# Hospital Community Benefit Accountability Report

# II. Checklist

# A. Sections within this report

Sections									
Х	Public meeting reporting section completed								
Х	Investment and expenses reporting section completed								
Х	URL of the page on the hospital's website where this report will be posted, paste URL in cell C10 below:								
	https://www.vailhealth.org/community/community-outreach/community-benefit-and-engagement-activities								

# B. Attachments submitted with report

Attachments	
X	Most recent Community Health Needs Assessment
Х	Most recent Community Benefit Implementation Plan
Х	List of representatives, organizations, and state agencies invited to the public meeting
Х	List of public meeting attendees and organizations represented
Х	Public meeting agenda
	Content of meeting discussion - any Community Benefit priorities discussed and the decisions made regarding those
х	discussed Community Benefit decision priorities
Х	Most recent submitted form 990 including Schedule H or equivalent
	Evidence that shows how the investment improves Community health outcomes (Attachment is optional if description
x	of evidence is provided within this report)
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# l Community Benefit Accountability Report

### ic Meeting Reporting

Provide the following information on the public meeting held during the previous twelve months:
Monday, August 5, 2024
8:00am - 9:30am
Location (place meeting held and city or if virtual, note platform):
Hovey & Harrison 56 Edwards Village Blvd Unit 120, Edwards, CO 81632
When was communication(s) sent out and in what format?
Print advertising in the Vail Daily - half-page ad. It ran in English on 7/1, 7/6, 7/11, 7/17, 7/19.
Community Stakeholders, Gov't officials and partners emailed invite on 7/1.  Included in the Vail Health Newsletter on 7/3. This newsletter goes out to over 50K people.
Included in the Vail Health Foundation newsletter on 7/16.
Created a Facebook event on 7/2
Posted on Facebook and Instagram multiple times starting on 7/2.
Describe your outreach efforts for the public meeting being reported:
Please enter responses below using a new row for each item.
Vail Daily - Local Newspaper: Half page ad. Ran in English on 7/1, 7/6, 7/11, 7/17, 7/19. Spanish half-page ad ran in the Friday Spanish section on 7/19 and 7/26.
Spanish section on 7/19 and 7/26.
Newsletters: Vail Health Elevating Health Newsletter sent on 7/3. Vail Health Foundation newsletter sent on 7/16.
Social Media: Facebook event created on 7/2. Multiple postings on Facebook and Instagram starting on 7/2. Spanish meeting posted on What's App.

En	Email: Community Stakeho	olders, Gov't officials a	and partners emailed	d invite on 7/1			

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

Please enter responses below using a new row for each item.

People to Services that Improve Whole Person Health", Vail Health will continue and prioritize our efforts related to

- -- Youth support and prevention efforts, ie Your Hope Center in-school services, My Future Pathways.
- -- Partnering with regional rehab and addiction programs and facilities to ensure the needs of our community are met
- -- Offering and building on outpatient addiction services

Based on reedback related to the implementation interventions for "Bringing Care to the People", Vall Health will continue and prioritize efforts related to:

- -- Continuing to assess the need for additional specialty care services inclusive of where partnerships and telehealth might be most appropriate.
- -- Hiring bilingual providers and staff in order to meet the needs of the community. Additionally, based on the feedback VH is focusing on:
- -- increasing SDoH screening

Based on feedback on implementation interventions related to "Focus Prevention and Early Intervention", Vail Health will continue and prioritize our efforts related to:

- -- Continuing free community wellness educational events with a focus on nutrition per the feedback.
- -- Improving health screenings timeliness for Colorado Mountain Medical patients.
- -- Working with MIRA on wellness and educational events.

Based on feedback on implementation interventions related to "Addressing Health Care Staffing Shortages with a focus on Diversity", VH will continue and prioritize our efforts related to:

-- VH Volunteer Corps utilizaiton and support

Additionally, based on the feedback, VH is focusing on:

- -- Employee/provider wellness, retainment, and engagement
- Provider quality performance and alignment with goals

Based on feedback on implementation interventions related to "Improving System Interoperability and Integration", VH will continue and prioritize our efforts related to: creating one EMR for all service lines in the VH system Additionally, based on the feedback, VH will focus on: improving overall navigation of care

All "Other" Services and

### Hospital Community Benefit Accountability Report

### IV. Investment and Expenses Reporting

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

Amount

Total expenses included on Line 18 of Section 1 of submitted form 990 Revenue less expenses included on Line 19 of Section 1 of submitted form 990 \$ 360,642,069.00 \$ 17,703,492.00

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.

• For each investment that addressed a Community Identified Health need, identify each specific investment activity within the following applicable categories:

- ✓ Free or Discounted Health Care Services
- ✓ Programs that Address Behavioral Health
- ✓ Programs that Address the Social Determinants of Health
- ✓ Programs that Address Community Based Health Care
   ✓ Programs that Address Provider Recruitment, Education, Research, and Training
- ✓ All "other" services and programs that addressed Community Identified Health Needs

# See Appendix A for definitions.

Appendix A - Definitions

See Appendix B for a Schedule H Crosswalk.

