

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			40238419.	25045030.	15193389.	2.53%
<b>b</b> Medicaid (from Worksheet 3, column a)			136141565	140282654	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			176379984	165327684	15193389.	2.53%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	58	128,573	6297653.	319,650.	5978003.	1.00%
<b>f</b> Health professions education (from Worksheet 5)	4	168	3468871.	0.	3468871.	.58%
<b>g</b> Subsidized health services (from Worksheet 6)	11	84,809	12287887.	1023924.	11263963.	1.87%
<b>h</b> Research (from Worksheet 7)	2	946	264,303.	25,475.	238,828.	.04%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	1	0	9,321.	0.	9,321.	.00%
<b>j Total.</b> Other Benefits	76	214,496	22328035.	1369049.	20958986.	3.49%
<b>k Total.</b> Add lines 7d and 7j	76	214,496	198708019	166696733	36152375.	6.02%





**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
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

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

	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? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**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
<b>22</b> 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.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> 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		
<b>c</b> <input type="checkbox"/> 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		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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.		
<b>24</b> 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.		

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**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
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		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 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	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 .....	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 .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

**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? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**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			
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> 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</p> <p><b>c</b> <input type="checkbox"/> 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</p> <p><b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		24	X			

Schedule H (Form 990) 2020

**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 ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THEIR MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE CONSIDERED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. SOCIAL DETERMINANTS/INFLUENCERS OF HEALTH

A. ACCESS TO CARE

B. FOOD INSECURITY

C. HOUSING

2. VULNERABLE POPULATIONS

A. SENIOR POPULATION

B. MATERNAL/INFANT POPULATION

3. CHRONIC DISEASES

A. DIABETES

B. CANCERS

C. CARDIOVASCULAR HEALTH

D. OBESITY

E. BEHAVIORAL HEALTH

HOLY CROSS GERMANTOWN HOSPITAL:

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

**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.

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

1. SOCIAL DETERMINANTS/INFLUENCERS OF HEALTH

- A. ACCESS TO CARE
- B. FOOD INSECURITY
- C. HOUSING

2. VULNERABLE POPULATIONS

- A. SENIOR POPULATION
- B. MATERNAL/INFANT POPULATION

3. CHRONIC DISEASES

- A. DIABETES
- B. CANCERS
- C. CARDIOVASCULAR HEALTH
- D. OBESITY
- E. BEHAVIORAL HEALTH

HOLY CROSS HOSPITAL:

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

**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.

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

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

**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 HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

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

HOLY CROSS GERMANTOWN HOSPITAL:

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

**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.

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

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



**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 HEALTH DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, HEALTH CARE, AND SOCIAL SERVICES. THROUGH GROUP DISCUSSION, THEY PROVIDE INPUT THAT HELPS TO ENSURE THAT WE HAVE IDENTIFIED AND RESPONDED TO THE MOST PRESSING COMMUNITY HEALTH CARE NEEDS.

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

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 6A: AS A MEMBER OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS HOSPITAL

**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.

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: AS A MEMBER OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED ITS CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: HOLY CROSS HOSPITAL, SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (FORMERLY WASHINGTON ADVENTIST HOSPITAL), AND SHADY GROVE ADVENTIST HOSPITAL.

HOLY CROSS HOSPITAL:

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

**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.

COUNTY COLLABORATION, AND DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS.

HOLY CROSS GERMANTOWN HOSPITAL:

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

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

HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED THEIR CHNAS WITH THE FOLLOWING

ORGANIZATIONS: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH

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

PERMANENTE, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY

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

HEALTH PROGRAM, ASIAN AMERICAN HEALTH INITIATIVE, PROYECTO SALUD HEALTH

CENTER, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS,

MONTGOMERY COUNTY RECREATION DEPARTMENT, GEORGETOWN UNIVERSITY SCHOOL OF

NURSING AND HEALTH STUDIES, MONTGOMERY COUNTY DEPARTMENT OF

TRANSPORTATION, RONALD D PAUL COMPANIES, MONTGOMERY PARKS, MONTGOMERY

COUNTY COLLABORATION, AND DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS HOSPITAL ADDRESSES THE UNMET NEEDS

OF OUR COMMUNITY, IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE

GOALS OF HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP.

KEY FINDINGS FROM ALL DATA SOURCES WERE REVIEWED, AND THE MOST PRESSING

NEEDS WERE INCORPORATED INTO AN IMPLEMENTATION STRATEGY. THIS MULTI-YEAR

IMPLEMENTATION STRATEGY ADDRESSES THE MOST VULNERABLE AND UNDERSERVED

INDIVIDUALS AND FAMILIES. THE FOLLOWING LIST OF PROGRAMS DESCRIBES HOW HCH

**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.

**IS ADDRESSING EACH NEED:**

ACCESS TO HEALTH CARE: SINCE OPENING IN FISCAL YEAR 2004, THE HOLY CROSS HEALTH CENTERS, LOCATED IN ASPEN HILL, GAITHERSBURG, GERMANTOWN, AND SILVER SPRING, HAVE PROVIDED MORE THAN 200,000 PATIENT VISITS. THESE PRIMARY CARE SITES SERVE LOW-INCOME PATIENTS WHO ARE UNINSURED OR ARE ENROLLED IN MARYLAND PHYSICIANS CARE, A MARYLAND MEDICAID MANAGED CARE ORGANIZATION. IN FISCAL YEAR 2021 (FY21), THERE WERE 40,634 PATIENT VISITS AT THE FOUR HEALTH CENTERS.

HOUSING: IN FY21, HOLY CROSS HEALTH PROVIDED FUNDS TO SUPPORT HUMAN RESOURCE'S PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM. THE PROGRAM WORKS WITH COMMUNITY AND GOVERNMENTAL ORGANIZATIONS TO HIRE INDIVIDUALS WHO ARE TRYING TO BREAK FROM THE CYCLE OF POVERTY CAUSED BY LACK OF ECONOMIC OPPORTUNITY, LACK OF EDUCATION/SKILLS, AND/OR PRIOR LEGAL OFFENSES. WE ALSO WORK WITH COMMUNITY-BASED ORGANIZATIONS AND HOUSING PARTNERS TO INCORPORATE HEALTH AND WELLNESS INTO SENIOR AND LOW-INCOME HOUSING TO CREATE AN ENVIRONMENT THAT FOCUSES ON WHOLE PERSON CARE. ADDITIONALLY, HCH ADVOCATES FOR AFFORDABLE HOUSING ON A COUNTY AND STATE LEVEL AND JOINS TRINITY HEALTH, PARENT COMPANY OF HOLY CROSS HEALTH, TO ADVOCATE FOR POLICY CHANGES IN AFFORDABLE HOUSING ON A NATIONAL LEVEL.

MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS HAVE BEEN ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FY21, THROUGH THIS

**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.

PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO 733 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. IN 2019, HOLY CROSS ALSO IMPLEMENTED A PROCESS TO LINK UNINSURED MATERNITY PARTNERSHIP PATIENTS TO PRIMARY CARE SERVICES FOR NEWBORNS AT THE HEALTH CENTER IN GERMANTOWN, WITH 69 UNIQUE NEWBORNS SEEN IN FY21.

SENIORS: HOLY CROSS PARTNERED WITH MULTIPLE GOVERNMENT, COMMUNITY, AND FAITH-BASED ORGANIZATIONS AND BUSINESSES, TO OFFER AN ARRAY OF OPTIONS IN GEOGRAPHICALLY ACCESSIBLE AREAS THROUGHOUT OUR SERVICE AREA TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. IN MARCH 2020, WITH THE ONSET OF COVID-19, ALMOST ALL CLASSES WERE MOVED TO A VIRTUAL SETTING USING THE WEBEX PLATFORM. IN FY21, OUR VIRTUAL CLASSES HAD 9,374 ENCOUNTERS.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES. IN FY21, SENIOR FIT CLASSES REMAINED VIRTUAL, AND THE AVERAGE WEEKLY ATTENDANCE WAS 1,192 PARTICIPANTS, WITH TOTAL VIRTUAL ENCOUNTERS FOR THE FISCAL YEAR AT 45,677. COMMUNITY-BASED CARDIOVASCULAR EDUCATION WAS PROVIDED VIRTUALLY TO 361 INDIVIDUALS. THE STANFORD UNIVERSITY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM WAS ALSO TRANSITIONED TO A VIRTUAL PLATFORM AND HAD 495 ENCOUNTERS IN FY21 WITH 81% OF PARTICIPANTS COMPLETING THE PROGRAM.

DIABETES: THE DIABETES PREVENTION PROGRAM (DPP) IS A 12-MONTH LIFESTYLE MODIFICATION PROGRAM THAT OFFERS NUTRITIONAL GUIDANCE, EXERCISE SESSIONS, AND SUPPORT TO HELP PREVENT OR DELAY THE ONSET OF DIABETES. PARTICIPANTS

**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.

RECEIVE TOOLS TO HELP THEM MONITOR ACTIVITY PATTERNS, EATING HABITS, AND PHYSICAL ACTIVITY TO ASSIST THEM IN ACHIEVING SUCCESS. DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSME/S) HAS BEEN SHOWN TO BE COST-EFFECTIVE BY REDUCING HOSPITAL ADMISSIONS AND READMISSIONS AS WELL AS ESTIMATED LIFETIME HEALTH CARE COSTS RELATED TO A LOWER RISK FOR COMPLICATIONS.

IN FY21, THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP (NMRP), OF WHICH HOLY CROSS HEALTH IS A MEMBER, RECEIVED FUNDING TO EXPAND DIABETES EDUCATION FOR MEDICARE AND MEDICAID BENEFICIARIES. THROUGH THIS FUNDING, NMRP WAS ABLE TO INCORPORATE DPP AND DSME/S REFERRALS INTO MARYLAND'S DESIGNATED HEALTH INFORMATION EXCHANGE, CRISP, AND EDUCATE PROVIDERS ON THE REFERRAL PROCESS. THE NEW PROCESS WILL ASSIST IN EXPANDING HCH'S DPP AND DSME/S PROGRAMS AND INCREASE PARTICIPANT ENROLLMENT. IN FY21, HCH OFFERED 3 DPP COHORTS AND 6 DMSE/S COHORTS. THE DSME/S HAD 363 VIRTUAL ENCOUNTERS AND DPP, ALSO HELD VIRTUALLY, ENROLLED 23 COMMUNITY MEMBERS. THE COMBINED COHORTS HAD AN AVERAGE WEIGHT LOSS OF 9.7% AT 12 MONTHS. IN ADDITION TO DSME/S, HOLY CROSS ALSO OFFERED THE STANFORD UNIVERSITY'S DIABETES SELF-MANAGEMENT PROGRAM (DSMP) IN ENGLISH AND SPANISH. ALL DSMP CLASSES WERE HELD VIRTUALLY AND THERE WERE 422 ENCOUNTERS WITH 79% OF PARTICIPANTS COMPLETING THE CLASS.

BEHAVIORAL HEALTH: TO MEET THE GROWING NEED IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, BEHAVIORAL HEALTH SERVICES HAVE BEEN INCORPORATED INTO ALL FOUR OF OUR HOLY CROSS HEALTH CENTERS. IN FY21, THE HOLY CROSS HEALTH CENTERS HAD 776 BEHAVIORAL HEALTH VISITS AND 206 SOCIAL WORK VISITS AND DEPRESSION SCREENINGS WERE PERFORMED AT 94.9% OF THE PRIMARY CARE VISITS

**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 THE HEALTH CENTERS. IN ADDITION, HOLY CROSS ALSO IMPLEMENTED AN EVIDENCE-BASED PROGRAM TO PROVIDE NON-PHARMACEUTICAL PAIN MANAGEMENT SKILLS TO PARTICIPANTS DEALING WITH CHRONIC PAIN. STANFORD UNIVERSITY'S CHRONIC PAIN-SELF MANAGEMENT PROGRAM (CPSMP) IS DESIGNED TO HELP INDIVIDUALS BETTER MANAGE THEIR PAIN, DECREASE DEPRESSION AND IMPROVE MENTAL HEALTH, AND INCREASE LIFE SATISFACTION. IN FY21, CPSMP HAD 359 VIRTUAL ENCOUNTERS WITH 71% OF PARTICIPANTS COMPLETING THE PROGRAM.

