

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **HOLY CROSS HOSPITAL, INC.** Employer identification number: **59-0791028**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy 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 financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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 financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	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)			8355551.	0.	8355551.	1.54%
<b>b</b> Medicaid (from Worksheet 3, column a)			28157092.	12387534.	15769558.	2.90%
<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			36512643.	12387534.	24125109.	4.44%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	27	127,785	1154718.	540,686.	614,032.	.11%
<b>f</b> Health professions education (from Worksheet 5)	3	37	382,044.		382,044.	.07%
<b>g</b> Subsidized health services (from Worksheet 6)	1		279,874.		279,874.	.05%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	2	18,864	65,764.	50,000.	15,764.	.00%
<b>j Total.</b> Other Benefits	33	146,686	1882400.	590,686.	1291714.	.23%
<b>k Total.</b> Add lines 7d and 7j	33	146,686	38395043.	12978220.	25416823.	4.67%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		15,880.		15,880.	.00%
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	1		15,880.		15,880.	.00%

**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 .....		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....		
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	135,022,952.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	123,238,734.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	11,784,218.
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	54.31%	1.90%	43.79%

Part V Facility Information

Section A. Hospital Facilities

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

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 9 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</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</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>18</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 financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE 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)		

**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 financial assistance policy (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) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<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 financial assistance policy? .....	<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>		23	X			
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....</p> <p>If "Yes," explain in Section C.</p>		24	X			

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

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

HOLY CROSS HOSPITAL, INC.:

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

PART V, SECTION B, LINE 3E:

HOLY CROSS HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT

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

COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY

CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED

SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION

PROCESS:

1. COMMUNITY EDUCATION

2. CULTURAL SENSITIVITY

3. PREVENTATIVE CARE

4. ACCESS TO CARE

5. SUBSTANCE ABUSE / MENTAL HEALTH

6. DENTAL CARE

7. SOCIAL INFLUENCERS OF HEALTH

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 5: MEMBERS OF THE HOLY CROSS HOSPITAL COMMUNITY

NEEDS ASSESSMENT ADVISORY COUNCIL PARTICIPATED IN FIVE MEETINGS THAT TOOK

PLACE FROM MAY 2018 THROUGH AUGUST 2018. HOLY CROSS HOSPITAL'S CHNA

PROCESS ALSO INCLUDED KEY INFORMANT INTERVIEWS, COMMUNITY CONVERSATIONS,

PROVIDER AND COMMUNITY FOCUS GROUPS, AND AN ELECTRONIC AND PAPER COMMUNITY

HEALTH SURVEY. DATA GLEANED FROM THESE RESPONSES WERE ANALYZED AND



**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.

DISCUSSED TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS WITHIN THE HOLY CROSS STRATEGIC PLANNING AREA. THE PROCESS WAS ENGAGING AND COLLABORATIVE IN NATURE AND RESULTED IN ACTION PLANNING AND IN THE FORMULATION OF THE IMPLEMENTATION STRATEGY.

ORGANIZATIONS THAT COMPRISED THE HOLY CROSS HOSPITAL COMMUNITY NEEDS ASSESSMENT ADVISORY COUNCIL REPRESENTED MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN OUR SERVICE AREA. COUNCIL MEMBERS INCLUDED: AETNA COMMUNITY CARES, AIDS HEALTHCARE FOUNDATION, BROWARD COUNTY LIBRARIES, BROWARD COUNTY MEDICAL ASSOCIATION, BROWARD COUNTY PUBLIC SCHOOLS, BROWARD REGIONAL HEALTH PLANNING COUNSEL, BROWARD SHERIFF'S OFFICE, CHURCH OF THE LIVING GOD, DEPARTMENT OF HEALTH BROWARD COUNTY, FLORIDA ATLANTIC UNIVERSITY SCHOOL OF NURSING, FLORIDA IMPACT, HEALTH FOUNDATION OF SOUTH FLORIDA, HENDERSON BEHAVIORAL HEALTH, HOPE SOUTH FLORIDA, HUMANA BROWARD COMMUNITY PROGRAMS, IMPACT BROWARD, LIFENET-4-FAMILIES, LIGHT OF THE WORLD CLINIC, MATERNAL CHILD HEALTH COMMITTEE, MERCY FAMILY LIFE CENTER, PANTRY OF BROWARD, SOUTH FLORIDA AIDS NETWORK, SUNSERVE, URBAN LEAGUE OF BROWARD COUNTY, AND WOMEN IN DISTRESS.

ADDITIONALLY, MANY COMMUNITY-BASED ORGANIZATIONS, INDIVIDUALS, AND KEY INFORMANTS WHO REPRESENT THE MARGINALIZED AND/OR PROVIDE DIRECT SERVICES ALSO PROVIDED COMMUNITY INPUT INTO THE CHNA PROCESS. THEY REPRESENTED: HOMELESS FAMILIES, INDIVIDUALS, AND VETERANS; FAMILIES AND INDIVIDUALS WHO ARE FOOD INSECURE; WOMEN AND FAMILIES AT HIGH RISK OF LOW BIRTHWEIGHT INFANTS AND ABUSE; FAMILIES WHO LIVE BELOW THE FEDERAL POVERTY LEVEL; AT-RISK TEENS; PHYSICALLY, EMOTIONALLY, AND/OR MENTALLY ABUSED INDIVIDUALS; SUBSTANCE USERS AND ABUSERS; UNDOCUMENTED INDIVIDUALS; AND

