

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

<b>Name of the organization</b> HOLY CROSS HOSPITAL, INC.	<b>Employer identification number</b> 59-0791028
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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 _____ %	X	
<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 _____ %	X	
<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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

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

	(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)		18,454	11801899.		11801899.	1.67%
<b>b</b> Medicaid (from Worksheet 3, column a)		1,209	32119498.	19155613.	12963885.	1.83%
<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		19,663	43921397.	19155613.	24765784.	3.50%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	18	58,907	3059960.	1266741.	1793219.	.25%
<b>f</b> Health professions education (from Worksheet 5)	3	241	1436589.		1436589.	.20%
<b>g</b> Subsidized health services (from Worksheet 6)	2	142,835	11443373.		11443373.	1.61%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	2	4,445	214,094.	166,879.	47,215.	.01%
<b>j Total.</b> Other benefits	25	206,428	16154016.	1433620.	14720396.	2.07%
<b>k Total.</b> Add lines 7d and 7j	25	226,091	60075413.	20589233.	39486180.	5.57%

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

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

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	25,743,720.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	159,656,620.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	153,413,887.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	6,242,733.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PHYSICIANS OUTPATIENT SURGERY CENTER, LLC	AMBULATORY SURGERY CENTER	63.79%	2.00%	31.54%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 HOLY CROSS HOSPITAL, INC.
4725 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308-4603
WWW.HOLY-CROSS.COM
LICENSE # 4069

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first two and seventh columns.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment (CHNA)</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 2 immediately preceding tax years, did the hospital facility conduct a 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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</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>24</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, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written FAP 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"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % 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 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 their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</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)		

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**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>X</b>	
<b>18</b> 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		
<b>19</b> 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? .....		<b>X</b>
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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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**

<b>21</b> 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 FAP? .....	<b>X</b>	
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, INC.

	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 checked="" 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 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>	<b>23</b>	<b>X</b>
<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>	<b>24</b>	<b>X</b>

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**Part V Facility Information** (continued)

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

HOLY CROSS HOSPITAL, INC.:  
PART V, SECTION B, LINE 3J: N/A

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

- 1.) INCREASE ACCESS TO CARE
  - A.) FOR THE UNINSURED
  - B.) THROUGH COMMUNITY HEALTH WORKER SERVICES
- 2.) REDUCE THE INCIDENCE OF COMMUNICABLE AND INFECTIOUS DISEASES
  - A.) HIV TESTING AND TREATMENT
  - B.) INFECTIOUS SYPHILIS
  - C.) CONGENITAL SYPHILIS
- 3.) IMPROVE MATERNAL, INFANT, AND CHILD HEALTH
  - A.) CERVICAL CANCER
  - B.) INFANT MORTALITY (NON-WHITE)
  - C.) IMMUNIZATIONS FOR CHILDREN (TWO YR OLDS, KINDERGARTEN, 7TH GRADERS)
- 4.) ENHANCE HEALTH PREVENTION AND CHRONIC DISEASE PREVENTIVE CARE ACTIVITIES
  - A.) OBESITY, BLACK ADULTS
  - B.) CHRONIC DISEASES, DIABETES, AND HYPERTENSION
  - C.) FOOD ENVIRONMENT

HOLY CROSS HOSPITAL, INC.:  
PART V, SECTION B, LINE 5: BETWEEN MAY AND DECEMBER 2024, HOLY CROSS ACTIVELY ENGAGED INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. INPUT WAS GATHERED THROUGH MULTIPLE METHODS, INCLUDING VIRTUAL MEETINGS OF THE COMMUNITY NEEDS ASSESSMENT ADVISORY COUNCIL AND COMMUNITY-BASED FORUMS. THE PROCESS INVOLVED DEFINING THE COMMUNITY, ANALYZING SECONDARY DATA TO ASSESS HEALTH STATUS, AND COLLECTING PRIMARY QUALITATIVE DATA THROUGH SURVEYS, FOCUS GROUPS, AND COMMUNITY CONVERSATIONS. THE COMMUNITY HEALTH ADVISORY COUNCIL REVIEWED AND ANALYZED THE DATA TO IDENTIFY AND PRIORITIZE KEY HEALTH NEEDS WITHIN THE HOLY CROSS STRATEGIC PLANNING AREA. THIS COLLABORATIVE EFFORT CULMINATED IN THE DEVELOPMENT OF AN ACTION PLAN AND THE FORMULATION OF THE HOSPITAL'S IMPLEMENTATION STRATEGY.