CANCERS: HOLY CROSS OFFERS BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FY21, 321 SCREENING MAMMOGRAMS AND 334 DIAGNOSTIC MAMMOGRAMS WERE COMPLETED FOR HEALTH CENTER PATIENTS. THERE WERE 3,435 OUTREACH AND EDUCATION ENCOUNTERS ON CANCER PREVENTION PROVIDED VIRTUALLY AND IN PERSON AT COMMUNITY BARBERSHOPS. SMOKING CESSATION ENCOUNTERS, VIA VIRTUAL OUTREACH AND VIRTUAL FREEDOM FROM SMOKING CLASSES, TOTALED 1,062. WE ALSO DISTRIBUTED 235 COLORECTAL CANCER SCREENING KITS THROUGH OUR MC NEXT GENERATION WELLNESS PROGRAM.

OBESITY: ALL PROGRAMS DIRECTLY ADDRESSING OBESITY WERE PAUSED DUE TO THE COVID-19 PANDEMIC, THEREFORE THIS NEED WAS NOT DIRECTLY ADDRESSED IN FY21.

FOOD INSECURITY: IN 2019, HCH EMBARKED ON A THREE-YEAR INITIATIVE TO ADDRESS FOOD INSECURITY IN MONTGOMERY COUNTY. THE GOAL OF THE INITIATIVE IS TO REDUCE THE OVERALL FOOD INSECURITY RATE OF THE COUNTY FROM 7% TO 5.5% BY YEAR THREE OF THE PROJECT. THE INITIATIVE BUILDS PARTNERSHIPS IN THE COMMUNITY TO ADDRESS THE FOLLOWING FOUR PILLARS OF FOOD INSECURITY:

**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.

PILLAR #1: USE AND UTILIZATION - CHOOSE, PREPARE AND STORE FOOD. HOLY CROSS'S "MOBILE KITCHEN" UNIT PROVIDES PROGRAMMING IN OUR COMMUNITY THAT FOCUSES ON FOOD LITERACY, PRACTICAL COOKING SKILLS, AND MEAL PLANNING. DUE TO THE COVID-19 PANDEMIC IN-PERSON CLASSES WERE NOT HELD; HOWEVER, THE MOBILE KITCHEN WAS USED TO PROVIDE EDUCATION THROUGH VIDEO VIGNETTES SHARED ON SOCIAL MEDIA.

PILLAR #2: ACCESSIBILITY - SUFFICIENT RESOURCES TO PRODUCE AND/OR PURCHASE FOOD. A COLLEAGUE NEEDS ASSESSMENT AND REFERRAL PROGRAM WAS ESTABLISHED TO ADDRESS ACCESS TO CARE, FOOD INSECURITY AND HOUSING ISSUES OF HCH COLLEAGUES. APPROXIMATELY 800 COLLEAGUES WERE ASSESSED, WITH 329 COLLEAGUES IDENTIFYING AS HAVING ONE OR MORE NEEDS. NINETY PERCENT (296) OF COLLEAGUES WITH AN IDENTIFIED NEED WERE CONNECTED TO A COMMUNITY HEALTH WORKER AND RECEIVED ASSISTANCE.

PILLAR #3: AVAILABILITY - CONSISTENT SOURCE OF QUALITY FOOD. DURING FY21, WE CONDUCTED EIGHTEEN COMMUNITY/COLLEAGUE FOOD DISTRIBUTIONS AND PROVIDED 1,927 FOOD PACKAGES TO 1,775 FOOD INSECURE COMMUNITY MEMBERS AND COLLEAGUES. WE ALSO PARTNERED WITH FAITH-BASED ORGANIZATIONS TO PROVIDE FACE MASKS AND COVID-19 EDUCATION AT TWO COMMUNITY FOOD DISTRIBUTION EVENTS SERVING MORE THAN 1,500 COMMUNITY MEMBERS.

PILLAR #4: STABILITY - POLICIES, WEATHER CONDITIONS, EMPLOYMENT AND ECONOMIC FACTORS IMPACTING FOOD STABILITY. FIVE MEMBERS OF THE HOLY CROSS COMMUNITY HEALTH DEPARTMENT ARE ACTIVE ON THE MONTGOMERY COUNTY FOOD COUNCIL, WITH ONE MEMBER ON THE BOARD OF DIRECTORS, TO SUPPORT THE FOOD COUNCIL IN OFFERING RECOMMENDATIONS AND GUIDING FUTURE RESEARCH, ANALYSIS,



**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 POLICY ACTIONS THAT WORK TOWARD ENHANCING FOOD SECURITY IN MONTGOMERY COUNTY.

HOLY CROSS GERMANTOWN HOSPITAL:

PART V, SECTION B, LINE 11: HOLY CROSS GERMANTOWN HOSPITAL (HCGH)

ADDRESSES THE UNMET NEEDS OF OUR COMMUNITY, IN ACCORDANCE WITH OUR MISSION AND IN ALIGNMENT WITH THE GOALS OF HEALTHY MONTGOMERY, OUR EXTERNAL REVIEW GROUP.

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

ACCESS TO HEALTH CARE: SINCE OPENING IN FISCAL YEAR 2004, THE HOLY CROSS HEALTH CENTERS, LOCATED IN ASPEN HILL, GAITHERSBURG, GERMANTOWN, AND SILVER SPRING, HAVE PROVIDED MORE THAN 200,000 PATIENT VISITS. THESE PRIMARY CARE SITES SERVE LOW-INCOME PATIENTS WHO ARE UNINSURED OR ARE ENROLLED IN MARYLAND PHYSICIANS CARE, A MARYLAND MEDICAID MANAGED CARE ORGANIZATION. IN FY21, THERE WERE 40,634 PATIENT VISITS AT THE FOUR HEALTH CENTERS AND 435 NEW OB/GYN ADMISSIONS AT HOLY CROSS GERMANTOWN HOSPITAL'S OB/GYN CLINIC.

HOUSING: IN FY21, HOLY CROSS HEALTH PROVIDED FUNDS TO SUPPORT HUMAN RESOURCE'S PATHWAYS TO INDEPENDENT EMPLOYMENT PROGRAM. THE PROGRAM WORKS WITH COMMUNITY AND GOVERNMENTAL ORGANIZATIONS TO HIRE INDIVIDUALS WHO ARE

**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.

TRYING TO BREAK FROM THE CYCLE OF POVERTY CAUSED BY LACK OF ECONOMIC OPPORTUNITY, LACK OF EDUCATION/SKILLS, AND/OR PRIOR LEGAL OFFENSES. WE ALSO WORK WITH COMMUNITY-BASED ORGANIZATIONS AND HOUSING PARTNERS TO INCORPORATE HEALTH AND WELLNESS INTO SENIOR AND LOW-INCOME HOUSING TO CREATE AN ENVIRONMENT THAT FOCUSES ON WHOLE PERSON CARE. ADDITIONALLY, HCH ADVOCATES FOR AFFORDABLE HOUSING ON A COUNTY AND STATE LEVEL AND JOINS TRINITY HEALTH, PARENT COMPANY OF HOLY CROSS HEALTH, TO ADVOCATE FOR POLICY CHANGES IN AFFORDABLE HOUSING ON A NATIONAL LEVEL.