**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.

INDIVIDUALS WITH BEHAVIORAL/MENTAL HEALTH DISORDERS. FEEDBACK WAS RECEIVED FROM: 45 PARTICIPANTS OF COMMUNITY CONVERSATIONS; COMMUNITY HEALTH SURVEYMONKEY (695 COMPLETED) AND PAPER SURVEYS (896 RETURNED); FOUR COMMUNITY FOCUS GROUPS CONDUCTED IN ENGLISH, CREOLE, AND SPANISH, WITH 43 TOTAL PARTICIPANTS; 60 KEY-INFORMANT INTERVIEWS; AND FIVE PROVIDER FOCUS GROUPS WITH 68 PARTICIPANTS IN MULTIPLE SPECIALTY AREAS, INCLUDING MATERNAL CHILD HEALTH, SPECIAL NEEDS, SUBSTANCE ABUSE/MENTAL HEALTH, LGBTQ & TRANSGENDER, AND LOW INCOME INDIVIDUALS AND FAMILIES.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS HAD REPRESENTATIVES WHO PARTICIPATED IN HOLY CROSS HOSPITAL'S CHNA PROCESS: AETNA COMMUNITY CARES, AIDS HEALTHCARE FOUNDATION, BROWARD COUNTY LIBRARIES, BROWARD COUNTY MEDICAL ASSOCIATION, BROWARD COUNTY PUBLIC SCHOOLS, BROWARD REGIONAL HEALTH PLANNING COUNCIL, BROWARD SHERIFF'S OFFICE, CHURCH OF THE LIVING GOD, DEPARTMENT OF HEALTH BROWARD COUNTY, FLORIDA ATLANTIC UNIVERSITY SCHOOL OF NURSING, FLORIDA IMPACT, HEALTH FOUNDATION OF SOUTH FLORIDA, HENDERSON BEHAVIORAL HEALTH, HOPE SOUTH FLORIDA, HUMANA BROWARD COMMUNITY PROGRAMS, IMPACT BROWARD, LIFENET-4-FAMILIES, LIGHT OF THE WORLD CLINIC, MATERNAL CHILD HEALTH COMMITTEE BROWARD, MERCY FAMILY LIFE CENTER, PANTRY OF BROWARD, SOUTH FLORIDA AIDS NETWORK, SUNSERVE, URBAN LEAGUE OF BROWARD COUNTY, AND WOMEN IN DISTRESS.

HOLY CROSS HOSPITAL, INC.:

**Part V Facility Information** (continued)

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

PART V, SECTION B, LINE 11: HOLY CROSS HOSPITAL IS A COMMITTED COMMUNITY PARTNER, WORKING WITH NUMEROUS PUBLIC AND COMMUNITY AGENCIES IN ITS EFFORTS TO IMPROVE THE COMMUNITY HEALTH AND WELL-BEING OF BROWARD COUNTY RESIDENTS. SIGNIFICANT COMMUNITY COLLABORATIONS INCLUDE:

- SOUTH FLORIDA HUNGER COALITION, LIFENET 4 FAMILIES & FEEDING SOUTH FL, CALVARY CHAPEL FORT LAUDERDALE & PRIVATE RESTAURANT OWNERS / FOOD SECURITY
- BROWARD COUNTY HOMELESS INITIATIVE & HOPE SOUTH FL / HOUSING SECURITY
- DEPARTMENT OF HEALTH, PRIVATE COMMUNITY DONORS, AGENCIES SERVING HOMEBOUND AND HOMELESS/PERSONAL PROTECTION EQUIPMENT
- BROWARD COUNTY VOLUNTEER CLINICS / ACCESS TO PRIMARY CARE
- NATIONAL ALLIANCE ON MENTAL ILLNESS / BEHAVIORAL HEALTH
- COMMUNITY FOUNDATION OF BROWARD, SUN SERVE, TRANSSOCIAL / LGBTQ+ COMMUNITY
- VACCINES FOR CHILDREN & FLORIDA SHOTS / COVID-19 VACCINE

HOLY CROSS HOSPITAL'S IMPLEMENTATION STRATEGY IS DESIGNED TO ADDRESS THE PRIORITY AREAS IDENTIFIED IN THE CHNA. FOLLOWING ARE THE PRIORITIES ASSIGNED TO THE COMPONENTS OF THE IMPLEMENTATION STRATEGY:

1. COMMUNITY EDUCATION: NAVIGATING THE SYSTEM & PROVISION OF HEALTH EDUCATION AND PROMOTION
2. PREVENTATIVE CARE
3. ACCESS TO CARE
4. SOCIAL INFLUENCERS OF HEALTH: FOOD SECURITY
5. CULTURAL SENSITIVITY

THE FOLLOWING ARE PROGRAM EXAMPLES OF HOW WE ARE ADDRESSING EACH NEED:

**Part V Facility Information** (continued)

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

**COMMUNITY EDUCATION & PREVENTATIVE CARE**

HOLY CROSS HOSPITAL'S COMMUNITY HEALTH AND WELL-BEING (CHWB) DEPARTMENT RESPONDED TO THIS YEARS' COMMUNITY CRISIS: COVID-19. ALL CLINICAL STAFF WERE DIVERTED FROM ROUTINE ACTIVITIES AND INSTEAD PROVIDED TELEPHONIC AND VIRTUAL COMMUNITY EDUCATION AND PREVENTATIVE CARE TO INDIVIDUALS, FAMILIES, AND SMALL GROUPS. DISCUSSIONS AND PRESENTATIONS WERE MADE AVAILABLE TO CHURCHES, SCHOOLS, COMMUNITY-BASED AGENCIES, AND BUSINESSES REQUESTING INFORMATION AND EDUCATION REGARDING COVID-19 AND PREVENTATIVE CARE AND WELL-BEING. IN ADDITION, HOLY CROSS CONTINUED MAKING SEVERAL COMMUNITY HEALTH WORKERS/CARE COORDINATORS AND HEALTH NAVIGATORS AVAILABLE TO ASSIST THE COMMUNITY, INCLUDING NAVIGATORS FOR BREAST AND LUNG CANCER, ORTHOPEDICS, HEART FAILURE AND COPD. THE HOSPITAL ALSO HOSTS A HEART FAILURE AND CARDIOMETABOLIC CLINIC AND A CONTINUOUSLY GROWING ACCOUNTABLE CARE ORGANIZATION WITH AN ACTIVE POPULATION HEALTH NURSE TEAM. IN FISCAL YEAR 2021, THE CHWB DEPARTMENT PROGRAMS FOCUSED ON COVID-19, PREVENTATIVE HEALTH EDUCATION, CONTINUATION OF BREAST SCREENING SERVICES, TOBACCO PREVENTION, THE NATIONAL DIABETES PREVENTION PROGRAM AND THE INCEPTION OF THE DIABETES SELF-MANAGEMENT PROGRAM AND A PEER PROGRAM IN THE EMERGENCY DEPARTMENT. ADVOCACY TOPICS HAVE INCLUDED TOBACCO 21, FLORIDA'S HEALTHIEST WEIGHT, AND HEALTH EQUITY AND JUSTICE. THE DEPARTMENT'S MESSAGES, PROGRAMS, AND INTERVENTIONS ARE TARGETED TO SERVE SOME OF BROWARD'S MOST VULNERABLE POPULATIONS.

