

# Hospital Community Benefit Accountability

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*Vail Health Annual Report*

September 1, 2021

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 within the year preceding **September 1, 2021**
- The most recent Community Health Needs Assessment
- The most recent Community Benefit Implementation Plan
- 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 this 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
- List of individuals and organizations invited to the public meeting
- List of public meeting attendees and organizations represented
- Public meeting agenda
- Summary of the public meeting discussion
- Most recent submitted form 990 including Schedule H or equivalent
- Available evidence that shows how the investment improves Community health outcomes (Attachment is optional if description of evidence is provided within this report)

### III. Public Meeting Reporting

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

Date: 8/18/2021

Time: 1500 MST

Location (place meeting held and city or if virtual, note platform): Zoom

Describe your outreach efforts for the public meeting being reported:

Calendar Invite, email, phone communication/outreach

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

Agreement with implementation plan and next steps; continue collaborative efforts via bimonthly meetings in order to drive success in implementation plan; continue to leverage other community engagement forums to seek ongoing input and collaboration in community benefit activities (i.e. Community Referral Collaboration Committee, Senior Community Provider Collaborative Committee, Eagle Valley Behavioral Health Advisory Council, Town Hall forums, etc).

Additional Forum where Community Benefit plan status and next steps were discussed, inclusive of all 3 categories, Access to Care, Behavioral Health Expansion efforts, and Chronic Disease Mangement.

State of Vail Health "Town Hall"

Date: 2/2/2021 Time: 1400 MST

Held via Zoom with outreach via Vail Health website, local newspaper (Vail Daily), Vail Health social media platforms, email/direct communication

Actions taken as a result of feedback: Continue with plan and continue to engage with public and key stakeholders; recommendations related to access to care growth taken into account in planning; behavioral health facility plans in need of additional community engagement/input -- 2 meetings held in June with participation from 55 community members.

## 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:

\$225,723,752.00

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

\$53,612,871

Reporting Hospitals not required to complete form 990 shall provide the above information as described on Lines 18 and 19 of form 990.

In the table below provide a brief description of each investment made that was included in Parts I, II, and III of Schedule H 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 Schedule H investment that addressed a Community Identified Health Need identify the following categories: (See Appendix A for definitions)
  - ✓ 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 briefly describe available evidence that shows how the investment improves Community health outcomes or provide the evidence as an attachment.

Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behaviors or risk	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Comm Health Improvement Services & Comm Benefit Operations	\$161,921	Y	\$53973.67	\$53973.67	\$53973.67		Fitness/Exercise	see attached - sections 1,2and 3
Comm Health Improvement Services & Comm Benefit Operations	\$56,908	Y	\$18969.34	\$18969.34	\$18969.34		Health Fairs	see attached - sections 1,2and 3
Comm Health Improvement Services & Comm Benefit Operations	\$92,644	Y	\$30881.34	\$30881.34	\$30881.34		Nutrition/Weight Management	see attached - sections 1,2and 3
Comm Health Improvement Services & Comm Benefit Operations	\$1,500	Y	\$500	\$500	\$500		Screening/School-Based (Sports Physicals)	see attached - sections 1,2and 3
Comm Health Improvement Services & Comm Benefit Operations	\$13,886	Y		\$6943	\$6943		Cancer Education	see attached - sections 2, and 3
Comm Health Improvement	\$50,381	Y		\$25190.5	\$25190.5		Consumer Health Library	see attached - sections 2, and 3

Services & Comm Benefit Operations								
Comm Health Improvement Services & Comm Benefit Operations	\$9,771	Y		\$4885.5	\$4885.5		Education/Outreach for Senior Citizens	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$680	Y		\$340	\$340		Heart Disease Education	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$1,020	Y		\$510	\$510		Mental Health Education	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$29,831	Y		\$14915.5	\$14915.5		Family/Parenting/Sibling Education	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$6,596	Y		\$3298	\$3298		School Based Health Education Programs	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$9,718	Y		\$4859	\$4859		Lectures	see attached - sections 2, and 3



Comm Health Improvement Services & Comm Benefit Operations	\$52,897	Y		\$26439.5	\$26439.5		Self-Help/Sports Injury Prevention	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$170,742	Y		\$85371	\$85371		Support Group/Cancer	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$27,769	Y		\$13884.5	\$13884.5		Transportation/Car Seat Safety Education Programs	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$58,378	Y		\$29189	\$29189		Health Needs Assessment	see attached - sections 2, and 3
Comm Health Improvement Services & Comm Benefit Operations	\$864	N			\$864		CBISA Costs (Community Benefit Inventory for Social Accountability)	see attached - section 3
Comm Health Improvement Services & Comm Benefit Operations	\$4,275	N				\$4275	Dedicated Staff	n/a
Comm Health Improvement Services & Comm	\$5,409	N				\$5409	Costs of Fundraising	n/a

Benefit Operations								
Health Professions Education	\$368,846	Y				\$368,846	Nursing Student Preceptor Hours, HH Student Clinical Rotations, HH Interns, HH PT Residency, HH Observers, High School Job Shadows	see attached - section 4
Subsidized Health Services	\$5,868	Y	\$5,868				Phase III Cardiac Rehab	see attached - section 1
Cash and In-Kind Contributions	\$43,694	Y			\$43,694		Patient Assistance	see attached - section 3
Cash and In-Kind Contributions	\$5,000,000	Y				\$5,000,000	Diversified Services Contribution	n/a
Cash and In-Kind Contributions	\$771,096	N				\$771,096	Donations	n/a
Cash and In-Kind Contributions	\$4,299,996	N				\$4,299,996	SPRI Contribution	n/a
Cash and In-Kind Contributions	\$250,000	N				\$250,000	EVBH Contribution	n/a
Cash and In-Kind Contributions	\$810,395	Y				\$810,395	Subsidized Non-Profit Rent	n/a
Cash and In-Kind Contributions	\$2,500	N				\$2,500	Project Cure Equipment Donations	n/a
Cash and In-Kind Contributions	\$700	N				\$700	Go Pro Games Official Medical Provider	n/a
Cash and In-Kind Contributions	\$13,015	N				\$13,015	Meeting Room Overhead	n/a

## V. Additional Information

Please provide any additional information you feel is relevant to the items being reported on.

The contributions listed above as Community Health Improvement Services & Community Benefit Operations were listed under part 1 of section H. There is not a crosswalk for part 1 so they were divided out per crosswalk guidelines as best as we were able to determine, using the crosswalk as a guide.

## VI. Report Certification

I certify that the information in this report is for Vail Health Hospital 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.

Amy Lavigne

Quality Director

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Amy Lavigne, Quality Director, Vail Health

## 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.

## Examples of Free or Discounted Health Care Services

- Charity care or financial assistance program excluding CICP
- Free services such as vaccination clinics or examinations

**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.