MATERNAL AND INFANT HEALTH: SINCE 1999, THOUSANDS OF PATIENTS HAVE BEEN ENTRUSTED TO OUR CARE THROUGH THE MATERNITY PARTNERSHIP PROGRAM, A COLLABORATIVE AGREEMENT BETWEEN HCH AND THE MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE MATERNITY SERVICES TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. IN FY21, THROUGH THIS PARTNERSHIP, HCH OFFERED PRENATAL SERVICES TO 733 LOW-INCOME, PREGNANT WOMEN WHO LACKED HEALTH INSURANCE. IN 2019, HOLY CROSS ALSO IMPLEMENTED A PROCESS TO LINK UNINSURED MATERNITY PARTNERSHIP PATIENTS TO PRIMARY CARE SERVICES FOR NEWBORNS AT THE HEALTH CENTER IN GERMANTOWN, WITH 69 UNIQUE NEWBORNS SEEN IN FY21.

SENIORS: HOLY CROSS PARTNERED WITH MULTIPLE GOVERNMENT, COMMUNITY, AND FAITH-BASED ORGANIZATIONS AND BUSINESSES, TO OFFER AN ARRAY OF OPTIONS IN GEOGRAPHICALLY ACCESSIBLE AREAS THROUGHOUT OUR SERVICE AREA TO HELP OLDER ADULTS MAINTAIN INDEPENDENCE, DECREASE ISOLATION, AND ENHANCE QUALITY OF LIFE. IN MARCH 2020, WITH THE ONSET OF COVID-19, ALMOST ALL CLASSES WERE MOVED TO A VIRTUAL SETTING USING THE WEBEX PLATFORM. IN FY21, OUR VIRTUAL CLASSES HAD 9,374 ENCOUNTERS.

**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.

CARDIOVASCULAR HEALTH: SENIOR FIT, A FREE 45-MINUTE EXERCISE PROGRAM FOR SENIORS AGED 55 AND OVER, PROVIDES AGE-APPROPRIATE EXERCISE CLASSES. IN FY21, SENIOR FIT CLASSES REMAINED VIRTUAL, AND THE AVERAGE WEEKLY ATTENDANCE WAS 1,192 PARTICIPANTS, WITH TOTAL VIRTUAL ENCOUNTERS FOR THE FISCAL YEAR AT 45,677. COMMUNITY-BASED CARDIOVASCULAR EDUCATION WAS PROVIDED VIRTUALLY TO 361 INDIVIDUALS. THE STANFORD UNIVERSITY CHRONIC DISEASE SELF-MANAGEMENT PROGRAM WAS ALSO TRANSITIONED TO A VIRTUAL PLATFORM AND HAD 495 ENCOUNTERS IN FY21 WITH 81% OF PARTICIPANTS COMPLETING THE PROGRAM.

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

IN FY21 THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP (NMRP), OF WHICH HOLY CROSS HEALTH IS A MEMBER, RECEIVED FUNDING TO EXPAND DIABETES EDUCATION FOR MEDICARE AND MEDICAID BENEFICIARIES. THROUGH THIS FUNDING, NMRP WAS ABLE TO INCORPORATE DPP AND DSME/S REFERRALS INTO MARYLAND'S DESIGNATED HEALTH INFORMATION EXCHANGE, CRISP, AND EDUCATE PROVIDERS ON THE REFERRAL PROCESS. THE NEW PROCESS WILL ASSIST IN EXPANDING HCH'S DPP AND DSME/S

**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.

PROGRAMS AND INCREASE PARTICIPANT ENROLLMENT. IN FY21, HCH OFFERED 3 DPP COHORTS AND 6 DMSE/S COHORTS. THE DSME/S HAD 363 VIRTUAL ENCOUNTERS AND DPP, ALSO HELD VIRTUALLY, ENROLLED 23 COMMUNITY MEMBERS. THE COMBINED COHORTS HAD AN AVERAGE WEIGHT LOSS OF 9.7% AT 12 MONTHS. IN ADDITION TO DSME/S, HOLY CROSS ALSO OFFERED THE STANFORD UNIVERSITY'S DIABETES SELF-MANAGEMENT PROGRAM (DSMP) IN ENGLISH AND SPANISH. ALL DSMP CLASSES WERE HELD VIRTUALLY AND THERE WERE 422 ENCOUNTERS WITH 79% OF PARTICIPANTS COMPLETING THE CLASS.

BEHAVIORAL HEALTH: TO MEET THE GROWING NEED IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES, BEHAVIORAL HEALTH SERVICES HAVE BEEN INCORPORATED INTO ALL FOUR OF OUR HOLY CROSS HEALTH CENTERS. IN FY21, THE HOLY CROSS HEALTH CENTERS HAD 776 BEHAVIORAL HEALTH VISITS AND 206 SOCIAL WORK VISITS AND DEPRESSION SCREENINGS WERE PERFORMED AT 94.9% OF THE PRIMARY CARE VISITS TO THE HEALTH CENTERS. IN ADDITION, HOLY CROSS ALSO IMPLEMENTED AN EVIDENCE-BASED PROGRAM TO PROVIDE NON-PHARMACEUTICAL PAIN MANAGEMENT SKILLS TO PARTICIPANTS DEALING WITH CHRONIC PAIN. STANFORD UNIVERSITY'S CHRONIC PAIN-SELF MANAGEMENT PROGRAM (CPSMP) IS DESIGNED TO HELP INDIVIDUALS BETTER MANAGE THEIR PAIN, DECREASE DEPRESSION AND IMPROVE MENTAL HEALTH, AND INCREASE LIFE SATISFACTION. IN FY21, CPSMP HAD 359 VIRTUAL ENCOUNTERS WITH 71% OF PARTICIPANTS COMPLETING THE PROGRAM.