**ACCESS TO CARE**

IN FISCAL YEAR 2021, THROUGH AN AGREEMENT WITH THE AGENCY ON AGING OF BROWARD COUNTY, HOLY CROSS HOSPITAL CONTINUED TO PROVIDE VIRTUAL SUPPORT

**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 SENIORS BY PROVIDING ASSISTANCE WITH HEALTH INSURANCE CLAIMS, COMPARISONS OF VARIOUS PRESCRIPTION PLANS, AND ASSISTANCE WITH LONG-TERM CARE OPTIONS. FLORIDA CONTINUES TO BE A NON-MEDICAID EXPANSION STATE AND HOLY CROSS HOSPITAL STRIVES TO PROVIDE AFFORDABLE, COORDINATED HEALTH CARE. THE TWO RESIDENT CLINICS HAVE ASSISTED IN PROVIDING INCREASED ACCESS TO PRIMARY CARE SERVICES FOR LOW-INCOME, UNINSURED AND UNDERINSURED INDIVIDUALS. THE ADVANCED PRACTICE REGISTERED NURSES AND NURSE PRACTITIONERS PROVIDE DIRECT HEALTH CARE SERVICES AT A PARTNER VOLUNTEER CLINIC IN THE COMMUNITY THAT SERVES THE MOST VULNERABLE, UNINSURED BROWARD RESIDENTS. THE CHWB CLINICAL TEAM PROVIDED VIRTUAL AND TELEPHONIC CARE MANAGEMENT TO ALL UNINSURED POSITIVE COVID-19 CLIENTS DIAGNOSED IN THE EMERGENCY DEPARTMENT AND URGENT CARE CENTERS, LINKING THEM TO PRIMARY CARE THEREBY INCREASING ACCESS TO CONVENIENT CARE AT MINIMAL COST AND MONITORING FOR EMERGENCY DEPARTMENT AND HOSPITALIZATION AVOIDANCE. HOLY CROSS HOSPITAL CONTINUED TO SEEK NEW OPPORTUNITIES TO BECOME AN INTEGRATED PARTNER IN THE TRANSITION OF CARE FOR VULNERABLE POPULATIONS AND CONTINUES TO EXPLORE ALTERNATE MODELS FOR ITS CURRENT MISSION CLINIC.

## SOCIAL INFLUENCERS OF HEALTH

CHWB HEALTH SERVICES AND EDUCATION ARE PROVIDED TO AUGMENT COMMUNITY AGENCIES WHO TARGET INDIVIDUALS AND FAMILIES EXPERIENCING LIMITED INCOME, CONSTRAINED EARNINGS, EVICTIONS, JOB LOSS, AND SINGLE-HEADED HOUSEHOLDS CONTRIBUTING TO ECONOMIC HARDSHIP. FOOD SECURITY WAS IDENTIFIED AS A MAJOR OUTSTANDING NEED AND CONTINUES TO BE A MAJOR FOCUS FOR THE HOSPITAL. EFFORTS TO ADDRESS THESE ISSUES CONTINUED IN FISCAL YEAR 2021 THROUGH THE CHWB PROGRAM AND WERE HEIGHTENED BY THE COVID-19 PANDEMIC. CHWB CONTINUED (VIRTUAL) COMMITTEE PARTICIPATION ON BROWARD'S HOMELESS COALITION, SOUTH

**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.

FLORIDA HUNGER COALITION, SUMMER BREAKSPOT, AND MOBILE FOOD PANTRY; AND AWARDED BOTH THE JOHN C. JOHNSON \$10,000 FOOD SECURITY AND PATRICK A. TAYLOR, MD \$10,000 HOUSING GRANT TO COMMUNITY AGENCIES. ADDITIONALLY, DIRECT SERVICES WERE PROVIDED IN FISCAL YEAR 2021 TO THE HOMELESS POPULATION IN PARTNERSHIP WITH LOCAL SOCIAL SERVICE AGENCIES. THE HOSPITAL ALSO CONTINUED TO PROVIDE A JUST WAGE FOR ITS ASSOCIATES.

CULTURAL SENSITIVITY

HOLY CROSS HOSPITAL'S REGIONAL DIRECTOR OF DIVERSITY AND INCLUSION CONTINUED TO PROVIDE LEADERSHIP TO THE DIVERSITY AND INCLUSION COUNCIL IN FISCAL YEAR 2021. THE OFFICE OF DIVERSITY EQUITY AND INCLUSION PROVIDES MONTHLY RESOURCES AND INFORMATION IN CELEBRATION OF THE DIVERSITY MONTHS THROUGHOUT THE YEAR. UNCONSCIOUS BIAS TRAINING WAS AGAIN PROVIDED TO COLLEAGUES, WITH THE INTENT OF TRAINING ALL COLLEAGUES AND BOARD MEMBERS IN FUTURE YEARS. THE LGBTQ+ BUSINESS GROUP CONTINUED TO ADDRESS DIVERSITY, EQUITY, AND INCLUSION IN THE WORKPLACE. HOLY CROSS HAS NUMEROUS LEADERS PARTICIPATING IN TRINITY HEALTH'S DIVERSITY AND INCLUSION WEBINAR SERIES, "ADVANCING TOGETHER." IN THE COMMUNITY, HOLY CROSS CONTINUED TO FORM ALLIANCES AND PARTNERSHIPS THAT WELCOME ALL MEMBERS OF OUR DIVERSE COMMUNITY. THIS YEAR, CHWB WAS AWARDED A GRANT FROM THE COMMUNITY FOUNDATION OF BROWARD TO PROMOTE WORK IN THIS AREA ASSESSING POLICIES, PATIENT FORMS AND AWARENESS.

