GAITHERSBURG; AND 3,805 COMMUNITY MEMBERS RECEIVED FREE PRIMARY CARE TRANSPORTATION SERVICES.

LACK OF INSURANCE ADVOCACY - HOLY CROSS HEALTH ADVOCATED FOR ADEQUATE

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.

REIMBURSEMENT, TO PROTECT 340B DRUG PRICING PROGRAM, TO ADVANCE VIRTUAL CARE AND TELEHEALTH PERMANENCY, EXPAND MEDICAID, ACCELERATE TOTAL COST OF CARE MODELS, REFORM INSURER PRACTICES, AND EXPAND PACE. IN FY24, 99.8% OF SELF-PAY INPATIENTS WERE SCREENED BY ELEVATE FOR EMERGENCY MEDICAID. AT HOLY CROSS HOSPITAL, 3,136 PATIENTS (IP/OP/ED) WERE APPROVED FOR EMERGENCY MEDICAID; AND AT HOLY CROSS GERMANTOWN HOSPITAL, 855 PATIENTS (IP/OP/ED) WERE APPROVED, WITH MOST OF THESE PATIENTS BEING UNDOCUMENTED COMMUNITY MEMBERS.

HEALTHY BEHAVIORS:

FOOD INSECURITY: IN FY24, AS A SUB-CONTRACTOR WITH MONTGOMERY COUNTY FOOD COUNCIL, 1,228 SNAP ENCOUNTERS WERE MADE.

ADULT OBESITY: DIABETES MANAGEMENT AND PREVENTION - IN FY24, THERE WERE 2,490 HEALTHY LIFESTYLE PROGRAM ENCOUNTERS (KIDS FIT, CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, DIABETES PREVENTION PROGRAM, AND DIABETES SELF-MANAGEMENT PROGRAM). THERE WERE 11 EQUITABLE WELLNESS INITIATIVE COHORTS, REACHING 55 UNDUPLICATED COMMUNITY MEMBERS IN 27 CLASSES HELD IN ENGLISH AND SPANISH IN PREDOMINANTLY UNDERSERVED COMMUNITIES, TO PROMOTE DIABETES PREVENTION AND DIABETES SELF-MANAGEMENT. THERE WERE EIGHT CDC-RECOGNIZED DIABETES PREVENTION PROGRAM COHORTS, HELD IN ENGLISH (5) AND SPANISH (3), AS WELL AS FOUR DIABETES SELF-MANAGEMENT EDUCATION COHORTS HELD IN ENGLISH. IN FY24, THERE WERE OVER 6,300 VIRTUAL FITNESS ENCOUNTERS IN YOGA, PILATES, AND ZUMBA, AND OTHER FITNESS CLASSES. THE HEALTH CENTERS CREATED FOLLOW-UP PLANS FOR 93.9% OF ADULT PATIENTS DIAGNOSED WITH HIGH BMI.

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.

PHYSICAL INACTIVITY - IN FY24, 2,618 SENIOR FIT CLASSES WERE HELD WITH 88,120 VIRTUAL AND IN-PERSON ENCOUNTERS; 799 EXERCISE CLASSES WERE HELD VIRTUALLY WITH 6,309 ENCOUNTERS AND 1,846 PARTICIPANTS. IN FY24, HOLY CROSS HEALTH MAINTAINED 23 SENIOR-FOCUSED PARTNER SITES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES AND OPENED HOLY CROSS HEALTH PARTNERS AT ELIZABETH SQUARE.

HOLY CROSS HEALTH CONTINUED TO EXPAND SELF-CARE PROGRAMS IN THE COMMUNITY:

- PROVIDED 26 EVIDENCE-BASED (STANFORD) WORKSHOPS FOR THE COMMUNITY WITH 1,319 ENCOUNTERS.

