

**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 HEALTH, INC.	<b>Employer identification number</b> 52-0738041
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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>b</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)			42328388.	20955430.	21372958.	3.06%
<b>b</b> Medicaid (from Worksheet 3, column a)			163734636	180007460	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			206063024	200962890	21372958.	3.06%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	69	168,269	7529244.	774,304.	6754940.	.97%
<b>f</b> Health professions education (from Worksheet 5)	2		3671308.		3671308.	.53%
<b>g</b> Subsidized health services (from Worksheet 6)	7	2,623	14485877.	1148101.	13337776.	1.91%
<b>h</b> Research (from Worksheet 7)	2	830	201,773.	13,519.	188,254.	.03%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	1		108,748.		108,748.	.02%
<b>j Total.</b> Other benefits	81	171,722	25996950.	1935924.	24061026.	3.46%
<b>k Total.</b> Add lines 7d and 7j	81	171,722	232059974	202898814	45433984.	6.52%





**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: FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

	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>22</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>22</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: FACILITY REPORTING GROUP - A

	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 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)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

	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: FACILITY REPORTING GROUP - A

	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 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.

**SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A FACILITY REPORTING GROUP A CONSISTS OF:**

- FACILITY 1: HOLY CROSS HOSPITAL
- FACILITY 2: HOLY CROSS GERMANTOWN HOSPITAL

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL  
PART V, SECTION B, LINE 3J: N/A

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

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

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL

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

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

THE 2022 MCHC CHNA RELIED ON MULTIPLE RESOURCES TO IDENTIFY THE UNMET HEALTH NEEDS OF THE PEOPLE WE SERVE, INCLUDING: FEDERAL, STATE, AND LOCAL HEALTH SURVEILLANCE DATA SETS; EXTERNAL ADVISORY GROUPS COMPRISING OF OFFICERS FROM STATE AND LOCAL GOVERNMENT AGENCIES AND LEADERS FROM COMMUNITY-BASED ORGANIZATIONS, FOUNDATIONS, FAITH-BASED ORGANIZATIONS, COLLEGES, COALITIONS, AND ASSOCIATIONS; A 19-QUESTION CHNA SURVEY COMPLETED IN 2021; COMMUNITY CONVERSATIONS AND KEY INFORMANT INTERVIEWS; AND EXISTING NEEDS ASSESSMENTS FROM LOCAL HEALTH INITIATIVES, GOVERNMENT AGENCIES, AND NON-PROFIT COMMUNITY HEALTH ORGANIZATIONS.

A QUESTIONNAIRE WAS DESIGNED TO SEEK INPUT FROM THE COMMUNITY FOR THE 2022 CHNA AND UNDERSTAND THE HEALTH PRIORITIES, BARRIERS TO CARE, AND HEALTH BEHAVIOR PREVALENCE IN THE MCHC DEFINED COMMUNITY BENEFIT SERVICE AREA (CBSA). DUE TO COVID-19 RESTRICTIONS AND TO HELP WIDEN OUR REACH, THE QUESTIONNAIRE WAS AVAILABLE ELECTRONICALLY IN BOTH ENGLISH AND SPANISH

**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.

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

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

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

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

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL  
PART V, SECTION B, LINE 6A: HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL CONDUCTED THEIR CHNA WITH THE FOLLOWING HOSPITAL FACILITIES: SUBURBAN HOSPITAL, MEDSTAR MONTGOMERY MEDICAL CENTER, ADVENTIST HEALTHCARE WHITE OAK MEDICAL CENTER (FORMERLY WASHINGTON ADVENTIST HOSPITAL), AND SHADY GROVE ADVENTIST HOSPITAL.

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL  
PART V, SECTION B, LINE 6B: AS MEMBERS OF HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, THE HOSPITALS COLLABORATED WITH THE FOLLOWING ORGANIZATIONS TO CONDUCT THEIR CHNA: MANNA FOOD SERVICES, MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PRIMARY CARE COALITION OF MONTGOMERY COUNTY, MONTGOMERY COUNTY DEPARTMENT OF PLANNING, AFRICAN AMERICAN HEALTH PROGRAM, ASIAN AMERICAN HEALTH

**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.

INITIATIVE, LATINO HEALTH INITIATIVE, MONTGOMERY COUNTY PUBLIC SCHOOLS, MONTGOMERY COUNTY RECREATION DEPARTMENT, MONTGOMERY COUNTY DEPARTMENT OF TRANSPORTATION, MONTGOMERY PARKS, MONTGOMERY COUNTY COLLABORATION, COMMISSION ON HEALTH, AND UNITEDHEALTH CARE COMMUNITY PLAN MCO.