HOLY CROSS HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. HOLY

**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.

**CROSS WILL NOT ACT ON THE FOLLOWING HEALTH NEEDS:****MENTAL HEALTH**

HOLY CROSS HOSPITAL WAS LIMITED IN ITS ABILITY TO ADDRESS MENTAL HEALTH IN FISCAL YEAR 2021 AS IT HAS NO INPATIENT BEHAVIORAL HEALTH PROGRAM.

HOWEVER, OPPORTUNITIES TO PARTNER WITH EXISTING BEHAVIORAL HEALTH AGENCIES TO WORK TOWARD ACHIEVING IMPROVED QUALITY OF LIFE TOGETHER HAVE BEEN SUCCESSFUL. CHWB IDENTIFIED LOCAL COMMUNITY BEHAVIORAL HEALTH PROVIDERS THAT COULD ASSIST INDIVIDUALS AND FAMILIES EXPERIENCING DEPRESSION, ISOLATION, AND ANXIETY RELATED TO COVID-19. TRAININGS, INDIVIDUAL AND SUPPORT GROUPS WERE IDENTIFIED AND INFORMATION SHARED AT LARGE WITH THE COMMUNITY.

**ALCOHOL AND SUBSTANCE ABUSE**

HOLY CROSS HOSPITAL LACKS THE APPROPRIATE EXPERTISE AND RESOURCES TO ADEQUATELY ADDRESS THIS OUTSTANDING NEED. HOLY CROSS CONTINUES TO ENGAGE AND PARTNER WITH COMMUNITY COALITIONS AND COMMITTEES TO SUPPORT AND ASSIST IN ADDRESSING ALCOHOL AND SUBSTANCE ABUSE WITHIN THE COMMUNITY. IN RESPONSE TO THE OPIOID CRISIS, HOLY CROSS WAS AWARDED A GRANT TO PLACE TWO PEER SUPPORT SPECIALISTS IN OUR EMERGENCY DEPARTMENT. PEER SUPPORT SPECIALISTS MEET WITH PATIENTS WHO HAVE OVERDOSED AND ENGAGED IN OPIOID USE PROVIDING SUPPORT AND REHABILITATIVE TREATMENT OPTIONS. CHWB IS ALSO AN ACTIVE MEMBER OF BOTH THE COMMUNITY RESPONSE TEAM IN BROWARD COUNTY, AND THE UNITED WAY OF BROWARD COUNTY'S COMMISSION ON BEHAVIORAL HEALTH AND DRUG PREVENTION.

**DENTAL CARE**

**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.

DENTAL CARE IS NOT A SERVICE THAT HOLY CROSS HOSPITAL PROVIDES. ORAL SURGEONS ARE ENGAGED ONLY FOR THOSE PATIENTS WHO REQUIRE IT AS PART OF INPATIENT SURGICAL CARE. HOLY CROSS DOES WORK WITH ITS COMMUNITY PROVIDERS AND REFERS PATIENTS IN NEED OF DENTAL SERVICES ACCORDINGLY.

HOLY CROSS HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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



**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.

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/COMMUNITY-NEEDS-ASSESSMENT

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

WWW.HOLY-CROSS.COM/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.

**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.

Multiple horizontal lines for providing supplemental information.

**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? 32

Name and address	Type of Facility (describe)
1 HOLY CROSS ORTHOPEDIC INSTITUTE 5597 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	ORTHOPEDICS, SPINE, PODIATRY, REHABILITATION, SPORTS MED
2 CARDIOLOGY ASSOCIATES OF BOCA RATON 9980 CENTRAL PARK BLVD., # 304 BOCA RATON, FL 33428	CARDIOLOGY PRACTICE
3 PAIN MANAGEMENT 5601 N. DIXIE HIGHWAY, # 209 FORT LAUDERDALE, FL 33334	PAIN MANAGEMENT
4 GALLAGHER ADULT PRACTICE 1900 E. COMMERCIAL BLVD., #101 FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE
5 RIO VISTA PRACTICE 1309 S. FEDERAL HWY FORT LAUDERDALE, FL 33316	INTERNAL MEDICINE, REHABILITATION
6 DOROTHY MANGURIAN COMP. WOMEN'S CTR 1000 NE 56TH ST. FORT LAUDERDALE, FL 33334	AMBULATORY SURG, ORTHOPEDICS, WOMEN'S CENTER, IMAGING, LAB, FAMILY PRACTICE,
7 PULMONARY MEDICINE 5601 N. DIXIE HIGHWAY, #407 FORT LAUDERDALE, FL 33334	PULMONARY
8 GALLAGHER GASTROENTEROLOGY PRACTICE 1900 E. COMMERCIAL BLVD., #201 FORT LAUDERDALE, FL 33308	GASTROENTEROLOGY PRACTICE
9 ENDO AND INTERNAL MEDICINE PRACTICE 4701-A N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE, BARIATRIC SURGERY
10 CARDIO PULMONARY PRACTICE 333 NW 70TH AVE. # 116 PLANTATION, FL 33317	CARDIOLOGY PRACTICE