ORGANIZATIONS THAT COMPRISED THE HOLY CROSS COMMUNITY NEEDS ASSESSMENT ADVISORY COMMITTEE REPRESENTED MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN OUR SERVICE AREA. THESE INCLUDED: THE DEPARTMENT OF HEALTH - BROWARD COUNTY, BROWARD HOUSING AUTHORITY, YMCA OF SOUTH FLORIDA, THE URBAN LEAGUE OF BROWARD COUNTY, HOPE SOUTH FLORIDA, SOUTH FLORIDA HUNGER COALITION, BROWARD COUNTY MEDICAL ASSOCIATION, THE UNITED

**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.

WAY, THE UNITED WAY COMMISSION ON SUBSTANCE ABUSE, THE CHILDREN'S SERVICES COUNCIL, SUNSERVE, BROWARD HEALTHY START COALITION, BROWARD SHERIFF'S OFFICE - COMMUNITY PROGRAMS, MEALS ON WHEELS OF SOUTH FLORIDA, CLINICA LUZ DEL MUNDO (LIGHT OF THE WORLD CLINIC), AMERICAN CANCER SOCIETY, WOMEN IN DISTRESS, JACK AND JILL CHILDREN'S CENTER, FAU CHRISTINE E. LYNN COLLEGE OF NURSING, HEALTHY FAMILIES BROWARD, SICKLE CELL DISEASE ASSOCIATION OF BROWARD COUNTY, HEALING ARTS INSTITUTE OF SOUTH FLORIDA, SOUTH FLORIDA INSTITUTE ON AGING, BOYS TOWN SOUTH FLORIDA, BROWARD COUNTY PUBLIC SCHOOLS FAMILY MATTERS THERAPEUTIC SERVICES, BROWARD SHERIFF'S OFFICE POMPANO BEACH, FIRST UNITED METHODIST CHURCH, AND WOMEN IMPACTING NEIGHBORHOODS, INC. TOGETHER, THIS DIVERSE GROUP OF INDIVIDUALS REPRESENTED NUMEROUS POPULATIONS THAT LIVE, PLAY, AND WORK IN THE BROWARD COMMUNITY.

ADDITIONALLY, MANY COMMUNITY-BASED ORGANIZATIONS AND INDIVIDUALS WHO REPRESENT OR DIRECTLY SERVE MARGINALIZED POPULATIONS CONTRIBUTED VALUABLE INPUT TO THE CHNA PROCESS. THESE VOICES REPRESENTED INDIVIDUALS, FAMILIES, AND VETERANS EXPERIENCING HOMELESSNESS AND FOOD INSECURITY; WOMEN AND FAMILIES AT HIGH RISK FOR LOW BIRTHWEIGHT INFANTS AND ABUSE; FAMILIES LIVING BELOW THE FEDERAL POVERTY LEVEL; AT-RISK TEENS; INDIVIDUALS FACING PHYSICAL, EMOTIONAL, OR MENTAL ABUSE; SUBSTANCE USERS; AND THOSE LIVING WITH BEHAVIORAL AND MENTAL HEALTH DISORDERS. FEEDBACK WAS GATHERED FROM 117 PARTICIPANTS IN COMMUNITY CONVERSATIONS, FIVE FOCUS GROUPS INVOLVING 83 INDIVIDUALS FROM VULNERABLE POPULATIONS, AND 480 COMMUNITY SURVEYS COMPLETED IN ENGLISH, SPANISH, AND CREOLE BY A DIVERSE CROSS-SECTION OF THE COMMUNITY.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 11: HOLY CROSS IS A DEDICATED COMMUNITY PARTNER, COLLABORATING WITH NUMEROUS PUBLIC AND COMMUNITY AGENCIES TO ENHANCE THE HEALTH AND WELL-BEING OF VULNERABLE RESIDENTS ACROSS BROWARD COUNTY. THE IMPLEMENTATION STRATEGY TARGETS SPECIFIC POPULATIONS MOST AFFECTED BY THE IDENTIFIED HEALTH NEEDS, WITH A FOCUS ON POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES THAT PROMOTE HEALTH AND WELL-BEING FOR ALL.