- RECEIVED CDC RECOGNITION OF THE DIABETES PREVENTION PROGRAM FOR ANOTHER FIVE YEARS; IMPLEMENTED SIX COHORTS WITH APPROXIMATELY 50 PARTICIPANTS WITH FUNDING SUPPORT FROM TRINITY HEALTH AND NEXUS MONTGOMERY REGIONAL PARTNERSHIP.

- WITH MINORITY OFFICE FOR TECHNICAL ASSISTANCE STATE FUNDING, IMPLEMENTED 11 ROAD TO HEALTH COHORTS REACHING 186 COMMUNITY MEMBERS; OF WHOM 26% REDUCED BODY WEIGHT, AND 70% COMPLETED 150 MINUTES OF PHYSICAL ACTIVITY PER WEEK BY THE END OF SIX-WEEK CLASS; APPROXIMATELY 38% OF PROGRAM PARTICIPANTS ATTEND FOLLOW-UP SESSIONS; AND MORE THAN 4,000 COMMUNITY OUTREACH ENCOUNTERS.

- DEVELOPED CURRICULUM AND DELIVERED A SIX-WEEK NUTRITION, MOVEMENT AND MENTAL HEALTH LIFESTYLE MEDICINE PROGRAM TO AN AVERAGE OF 25 PARTICIPANTS PER CLASS.

KIDS FIT, OFFERED TO STUDENTS ENROLLED IN THE CLUB ADVENTURE AFTER SCHOOL PROGRAM THROUGH MONTGOMERY COUNTY RECREATION, PROVIDES KIDS WITH WEEKLY PHYSICAL FITNESS CLASSES AND NUTRITION EDUCATION. HEALTH AND WELLNESS

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.

CLASSES ARE HELD EVERY OTHER MONTH TO FOSTER HEALTHY EATING, PREVENTATIVE CARE, MENTAL HEALTH, AND FINANCIAL LITERACY. THE GOAL OF THE PROGRAM IS TO INTRODUCE PROGRAM PARTICIPANTS TO DIFFERENT ASPECTS OF HEALTH AND WELLNESS AND TO ESTABLISH HEALTHY LIFELONG HABITS. WITH FUNDING RECEIVED FROM KAISER PERMANENTE, HOLY CROSS HEALTH IMPLEMENTED THE KIDS FIT PROGRAM IN TWO COMMUNITY CENTERS IN MONTGOMERY COUNTY. BETWEEN OCTOBER 2023 AND JUNE 2024, THE PROGRAM HAD 1,323 FITNESS ENCOUNTERS AND 299 EDUCATION ENCOUNTERS.

TO ADDRESS MATERNAL MORTALITY/MORBIDITY AMONG AFRICAN AMERICAN/BLACK MOTHERS, HOLY CROSS HEALTH DEVELOPED AN EMPOWERMOMS PROGRAM, A FREE 3-CLASS WORKSHOP SERIES LED BY AFRICAN AMERICAN DOULAS, EDUCATING ON TOPICS OF NUTRITION AND WELLNESS, PRE-ECLAMPSIA, AND GESTATIONAL DIABETES.

EDUCATION, INCOME, JOB & ENVIRONMENT:

WORKFORCE/LABOR SHORTAGES - HOLY CROSS HEALTH IMPLEMENTED THE CAREER PATHWAYS PROGRAM IN JANUARY 2023, PROVIDING COLLEAGUES IN POSITIONS REQUIRING A HIGH SCHOOL DIPLOMA OR GED AN OPPORTUNITY TO ADVANCE AT HOLY CROSS HEALTH BY COMPLETING A CERTIFICATION PROGRAM. IN FY24, HOLY CROSS HEALTH IMPLEMENTED ITS SECOND WORKFORCE DEVELOPMENT PROGRAM COHORT TO ADVANCE ENTRY LEVEL COLLEAGUES IN PROGRAMS SUCH AS CMA, CNA, AND PHLEBOTOMY TECH. SINCE THE PROGRAM'S INCEPTION, 11 COLLEAGUES HAVE BEEN PLACED IN NEW ADVANCED POSITIONS. IN FY24, HOLY CROSS HEALTH NETWORK PROVIDED EDUCATIONAL EXPERIENCES TO NINE INTERNS IN THE FORM OF CLINICAL ROTATIONS TO MEDICAL ASSISTANT STUDENTS, RESIDENTS, CHW STUDENTS, AND NURSING STUDENTS AT MADC. ADDITIONALLY, HOLY CROSS HEALTH IS A MEMBER OF THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP WORKFORCE CAPACITY STEERING

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.