Schedule H (Form 990) 2020

**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? 32

Name and address	Type of Facility (describe)
11 POMPAÑO BEACH OFFICE 2335 E ATLANTIC BLVD. SUITE 200 POMPAÑO BEACH, FL 33062	FAMILY PRACTICE
12 HOLY CROSS MEDICAL PLAZA 5601 N. DIXIE HIGHWAY FORT LAUDERDALE, FL 33334	INTERNAL MEDICINE, INFECTIOUS DISEASE, RHEUMATOLOGY
13 GALLAGHER PEDIATRICS 1900 E. COMMERCIAL BLVD., #202 FORT LAUDERDALE, FL 33308	PEDIATRICS PRACTICE
14 OFFICE OF RICKY SCHNEIDER, MD 2901 CORAL HILLS DRIVE, SUITE 240 CORAL SPRINGS, FL 33065	CARDIOLOGY PRACTICE
15 OBSTETRICS AND GYNECOLOGY PRACTICE 4701-B N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	OB/GYN PRACTICE
16 LIGHTHOUSE POINT PRACTICE 2100 E. SAMPLE ROAD POMPAÑO BEACH, FL 33064	FAMILY PRACTICE, OB/GYN
17 CORAL SPRINGS PRIMARY CARE 2901 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065	INTERNAL MEDICINE
18 BAYVIEW PRACTICE 1124 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308	INTERNAL MEDICINE
19 COLORECTAL SURGERY PRACTICE 1940 NE 47TH ST. SUITE 1 FORT LAUDERDALE, FL 33308	COLORECTAL SURGERY PRACTICE
20 GALT OCEAN MILE PRACTICE 4004 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308	FAMILY PRACTICE

Schedule H (Form 990) 2020

**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? 32

Name and address	Type of Facility (describe)
21 BARIATRICS/GENERAL SURGERY PRACTICE 4701-A-39 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	BARIATRICS/GENERAL SURGERY PRACTICE
22 BROWARD MEDICAL GROUP 1100 E. BROWARD BLVD. FORT LAUDERDALE, FL 33301	FAMILY PRACTICE
23 PRIMARY CARE MEDICINE GROUP 2000 NE 49TH STREET FORT LAUDERDALE, FL 33308	FAMILY PRACTICE
24 WILTON MANORS PRACTICE 1402 NE 26TH STREET FORT LAUDERDALE, FL 33305	PEDIATRICS PRACTICE
25 HOLY CROSS URGENT CARE & PHYSICIAN 3481 N. UNIVERSITY DR. CORAL SPRINGS, FL 33065	ORTHOPEDECS, URGENT CARE
26 EAST CORAL SPRINGS PRIMARYCARE 8190 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065	INTERNAL MEDICINE
27 NORTH RIDGE INTERNAL MEDICINE 5601 N. DIXIE HIGHWAY, #412 FORT LAUDERDALE, FL 33334	INTERNAL MEDICINE
28 MEDICAL MULTI-SPECIALTY GROUP 8391 W. OAKLAND PARK BLVD. SUNRISE, FL 33351	INTERNAL MEDICINE
29 FAMILY LIFE CENTER PRACTICE 114 N. FLAGLER AVE. POMPANO BEACH, FL 33060	FAMILY PRACTICE
30 RIO VISTA URGENT CARE 1115 S. FEDERAL HWY FORT LAUDERDALE, FL 33316	URGENT CARE, IMAGING, OCCUPATIONAL MEDICINE

Schedule H (Form 990) 2020

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? 32

Name and address	Type of Facility (describe)
31 CARDIOLOGY ASSOC OF BOYNTON BEACH 10151 ENTERPRISE CENTER #203 BOYNTON BEACH, FL 33437	CARDIOLOGY PRACTICE
32 LIGHTHOUSE ORTHOPEDICS PRACTICE 2850 N FEDERAL HIGHWAY, 2ND FLOOR LIGHTHOUSE POINT, FL 33064	ORTHOPEDECS PRACTICE

**Part VI Supplemental Information**

Provide the following information.

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

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**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.

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**PART I, LINE 6A:**

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

IN ADDITION, HOLY CROSS HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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**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

**Part VI** Supplemental Information (Continuation)

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, \$25,978,394, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART I, LINE 5A:

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

## PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT: HOLY CROSS HOSPITAL COLLEAGUES AND LEADERSHIP MEMBERS PARTICIPATE IN SEVERAL LOCAL COMMUNITY BOARDS OF DIRECTORS. LEADERSHIP ALSO WORKS WITH LOCAL AGENCIES THAT ARE INVOLVED IN EMERGENCY



**Part VI** Supplemental Information (Continuation)

PREPAREDNESS, CARE FOR THE UNINSURED, HOMELESSNESS, EARLY LEARNING,  
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH.

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

PART III, LINE 4:

HOLY CROSS HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS

**Part VI** Supplemental Information (Continuation)

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

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

PART III, LINE 8:

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

**Part 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 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - MEMBERS OF THE HOSPITAL'S LEADERSHIP ROUTINELY PARTICIPATE ON NUMEROUS COMMUNITY COMMITTEES THAT PROVIDE ONGOING INFORMATION, INPUT, AND INSIGHT INTO THE COMMUNITY'S HEALTH CARE NEEDS. AWARENESS OF OUR COMMUNITY NEEDS IS ALSO MONITORED BY REGULARLY SCANNING THE ENVIRONMENT, REVIEWING COMMUNITY REPORT CARDS AND INFORMATION PROVIDED BY OTHER INSTITUTIONS, MONITORING VITAL STATISTICS, LOCAL MORBIDITY AND MORTALITY RATES, COUNTY HEALTH RANKINGS, AND PEOPLE-CENTERED 2023 GOALS,

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**Part VI** Supplemental Information (Continuation)

AND BY CONTINUING RELATIONSHIPS WITH THE LOCAL HEALTH DEPARTMENT AND OTHER HEALTH CARE PROVIDERS AND HEALTH PLANNERS.

PART VI, LINE 3:

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

HOLY CROSS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY

**Part VI** Supplemental Information (Continuation)

HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

HOLY CROSS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. HOLY CROSS HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

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

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

**Part VI** Supplemental Information (Continuation)

ABOUT 43% OF CHILDREN IN BROWARD COUNTY FALL BELOW 200% OF THE FEDERAL POVERTY LEVEL.

TWENTY-SIX PERCENT OF ADULTS 18-64 YEARS OF AGE ARE UNINSURED, 14% OF WHOM ARE UNDER AGE 19. THERE HAS BEEN A STEADY INCREASE IN THE NUMBER OF INDIVIDUALS AND FAMILIES RECEIVING PUBLIC ASSISTANCE (MEDICAID AND FOOD STAMPS). THE UNINSURED RATE HAS BEEN INCREASING OVER TIME FOR BROWARD COUNTY, AND IT IS ESTIMATED THAT 24% OF NON-INSTITUTIONALIZED CIVILIAN RESIDENTS ARE UNINSURED.