BELOW ARE EXAMPLES OF PROGRAMS IMPLEMENTED IN FISCAL YEAR 2025 THAT WERE DESIGNED TO ADDRESS THE PRIORITY AREAS OUTLINED IN THE CHNA.

**INCREASE ACCESS TO CARE:**

A NURSE PRACTITIONER-LED PRIMARY CARE HEALTH CENTER, LOCATED IN THE SISTRUNK NEIGHBORHOOD (ZIP CODE 33311), PROVIDED ESSENTIAL SERVICES TO INDIVIDUALS WITH UNTREATED CHRONIC DISEASES AND RELATED HEALTH CONDITIONS. IN TOTAL, THE CENTER DELIVERED 2,374 PATIENT VISITS AND OFFERED CONVENIENT ACCESS TO A COMMUNITY HEALTH WORKER, WHO HELPED ADDRESS OUTSTANDING SOCIAL DETERMINANTS OF HEALTH.

THE HOLY CROSS FAMILY HEALTH CENTER OPENED IN JUNE 2025, OFFERING COMPREHENSIVE SERVICES IN A SINGLE LOCATION TO IMPROVE ACCESS TO ESSENTIAL HEALTH AND SOCIAL CARE. SERVICES INCLUDE PRIMARY CARE, LABORATORY TESTING, SOCIAL SUPPORT, MEDICAL NUTRITION THERAPY, PEDIATRIC PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPY. THIS INTEGRATED APPROACH EXPANDS ACCESS FOR RESIDENTS OF THE 33334 NEIGHBORHOOD AND SURROUNDING COMMUNITIES, HELPING TO ADDRESS CRITICAL HEALTH NEEDS IN A CONVENIENT AND COORDINATED SETTING.

**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.

THE PARTNERS IN BREAST HEALTH PROGRAM PROVIDED ACCESS TO BREAST SCREENING AND DIAGNOSTIC SERVICES FOR LOWER-INCOME WOMEN, WITH A FOCUS ON REDUCING LATE-STAGE BREAST CANCER DIAGNOSES AND MORTALITY. IN TOTAL, 296 SERVICES WERE DELIVERED TO UNINSURED MINORITY WOMEN. THOSE DIAGNOSED WITH BREAST CANCER WERE PROMPTLY CONNECTED TO TREATMENT AND CARE. ADDITIONALLY, MORE THAN 3,000 INDIVIDUALS RECEIVED COMMUNITY-BASED EDUCATION AND PREVENTION SERVICES FOCUSED ON BREAST HEALTH.

REDUCE THE INCIDENCE OF COMMUNICABLE AND INFECTIOUS DISEASES: IN RESPONSE TO THE SYNDOMIC OF HIV, HEPATITIS C, AND SYPHILIS IN BROWARD COUNTY, THE FRONTLINES OF COMMUNITIES IN THE U.S. PROGRAM PROVIDED OVER 3,500 SCREENINGS FOR THESE DISEASES IN THE EMERGENCY DEPARTMENT. PATIENTS WHO TESTED POSITIVE WERE PROMPTLY CONNECTED WITH APPROPRIATE CARE PARTNERS TO ENSURE TIMELY TREATMENT AND SUPPORT.

IMPROVE MATERNAL, INFANT, AND CHILD HEALTH: REGULAR HOME AND COMMUNITY-BASED VISITS BY REGISTERED NURSES TO FIRST-TIME, HIGH-RISK MOTHERS BEGINNING EARLY IN PREGNANCY AND CONTINUING THROUGH THE CHILD'S SECOND BIRTHDAY HAVE HELPED SUPPORT THE DELIVERY OF FULL-TERM, HEALTHY BABIES. THIS PROGRAM EMPOWERS MOTHERS TO TRANSFORM THEIR LIVES AND BUILD BRIGHTER FUTURES FOR THEMSELVES AND THEIR CHILDREN.

