

# Hospital Community Benefit Accountability

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*Vail Health Annual Report*

**Date August 31, 2020**

**Submitted to: Department of Health Care Policy & Financing**



**COLORADO**  
Department of Health Care  
Policy & Financing

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## I. Overview

House Bill 19-1320 requires non-profit tax-exempt general hospitals, Denver Health Medical Center, and University of Colorado Hospital to complete a community health needs assessment every three years and an annual community benefit implementation plan every year<sup>1</sup>. Each reporting hospital is required to convene a public meeting at least once per year to seek feedback on the hospital's community benefit activities and implementation plans. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (the Department) that includes but not limited to the following:

- Information on the public meeting held
- The most recent Community Health Needs Assessment
- The most recent Community Benefit Implementation Plan (This requirement will be waived for the report due September 1, 2020)
- The most recent submitted IRS form 990 including Schedule H
- A description of investments included in Schedule H
- Expenses included on form 990

More information can be found on the [Hospital Community Benefit Accountability webpage](#). Please direct any questions to [hcpf\\_hospitalcommunity@state.co.us](mailto:hcpf_hospitalcommunity@state.co.us).

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<sup>1</sup> Long Term Care and Critical Access hospitals are not required to report.

## II. Checklist

### A. Sections within this report

- Public meeting reporting section completed
- Investment and expenses reporting section completed
- URL of the page on the hospital's website where the report will be posted  
<https://www.vailhealth.org/about/community-health-needs>

### B. Attachments submitted with report

- Most recent Community Health Needs Assessment
- Most recent Community Benefit Implementation Plan (Optional)
- List of individuals and organizations invited to the public meeting (Optional)
- List of public meeting attendees and organizations represented (Optional)
- Public meeting agenda (Optional)
- Summary of the public meeting discussion (Optional)
- Most recent submitted form 990 including Schedule H or equivalent

### III. Public Meeting Reporting

Provide the following information on the public meeting held during the previous twelve months:

Date: August 18, 2020 for English and August 19, 2020 for Spanish

Time: 1:00p - 2:00pm

Location: Zoom Webinar for English and Facebook Live for Spanish

Describe your outreach efforts for the public meeting being reported: (Optional)

Vail Health did the following to invite community members to the meeting

1. Placed 5 half page ads in the local daily paper
2. Placed information and a link to register in the Vail Health and Colorado Mountain Medical newsletters. Between the two newsletters, the information was emailed to over 20,000 email addresses
3. A constant contact email was sent to our Patient Family Advisory Committee members and to all the community stakeholders who were invited to our original community meetings that provided input to our CHNA in 2019.

Describe the actions taken as a result of feedback from meeting participants:

State troopers are looking to engage more with the community and asked for ideas on ways to expand resources for internal health initiatives for the agency. A member of our Vail Health leadership team will connect with the agency.

VH will also be connecting with the Eagle County Healthy Aging Manager. She provided feedback that she would like to be more involved in our processes for our aging community members.

Questions regarding health effects of poor air quality due to summer wildfires and potential for confusion with COVID symptoms were answered in the moment and advice distributed via social media posts.

## IV. Investment and Expenses Reporting

Provide the following information on the expenses included on submitted form 990

Total expenses included on Line 18 of Section 1 of submitted form 990:

\$196,676,008.00

Revenue less expenses included on Line 19 of Section 1 of submitted form 990:

\$62,330,322

Provide a description of each investment made that was included in Parts I, II, and III of Schedule H that addressed a community Identified Health Need and include the following:

- Cost of the investment. For this reporting purpose, “investment” means the hospital’s expense net of offsetting revenue for financial assistance and means-tested government programs, other community benefits such as community health improvement services and community benefit operations, and/or community building activities. See the IRS instructions for Parts I, II, and III of Schedule H of Form 990 at [www.irs.gov/pub/irs-pdf/i990sh.pdf](http://www.irs.gov/pub/irs-pdf/i990sh.pdf).
- For each investment that addressed a Community Identified Health Need identify the following categories:
  - ✓ Free or Discounted Health Care Services
  - ✓ Programs that Address Health Behaviors or Risk
  - ✓ Programs that Address the Social Determinants of Health

There is a crosswalk available on the [Hospital Community Benefit Accountability webpage](#) under the resources section.

- For each investment that addressed a Community Identified Health Need describe available evidence that shows how the investment improves Community health outcomes

Separate each investment (expense) as a numbered list

1. Financial Assistance at Cost, \$1,469,781. Charity Care, reduced by Cost-to-Charge Ratio. Category: Free or Discounted Health Care Services.