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

PART VI, LINE 5:

OTHER INFORMATION - HOLY CROSS HOSPITAL IS DEVOTED TO IMPROVING THE HEALTH OUTCOMES OF THE POOR, DISENFRANCHISED, HOMELESS, MARGINALIZED, AND NEEDY WHO LIVE IN OUR BACKYARDS, NEIGHBORHOODS, AND COMMUNITY. THE FOLLOWING PROGRAMS ARE EXAMPLES OF ACTIONS THE HOSPITAL IS TAKING, INCLUDING THE NUMERICAL PRIORITY FROM THE CHNA IMPLEMENTATION STRATEGY. BEGINNING IN MARCH 2020 THROUGH FISCAL YEAR 2021, ALL COMMUNITY-BASED PROGRAMMING WAS PIVOTED TO ADDRESS THE COVID-19 PANDEMIC, AND ALL IN-PERSON SERVICES WERE GREATLY REDUCED.

GOODSTART PROGRAM -

GOALS: INCREASE KNOWLEDGE AND INSTILL GOOD HEALTH BEHAVIORS FOR LIFE.

**Part VI** Supplemental Information (Continuation)

CHNA IMPLEMENTATION PLAN:

- PRIORITY #1 COMMUNITY EDUCATION: PROVIDE HEALTH EDUCATION, BOTH TO CHILDREN AND TO ADULTS SERVING CHILDREN, TO INCREASE WELLNESS AND PREVENTION

OUTCOMES AND MEASUREMENT:

- VIRTUAL CLASSES WERE PROVIDED TO 60 ADULTS IN PARTNERSHIP WITH UNIVERSITY OF FLORIDA EXTENSION SERVICES  
- 1,200 CHILDREN'S BOOKS WERE DISTRIBUTED THROUGHOUT FORT LAUDERDALE'S FREE LITTLE LIBRARIES

SCHOOL HEALTH PROGRAM -

GOALS: IMPROVE HEALTH TO PROMOTE STUDENT HEALTH AND LEARNING.

CHNA IMPLEMENTATION PLAN:

- #3 ACCESS TO CARE: PROVIDE ACCESS TO IMMUNIZATIONS AND SCHOOL-BASED HEALTH SERVICES  
- #1/#2 COMMUNITY EDUCATION AND PREVENTATIVE CARE: PROVIDE STUDENT EDUCATION ON HEALTH AND WELLNESS TO INCREASE PREVENTATIVE UTILIZATION OF HEALTH CARE SYSTEMS

OUTCOMES AND MEASUREMENT:

- PUBLIC SCHOOLS OUT OF COMPLIANCE WERE PROVIDED ON-GOING WITH ACCESS TO FREE ON-SITE 7TH GRADE VACCINATIONS, REPRESENTING APPROXIMATELY 10% OF INCOMING 7TH GRADE STUDENTS  
- IN FISCAL YEAR 2021, 100% OF BABIES BORN AT HOLY CROSS HOSPITAL WHO RECEIVED THEIR FIRST DOSAGE OF HEPATITIS B VACCINE IN THE HOSPITAL WERE ENTERED INTO THE FLORIDA SHOTS SYSTEM  
- RESOURCE TO TEACHERS AND SCHOOL PRINCIPALS RE: COVID-19 TESTING, EDUCATION, PPE, AND GUIDELINES  
- 635 SCHOOL SUPPLY PACKS WERE PROVIDED FOR VIRTUAL LEARNING BACK TO

**Part VI** Supplemental Information (Continuation)

SCHOOL

GROWING HEALTHY KIDS PROGRAM -

GOALS: BUILD KNOWLEDGE, SKILLS, AND POSITIVE ATTITUDES REGARDING HEALTH.

CHNA IMPLEMENTATION PLAN:

- #1 COMMUNITY EDUCATION: PROVIDE EDUCATION FOR HEALTHY LIFESTYLE CHOICES AND IMPORTANCE OF NUTRITION AND PHYSICAL ACTIVITY TO YOUTH IN PUBLIC, PAROCHIAL AND VIRTUAL SCHOOL SYSTEMS

- #2 PREVENTATIVE CARE: DIRECT LINK BETWEEN PHYSICAL ACTIVITY AND DECREASE IN MENTAL HEALTH DISORDERS, PROVIDING YOUTH AN OPPORTUNITY TO PARTICIPATE IN POSITIVE ACTIVITIES

OUTCOMES AND MEASUREMENT:

-14,192 STUDENTS, TEACHERS AND INDIVIDUALS ATTENDED VIRTUAL CLASSES VIA ZOOM AND CANVAS. VIRTUAL CLASSES INCLUDED: YOGA, BALANCE, PHYSICAL FITNESS, MELT METHOD, HEALTH AND WELLNESS, AND HEALTHY COOKING.

PARISH NURSE PROGRAM -

GOALS: MAINTAIN INDEPENDENCE AND OPTIMAL PHYSICAL, MENTAL AND EMOTIONAL HEALTH.