Appendix B - Sch H Crosswalk

• 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.

Categories	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for social determinants of health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Does the Total Match the Sum of Its Parts?	Do All Investment Activities Each have Supporting Evidence Added?	ve All Investment Dollars Identified?	
Totals (Formula)	\$ 9,192,432.00	\$ 5,505,678.00	\$ 1,128,454.00	\$ 11,053,491.00	\$ 2,342,324.00	\$ 10,006.00	Yes	Yes	Yes	
Investment Activity	Amount for Free or Discounted Health Services	Amount for Behavioral Health	Amount for Social Determinants of Health	Amount for Community Based Health Care	Amount for Provider Recruitment, Education, Research, and Training	All "Other" Services and Programs that Addressed Community Identified Health Needs	Identify Which Community Identified Need Each Investment Corresponds With	Supporting Evidence	Investment Dollars (i.e. Direct Cash, Philanthropic Efforts, or Cash Expenditures from In-kind Contributions)	
Charity Care - Financial Assistance at Cost	\$ 474,983.00						Adv Policy to Improve Comm Health	See attachment section 1	Cash Expenditures In-Kind	Financial Assistance at Cost
Cost of Medicaid	\$ 8,717,449.00						Whole Person Health	See attachment section 1	Cash Expenditures In-Kind	Medicaid
Cancer Education			\$ 11,844.00				Whole Person Health	See attachment section 3	Direct Cash	Community Health Improvement S
CBISA Cost						\$ 1,050.00		CBISA	Direct Cash	Community Health Improvement So
Comm Benefit Ops/CHNA/Dedicated Staff						\$ 8,956.00	Comm Benefit Operations	Comm Benefit Operations	Direct Cash	Community Health Improvement So
Consumer Health Library  CDD / First Aid / Stop the Blood Classes			\$ 118,152.00				Whole Person Health	See attachment section 3	Direct Cash	Community Health Improvement Se
CPR/First Aid/Stop the Bleed Classes			\$ 4,351.00				Focus Prevention	See attachment section 3	Direct Cash	Community Health Improvement S
Education: Senior Citizens				\$ 9,117.00			Focus Prevention	See attachment section 4	Direct Cash	Community Health Improvement S
Parenting/Family/Sibling			\$ 16,017.00				Early Childhood/Family Support	See attachment section 3	Direct Cash	Community Health Improvement So
Fitness/Exercise				\$ 150,935.00			Whole Person Health	See attachment section 4	Direct Cash	Community Health Improvement Se
Health Fairs				\$ 605.00			Focus Prevention	See attachment section 4	Direct Cash	Community Health Improvement So
Immunization/Adult			44 200 00	\$ 3,293.00			Focus Prevention	See attachment section 4	Direct Cash	Community Health Improvement Se
Comm Education/Lectures			\$ 14,388.00				Focus Prevention	See attachment section 3	Direct Cash	Community Health Improvement Se
Nutrition/Weight Managment School based education - Sun safety			\$ 12,223.00	\$ 130,646.00			Whole Person Health Focus Prevention	See attachment section 4 See attachment section 3	Direct Cash Direct Cash	Community Health Improvement Section Community Health Improvement Health Improveme
Screenings-School based (Sports Physicals)			7 12,223.00	\$ 4,528.00			Focus Prevention	See attachment section 4	Direct Cash	Community Health Improvement Se
Screening/skin cancer				\$ 756.00			Focus Prevention	See attachment section 4	Direct Cash	Community Health Improvement Se
Self Help/Injury prevention			\$ 31,026.00				Focus Prevention	See attachment section 3	Direct Cash	Community Health Improvement Se
Support Group/Cancer		\$ 227,908.00		\$ 125,507.00			Whole Person Health	See attachment section 2 & 4	Direct Cash	Community Health Improvement Se
Transpo/Car Seat Safety Program			\$ 18,996.00				Early Childhood/Family Support	See attachment section 3	Direct Cash	Community Health Improvement Se
Water Safety			\$ 1,526.00				Focus Prevention	See attachment section 3	Direct Cash	Community Health Improvement Se
Women's Health Education			\$ 229.00				Focus Prevention	See attachment section 3	Direct Cash	Community Health Improvement Se
Medical students, Interns, Residents and Fellows					\$ 462,552.00		Healthcare Staffing Shortages	See attachment section 5	Direct Cash	Health Professions Education
Nursing Education Other Allied Health Professions					\$ 141,122.00		Healthcare Staffing Shortages	See attachment section 5	Direct Cash Direct Cash	Health Professions Education
Research					\$ 117,003.00 \$ 255,646.00		Healthcare Staffing Shortages Whole Person Health	See attachment section 5 See attachment section 5	Direct Cash	Health Professions Education  Community Health Improvement Se
Diversified Services Unrestricted Contribution				\$ 6,100,000.00	•		Bring Care To People	See attachment section 4	Direct Cash	Cash and In-Kind Contributions for
Eagle Valley Behvioral Health Contribution		\$ 5,277,770.00		3,100,000,00			Bring Care To People	See attachment section 2	Direct Cash	Cash and In-Kind Contributions for
The Steadman Philippon Research Institute is recognized globally for its pioneering research in osteoarthritis, healing, surgery, and injury prevention and rehabilitation.				\$ 4,525,000.00			Whole Person Health	See attachment section 4	Direct Cash	Cash and In-Kind Contributions for
Cash donations to community organizations			\$ 754,750.00				Healthy Foods and Focus Prevention	See attachment section 3	Direct Cash	Cash and In-Kind Contributions for
In-kind donation to 501(c)(3) organization United Way of reduced rent In-kind donation to 501(c)(3) organizations Vail Summit Orthopedic Foundation and	1		\$ 40,500.00				Whole Person Health	See attachment section 3	Cash Expenditures In-Kind	Cash and In-Kind Contributions for
Steadman Philipon Research Institute of reduced rent					\$ 1,366,001.00		Whole Person Health	See attachment section 5	Cash Expenditures In-Kind	Cash and In-Kind Contributions for
Project Cure				\$ 3,104.00			Bring Care To People	See attachment section 4	Cash Expenditures In-Kind	Cash and In-Kind Contributions for
In-kind donation of meeting room space to community 501(c)(3) not-for-profit									Cook Emanditum la Word	
Other related patient expense - transportation, clothing, etc			\$ 2,814.00 \$ 101,638.00				Whole Person Health Whole Person Health	See attachment section 3 See attachment section 2	Cash Expenditures In-Kind Direct Cash	Cash and In-Kind Contributions for Cash and In-Kind Contributions for
other retated patient expense—transportation, etotimig, etc			3 101,030.00				whote Person neatth	see attachment section 2	Direct cash	Cash and in-Kind Contributions for
									+	
									+	
				I						