CANCERS: HOLY CROSS OFFERS BREAST CANCER EDUCATION, INFORMATION ON BREAST SELF-EXAMS, AND LINKS TO MAMMOGRAM SERVICES FOR UNINSURED/UNDERINSURED WOMEN IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. IN FY21, 321 SCREENING MAMMOGRAMS AND 334 DIAGNOSTIC MAMMOGRAMS WERE COMPLETED FOR HEALTH CENTER PATIENTS. THERE WERE 3,435 OUTREACH AND EDUCATION ENCOUNTERS ON CANCER

**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.

PREVENTION PROVIDED VIRTUALLY AND IN PERSON AT COMMUNITY BARBERSHOPS.

SMOKING CESSATION ENCOUNTERS, VIA VIRTUAL OUTREACH AND VIRTUAL FREEDOM FROM SMOKING CLASSES, TOTALED 1,062. WE ALSO DISTRIBUTED 235 COLORECTAL CANCER SCREENING KITS THROUGH OUR MC NEXT GENERATION WELLNESS PROGRAM.

OBESITY: ALL PROGRAMS DIRECTLY ADDRESSING OBESITY WERE PAUSED DUE TO THE COVID-19 PANDEMIC, THEREFORE THIS NEED WAS NOT DIRECTLY ADDRESSED IN FY21.

FOOD INSECURITY: IN 2019, HCH EMBARKED ON A THREE-YEAR INITIATIVE TO ADDRESS FOOD INSECURITY IN MONTGOMERY COUNTY. THE GOAL OF THE INITIATIVE IS TO REDUCE THE OVERALL FOOD INSECURITY RATE OF THE COUNTY FROM 7% TO 5.5% BY YEAR THREE OF THE PROJECT. THE INITIATIVE BUILDS PARTNERSHIPS IN THE COMMUNITY TO ADDRESS THE FOLLOWING FOUR PILLARS OF FOOD INSECURITY:

PILLAR #1: USE AND UTILIZATION - CHOOSE, PREPARE AND STORE FOOD. HOLY CROSS'S "MOBILE KITCHEN" UNIT PROVIDES PROGRAMMING IN OUR COMMUNITY THAT FOCUSES ON FOOD LITERACY, PRACTICAL COOKING SKILLS, AND MEAL PLANNING. DUE TO THE COVID-19 PANDEMIC IN-PERSON CLASSES WERE NOT HELD; HOWEVER, THE MOBILE KITCHEN WAS USED TO PROVIDE EDUCATION THROUGH VIDEO VIGNETTES SHARED ON SOCIAL MEDIA.

PILLAR #2: ACCESSIBILITY - SUFFICIENT RESOURCES TO PRODUCE AND/OR PURCHASE FOOD. A COLLEAGUE NEEDS ASSESSMENT AND REFERRAL PROGRAM WAS ESTABLISHED TO ADDRESS ACCESS TO CARE, FOOD INSECURITY AND HOUSING ISSUES OF HCH COLLEAGUES. APPROXIMATELY 800 COLLEAGUES WERE ASSESSED, WITH 329 COLLEAGUES IDENTIFYING AS HAVING ONE OR MORE NEEDS. NINETY PERCENT (296) OF COLLEAGUES WITH AN IDENTIFIED NEED WERE CONNECTED TO A COMMUNITY HEALTH

**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.

WORKER AND RECEIVED ASSISTANCE. IN FY21, ADDITIONAL FUNDING WAS SECURED TO IMPLEMENT THE CREATION OF A COMMUNITY GARDEN, TO COMPLEMENT THE GREENHOUSE.

PILLAR #3: AVAILABILITY - CONSISTENT SOURCE OF QUALITY FOOD. DURING FY21, WE CONDUCTED EIGHTEEN COMMUNITY/COLLEAGUE FOOD DISTRIBUTIONS AND PROVIDED 1,927 FOOD PACKAGES TO 1,775 FOOD INSECURE COMMUNITY MEMBERS AND COLLEAGUES. WE ALSO PARTNERED WITH FAITH-BASED ORGANIZATIONS TO PROVIDE FACE MASKS AND COVID-19 EDUCATION AT TWO COMMUNITY FOOD DISTRIBUTION EVENTS SERVING MORE THAN 1,500 COMMUNITY MEMBERS.

PILLAR #4: STABILITY - POLICIES, WEATHER CONDITIONS, EMPLOYMENT AND ECONOMIC FACTORS IMPACTING FOOD STABILITY. FIVE MEMBERS OF THE HOLY CROSS COMMUNITY HEALTH DEPARTMENT ARE ACTIVE ON THE MONTGOMERY COUNTY FOOD COUNCIL, WITH ONE MEMBER SITTING ON THE BOARD OF DIRECTORS, TO SUPPORT THE FOOD COUNCIL IN OFFERING RECOMMENDATIONS AND GUIDING FUTURE RESEARCH, ANALYSIS, AND POLICY ACTIONS THAT WORK TOWARD ENHANCING FOOD SECURITY IN MONTGOMERY COUNTY.

HOLY CROSS HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

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

HOLY CROSS GERMANTOWN HOSPITAL:

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

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

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

WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/  
COMMUNITY-BENEFIT-PLANNING/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/  
COMMUNITY-BENEFIT-PLANNING/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/  
COMMUNITY-BENEFIT-PLANNING/IMPLEMENTATION-PLAN

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

WWW.HOLYCROSSHEALTH.ORG/ABOUT-US/COMMUNITY-INVOLVEMENT/



**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**COMMUNITY-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

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? 14

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 TELSIA 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 DIALYSIS CTR AT WOODMORE 11721 WOODMORE RD., SUITE 190 MITCHELLVILLE, MD 20721	DIALYSIS TREATMENT
7 HC HEALTH PARTNERS IN KENSINGTON 3720 FARRAGUT AVE., 2ND FLOOR KENSINGTON, MD 20895	PRIMARY CARE
8 HOLY CROSS HEALTH CTR - GAITHERSBURG 220 PERRY PARKWAY, UNIT 5 GAITHERSBURG, MD 20877	HEALTH CLINIC
9 HOLY CROSS HEALTH CENTER - ASPEN HILL 13415 CONNECTICUT AVE #100 SILVER SPRING, MD 20906	HEALTH CLINIC
10 HOLY CROSS HEALTH PARTNERS AT ASBURY 201 RUSSELL AVE. GAITHERSBURG, MD 20877	PRIMARY CARE

Schedule H (Form 990) 2020



**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 (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

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

HCH INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

**Part 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 IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT

**Part VI** Supplemental Information (Continuation)

YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$21,652,993, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

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 VI** Supplemental Information (Continuation)

PART III, LINE 3:

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

PART III, LINE 4:

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

**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 8:

HCH DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.