CHNA IMPLEMENTATION PLAN:

- #3 ACCESS TO CARE: PROVIDE VULNERABLE POPULATIONS WITH ACCESS TO HEALTH CARE AND TIMELY MANAGEMENT OF CHRONIC DISEASES, TO DECREASE EMERGENCY DEPARTMENT UTILIZATION AND THE LIKELIHOOD OF THE DISEASES PROGRESSING INTO A HEALTH CRISIS

- #2 PREVENTATIVE CARE: TRANSPORTATION PROGRAM FACILITATES SOCIAL INTERACTION BETWEEN SENIORS BY PROVIDING TRANSPORTATION TO MEDICAL APPOINTMENTS AND SOCIAL ACTIVITIES

- #4 SOCIAL INFLUENCERS OF HEALTH: PROVIDE HEALTH CARE SERVICES, ACCESS



**Part VI** Supplemental Information (Continuation)

TO NUTRITIOUS MEALS, AND TRANSPORTATION TO VULNERABLE POPULATIONS IN  
BROWARD COUNTY

OUTCOMES AND MEASUREMENT:

- 110 VULNERABLE ADULTS WERE PROVIDED WITH TELEPHONIC CARE MANAGEMENT SERVICES BY REGISTERED NURSES AND ADVANCED REGISTERED NURSE PRACTITIONERS
- 50 INDIVIDUALS PROVIDED WITH TELEPHONIC HEALTH EDUCATION AND MONITORING OF CHRONIC DISEASES LIKE HYPERTENSION, DIABETES, AND CONGESTIVE HEART FAILURE
- FOUR INDIVIDUALS IDENTIFIED AS "HUMAN TRAFFICKED" PROVIDED WITH ACCESS TO PRIMARY AND/OR SPECIALTY CARE
- TWO TONS OF FOOD DISTRIBUTED TO LOCAL FOOD PANTRIES
- 323 THANKSGIVING BASKETS DISTRIBUTED

CHRONIC DISEASE MANAGEMENT -

GOALS: IMPROVE HEALTH AND WELLNESS IN PATIENTS WITH CHRONIC DISEASES.

CHNA IMPLEMENTATION PLAN:

- #3 ACCESS TO CARE: PROVIDE ACCESS TO CHRONIC DISEASE MANAGEMENT
- #2 PREVENTATIVE CARE: PROVIDE STUDENT EDUCATION ON HEALTH AND WELLNESS TO INCREASE UTILIZATION OF PREVENTATIVE CARE

OUTCOMES AND MEASUREMENT:

- 365 DIABETIC CLIENTS PROVIDED WITH HEALTH COACHING AND DISEASE SELF-MANAGEMENT CLASSES

- 4,299 INDIVIDUALS WERE PROVIDED WITH NATIONAL DIABETES PREVENTION PROGRAMMING (NDPP) THROUGH IN-PERSON, VIRTUAL AND DISTANCE GROUPS IN PARTNERSHIP WITH THE BROWARD COUNTY PUBLIC SCHOOLS, BROWARD COLLEGE, SOUTH FLORIDA INSTITUTE ON AGING, LIVE YOUR WHOLE LIFE, MEMORIAL HEALTHCARE SYSTEM, HOLY CROSS MEDICAL GROUP PHYSICIANS, AND THE COMMUNITY AT-LARGE
- 11 NEW COACHES TRAINED

**Part VI** Supplemental Information (Continuation)

- 106 ADULTS PROVIDED WITH DIABETES PREVENTION CLASSES

COMMUNITY HEALTH WORKER - CARE COORDINATION PROGRAM -

GOALS: IMPROVE HEALTH AND WELLNESS IN ATTRIBUTED PATIENTS WITH CHRONIC DISEASES.

CHNA IMPLEMENTATION PLAN:

- #3/#4 ACCESS TO CARE AND SOCIAL INFLUENCERS OF HEALTH: PROVIDE ACCESS TO CARE COORDINATION FOR CHRONIC DISEASE MANAGEMENT

- #2 PREVENTATIVE CARE: PROVIDE HEALTH AND WELLNESS EDUCATION TO INCREASE UTILIZATION OF PREVENTATIVE CARE

OUTCOMES AND MEASUREMENT:

- 29,719 SOCIAL CARE CONTACTS WERE PROVIDED WITH EDUCATION, RESOURCES AND LINKAGE TO COMMUNITY SERVICES VIA THE SOCIAL CARE HUB

- 5,407 FOOD BOXES WERE DISTRIBUTED TO VULNERABLE COMMUNITIES THE PROGRAM WORKS CLOSELY WITH AND REFERRALS ARE RECEIVED BY THE POPULATION HEALTH TEAM. CLIENT PATHWAYS HAVE INCLUDED: FOOD SECURITY AND EMERGENCY MEALS, TRANSPORTATION, PRIMARY AND SPECIALTY CARE, VA BENEFITS, SOCIAL SECURITY DISABILITY BENEFITS, MENTAL HEALTH, MEDICAL EQUIPMENT, EMERGENCY RESPONSE SYSTEMS, SUBSTANCE USE TREATMENT, NURSING FACILITY PLACEMENT, HOUSING, HOME HEALTH CARE, AND DENTAL SERVICES.

PARTNERS IN BREAST HEALTH (PIBH) PROGRAM -

GOALS: DECREASE LATE-STAGE BREAST CANCER DIAGNOSIS IN THE HOPE OF SAVING LIVES.

CHNA IMPLEMENTATION PLAN:

- #3 ACCESS TO CARE: PROVIDE FREE BREAST IMAGING SERVICES TO VULNERABLE POPULATIONS (LOW INCOME, UNDOCUMENTED IMMIGRATION STATUS, AND THOSE WHO ARE INELIGIBLE FOR HEALTH CARE SERVICES THROUGH OTHER PROGRAMS)

**Part VI** Supplemental Information (Continuation)

- #1 COMMUNITY EDUCATION: COMMUNITY EDUCATION IS PROVIDED AT HEALTH FAIRS AND CHURCH EVENTS, AND VULNERABLE POPULATIONS ARE EDUCATED ON THE IMPORTANCE OF ANNUAL SCREENING AND EARLY DETECTION

OUTCOMES AND MEASUREMENT:

- 31 LOWER-INCOME, UNINSURED INDIVIDUALS RECEIVED CLINICAL BREAST SERVICES FROM A NURSE PRACTITIONER AND LINKAGE TO SCREENING SERVICES.

- 715 CLINICAL BREAST EXAMS, SCREENING AND/OR DIAGNOSTIC MAMMOGRAPHY, BREAST ULTRASOUND, BREAST MRI AND BREAST BIOPSY SERVICES WERE PROVIDED TO UNINSURED LOWER-INCOME CLIENTS

- 3 CLIENTS WERE DIAGNOSED WITH BREAST CANCER

- 100% NEWLY DIAGNOSED BREAST CANCER PATIENTS WERE LINKED INTO THE SERVICE CONTINUUM

BABY-FRIENDLY DESIGNATION -

GOALS: THE CDC AND OTHER PUBLIC HEALTH ORGANIZATIONS HAVE ENDORSED BREASTFEEDING AS A PROMISING OBESITY PREVENTION STRATEGY.