ENHANCE HEALTH PREVENTION AND CHRONIC DISEASE PREVENTION CARE ACTIVITIES: A TOTAL OF 227 DIABETES PREVENTION CLASSES WERE DELIVERED TO 1,532 INDIVIDUALS THROUGH BOTH IN-PERSON AND DISTANCE LEARNING FORMATS. ADDITIONALLY, THE DIABETES SELF-MANAGEMENT EDUCATION PROGRAM SUPPORTED 348 INDIVIDUALS THROUGH ONE-ON-ONE APPOINTMENTS, GROUP EDUCATION SESSIONS, AND SUPPORT GROUPS.

YOUTH-FOCUSED LIFESTYLE CHANGE PROGRAMMING, SMARTMOVES, WAS PROVIDED TO CHILDREN AT RISK FOR DIABETES IN COLLABORATION WITH FAITH-BASED SUMMER PROGRAMS, FORT LAUDERDALE PARKS AND RECREATION, AND SELECTED HOUSING AUTHORITY SITES. THROUGH THIS INITIATIVE, 689 YOUTH PARTICIPATED IN 40 CLASSES. DURING THE SCHOOL YEAR, 5,259 STUDENTS AND TEACHERS ENGAGED IN CLASSROOM ACTIVITIES DESIGNED TO PROMOTE HEALTH AND WELL-BEING.

IN PARTNERSHIP WITH LIFENET 4 FAMILIES AND THE SOUTH FLORIDA HUNGER COALITION, 7,344 INDIVIDUALS RECEIVED NON-PERISHABLE FOOD PACKAGES AND FRESH PRODUCE TO HELP ADDRESS FOOD INSECURITY. THROUGH THE SUMMER BREAK SPOT PROGRAM, 300 CHILDREN WERE PROVIDED WITH 21,975 PORTION-CONTROLLED, NUTRITIOUS MEALS AND SNACKS, INCLUDING BREAKFAST AND LUNCH OPTIONS.

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

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

HOLY CROSS HOSPITAL, INC.  
PART V, LINE 16A, FAP WEBSITE:  
WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

HOLY CROSS HOSPITAL, INC.  
PART V, LINE 16B, FAP APPLICATION WEBSITE:  
WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

HOLY CROSS HOSPITAL, INC.  
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:  
WWW.HOLY-CROSS.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

HOLY CROSS HOSPITAL, INC. - PART V, SECTION B, LINE 7A:  
WWW.HOLY-CROSS.COM/ABOUT-US/CHWB/COMMUNITY-NEEDS-ASSESSMENT

HOLY CROSS HOSPITAL, INC. - PART V, SECTION B, LINE 9:  
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

HOLY CROSS HOSPITAL, INC. - PART V, SECTION B, LINE 10A:  
WWW.HOLY-CROSS.COM/ABOUT-US/CHWB/COMMUNITY-NEEDS-ASSESSMENT

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 31

Name and address	Type of facility (describe)
1 HOLY CROSS ORTHOPEDIC INSTITUTE 5597 N. DIXIE HIGHWAY, 2ND FLOOR FORT LAUDERDALE, FL 33334	ORTHOPEDICS, SPINE, PODIATRY, REHABILITATION, SPORTS MED
2 GALLAGHER ADULT PRACTICE 1900 E. COMMERCIAL BLVD., #101 FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE, FAMILY MEDICINE
3 NEUROSCIENCE INSTITUTE 1931 NE 47TH STREET FORT LAUDERDALE, FL 33308	NEUROLOGICAL CARE
4 PAIN MANAGEMENT 5597 N DIXIE HIGHWAY, 2ND FLOOR FORT LAUDERDALE, FL 33334	PAIN MANAGEMENT
5 RIO VISTA PRACTICE 1309 S. FEDERAL HWY FORT LAUDERDALE, FL 33316	INTERNAL MEDICINE, FAMILY MEDICINE, REHABILITATION
6 GASTROENTEROLOGY PRACTICE 4701 N FEDERAL HIGHWAY, B BLDG. FORT LAUDERDALE, FL 33308	GASTROENTEROLOGY PRACTICE
7 UROLOGY 1930 NE 47TH STREET, SUITE 205 FORT LAUDERDALE, FL 33308	UROLOGY
8 WILTON MANORS PRACTICE 1402 NE 26TH STREET FORT LAUDERDALE, FL 33305	INTERNAL MEDICINE, PEDIATRICS PRACTICE, RESIDENT PRACTICE
9 DOROTHY MANGURIAN COMP. WOMEN'S CTR 1000 NE 56TH ST. FORT LAUDERDALE, FL 33334	AMBULATORY SURG, ORTHOPEDICS, WOMEN'S CENTER, IMAGING, LAB, FAMILY PRACTICE
10 GALLAGHER PEDIATRICS 1900 E. COMMERCIAL BLVD., #202 FORT LAUDERDALE, FL 33308	PEDIATRICS PRACTICE