COMMITTEE, WHICH RECEIVED $1.3 MILLION IN FEDERAL FUNDING TO ADDRESS WORKFORCE DEVELOPMENT BY PROVIDING CERTIFICATION TRAINING TO COMMUNITY MEMBERS IN THE FIELDS OF CNA, PHLEBOTOMY TECHNICIAN, AND PHARMACY TECHNICIAN. IN FY24, NEXUS MONTGOMERY ENROLLED 11 PHLEBOTOMY TECH STUDENTS, 27 PHARMACY TECH STUDENTS, AND 40 CNAS INTO CERTIFICATION PROGRAMS AT MONTGOMERY COLLEGE.

INCOME INEQUALITY - HOLY CROSS HEALTH ALSO ADDRESSED INCOME INEQUALITY THROUGH THE PATHWAYS TO INDEPENDENT EMPLOYMENT (PIE), WHICH CONTINUED IN FY24. PIE PROVIDES GAINFUL EMPLOYMENT TO HARD-TO-HIRE INDIVIDUALS, SUCH AS THOSE WHO HAVE BEEN PREVIOUSLY INCARCERATED, AGING OUT OF THE FOSTER CARE SYSTEM, OR TEENAGE PARENTS. IN FY24, FIVE PIE PARTICIPANTS WERE HIRED. HOLY CROSS HEALTH PARTNERED WITH THE HOUSING INITIATIVE PARTNERSHIP AND THE CITY OF GAITHERSBURG FINANCIAL EMPOWERMENT CENTER TO PROVIDE ONE-ON-ONE FINANCIAL COUNSELING TO COLLEAGUES ENROLLED IN THE CAREER PATHWAYS AND PIE PROGRAMS.

HOUSING COST BURDEN - IN FY24, THERE WERE 840 PATIENTS, COLLEAGUES, AND COMMUNITY MEMBERS WHO WERE SCREENED AND REFERRED TO HOUSING RESOURCES.

HOLY CROSS HOSPITAL:

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

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.

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 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 GERMANTOWN HOSPITAL:

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

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.

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 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 - 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:

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.

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 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:

WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/

BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/

BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

HOLY CROSS HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/

BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

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 GERMANTOWN HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/

BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

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? 16

Name and address	Type of facility (describe)
1 CHESAPEAKE POTOMAC REGIONAL CANCER CT 11340 PEMBROOKE SQ., SUITE 201 WALDORF, MD 20603	CANCER TREATMENT
2 CHESAPEAKE POTOMAC REGIONAL CANCER CT 30077 BUSINESS CENTER DR. CHARLOTTE HALL, MD 20622	CANCER TREATMENT
3 DOCTORS REGIONAL CANCER CENTER 8116 GOOD LUCK RD., SUITE 005 LANHAM, MD 20706	CANCER TREATMENT
4 DOCTORS REGIONAL CANCER CENTER 4901 TELSA DR., SUITE A BOWIE, MD 20715	CANCER TREATMENT
5 HOLY CROSS RADIATION TREATMENT CENTER 2121 MEDICAL PARK DR., SUITE 4 SILVER SPRING, MD 20902	CANCER TREATMENT
6 HOLY CROSS HEALTH CTR - GAITHERSBURG 220 PERRY PARKWAY, UNIT 5 GAITHERSBURG, MD 20877	HEALTH CLINIC
7 HOLY CROSS DIALYSIS CTR AT WOODMORE 11721 WOODMORE RD., SUITE 190 MITCHELLVILLE, MD 20721	DIALYSIS TREATMENT
8 HC HEALTH PARTNERS IN KENSINGTON 3720 FARRAGUT AVE., 2ND FLOOR KENSINGTON, MD 20895	PRIMARY CARE
9 HOLY CROSS HEALTH CENTER - ASPEN HILL 13415 CONNECTICUT AVE #100 SILVER SPRING, MD 20906	HEALTH CLINIC
10 HC HLTH PARTNERS PROGRESSIVE MED CARE 18530 OFFICE PARK DR MONTGOMERY VILLAGE, MD 20886	PRIMARY CARE