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL

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

BELOW ARE PROGRAM EXAMPLES FOR EACH CHNA PRIORITY AREA IN FISCAL YEAR 2025 (FY25):

ACCESS TO CARE:

MENTAL HEALTH PROVIDERS - HOLY CROSS HEALTH CENTER BEHAVIORAL HEALTH SERVICES WERE ESTABLISHED TO MEET THE GROWING NEED FOR MENTAL HEALTH PROVIDERS. IN FY25, 76.4% OF HOLY CROSS HEALTH CENTER PATIENTS AND 80.2% OF HOLY CROSS HEALTH PARTNER PATIENTS RECEIVED DEPRESSION SCREENINGS DURING THEIR PRIMARY CARE VISITS; 372 PATIENTS WERE REFERRED TO MINDOULA HEALTH. FOR THE COMMUNITY, SIX FAITH LEADERS WERE TRAINED IN MENTAL HEALTH FIRST AID AND THREE CHRONIC PAIN SELF-MANAGEMENT PROGRAM COHORTS WERE HELD WITH 80 ENCOUNTERS.

PRIMARY CARE PROVIDERS - HOLY CROSS HEALTH CENTERS AND OB/GYN CLINICS PROVIDE PRIMARY CARE SERVICES TO LOW-INCOME PATIENTS WHO ARE UNINSURED OR ENROLLED IN MARYLAND PHYSICIANS. IN FY25, THERE WERE 36,832 TOTAL PATIENTS AT THE HOLY CROSS HEALTH CENTERS; 880 NEW MEDICAID ADMISSIONS FOR PRENATAL CARE AT THE OB/GYN CLINICS LOCATED AT BOTH HOSPITALS, WITH 176 OF THOSE BEING FIRST TRIMESTER ENTRY; AND 3,717 COMMUNITY MEMBERS RECEIVED FREE PRIMARY CARE TRANSPORTATION SERVICES. FOR OUR COLLEAGUES, 19 COLLEAGUES REPORTED NEEDING TO SEE A PHYSICIAN BUT COULD NOT, AND FOUR OF THOSE WERE CONNECTED WITH HEALTH CARE SERVICES.

LACK OF INSURANCE - IN FY25, 99.8% OF SELF-PAY INPATIENTS WERE SCREENED BY ELEVATE FOR EMERGENCY MEDICAID. AT HOLY CROSS HOSPITAL, 3,067 PATIENTS (IP/OP/ED) WERE APPROVED FOR EMERGENCY MEDICAID; AND AT HOLY CROSS GERMANTOWN HOSPITAL, 977 PATIENTS (IP/OP/ED) WERE APPROVED, WITH MOST OF THESE PATIENTS BEING UNDOCUMENTED COMMUNITY MEMBERS. THERE WERE 750 UNINSURED WOMEN WHO WERE PROVIDED MAMMOGRAM SERVICES THROUGH OUR HEALTH CENTER AND 47 NEW PATIENT VISITS FOR NEWBORNS AT HOLY CROSS HEALTH CENTER IN GAITHERSBURG.

HEALTHY BEHAVIORS:

FOOD INSECURITY - IN FY25, AS A SUB-CONTRACTOR WITH MONTGOMERY COUNTY FOOD COUNCIL, 5,603 SNAP ENCOUNTERS WERE MADE, WITH 135 INTERESTED CLIENTS AND 24 APPLICATIONS COMPLETED. FOR HOLY CROSS HEALTH COLLEAGUES, 217 REPORTED A SOCIAL NEED FOR ASSISTANCE DUE TO FOOD RUNNING OUT, WHICH WAS ADDRESSED DURING THE MONTHLY MOBILE MARKETS. IN FY25, AT BOTH HOSPITAL LOCATIONS, 12 MOBILE MARKETS WERE HELD, DISTRIBUTING FRESH PRODUCE, PROTEIN, AND SHELF-STABLE FOODS. AT HOLY CROSS HOSPITAL, THERE WERE 3,526 PROGRAM ENCOUNTERS (446 UNDUPLICATED), SUPPORTING OVER 1,628 UNDUPLICATED