#### **Hospital Community Benefit Accountability Report**

#### VII. Report Certification

I certify that the information in this report is 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.

Hospital Name: Vail Health Hospital

Name: Amy Lavigne

Title: Sr Director Quality and Patient Experience

Phone Number: (970) 477-3122
Email Address: lavigne@vailhealth.org

#### Hospital Community Benefit Accountability Report

#### Appendix A - Definitions

Community - the community that a hospital has defined as the community that it serves pursuant to 26 (

a community or significant segments of a community or work towards community-focused goals beyond one particular community and provides educational or related services to individuals in the community under 20 USC § 7801(5).

operated for the charitable purpose of promoting health pursuant to § 501(c)(3) of the federal Internal Revenue Code. These actions include demonstrating that the hospital provides benefits to a class of persons that is broad enough to benefit the Ccommunity, and that it operates to serve a public rather than private interest. Community Benefit may also refer to the dollar amount spent on the community in the form of Free or Discounted Health Care Services; Provider Recruitment, Education, Research and

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

Reporting Hospital's Community Health Needs Assessment or otherwise established pursuant to the IRS Form 990, Schedule H and its instructions.

**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).

Health Needs Assessment.

§ 1.501(r)– 4(b)

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

than one hospital.

**Local Public Health Agency -** means a county or district public health agency established pursuant to C.R.S. § 25-1-506, or a local department of public health.

Worksheet 3.

to improve an individual's mental and emotional well-being and are reportable on the IRS Form 990, Schedule H and its instructions. Programs that Address Behavioral Health are designed to address, but are not limited to:

- 1. Mental health disorders;
- 2. Serious psychological distress;
- 3. Serious mental disturbance;
- 4. Unhealthy stress;
- 5. Tobacco use prevention; and
- 6. Substance use

services that improve types of person-centered care delivered in the home and community and are not billable to a third party. A variety of health and human services can be provided. Community Based Health Care addresses the needs of people with functional limitations who need assistance with everyday activities such as getting dressed or bathing.

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,
- 3. Programs that increase access to nutritious food and safe housing,
- 4. Medical Legal Partnerships, and

professions education," and "Research" defined within the Internal Revenue Service form 990 as:

- 1. "Workforce development" means the recruitment of physicians and other health professionals to medical shortage areas or other areas designated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the Community (other than the health professions education activities entered on Part I, line 7f);
- 2. "Health Professions Education" means educational programs that result in a degree, a certificate, or training necessary to be licensed to practice as a health professional, as required by C.R.S. 12-240-110, or continuing education necessary to retain state license or certification by a board in the individual's health profession specialty;
- a. Health Professions Education does not include education or training programs available exclusively to the organization's employees and medical staff or scholarships provided to those individuals. However, it does include education programs if the primary purpose of such programs is to educate health professionals in the broader community. Costs for medical residents and interns can be included, even if they are considered employees for purposes of Form W-2, Wage and Tax Statement.
- 3. "Research" means any study or investigation the goal of which is to generate increased generalized knowledge made available to the public (for example, knowledge about underlying biological mechanisms of health and disease, natural processes, or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes, and effectiveness;
- 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

**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.