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? 16

Name and address	Type of facility (describe)
11 HOLY CROSS HEALTH CTR - SILVER SPRING 7987 GEORGIA AVE. SILVER SPRING, MD 20910	HEALTH CLINIC
12 HOLY CROSS HEALTH PARTNERS AT ASBURY 201 RUSSELL AVE. GAITHERSBURG, MD 20877	PRIMARY CARE
13 HOLY CROSS RESOURCE CENTER 9805 DAMERON DR. SILVER SPRING, MD 20902	ADULT DAY CARE
14 HOLY CROSS HLTH PTNRS AT ELIZABETH SQ 1319 APPLE AVE SUITE H200 SILVER SPRING, MD 20910	PRIMARY CARE
15 HOLY CROSS HEALTH CENTER - GERMANTOWN 12800 MIDDLEBROOK RD., SUITE 206 GERMANTOWN, MD 20874	HEALTH CLINIC
16 HOLY CROSS SENIOR SOURCE 8580 2ND AVE. SILVER SPRING, MD 20910	HEALTH SCREENING

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 HEALTH 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, HOLY CROSS HEALTH 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 HEALTH 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 VI **Supplemental Information** *(Continuation)*

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

Part VI **Supplemental Information** *(Continuation)*

IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LINE 7G:

INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS OF $1,407,317.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $9,966,966, 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:

HOLY CROSS HEALTH 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

Part VI **Supplemental Information** *(Continuation)*

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 HEALTH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, HOLY CROSS HEALTH 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 HEALTH 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 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

Part VI **Supplemental Information** *(Continuation)*

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 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, 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:

Part VI **Supplemental Information** *(Continuation)*

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 - HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, IS SUPPORTED FINANCIALLY BY ALL SIX HOSPITALS IN THE COUNTY AND SERVES AS THE BASE FOR HCH AND HCGH'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.

IN ADDITION TO HEALTHY MONTGOMERY, WE USE EXISTING NEEDS ASSESSMENTS FROM LOCAL HEALTH INITIATIVES, GOVERNMENT AGENCIES, AND NON-PROFIT COMMUNITY HEALTH ORGANIZATIONS TO IDENTIFY UNMET NEEDS, ESPECIALLY FOR UNDERSERVED MINORITIES, SENIORS, AND WOMEN AND CHILDREN.

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.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

Part VI **Supplemental Information** *(Continuation)*

HOLY CROSS HEALTH 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 HEALTH 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 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 **Supplemental Information** *(Continuation)*

PART VI, LINE 4:

COMMUNITY INFORMATION -

THE HOSPITALS WITHIN THE MONTGOMERY COUNTY HOSPITAL COLLABORATIVE (MCHC) SERVE PORTIONS OF MONTGOMERY, PRINCE GEORGE'S, FREDERICK, CARROLL, AND HOWARD COUNTIES AND THE DISTRICT OF COLUMBIA, SPANNING 86 ZIP CODES WITH A POPULATION OF ALMOST 2.3 MILLION PEOPLE. THE MCHC CHNA IDENTIFIES AND PRIORITIZES COMMUNITIES OF FOCUS FOR MEANINGFUL ENGAGEMENT. TO DO THIS, THE MCHC IDENTIFIED ZIP CODES IN EACH HOSPITAL'S PRIMARY SERVICE AREA AS THE COLLECTIVE COMMUNITY BENEFIT SERVICE AREA (CBSA), COMPRISED OF 38 ZIP CODES SPANNING 388 SQUARE MILES OF MONTGOMERY COUNTY AND NORTHERN PRINCE GEORGE'S COUNTY, WITH A TOTAL POPULATION OF 1,250,503. THE POPULATION DENSITY FOR THIS AREA (3,218 PERSONS PER SQ. MI.) IS GREATER THAN MONTGOMERY COUNTY (2,116 PERSONS PER SQ. MI.), PRINCE GEORGE'S COUNTY (1,883 PERSONS PER SQ. MI.), AND THE STATE (620 PERSONS PER SQ. MI.). THE LARGEST POPULATIONS BY RACE/ETHNICITY WITHIN THE SERVICE AREA ARE NON-HISPANIC WHITES (37.3%), NON-HISPANIC BLACKS (22.6%), HISPANIC/LATINO (22.5%), AND NON-HISPANIC ASIAN (13.5%).

OF THE MCHC CBSA POPULATION, 33% ARE OF FOREIGN BIRTH COMPARED TO MONTGOMERY COUNTY (32%), PRINCE GEORGE'S COUNTY (23%), AND MARYLAND (15.2%). LIMITED ENGLISH PROFICIENCY (LEP), OR THE INABILITY TO SPEAK ENGLISH WELL, CREATES BARRIERS TO HEALTH CARE ACCESS, PROVIDER COMMUNICATIONS, AND HEALTH LITERACY/EDUCATION. OF THE CBSA POPULATION AGED 5 AND OLDER, 16.5% SPEAK ENGLISH "LESS THAN VERY WELL" COMPARED TO MARYLAND (7%), WITH SPANISH BEING THE HIGHEST PERCENTAGE OF LANGUAGE SPOKEN IN THE HOME.

Part VI **Supplemental Information** *(Continuation)*

POPULATIONS EXPERIENCING VULNERABILITY ARE GROUPS AND COMMUNITIES AT A HIGHER RISK FOR POOR HEALTH OUTCOMES BECAUSE OF THE BARRIERS THEY EXPERIENCE AND THE STRUCTURAL AND SOCIETAL FACTORS THEY FACE, SUCH AS SYSTEMIC RACISM, DISCRIMINATION, STIGMA, AND POVERTY.

- LOW-INCOME AND POVERTY ARE LINKED TO POOR HEALTH OUTCOMES DUE TO THEIR CORRELATION WITH ADVERSE CONDITIONS (SUBSTANDARD HOUSING, HOMELESSNESS, FOOD INSECURITY, INADEQUATE CHILDCARE, LACK OF ACCESS TO HEALTH CARE, UNSAFE NEIGHBORHOODS, AND UNDER-RESOURCED SCHOOLS). WITHIN THE MCHC CBSA, 20.4% (250,418 INDIVIDUALS) LIVE IN HOUSEHOLDS WITH INCOMES BELOW 200% OF FPL.

- MINORITIES OFTEN EXPERIENCE HIGHER RATES OF ILLNESS AND DEATH ACROSS A RANGE OF HEALTH CONDITIONS (DIABETES, HYPERTENSION, OBESITY, ASTHMA, AND HEART DISEASE) WHEN COMPARED TO THEIR WHITE COUNTERPARTS. IN THE CBSA, MORE THAN 40% OF THE POPULATION IS NON-HISPANIC, NON-WHITE AND 22.5% ARE HISPANIC.

- THE LACK OF HEALTH INSURANCE IS CONSIDERED A KEY DRIVER OF HEALTH STATUS. IN THE CBSA, 9.1% OF THE TOTAL POPULATION IS WITHOUT HEALTH INSURANCE COVERAGE, GREATER THAN THE STATE OF MARYLAND (6.1%).