**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.

HOUSEHOLD MEMBERS. AT HOLY CROSS GERMANTOWN HOSPITAL, THERE WERE 1,930 PROGRAM ENCOUNTERS (394 UNDUPLICATED), SUPPORTING OVER 1,603 UNDUPLICATED HOUSEHOLD MEMBERS. THERE WERE ALSO FOUR FOOD GROWING AND FOOD LITERACY EVENTS HELD FOR THE COMMUNITY. THE EVENT OFFERED FOOD LITERACY CONTENT, RESOURCES ON HOME FOOD GARDENING, AND COMMUNITY RESOURCES SUPPORTING FOOD ACCESS. THE EVENTS HAD A TOTAL OF 47 ENCOUNTERS. HOLY CROSS HEALTH ALSO HOSTED 16 FAMILIES OF COMMUNITY GARDENERS, PROVIDING SPACE, SUPPORT, EXPERTISE, AND SUPPLIES TO GROW THEIR OWN FOOD.

YOUTH AND ADULT OBESITY - STARTING IN APRIL 2025, THE KIDS FIT PROGRAM EXPANDED TO TWO NEW LOCATIONS, FOR A TOTAL OF FOUR LOCATIONS, OFFERING FITNESS AND NUTRITION INFORMATION TO CHILDREN AGES 6-12. COMBINED WITH THE OTHER HEALTHY LIFESTYLE PROGRAMS (CHRONIC DISEASE SELF-MANAGEMENT, DIABETES PREVENTION, AND DIABETES SELF-MANAGEMENT), THERE WERE 4,462 PROGRAM ENCOUNTERS. THE HEALTH CENTERS CREATED FOLLOW-UP PLANS FOR 74.2% OF ADULT PATIENTS DIAGNOSED WITH HIGH BMI.

PHYSICAL INACTIVITY - IN FY25, 2,566 SENIOR FIT CLASSES WERE HELD WITH 91,380 VIRTUAL AND IN-PERSON ENCOUNTERS; 786 EXERCISE CLASSES FOR AGES 55+ WERE HELD VIRTUALLY WITH 7,670 ENCOUNTERS. IN FY25, HOLY CROSS HEALTH MAINTAINED 11 SENIOR-FOCUSED PARTNER SITES IN MONTGOMERY AND PRINCE GEORGE'S COUNTIES.

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

- ENGAGED WITH 457 UNDUPLICATED HEALTH CENTER PATIENTS ABOUT DIABETES EDUCATION AND NUTRITION COUNSELING.
- OFFERED EIGHT EQUITABLE WELLNESS INITIATIVE COHORTS, TOTALING 17 CLASSES AND REACHING 53 UNDUPLICATED COMMUNITY MEMBERS IN ENGLISH AND SPANISH IN PREDOMINANTLY UNDERSERVED COMMUNITIES, TO PROMOTE DIABETES PREVENTION AND DIABETES SELF-MANAGEMENT.
- THERE WERE 12 CDC-RECOGNIZED DIABETES PREVENTION PROGRAM COHORTS, EIGHT WERE HELD IN ENGLISH AND FOUR WERE IN SPANISH, AS WELL AS SEVEN DIABETES SELF-MANAGEMENT EDUCATION COHORTS, FIVE WERE HELD IN ENGLISH AND TWO IN SPANISH.
- PROVIDED 13 EVIDENCE-BASED (STANFORD) WORKSHOPS FOR THE COMMUNITY WITH 396 ENCOUNTERS.
- WITH MINORITY OFFICE FOR TECHNICAL ASSISTANCE STATE FUNDING, IMPLEMENTED 11 ROAD TO HEALTH COHORTS REACHING 129 COMMUNITY MEMBERS; OF WHOM 59% REDUCED BODY WEIGHT, AND 90% COMPLETED 150 MINUTES OF PHYSICAL ACTIVITY PER WEEK BY THE END OF SIX-WEEK CLASS; APPROXIMATELY 33% OF PROGRAM PARTICIPANTS ATTEND FOLLOW-UP SESSIONS; AND MORE THAN 3,000 COMMUNITY OUTREACH ENCOUNTERS.