**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? 31

Name and address	Type of facility (describe)
11 ENDO AND INTERNAL MEDICINE PRACTICE 4701-A N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE
12 BROWARD MEDICAL GROUP 1100 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301	FAMILY PRACTICE
13 BARIATRICS/GENERAL SURGERY PRACTICE 4701-A-39 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	BARIATRICS/GENERAL SURGERY PRACTICE, COLORECTAL SURGERY
14 PHYSIATRY 1931 NE 47TH STREET FORT LAUDERDALE, FL 33308	PHYSIATRY
15 OBSTETRICS AND GYNECOLOGY PRACTICE 1000 NE 56 STREET FORT LAUDERDALE, FL 33308	OB/GYN PRACTICE
16 SPORTS MEDICINE 1000 NE 56TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33334	SPORTS MEDICINE
17 GALT OCEAN MILE PRACTICE 4004 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308	FAMILY PRACTICE, INTERNAL MEDICINE
18 RHEUMATOLOGY 4701 N. FEDERAL HIGHWAY, B. BLDG. FORT LAUDERDALE, FL 33308	RHEUMATOLOGY
19 LIGHTHOUSE POINT 2850 N FEDERAL HIGHWAY, 2ND FLOOR LIGHTHOUSE POINT, FL 33064	PRIMARY CARE
20 FAMILY LIFE CENTER PRACTICE 1940 NE 47TH STREET SUITE 2 FORT LAUDERDALE, FL 33308	FAMILY PRACTICE

Schedule H (Form 990) 2024

**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? 31

Name and address	Type of facility (describe)
21 LIGHTHOUSE POINT PRACTICE 2850 N FEDERAL HIGHWAY 2ND FLOOR POMPANO BEACH, FL 33064	FAMILY PRACTICE
22 HOLY CROSS URGENT CARE & PHYSICIAN 3481 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065	ORTHOPEDICS, URGENT CARE
23 PODIATRY 5597 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	PODIATRY
24 THE LEONE CENTER FOR ORTHOPEDIC CARE 1000 NE 56TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33334	FAMILY PRACTICE
25 BAYVIEW PRACTICE - MDVIP OFFICE 1124 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE
26 HOLY CROSS MEDICAL PLAZA 5601 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	INTERNAL MEDICINE, INFECTIOUS DISEASE, RHEUMATOLOGY, PAIN MANAGEMENT
27 PRIMARY CARE MEDICINE GROUP 2000 NE 49TH STREET FORT LAUDERDALE, FL 33308	FAMILY PRACTICE
28 POMPANO BEACH OFFICE 1975 N FEDERAL HIGHWAY POMPANO BEACH, FL 33062	MDVIP AND FAMILY MEDICINE
29 POMPANO BEACH OFFICE 2335 E ATLANTIC BLVD. SUITE 200 POMPANO BEACH, FL 33062	FAMILY PRACTICE
30 HOLY CROSS HEALTH CENTER @ SISTRUNK 1409 SISTRUNK BLVD., SUITE 103 FORT LAUDERDALE, FL 33311	FAMILY MEDICINE

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**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART I, LINE 3C:**

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

**PART I, LINE 6A:**

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

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

**PART I, LINE 7:**

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

**PART I, LN 7 COL(F):**

THE FOLLOWING NUMBER, \$25,743,720, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**PART III, LINE 2:**