CHNA IMPLEMENTATION PLAN:

- #2 PREVENTIVE CARE: THE BABY-FRIENDLY INITIATIVE IS A GLOBAL EFFORT FOR IMPROVING THE ROLE OF MATERNITY SERVICES TO ENABLE MOTHERS TO BREASTFEED BABIES FOR THE BEST START IN LIFE, AIMED AT IMPROVING THE CARE OF PREGNANT WOMEN, MOTHERS AND NEWBORNS AT HEALTH FACILITIES THAT DELIVER BABIES

OUTCOMES AND MEASUREMENT:

- IN FISCAL YEAR 2021, HOLY CROSS HOSPITAL WAS BABY-FRIENDLY DESIGNATED

- HOLY CROSS SUBMITTED ITS ANNUAL QUALITY ASSURANCE PLAN

HEALTHY VENDING -

GOALS: IMPROVE THE FOOD AND BEVERAGE ENVIRONMENT BY IMPLEMENTING "HEALTHY VENDING," A PROVEN OBESITY-PREVENTION STRATEGY.

**Part VI** Supplemental Information (Continuation)

CHNA IMPLEMENTATION PLAN:

- #2 PREVENTIVE CARE: TRINITY HEALTH'S PEOPLE-CENTERED 2023 STRATEGIC PLAN  
PRIORITIZES OBESITY PREVENTION, WHICH HAS BECOME A NATIONAL EPIDEMIC

OUTCOMES AND MEASUREMENT:

- 100% OF ITEMS SOLD IN VENDING ENVIRONMENTS MEET THE "HEALTHIER STOCKING  
STANDARD"

TOBACCO 21 AND SMOKE FREE CAMPUS -

GOALS: REDUCE TOBACCO USE.

CHNA IMPLEMENTATION PLAN:

- #1/#2 COMMUNITY EDUCATION AND PREVENTIVE CARE: SUPPORT "TOBACCO 21" AND  
STRONG CLEAN INDOOR AIR LAWS THAT ARE INCLUSIVE OF E-CIGARETTES

OUTCOMES AND MEASUREMENT:

- EXECUTIVE COMMITTEE MEMBER OF BROWARD COUNTY'S TOBACCO FREE PARTNERSHIP
- TOBACCO 21 ADVOCACY AT THE STATE LEGISLATURE
- USE OF SOCIAL MEDIA CAMPAIGNS, PRESS RELEASES, AND EDUCATIONAL FORUMS TO  
PROMOTE TOBACCO 21, SMOKE-FREE MOVIES, TOBACCO-FREE BEACHES, TAKE BACK THE  
SHELVES, CLEAN INDOOR ACT

PART VI, LINE 6:

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

1. INVESTING IN OUR COMMUNITIES

**Part VI** Supplemental Information (Continuation)

2. ADVANCING SOCIAL CARE

3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

INVESTING IN OUR COMMUNITIES:

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

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, \$1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED \$1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY 2021, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION,

**Part VI** Supplemental Information (Continuation)

ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

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

ADVANCING SOCIAL CARE:

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

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME

**Part VI** Supplemental Information (Continuation)

ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

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

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.

ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES

**Part VI** Supplemental Information (Continuation)

THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

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

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

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

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

FL

CONTINUATION OF PART VI LINE 5 - OTHER INFORMATION

COVID-19 EMERGENCY PREPAREDNESS EFFORTS -

GOALS: RESPOND TO THE COMMUNITY'S NEED FOR COVID-19 TESTING AND HEALTH CARE.

CHNA IMPLEMENTATION PLAN:

- PRIORITY #1/2 COMMUNITY EDUCATION AND PREVENTION: PROVIDE HEALTH EDUCATION TO THE COMMUNITY REGARDING PREVENTION, PROTECTION, AND SPREAD, TO DECREASE INCIDENCE

- #3 ACCESS TO CARE: PROVIDE ACCESS TO TESTING AND TREATMENT SERVICES TO VULNERABLE POPULATIONS (LOW INCOME, UNDOCUMENTED IMMIGRANTS, AND



**Part VI** Supplemental Information (Continuation)

THOSE WHO ARE INELIGIBLE FOR HEALTH CARE SERVICES THROUGH OTHER PROGRAMS )

- #4 SOCIAL INFLUENCERS OF HEALTH: PROVIDE HEALTH CARE SUPPORT SERVICES, FOLLOW-UP CARE, AND SOCIAL CARE TO VULNERABLE AND INFECTED POPULATIONS IN BROWARD COUNTY OUTCOMES AND MEASUREMENT:

- 21,935 TELEPHONIC OR VIRTUAL CONTACTS WERE MADE WITH 12,332 COMMUNITY MEMBERS PROVIDING INDIVIDUALS AND FAMILIES WITH CLINICAL CARE MANAGEMENT AND LINKAGE TO TELEHEALTH SERVICES FOR THEIR POSITIVE COVID-19 DIAGNOSIS, MEDICATION ASSISTANCE, HEALTH CARE COVERAGE, FOOD, PAYMENT OF RENT AND UTILITIES

- 40,582 INDIVIDUALS WERE PROVIDED WITH COVID-19 TESTING THROUGH THE EMERGENCY ROOM AND ON-SITE DRIVE THROUGH

- 6,000 MASKS AND FACE SHIELDS WERE DISTRIBUTED TO VULNERABLE COMMUNITY MEMBERS, HOMELESS SHELTERS, AND SOCIAL SERVICE AGENCIES PROVIDING SERVICES TO LOWER INCOME AND VULNERABLE POPULATIONS

- 10,250 MEALS FOR HEALTH CARE PROVIDERS WERE COORDINATED WITH LOCAL CHURCHES, AND RESTAURANTS FOR DISTRIBUTION