**Part VI** Supplemental Information (Continuation)

PART III, LINE 9B:

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

PART VI, LINE 2:

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

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

- AFRICAN AMERICAN HEALTH PROGRAM STRATEGIC PLAN TOWARD HEALTH EQUITY,

**Part VI** Supplemental Information (Continuation)

2009-2014

- ASIAN AMERICAN HEALTH PRIORITIES, A STUDY OF MONTGOMERY COUNTY, MARYLAND, STRENGTHS, NEEDS, AND OPPORTUNITIES FOR ACTION, 2008

- BLUEPRINT FOR LATINO HEALTH IN MONTGOMERY COUNTY, MARYLAND, 2017-2026

- MONTGOMERY COUNTY FOOD COUNCIL'S COMMUNITY FOOD ACCESS ASSESSMENT; MONTGOMERY COUNTY MARYLAND, 2013-2015

- HOMELESSNESS IN METROPOLITAN WASHINGTON: RESULTS AND ANALYSIS FROM THE ANNUAL POINT-IN-TIME (PIT) COUNT OF PERSONS EXPERIENCING HOMELESSNESS, MAY 2019

- MARYLAND STATE HEALTH IMPROVEMENT PROCESS

- MONTGOMERY COUNTY INTERAGENCY COMMISSION ON HOMELESSNESS ANNUAL REPORT, 2017

- MONTGOMERY MOVING FORWARD'S CALL TO ACTION: EARLY CARE AND EDUCATION, 2018

- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT: HEALTH REPORT 2017

- PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT 2017-2021 STRATEGIC PLAN

- CONVENING PARTNERS TO BUILD BRIGHTER FUTURES IN MONTGOMERY COUNTY (MONTGOMERY COUNTY COLLABORATION COUNCIL'S 2018 ANNUAL REPORT)

- UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE'S COUNTY HEALTH RANKINGS DATA

- MATERNAL AND INFANT HEALTH REPORT FOR MONTGOMERY COUNTY, 2008-2017

- HEALTH IN MONTGOMERY COUNTY REPORT, 2008-2016

- TRANSFORMATIVE CHANGE: OUR ROLE IN ACHIEVING HEALTH EQUITY FOR PRINCE GEORGE'S COUNTY, 2018

HOLY CROSS HEALTH REGULARLY PARTICIPATES IN A VARIETY OF COALITIONS, COMMISSIONS, COMMITTEES, PARTNERSHIPS AND PANELS, AND OUR COMMUNITY HEALTH WORKERS SPEND TIME IN THE COMMUNITY AS COMMUNITY PARTICIPANTS AND BRING

**Part VI** Supplemental Information (Continuation)

BACK FIRST-HAND KNOWLEDGE OF COMMUNITY NEEDS.

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

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

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -  
HCH COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED

**Part VI** Supplemental Information (Continuation)

FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

HCH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

HCH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND

**Part VI** Supplemental Information (Continuation)

SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HCH MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION -

HOLY CROSS HOSPITAL SERVES A LARGE PORTION OF MONTGOMERY AND PRINCE GEORGE'S COUNTIES' RESIDENTS. OUR 19 ZIP CODE PRIMARY SERVICE AREA INCLUDES ALMOST 700,000 PEOPLE, OF WHOM ABOUT 69% ARE MINORITIES. AN ESTIMATED 1.8 MILLION PEOPLE IN 65 ZIP CODES MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 71% ARE MINORITIES. OUR PRIMARY SERVICE AREA IS DERIVED FROM THE MARYLAND ZIP CODE AREAS FROM WHICH THE TOP 60% OF OUR FY13 DISCHARGES ORIGINATED. THE NEXT 15% CONTRIBUTE TO OUR SECONDARY SERVICE AREA.

HOLY CROSS GERMANTOWN HOSPITAL OPENED ITS DOORS IN OCTOBER 2014 AND BEGAN SERVING RESIDENTS IN NORTHERN MONTGOMERY COUNTY. AN ESTIMATED 455,000 PEOPLE LIVE IN THE 17 ZIP CODES THAT MAKE UP OUR TOTAL SERVICE AREA, OF WHOM 62.5% ARE MINORITIES. OUR SIX ZIP CODE PRIMARY SERVICE AREA INCLUDES ABOUT 270,000 PEOPLE, OF WHOM 66% ARE MINORITIES.

IN THE EARLY 1990'S, PRINCE GEORGE'S COUNTY BECAME A MAJORITY-MINORITY COUNTY, WHERE THE MINORITY POPULATION SURPASSES THE WHITE NON-HISPANIC POPULATION (FOX, 1996). DURING THE LAST CENSUS, MONTGOMERY COUNTY JOINED PRINCE GEORGE'S COUNTY AS ONE OF ONLY 336 "MAJORITY-MINORITY" COUNTIES IN THE COUNTRY (MONTGOMERY COUNTY PLANNING DEPARTMENT, 2011). THE FOREIGN-BORN POPULATION OF BOTH COUNTIES IS ALSO HIGHER THAN THE NATIONAL AVERAGE. THE LATEST FIGURES FROM THE U.S. CENSUS BUREAU SHOW THAT 32.3% OF

**Part VI** Supplemental Information (Continuation)

THE POPULATION IN MONTGOMERY COUNTY AND 22.7% OF THE POPULATION IN PRINCE GEORGE'S COUNTY ARE OF FOREIGN BIRTH, SIGNIFICANTLY GREATER THAN THE STATE AND NATIONAL RATE OF 15.2% AND 13.6%, RESPECTIVELY (AMERICAN COMMUNITY SURVEY, 2015-2019).

THE COMMUNITY WE SERVE HAS THE HIGHEST PERCENTAGE OF FOREIGN-BORN RESIDENTS (29.2%) IN THE STATE OF MARYLAND. IN MONTGOMERY COUNTY, 32.3% OF RESIDENTS ARE FOREIGN-BORN, 40% OF FOREIGN-BORN RESIDENTS SPEAK ENGLISH LESS THAN "VERY WELL", AND 7.0% AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED. IN PRINCE GEORGE'S COUNTY, MORE THAN 21% OF RESIDENTS ARE FOREIGN-BORN, OF WHICH 39% SPEAK ENGLISH LESS THAN "VERY WELL" AND 4.9% OF THE POPULATION AGED FIVE AND OVER ARE LINGUISTICALLY ISOLATED, WITH THE MOST LINGUISTIC ISOLATION OCCURRING IN NORTHERN PRINCE GEORGE'S COUNTY. THE HIGHEST RATES OF LINGUISTIC ISOLATION FOR BOTH MONTGOMERY AND PRINCE GEORGE'S COUNTIES ARE AMONG LATINO AMERICANS AND ASIAN AMERICANS.