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

**Part VI** Supplemental Information (Continuation)

## TRANSACTIONS.

## PART III, LINE 3:

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

## PART III, LINE 4:

HOLY CROSS IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

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

## PART III, LINE 5:

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

## PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

## PART III, LINE 9B:

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

## PART VI, LINE 2:

NEEDS ASSESSMENT - HOLY CROSS REGULARLY ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN COLLABORATION WITH LOCAL COALITIONS, AS PART OF ITS ONGOING COMMITMENT TO IMPROVING PATIENT CARE AND OVERALL COMMUNITY WELL-BEING. TO EVALUATE COMMUNITY HEALTH, THE HOSPITAL UTILIZES A VARIETY OF DATA SOURCES, INCLUDING PATIENT RECORDS, PUBLIC HEALTH DATA, MARKET ANALYSES, AND GEOGRAPHIC MAPPING OF HIGH EMERGENCY DEPARTMENT AND INPATIENT SERVICE UTILIZATION. THESE INSIGHTS HELP IDENTIFY POPULATIONS THAT MAY LACK ACCESS TO PREVENTIVE CARE OR ARE UNINSURED, GUIDING EFFORTS TO ADDRESS GAPS IN SERVICES AND PROMOTE HEALTH EQUITY.

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - HOLY CROSS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

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

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO

**Part VI** Supplemental Information (Continuation)

AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

## PART VI, LINE 4:

COMMUNITY INFORMATION - PER THE U.S. CENSUS BUREAU, BROWARD COUNTY HAS A TOTAL AREA OF 1,322.8 SQUARE MILES, OF WHICH 1,203.1 SQUARE MILES ARE LAND AND 119.7 SQUARE MILES (9.0%) ARE WATER. BROWARD COUNTY HAS APPROXIMATELY 471 SQUARE MILES OF DEVELOPABLE LAND, THE MAJORITY BEING BUILT UPON. THERE ARE AT LEAST 20 MAJOR HOSPITALS IN BROWARD COUNTY, SERVING A RANGE OF NEEDS FROM ACUTE CARE TO SPECIALIZED SERVICES.

HOLY CROSS'S STRATEGIC PLANNING AREA IS INCLUSIVE OF PALM BEACH, BROWARD, AND MIAMI-DADE COUNTIES. BOTH PALM BEACH AND MIAMI-DADE COUNTIES ARE GEOGRAPHIC AREAS FOR FUTURE OPPORTUNITIES FOR INVESTMENT AND GROWTH OPPORTUNITIES. THIS AREA INCLUDES BROWARD COUNTY'S 84 UNIQUE ZIP CODES. HOLY CROSS'S FOCUSED SERVICE AREA IS REPRESENTED BY 90% OF THE HOSPITAL'S DISCHARGES, ENCOMPASSING A TOTAL OF 52 ZIP CODES.

AS THE SIXTH LARGEST COUNTY IN FLORIDA BY LAND AREA, BROWARD COUNTY IS THE SECOND MOST POPULOUS COUNTY IN FLORIDA, AND ITS POPULATION SIZE INCREASED 12.3% SINCE 2010. APPROXIMATELY 18.5% OF THE POPULATION IS AGED 65 AND OLDER, AND 2.4% ARE AGED 85 AND OLDER. THE PERCENTAGE OF NON-CITIZENS IN THE COUNTY IS NOTABLY HIGHER THAN BOTH THE STATE AND NATIONAL AVERAGES.

IMPACT OF POVERTY - 23.7% OF THE POPULATION LIVE WITH SEVERE HOUSING PROBLEMS AND 2,054 EXPERIENCE A LACK OF HOUSING. THESE NUMBERS REPRESENT A SIGNIFICANT NUMBER OF FAMILIES WITH CHILDREN, AS WELL AS SINGLE ADULTS. THE PROPORTION OF BROWARD COUNTY, FL RESIDENTS WITHOUT HEALTH COVERAGE IS 15.2%; 30,000 OF THESE ARE CHILDREN. APPROXIMATELY 25% OF THE POPULATION EXPERIENCES FOOD INSECURITY (APPROX. 270,000); 20% OF THESE ARE CHILDREN AND 9% ARE SENIORS.

## PART VI, LINE 5:

OTHER INFORMATION - HOLY CROSS INVESTS IN EFFORTS TO IMPROVE THE SOCIAL, ECONOMIC, AND HEALTH CONDITIONS OF THE COMMUNITIES WE SERVE, PARTICULARLY THOSE EXPERIENCING POVERTY AND SYSTEMIC INEQUITIES. THIS IMPACT IS ACHIEVED THROUGH DIRECT INVESTMENTS, HOSPITAL-COMMUNITY PARTNERSHIPS, AND PROGRAMS THAT ADDRESS THE ROOT CAUSES OF POOR HEALTH AND ADVANCE HEALTH EQUITY FOR VULNERABLE POPULATIONS, GOING BEYOND TRADITIONAL CLINICAL CARE.