- OF THE ESTIMATED 1,250,503 TOTAL POPULATION COVERED IN THE CBSA, AN ESTIMATED 177,072 (14.2%) ARE AGED 65 AND OLDER, COMPARABLE TO MONTGOMERY COUNTY AND SLIGHTLY HIGHER THAN PRINCE GEORGE'S COUNTY. THE POPULATION OF ADULTS AGED 60 AND GREATER IS ESTIMATED TO INCREASE BY 40%, FROM 1.2 TO 1.7 MILLION BETWEEN 2015 AND 2030 (2017-2020 STATE PLAN ON AGING FOR MARYLAND). HEALTH STATUS, COGNITIVE ABILITY, AND SOCIAL NETWORK ARE RISK FACTORS THAT CAN CONTRIBUTE TO VULNERABILITY IN OLDER ADULTS.

- HOMELESSNESS INCLUDES PEOPLE LIVING ON THE STREETS OR OTHER PLACES NOT INTENDED FOR HUMAN HABITATION; LIVING IN SHELTERS; LACKING A FIXED, REGULAR, AND ADEQUATE NIGHTTIME RESIDENCE; TEMPORARILY STAYING WITH

Part VI **Supplemental Information** *(Continuation)*

FRIENDS AND RELATIVES; AND EVEN THOSE AT RISK FOR HOMELESSNESS. MONTGOMERY COUNTY'S POINT-IN-TIME COUNT FOR HOMELESSNESS HAD A 35% DECREASE BETWEEN 2017 AND 2021. OUT OF THE 187,380 STUDENTS ENROLLED IN SCHOOL DURING THE 2019-2020 SCHOOL YEAR, 1,499 (0.8%) WERE HOMELESS.

- COMPARED WITH INDIVIDUALS WITHOUT DISABILITIES, INDIVIDUALS WITH DISABILITIES ARE LESS LIKELY TO RECEIVE RECOMMENDED PREVENTIVE HEALTH CARE SERVICES, AT HIGHER RISK FOR POOR HEALTH OUTCOMES, AND ARE MORE LIKELY TO ENGAGE IN UNHEALTHY BEHAVIORS THAT PUT THEIR HEALTH AT RISK. WITHIN THE CBSA, 8% (99,809) OF THE TOTAL POPULATION HAS ONE OR MORE DISABILITIES.

PART VI, LINE 5:

OTHER INFORMATION -

HOLY CROSS HEALTH HAS A 15-MEMBER COMMUNITY BOARD COMPRISED OF PRIMARILY COMMUNITY MEMBERS THAT PROVIDE GOVERNANCE FOR BOTH HOSPITALS, AS WELL AS HOLY CROSS HEALTH NETWORK. OF THE 15 BOARD MEMBERS, 2 ARE EMPLOYED BY TRINITY HEALTH, HOLY CROSS HEALTH'S PARENT CORPORATION; 2 LIVE OUTSIDE HOLY CROSS HEALTH'S LOCAL AREA; AND 2 ARE SISTERS OF THE HOLY CROSS.

HOLY CROSS HEALTH'S LARGE, DIVERSE MEDICAL STAFF OF OVER 2,000 MEMBERS ARE ORGANIZED IN THE PUBLIC INTEREST, AND MEDICAL STAFF PRIVILEGES AT THE TWO HOSPITALS ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS.

HOLY CROSS HOSPITAL IS THE LARGEST HOSPITAL EMERGENCY SERVICES PROVIDER IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, TREATING OVER 87,000 PATIENTS ANNUALLY. THE CENTER PROVIDES A WIDE RANGE OF EMERGENCY AND SPECIALTY SERVICES.