PART VI, LINE 5:

OTHER INFORMATION -

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

HOLY CROSS HEALTH HAS A VERY LARGE, DIVERSE MEDICAL STAFF OF 2,430 MEMBERS. THE MEDICAL STAFF OF HOLY CROSS HEALTH ARE ORGANIZED IN THE

**Part VI** Supplemental Information (Continuation)

PUBLIC INTEREST, AND MEDICAL STAFF PRIVILEGES AT THE TWO HOSPITALS ARE OPEN AND AVAILABLE TO ALL QUALIFIED PHYSICIANS AND PROVIDERS.

HCH IS THE LARGEST HOSPITAL EMERGENCY SERVICES PROVIDER IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES. OVER 105,000 ACUTELY ILL PATIENTS ARE TREATED ANNUALLY, AND THE CENTER PROVIDES A WIDE RANGE OF EMERGENCY SERVICES 24/7/365, INCLUDING SEVERAL HIGHLY REGARDED SPECIALIZED EMERGENCY SERVICES THAT HAVE EARNED THE HOSPITAL A REPUTATION AS A PIONEER IN EMERGENCY CARE.

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

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

IN FY16, TRINITY HEALTH'S TRANSFORMING COMMUNITIES INITIATIVE (TCI) AWARDED \$500,000 TO A COMMUNITY COLLABORATIVE THAT INCLUDES HCH, THE INSTITUTE FOR PUBLIC HEALTH INNOVATION, AND HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION, TO FUND A MULTI-YEAR EFFORT TO IMPROVE THE HEALTH OF THE COMMUNITY. CULMINATING IN FY21, TCI FOCUSED ON COMMUNITY ENGAGEMENT AND ADOPTION OF INITIATIVES DESIGNED TO REDUCE

**Part VI** Supplemental Information (Continuation)

OBESITY, PROMOTE TOBACCO-FREE LIVING, AND ADDRESS SOCIAL DETERMINANTS THAT IMPACT HEALTH OUTCOMES. SOME TCI ACCOMPLISHMENTS INCLUDE:

1. HOLY CROSS HEALTH ASSISTED IN THE FORMATION OF LOCAL SCHOOL WELLNESS COUNCILS (LSWCS) IN MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS). THE COUNCILS SUPPORT STUDENT ACCESS TO HEALTHY FOODS, NUTRITION EDUCATION, INCREASE PHYSICAL ACTIVITY, DEVELOP SCHOOL GARDENS, AND ENHANCE INITIATIVES TO SUPPORT MENTAL HEALTH.

2. HOLY CROSS HEALTH PARTNERED WITH THE DEPARTMENT OF TRANSPORTATION TO EXPAND SAFE ROUTES TO SCHOOLS (SRTS). ONE OF THE MAIN ACCOMPLISHMENTS IN FY20 FOR THE SRTS STRATEGY WAS THE COMPLETION OF THE SRTS STORY MAP AND ASSESSMENTS, WHICH IS NOW AVAILABLE ONLINE IN AN ACCESSIBLE AND INTERACTIVE FORMAT.

3. HOLY CROSS HEALTH SUPPORTED FOOD AS MEDICINE IN ALL SAFETY NET CLINICS. ONE OF THE MAIN ACCOMPLISHMENTS OF THE FOOD AS MEDICINE STRATEGY WAS STABILIZING EXISTING FOOD SECURITY SCREENING SYSTEMS AND EXPANDING THE STRATEGY THROUGH NEW PARTNERSHIPS.

4. HOLY CROSS HEALTH SUPPORTED THE MONTGOMERY COUNTY FOOD COUNCIL. ONE OF THE COUNCIL'S MAIN ACHIEVEMENTS WAS CONDUCTING OUTREACH VIA SPANISH LANGUAGE MEDIA. THE COMMUNICATION ACTIVITIES HAVE ALLOWED THEM TO DISSEMINATE INFORMATION ABOUT FOOD SECURITY TO NON-ENGLISH SPEAKING POPULATIONS. ADDRESSING FOOD INSECURITY AS A ROOT CAUSE OF NEGATIVE HEALTH OUTCOMES IS IMPERATIVE. POPULATIONS DISPARATELY AFFECTED BY FOOD INSECURITY ARE LIKELY TO ALSO HAVE LIMITED ACCESS TO HEALTH CARE, HOUSING, AND EDUCATIONAL OPPORTUNITIES.



**Part VI** Supplemental Information (Continuation)

5. FOLLOWING ARE ADDITIONAL WAYS IN WHICH WE SERVE OUR COMMUNITIES:

THE KEVIN J. SEXTON FUND TO INCREASE ACCESS AND IMPROVE COMMUNITY HEALTH PROVIDES DIRECT FINANCIAL SUPPORT TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH NEEDS OF PATIENTS AT THE HOLY CROSS HEALTH CENTERS.

THE HOLY CROSS HEALTH CENTERS IMPLEMENTED A SCREEN AND INTERVENE PROGRAM TO ADDRESS FOOD INSECURITY OF DIABETIC PATIENTS IN OUR DIABETES CARE TEAM. PATIENTS IN NEED WERE PROVIDED WITH A SIX-MONTH FOOD SUBSCRIPTION BOX SERVICE AND WERE LINKED TO ADDITIONAL RESOURCES.

COVID-19: IN FY21, HOLY CROSS HEALTH CENTER PROVIDERS PERFORMED 13,891 TELEHEALTH VISITS. HCH ALSO CONTINUED TO ADDRESS SOCIAL NEEDS OF BOTH PATIENTS UNDER INVESTIGATION (PUI) AND OUR PATIENTS DIAGNOSED WITH COVID-19 THROUGH OUR SOCIAL CARE HUB. COMMUNITY HEALTH WORKERS CONNECTED WITH EACH PUI/COVID-19 PATIENT; PROVIDED COVID-19 EDUCATION; SCREENED FOR HOUSING, FOOD, AND ACCESS TO CARE; AND CONNECTED EACH PATIENT TO AVAILABLE SOCIAL SERVICES. IN FY21, 1,493 PUI/COVID-19 PATIENTS WERE ASSESSED FOR SOCIAL NEEDS.