TRANSFORMING COMMUNITY INITIATIVE: PROJECT REACH IS A COALITION OF COMMUNITY MEMBERS, LEADERS, AND ORGANIZATIONS DRIVING SYSTEMIC CHANGE. WITH A \$300,000 GRANT FROM TRINITY HEALTH, THE INITIATIVE IS DEVELOPING SUSTAINABLE SOLUTIONS TO IMPROVE FOOD SECURITY IN THE SISTRUNK 33311 COMMUNITY.

THE SECOND ANNUAL FOOD IS MEDICINE SYMPOSIUM, HELD IN PARTNERSHIP WITH THE SOUTH FLORIDA HUNGER COALITION AND THE FLORIDA HEALTH & NUTRITION COALITION, EXPLORED THE CHALLENGES, BARRIERS, AND OPPORTUNITIES RELATED TO HUNGER IN BROWARD COUNTY. FEATURED SPEAKERS INCLUDING EXPERTS FROM THE UNIVERSITY OF FLORIDA, CONGRESSWOMAN DEBBIE WASSERMAN SCHULTZ, LOCAL ADVOCATES, AND FOOD PANTRY LEADERS HIGHLIGHTED THE HEALTH IMPACTS OF FOOD INSECURITY. AS A RESULT OF THE SYMPOSIUM, THE FOOD INSECURITY STAKEHOLDER COALITION HAS EXPANDED AND CONTINUES TO CONVENE TO ADDRESS THESE ISSUES COUNTYWIDE. THE COALITION ADVOCATED AT THE STATE LEVEL FOR SUMMER EBT

**Part VI** Supplemental Information (Continuation)

PROGRAMMING.

HOLY CROSS' COMMITMENT TO COMMUNITY HEALTH EXTENDS BEYOND ITS WALLS. THROUGH DAILY INVESTMENTS BY THE COMMUNITY HEALTH AND WELL-BEING TEAM, THE HOSPITAL ACTIVELY ADDRESSES THE SOCIAL DETERMINANTS OF HEALTH THAT INFLUENCE INDIVIDUAL OUTCOMES. THESE EFFORTS INCLUDE EXPANDING ACCESS POINTS FOR CARE AND IMPLEMENTING INITIATIVES THAT PROMOTE ECONOMIC STABILITY AND EDUCATIONAL OPPORTUNITY. STRATEGIES TO IMPROVE ACCESS INCLUDE REGULAR EVALUATION AND ADJUSTMENT OF WAGES TO REFLECT MARKET VALUE, RAISING THE MINIMUM WAGE FOR ENTRY-LEVEL ROLES, AND OFFERING WORKFORCE DEVELOPMENT PROGRAMS THAT ENHANCE SKILLS AND PROVIDE EDUCATIONAL SCHOLARSHIPS.

TO ADDRESS SOCIAL INFLUENCERS OF HEALTH, ASSESSMENTS ARE CONDUCTED IN BOTH AMBULATORY AND INPATIENT SETTINGS. PATIENTS ARE REFERRED TO COMMUNITY HEALTH WORKERS, WHO COLLABORATE TO RESOLVE UNMET NEEDS SUPPORTING OVERALL WELL-BEING WHILE HELPING TO REDUCE HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS. IN FISCAL YEAR 2025, THE COMMUNITY HEALTH WORKERS TEAM PLAYED A PIVOTAL ROLE IN ADVANCING EQUITY IN CHRONIC DISEASE MANAGEMENT, NOTABLY REDUCING DISPARITIES IN BLOOD PRESSURE CONTROL AMONG AMBULATORY PATIENTS.

IN FISCAL YEAR 2025, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

HOLY CROSS' COMMUNITY IMPACT IN FISCAL YEAR 2025 TOTALED \$56.6 MILLION.

PART VI, LINE 6:

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

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE

**Part VI** Supplemental Information (Continuation)

COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM

**Part VI** Supplemental Information (Continuation)

IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

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