TO ADDRESS MATERNAL MORTALITY/MORBIDITY AMONG AFRICAN AMERICAN/BLACK MOTHERS, THROUGH FUNDING FROM THE ABELL FOUNDATION, HOLY CROSS HEALTH DEVELOPED AN EMPOWERMOMS PROGRAM, A FREE 3-CLASS WORKSHOP SERIES LED BY AFRICAN AMERICAN DOULAS AND COMMUNITY HEALTH WORKERS, EDUCATING ON TOPICS OF NUTRITION AND WELLNESS, PRE-ECLAMPSIA, AND GESTATIONAL DIABETES. IN FY25, 28 EXPECTING WOMEN WERE PROVIDED A BLOOD PRESSURE CUFF AND A GIFT OF EITHER A CAR SEAT OR PORTABLE CRIB FOR COMPLETING THE SERIES.

EDUCATION, INCOME, JOB & ENVIRONMENT:

WORKFORCE/LABOR SHORTAGES - THE CAREER PATHWAYS PROGRAM PROVIDES

**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.

COLLEAGUES IN POSITIONS REQUIRING A HIGH SCHOOL DIPLOMA OR GED AN OPPORTUNITY TO ADVANCE AT HOLY CROSS HEALTH BY COMPLETING A CERTIFICATION PROGRAM IN THE FIELDS OF CERTIFIED MEDICAL ASSISTANT AND REGISTRAR. IN FY25, HOLY CROSS HEALTH IMPLEMENTED ITS THIRD AND FOURTH WORKFORCE DEVELOPMENT PROGRAM COHORTS: FIVE COLLEAGUES COMPLETED COURSEWORK AND GRADUATED FROM THEIR PROGRAM, TWO COLLEAGUES RECEIVED CERTIFICATES AND ONE COLLEAGUE WAS PLACED IN A NEW POSITION.

ADDITIONALLY, HOLY CROSS HEALTH IS A MEMBER OF THE NEXUS MONTGOMERY REGIONAL PARTNERSHIP WORKFORCE CAPACITY STEERING COMMITTEE, PROVIDING CERTIFICATION TRAINING TO COMMUNITY MEMBERS IN THE FIELDS OF CNA, PHLEBOTOMY TECHNICIAN, AND PHARMACY TECHNICIAN. TO DATE, 26 COMMUNITY MEMBERS HAVE COMPLETED THEIR CREDENTIALING THROUGH THE NEXUS WORKFORCE PROGRAM AND ARE EMPLOYED BY HOLY CROSS HEALTH; 12 OF WHICH WERE NEWLY EMPLOYED AFTER A PERIOD OF UNEMPLOYMENT, AND 10 MOVED FROM NON-HEALTH CARE ROLES TO A HEALTH CARE ROLE. ADDITIONALLY, 85% OF EMPLOYEES WERE BORN OUTSIDE OF THE USA AND AMONG ALL EMPLOYEES, 14 LANGUAGES ARE SPOKEN, IN ADDITION TO ENGLISH.

INCOME INEQUALITY - HOLY CROSS HEALTH CONTINUED THE PATHWAYS TO INDEPENDENT EMPLOYMENT (PIE) IN FY25 WHICH PROVIDES EMPLOYMENT TO HARD-TO-HIRE INDIVIDUALS, SUCH AS THOSE WHO HAVE BEEN PREVIOUSLY INCARCERATED, AGING OUT OF THE FOSTER CARE SYSTEM, OR TEENAGE PARENTS. IN FY25, SIX PIE PARTICIPANTS WERE HIRED. HOLY CROSS HEALTH PARTNERED WITH THE HOUSING INITIATIVE PARTNERSHIP AND THE CITY OF GAITHERSBURG FINANCIAL EMPOWERMENT CENTER TO PROVIDE ONE-ON-ONE FINANCIAL COUNSELING TO COLLEAGUES ENROLLED IN THE CAREER PATHWAYS AND PIE PROGRAMS.

HOUSING COST BURDEN - IN FY25, THERE WERE 175 PATIENTS, COLLEAGUES, AND COMMUNITY MEMBERS WHO WERE SCREENED AND REFERRED TO HOUSING RESOURCES.

GROUP A-FACILITY 1 -- HOLY CROSS HOSPITAL  
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

**Part V Facility Information** (continued)

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

**PATIENTS.**

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 11: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- HOLY CROSS GERMANTOWN HOSPITAL  
PART V, SECTION B, LINE 13H: LINE 3E: SEE FACILITY 1 EXPLANATION.