Part VI **Supplemental Information** *(Continuation)*

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

HOLY CROSS HEALTH SCREENS PATIENTS AND COMMUNITY MEMBERS FOR SOCIAL NEEDS AND DEVELOPS PROGRAMS TO ADDRESS IDENTIFIED NEEDS. IN FY24, THE THREE HEALTH CENTERS PROVIDED SOCIAL NEEDS SCREENINGS TO 89.6% OF PATIENTS, WITH 54.9% HAVING AT LEAST ONE SOCIAL NEED, AND 16.1% REQUESTING SERVICES. THROUGH THE NEXUS CONNECT PROGRAM, A TELEHEALTH NAVIGATOR ADDRESSED SOCIAL NEEDS FOR 570 COMMUNITY MEMBERS REFERRED TO THE HEALTH CENTER. IN THE COMMUNITY, THE ROAD TO HEALTH PROGRAM REFERRED 288 COMMUNITY MEMBERS TO PRIMARY CARE AND PROVIDED LINKS TO ADDITIONAL COMMUNITY RESOURCES.

THROUGH THE HOLY CROSS HEALTH FOUNDATION KEVIN J. SEXTON FUND, HOLY CROSS HEALTH OFFERED FUNDING OPPORTUNITIES TO COMMUNITY PARTNERS WHO DIRECTLY ALIGN WITH NEEDS IDENTIFIED IN OUR CURRENT CHNA TO ADVANCE THE IMPLEMENTATION STRATEGY.

SOCIAL CARE: REALIZING THAT CLINICAL CARE ONLY ACCOUNTS FOR ABOUT 20% OF HEALTH OUTCOMES, HOLY CROSS HEALTH CONTRIBUTED THE FOLLOWING IN FY24:

- 7,508 SOCIAL CARE ENCOUNTERS TO ASSESS AND CONNECT INDIVIDUALS TO SOCIAL SERVICES.
- RECEIVED FUNDING FOR THE HEART PAYMENT PROGRAM PROVIDING ADDITIONAL SUPPORT TO MARYLAND PRIMARY CARE PROGRAM PARTICIPANTS AND PROMOTING THE STATE'S AND CMS' GOAL TO ADVANCE HEALTH EQUITY. IN FY24, 265 OUTREACH AND FOLLOW-UP CALLS WERE MADE, WITH 183 PATIENTS RECEIVING BENEFICIARY-LEVEL

Part VI **Supplemental Information** *(Continuation)*

SERVICES IN FOOD, SOCIAL ISOLATION, HOME AIDE, TRANSPORTATION, ETC.

- 56 NEW COLLEAGUE SOCIAL NEEDS ASSESSMENTS WERE COMPLETED, WITH 31 IDENTIFYING AS NEEDING ASSISTANCE WITH AT LEAST ONE SOCIAL NEED. IN TOTAL, 420 COLLEAGUES WERE PROVIDED ASSISTANCE AND REFERRED TO SERVICES IN FY24.

- TWO DEDICATED PATIENT NAVIGATORS WERE HIRED TO ADDRESS SOCIAL NEEDS OF THOSE WHO WERE UNINSURED AT DISCHARGE (721 PATIENT ENCOUNTERS) AND DISCHARGED MATERNITY PATIENTS WHO HAVE MEDICAID OR ARE UNINSURED (847 PATIENT ENCOUNTERS).

-THE CIGARETTE RESTITUTION FUND FUNDED SMOKING CESSATION RESOURCES FOR 5,385 COMMUNITY MEMBERS.