PARTNERSHIPS: IN FY20, HOLY CROSS SOUGHT TO PROVIDE EARLY CARE AND EDUCATION PROGRAM TO PROVIDE UNLICENSED CHILDCARE PROVIDERS ACCESS TO NEEDED SAFETY AND CHILD DEVELOPMENT EDUCATION. IN FY21, WE REASSESSED THE PROGRAM BASED ON FEEDBACK FROM FIRST PILOT COHORT, INCREASED PARTNERSHIPS AND REDESIGNED THE PROGRAM TO INCREASE FOCUS ON SOCIAL AND EMOTIONAL LEARNING, SAFETY, AND KINDERGARTEN READINESS. A PARTNERSHIP WAS CREATED WITH MONTGOMERY COLLEGE TO INCREASE ECONOMIC DEVELOPMENT OPPORTUNITIES BY DESIGNING THE PROGRAM TO CREATE A PATHWAY FOR UNLICENSED CHILDCARE

**Part VI** Supplemental Information (Continuation)

PROVIDERS WHO WANTED TO OBTAIN A LICENSE BUT FACED MULTIPLE BARRIERS.

IN COLLABORATION WITH EVERYMIND AND THE THREE HOSPITAL SYSTEMS IN MONTGOMERY COUNTY, AN ONLINE SCREENING OF THE FILM "ANGST" WAS HELD, FOLLOWED BY A VIRTUAL PANEL DISCUSSION WITH EXPERTS IN THE FIELD OF ANXIETY MANAGEMENT AND TREATMENT.

THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION (CHRC), AN INDEPENDENT COMMISSION WITHIN THE MARYLAND DEPARTMENT OF HEALTH AWARDED HOLY CROSS FUNDING FOR THE EQUITABLE WELLNESS INITIATIVE (EWI), WHICH WILL ADDRESS CHRONIC DISEASE PREVENTION AND MANAGEMENT OF TYPE 2 DIABETES AND PULMONARY REHABILITATION POST COVID-19 TO DECREASE DISPARITIES IN CARE AMONG AFRICAN AMERICAN AND LATINX POPULATIONS.

THE MEDICAL ADULT DAY CENTER, WHICH PROVIDES MEDICAL, REHABILITATIVE, AND RECREATIONAL PROGRAMS FOR ADULTS WITH A CHRONIC HEALTH PROBLEM OR ARE RECOVERING FROM AN ACUTE ILLNESS, WAS CLOSED TO IN PERSON SERVICES DURING FY21 DUE TO COVID-19. PARTICIPANTS AND THEIR FAMILIES WERE CONTACTED VIA TELEPHONE DAILY, INITIALLY SEVEN DAYS A WEEK AND THEN DECREASED TO FIVE DAYS IN THE SPRING. A TOTAL OF 10,276 ENCOUNTERS WERE MADE DURING FY21.

HCH ALSO REALIZES THAT CLINICAL CARE ONLY ACCOUNTS FOR ABOUT 20% OF HEALTH OUTCOMES AND ADDRESS SOCIAL NEEDS IN ADDITION TO THE CLINICAL CARE THEY PROVIDE. IN FY21, HCH HAD 20,530 SOCIAL CARE ENCOUNTERS ASSESSING OR CONNECTING INDIVIDUALS TO SOCIAL SERVICES AND PROVIDED 1,137 FOOD CONNECTIONS, 136 HOUSING CONNECTIONS, AND 182 ACCESS TO HEALTHCARE CONNECTIONS.

**Part VI** Supplemental Information (Continuation)

IN FY21, HOLY CROSS PARTNERED WITH PRIMARY CARE COALITION TO LAUNCH TRINITY HEALTH'S NATIONAL CAMPAIGN "IT STARTS HERE" TO RAISE AWARENESS, EDUCATE THE PUBLIC, AND OFFER VACCINATION CLINICS IN COMMUNITY ACCESSIBLE LOCATIONS, PARTICULARLY FOR COMMUNITIES OF COLOR AND THOSE WHO ARE VULNERABLE. SINCE RECEIVING FUNDING, HOLY CROSS HAD 13,733 ENCOUNTERS IN THE TARGET ZIP CODES OF 20906 (ASPEN HILL/LAYHILL), 20902 (WHEATON), 20904 (COLESVILLE), 20874 (DARNESTOWN), AND 20877 (GAITHERSBURG). THIRTY-FIVE (35) CHAMPIONS WERE IDENTIFIED, 42 VACCINE CLINICS WERE HELD, AND 3,786 INDIVIDUALS WERE VACCINATED (1,186 BLACK, 1,826 LATINX) IN FY21.

THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) AWARDED HOLY CROSS \$1.4M IN FUNDING FOR COVID-19 VACCINATIONS IN COMMUNITIES OF COLOR, SENIORS, AND POPULATIONS THAT HAVE BEEN DISPROPORTIONATELY AFFECTED BY COVID-19 INFECTIONS AND DEATH BY PROVIDING EQUITABLE ACCESS TO THE VACCINE BY REMOVING SOME OF THE BARRIERS THAT PROHIBIT VULNERABLE COMMUNITIES AND COMMUNITIES OF COLOR FROM RECEIVING THE VACCINE. THE TARGET ZIP CODES WERE DETERMINED BASED ON THE PERCENT VACCINATED, PERCENT MINORITY POPULATION, PERCENT UNINSURED, AND INCIDENCE RATE AND CASE-FATALITY RATE OF COVID-19. WE ANTICIPATE VACCINATING 16.5% OF THE UNVACCINATED INDIVIDUALS IN THESE TARGET ZIP CODES DURING THE FUNDING PERIOD OF MAY 2021 THROUGH JUNE 2022.

PART VI, LINE 6:

HCH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

**Part VI** Supplemental Information (Continuation)

1. INVESTING IN OUR COMMUNITIES

2. ADVANCING SOCIAL CARE

3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, \$1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED \$1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY IS BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN

**Part VI** Supplemental Information (Continuation)

FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN \$46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP

**Part VI** Supplemental Information (Continuation)

SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL AND BI-DIRECTIONAL COMMUNICATION. ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:  
IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND

**Part VI** Supplemental Information (Continuation)

PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTHCARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

MD