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

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

PART V, SECTION B, LINE 16A - C:  
FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND  
FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:  
WWW.HOLYCROSSHEALTH.ORG/FOR-PATIENTS/  
BILLING-FINANCIAL-ASSISTANCE-AND-INSURANCE/FINANCIAL-ASSISTANCE-PROGRAM

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 16

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

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? 16

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

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's 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 HEALTH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT FOR HOLY CROSS HOSPITAL AND HOLY CROSS GERMANTOWN HOSPITAL, WHICH IT SUBMITS TO THE STATE OF MARYLAND. DUE TO MARYLAND'S UNIQUE ALL PAYER SYSTEM, THE VALUES REPORTED ON PART I, LINE 7B ARE DIFFERENT FROM THOSE REPORTED TO THE STATE OF MARYLAND. SEE PART I, LINE 7B BELOW. IN ADDITION, HOLY CROSS HEALTH REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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

**PART 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 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 PAYER'S 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**

**Part VI** Supplemental Information (Continuation)

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 DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYERS, INCLUDING GOVERNMENTAL PAYERS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM.

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

THE FOLLOWING NUMBER, \$16,285,548, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART III, LINE 2:

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

## PART III, LINE 3:

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

## PART III, LINE 4:

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

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM

**Part VI Supplemental Information** (Continuation)

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 8:

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

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

## PART III, LINE 9B:

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

## PART VI, LINE 2:

NEEDS ASSESSMENT - HEALTHY MONTGOMERY, MONTGOMERY COUNTY'S COMMUNITY HEALTH IMPROVEMENT PROCESS, IS SUPPORTED FINANCIALLY BY ALL SIX HOSPITALS IN THE COUNTY AND SERVES AS THE BASE FOR THE JOINT NEEDS ASSESSMENT. THE HEALTHY MONTGOMERY STEERING COMMITTEE IS COMPRISED OF GOVERNMENT AGENCIES, HOSPITAL SYSTEMS, MINORITY HEALTH PROGRAMS/INITIATIVES, ADVOCACY GROUPS, ACADEMIC INSTITUTIONS, COMMUNITY-BASED SERVICE PROVIDERS, AND OTHER STAKEHOLDERS.

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

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

**Part VI** Supplemental Information (Continuation)

## PART VI, LINE 3:

## PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

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

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

HOLY CROSS HEALTH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

## PART VI, LINE 4:

## COMMUNITY INFORMATION -

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

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

**Part VI** Supplemental Information (Continuation)

MARYLAND (7%), WITH SPANISH BEING THE HIGHEST PERCENTAGE OF LANGUAGE SPOKEN IN THE HOME.

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

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

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

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

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

- HOMELESSNESS INCLUDES PEOPLE LIVING ON THE STREETS OR OTHER PLACES NOT INTENDED FOR HUMAN HABITATION; LIVING IN SHELTERS; LACKING A FIXED, REGULAR, AND ADEQUATE NIGHTTIME RESIDENCE; TEMPORARILY STAYING WITH FRIENDS AND RELATIVES; AND EVEN THOSE AT RISK FOR HOMELESSNESS. MONTGOMERY COUNTY'S POINT-IN-TIME COUNT FOR HOMELESSNESS HAD A 35% DECREASE BETWEEN 2017 AND 2021. OUT OF THE 187,380 STUDENTS ENROLLED IN SCHOOL DURING THE 2019-2020 SCHOOL YEAR, 1,499 (0.8%) WERE HOMELESS.

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

PART VI, LINE 5:

OTHER INFORMATION -

HOLY CROSS HEALTH HAS A 16-MEMBER COMMUNITY BOARD COMPRISED OF PRIMARILY COMMUNITY MEMBERS IN THE MID-ATLANTIC REGION THAT PROVIDES GOVERNANCE FOR BOTH HOSPITALS, AS WELL AS HOLY CROSS HEALTH NETWORK.

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

HOLY CROSS HEALTH IS ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE NATION, SERVING PRIMARILY RESIDENTS IN THE TWO MOST POPULOUS COUNTIES IN MARYLAND: MONTGOMERY AND PRINCE GEORGE'S COUNTIES, AS WELL AS WASHINGTON, DC. COMPRISED OF TWO HOSPITALS (HOLY CROSS HOSPITAL IN

**Part VI** Supplemental Information (Continuation)

SILVER SPRING, MD, AND HOLY CROSS GERMANTOWN HOSPITAL IN GERMANTOWN, MD), THE HEALTH SYSTEM ANNUALLY CONDUCTS OVER 12,000 SURGERIES, AND HAS OVER 140,000 OUTPATIENT VISITS, NEARLY 100,000 EMERGENCY ROOM VISITS, AND NEARLY 9,000 BIRTHS.