THE HOLY CROSS HEALTH GREENHOUSE AND COMMUNITY GARDEN OPENED ON FEBRUARY 10, 2024, WITH SUPPORT FROM DEDICATED PARTNERS AND GENEROUS DONORS, AND WAS METICULOUSLY DESIGNED TO COMBAT FOOD INSECURITY. BY PROVIDING ACCESS TO FAMILIES AND COMMUNITY MEMBERS WHO ARE FOOD INSECURE AND MAY NOT QUALIFY FOR FOOD ASSISTANCE PROGRAMS, THE GREENHOUSE AND GARDEN SERVE AS A RELIABLE SOURCE OF NUTRITION TO INCREASE FRUIT AND VEGETABLE CONSUMPTION, IMPROVING MENTAL HEALTH AND CULTIVATING A SENSE OF COMMUNITY WELLNESS. HOLY CROSS HEALTH HOSTS 17 COMMUNITY GARDEN PLOTS FOR FAMILIES WHO ARE LOW-INCOME, PROVIDING SPACE, SUPPORT, EXPERTISE, AND SUPPLIES TO GROW THEIR OWN FOOD. HOLY CROSS HEALTH AND MONTGOMERY COUNTY MASTER GARDENERS COLLABORATED TO OFFER THE EAT IT, GROW IT FOOD LITERACY EVENT IN MAY 2024, OFFERING INTERACTIVE DEMOS, RESOURCES ON FOOD GARDENING, AND OTHER RESOURCES SUPPORTING FOOD ACCESS.

IN FY24, 12 MOBILE MARKETS WERE HELD AT HCH AND HCGH, DISTRIBUTING FRESH PRODUCE, PROTEIN, AND SHELF-STABLE FOODS TO COLLEAGUES. A TOTAL OF

Part VI **Supplemental Information** *(Continuation)*

3,604/2,700 PROGRAM ENCOUNTERS WITH 605/828PARTICIPANTS SUPPORTED OVER 2,266/3,501 HOUSEHOLD MEMBERS, RESPECTIVELY. THE 'HOLY CROSS HEALTH COLLEAGUE NEEDS' PROGRAM CONNECTED 213 HOLY CROSS HEALTH COLLEAGUES WHO NEEDED ASSISTANCE DUE TO FOOD INSECURITY.

HOLY CROSS HEALTH ADVANCED TRINITY HEALTH ADVOCACY AGENDA AND POLICIES TO ADDRESS CHNA-IDENTIFIED PRIORITIES.
- SECURED PUBLIC FUNDING, INCLUDING $3.2 MILLION FROM THE COUNTY FOR STAFFING; 34% INCREASE IN MONTGOMERY CARES FUNDING TO SUPPORT OUR SAFETY NET HEALTH CENTERS; $15,000 TO ESTABLISH A COMMUNITY PHARMACY PROGRAM FOR A OB/GYN CLINIC; AND $2 MILLION FROM THE STATE FOR A CANCER CENTER.
- SUPPORTED UNIVERSAL ACCESS TO SCHOOL MEALS BILL, PROVIDED DATA AND INSIGHT TO LEGISLATIVE DISCUSSIONS RELATED TO PEDIATRIC DENTISTRY AND IN-HOME DELIVERIES FOR VBAC (VAGINAL BIRTH AFTER CESAREAN DELIVERY) PATIENTS. PRESENTED ON BEST PRACTICES IN COMMUNITY BENEFIT REPORTING FOR AN HSCRC WEBINAR. ADVOCATED TO HSCRC REGARDING POPULATION HEALTH TARGETS FOR DIABETES MANAGEMENT.

HOLY CROSS HEALTH MAINTAINED SEVERAL STRATEGIC PARTNERSHIPS IN FY24 INCLUDING: MONTGOMERY COLLEGE, KAISER PERMANENTE, MARYLAND PHYSICIAN CARE, NEXUS MONTGOMERY REGIONAL PARTNERSHIP, AND CAREFIRST.

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

Part VI **Supplemental Information** *(Continuation)*

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 HEALTH'S COMMUNITY IMPACT IN FY24 TOTALED $53.7 MILLION.

PART VI, LINE 6:

HOLY CROSS HEALTH 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.

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

Part VI **Supplemental Information** *(Continuation)*

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 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

Part VI **Supplemental Information** *(Continuation)*

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.

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

Part VI **Supplemental Information** *(Continuation)*

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.

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

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

MD