2. Community Health Improvement Services and Community Benefit Operations, \$977,564. Includes Cancer Survivor Events and Education (\$456,259), Community Health Education (\$55,402), State of Vail Health Lecture Series (\$17,452), Community Health Screenings (\$49,941), Safety Education Events (\$81,069), Community Health Services (\$8,648), Behavioral Health Services (\$276,480), Cost of Fundraising - Pink Vail (\$26,268), and Community Exercises and Coalition Building (\$6,045). Categories: Programs that Address Health Behaviors or Risk; Programs that Address the Social Determinants of Risk.
3. Health Professions Education, \$988,555. Nursing Student Preceptor Hours, HH Student Clinical Rotations, HH Interns, HH PT Residency, HH Observers, High School Job Shadows. Categories: Programs that Address Health Behaviors or Risk; Programs that Address the Social Determinants of Risk.
4. Subsidized Health Services, \$27,885. Phase III Cardiac Rehab. Category: Free or Discounted Health Care Services.
5. Cash and In-Kind Contributions, \$12,031,699. Includes subsidy to Diversified Services dba Vail Health Clinics (\$5,700,00), contribution to Steadman Philippon Research Institute (\$4,299,996), subsidized rental space for community non-profits (\$1,192,349), and charitable donations to local non-profits (\$839,354). Categories: Programs that Address Health Behaviors or Risk; Programs that Address the Social Determinants of Risk.
6. Medicare Shortall, \$18,323,888. IRS Revenue Ruling 69-545, which established the Community Benefit standard for nonprofit hospitals, states that if a hospital serves patients with government health benefits, including Medicare, that this is an indication that the hospital operates to promote the health of the community. This implies that treating Medicare patients is a Community Benefit. Category: Free or Discounted Health Care Services.

## V. Report Certification

I certify that the information in this report is for Vail Health and provided according to all requirements set forth by the Department's regulations found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.5000.

I agree to provide additional explanation or documentation at the Department's requests within 10 business days of the request.

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Debbie Morris  
Director, Quality

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## Appendix A - Definitions

**Community** - the community that a hospital has defined as the community that it serves pursuant to 26 CFR § 1.501(r)-(b)(3).

**Community Benefit Implementation Plan** - a plan that satisfies the requirements of an implementation strategy as described in 26 CFR § 1.501(r)-3(c).

**Community Health Center** - a federally qualified health center as defined in 42 U.S.C. sec. 1395x(aa)(4) or a rural health clinic as defined in 42 U.S.C. sec. 1395x(aa)(2).

**Community Health Needs Assessment** - a community health needs assessment that satisfies the requirements of 26 CFR § 1.501(r)-3(b).

**Community Identified Health Need** - a health need of a Community that is identified in a Community Health Needs Assessment.

**Financial assistance policy (FAP)** - a written policy that meets the requirements described in 26 CFR § 1.501(r)- 4(b)

**Free or Discounted Health Care Services** - health care services provided by the hospital to persons who meet the hospital's criteria for financial assistance and are unable to pay for all or a portion of the services, or physical or behavioral health care services funded by the hospital but provided without charge to patients by other organizations in the Community. Free or Discounted Health Care Services does not include the following:

1. Services reimbursed through the Colorado Indigent Care Program (CICP),
2. Bad debt or uncollectable amounts owed that the hospital recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing care to such patients,
3. The difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom,
4. Self-pay or prompt pay discounts, or
5. Contractual adjustments with any third-party payers.

**Health System** - a larger corporation or organizational structure that owns, contains, or operates more than one hospital.

**Programs that Address Health Behaviors or Risk** - programs funded by the hospital and provided by the hospital or other Community organizations that provide education, mentorship, or other supports that help people make or maintain healthy life choices or manage chronic disease, including addiction prevention and treatment programs, suicide prevention programs and mental health treatment, programs to prevent tobacco use, disease management programs, nutrition education programs, programs that support maternal health, including screening, referral and treatment for perinatal and postpartum depression and anxiety, and healthy birth outcomes, and programs that help seniors and people with disabilities live as independently as possible in the Community.

**Programs that Address the Social Determinants of Health** - funding or in-kind programs or services that improve social, economic, and environmental conditions that impact health in the Community. Social and economic conditions that impact health include education; employment; income; family and social support; and Community safety. Environmental conditions that impact health include air and water quality, housing, and transit. Programs that Address the Social Determinants of Health include but are not limited to the following:

1. Job training programs,
2. Support for early childhood and elementary, middle, junior-high, and high school education,
2. Programs that increase access to nutritious food and safe housing,
3. Medical Legal Partnerships, and
4. Community-building activities that could be included in Part II of Schedule H of the Form 990.

### **Reporting Hospital**

1. A hospital licensed as a general hospital pursuant to Part 1 of Article 3 of Title 25 of the Colorado Revised Statutes and exempt from Federal taxation pursuant to Section 501(c)(3) of the Federal Internal Revenue code, but not including a general hospital that is federally certified or undergoing federal certification as a long-term care hospital pursuant to 42 CFR § 412.23(e) or that is federally

certified or undergoing federal certification as a critical access hospital pursuant to 42 CFR § 485 Subpart F,

2. A hospital established pursuant to § 25-29-103 C.R.S., or
3. A hospital established pursuant to § 23-21-503 C.R.S.

**Safety Net Clinic** - a Community clinic licensed or certified by the Department of Public Health and Environment pursuant to Section § 25-1.5-103 (1)(a)(I) or (1)(a)(II), C.R.S.