SOCIAL CARE: AS CLINICAL CARE ONLY ACCOUNTS FOR ABOUT 20% OF HEALTH OUTCOMES, IN FY25, HOLY CROSS HEALTH ADDRESSED THE SOCIAL NEEDS FOR COLLEAGUES AND THE COMMUNITY IN THE FOLLOWING:

- HOLY CROSS HEALTH SCREENS PATIENTS AND COMMUNITY MEMBERS FOR SOCIAL NEEDS. IN FY25, THE THREE PRIMARY CARE HEALTH CENTERS PROVIDED SOCIAL NEEDS SCREENINGS TO 90.9% OF ALL PATIENTS, WITH 47.4% HAVING AT LEAST ONE SOCIAL NEED, AND 17.3% REQUESTING SERVICES. IN 2025, HOLY CROSS HEALTH BEGAN UTILIZING COMMUNITY HEALTH WORKERS TO ADDRESS SOCIAL NEEDS FOR PATIENTS AT THREE HEALTH PARTNER PRACTICE SITES, ADDRESSING THE SOCIAL NEEDS OF 299 PATIENTS.
- UTILIZED FUNDING FOR THE HEART PAYMENT PROGRAM PROVIDING ADDITIONAL SUPPORT TO MARYLAND PRIMARY CARE PROGRAM PARTICIPANTS AND PROMOTING THE STATE'S AND CMS' GOAL TO ADVANCE HEALTH EQUITY. IN FY25, 83 OUTREACH AND FOLLOW-UP CALLS WERE MADE, WITH 10 PATIENTS RECEIVING BENEFICIARY-LEVEL SERVICES IN FOOD, SOCIAL ISOLATION, HOME AIDE, TRANSPORTATION, ETC.
- 123 NEW COLLEAGUE SOCIAL NEEDS ASSESSMENTS WERE COMPLETED, WITH 71 IDENTIFYING AS NEEDING ASSISTANCE WITH AT LEAST ONE SOCIAL NEED. IN TOTAL, 272 COLLEAGUES WERE PROVIDED ASSISTANCE AND REFERRED TO SERVICES IN FY25.
- TWO DEDICATED PATIENT NAVIGATORS ADDRESSED THE SOCIAL NEEDS OF THOSE WHO WERE UNINSURED AT DISCHARGE (588 PATIENT ENCOUNTERS) AND DISCHARGED MATERNITY PATIENTS WHO HAVE MEDICAID OR ARE UNINSURED (1,897 PATIENT ENCOUNTERS). ADDITIONALLY, CHWS BEGAN ADDRESSING THE SOCIAL NEEDS OF MATERNITY PATIENTS DIAGNOSED WITH PRE-ECLAMPSIA AND/OR GESTATIONAL DIABETES (78 PATIENT ENCOUNTERS), AS WELL AS ADDRESSING THE IMPORTANCE OF FOLLOW-UP VISITS TO ADDRESS THEIR DIAGNOSIS.
- ADDRESSING HYPERTENSION, A CHW HAS CONNECTED WITH 31 HYPERTENSIVE AFRICAN AMERICAN PATIENTS, TO ADDRESS THEIR SOCIAL NEEDS, DESIGNATED TO ALSO REDUCE READMISSION RATES.
- THE CIGARETTE RESTITUTION FUND FUNDED SMOKING CESSATION RESOURCES FOR 2,867 COMMUNITY MEMBERS, WITH 153 REFERRED TO THE FREEDOM FROM SMOKING PROGRAM.

THROUGH THE HOLY CROSS HEALTH FOUNDATION FUNDS, SUCH AS THE KEVIN J. SEXTON FUND, HOLY CROSS HEALTH OFFERED FUNDING OPPORTUNITIES TO COMMUNITY PARTNERS WHO DIRECTLY ALIGN WITH NEEDS IDENTIFIED IN OUR CURRENT CHNA TO ADVANCE THE IMPLEMENTATION STRATEGY. HOLY CROSS HEALTH HAS PARTNERED WITH SHERISES, A COMMUNITY ORGANIZATION WHOSE MISSION IS TO REACH, INSPIRE, STRENGTHEN, AND EMPOWER YOUNG MOTHERS AND THEIR CHILDREN IN MARYLAND AND DC THROUGH MENTORING, COLLEGIATE, COMMUNITY, AND OTHER RESOURCE SUPPORT. IN FY25, SHERISES HAS HELD "MOMMY CLOSET" FOR YOUNG MOTHERS AGES 15-25 AT HOLY CROSS HEALTH, PROVIDING OVER 100 WOMEN WITH DIAPERS, WIPES, AND OTHER NEW MOTHER ESSENTIALS. ADDITIONALLY, SHERISES OFFERS AN "IN MY MOM ERA" POSTPARTUM CARE PROGRAM FOR YOUNG MOTHERS, PARTICULARLY BLACK AND BROWN WOMEN, WHO FACE HEIGHTENED MATERNAL HEALTH RISKS, BARRIERS TO ACCESSING QUALITY POSTPARTUM CARE, AND LIMITED SUPPORT NETWORKS. THESE INEQUITIES CONTRIBUTE TO POSTPARTUM DEPRESSION, COMPLICATIONS, AND LONG-TERM NEGATIVE HEALTH OUTCOMES FOR BOTH MOTHERS AND INFANTS. IN FY25, THIS PROGRAM ADDRESSED THE CRITICAL GAPS IN POSTPARTUM CARE FOR 13 YOUNG MOTHERS IN THE WASHINGTON, D.C. METRO REGION, PROVIDING COMPREHENSIVE SUPPORT DURING THE "FOURTH TRIMESTER" - THE POST-PARTUM PERIOD OFTEN OVERLOOKED IN

**Part VI** Supplemental Information (Continuation)

TRADITIONAL CARE MODELS.

THE HOLY CROSS HEALTH GREENHOUSE AND COMMUNITY GARDEN CONTINUED TO THRIVE WITH SUPPORT FROM DEDICATED PARTNERS AND GENEROUS DONORS, TO COMBAT FOOD INSECURITY. BY PROVIDING ACCESS TO FAMILIES AND COMMUNITY MEMBERS WHO ARE FOOD INSECURE AND MAY NOT QUALIFY FOR FOOD ASSISTANCE PROGRAMS, THE GREENHOUSE AND GARDEN SERVE AS A RELIABLE SOURCE OF NUTRITION TO INCREASE FRUIT AND VEGETABLE CONSUMPTION, IMPROVING MENTAL HEALTH AND CULTIVATING A SENSE OF COMMUNITY WELLNESS. HOLY CROSS HEALTH HOSTS 17 COMMUNITY GARDEN PLOTS FOR FAMILIES WHO ARE LOW-INCOME, PROVIDING SPACE, SUPPORT, EXPERTISE, AND SUPPLIES TO GROW THEIR OWN FOOD. IN SPRING FY25, HOLY CROSS HEALTH HELD A SPRING GARDEN PREP EVENT TO THE IMPENDING GROWING SEASON. THERE HAVE ALSO BEEN SEVERAL SEEDLING DISTRIBUTIONS OR EXCHANGES WITH OTHER GARDENERS OR COMMUNITY ORGANIZATIONS, TOTALING 236 SEEDLINGS DISTRIBUTED. ADDITIONALLY, A FOOD PANTRY HAS BEEN CONSTRUCTED WITHIN THE HOLY CROSS GERMANTOWN HOSPITAL, TO COMPLIMENT THE MONTHLY FOOD DISTRIBUTIONS IN ADDRESSING FOOD INSECURITY AMONGST COLLEAGUES. ONCE OPERATIONAL, THE PANTRY WILL OFFER SHELF STABLE AND FRESH PRODUCE FOR COLLEAGUES, AS WELL AS OFFER SOCIAL NEEDS RESOURCES.

HOLY CROSS HEALTH MAINTAINED SEVERAL STRATEGIC PARTNERSHIPS IN FY25 INCLUDING: MONTGOMERY COLLEGE, KAISER PERMANENTE, MARYLAND PHYSICIAN CARE, NEXUS MONTGOMERY REGIONAL PARTNERSHIP, AND CAREFIRST.

IN FY25, 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 HEALTH'S COMMUNITY IMPACT IN FY25 TOTALED \$292.2 MILLION.

PART VI, LINE 6:

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

**Part VI** Supplemental Information (Continuation)

PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 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,

**Part VI** Supplemental Information (Continuation)

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 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.

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

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

MD