



**CO L O R A D O**

Department of Health Care  
Policy & Financing

## Hospital Community Benefit Accountability Annual Report (CY 2025)

Hospital Name:

Vail Health

Date:

6/26/2025

Submitted to:

Department of Health Care Policy & Financing

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### IMPORTANT NOTES:

Please use the latest version provided to you through the portal. Prior versions will be rejected by the portal.

Do not drag and drop contents of cells. This will cause issues, and you will be asked to resubmit your survey.

## Hospital Community Benefit Accountability Report

### I. Overview

House Bill (HB) 23-1243, Hospital Community Benefit, expands on the previous legislation of HB 19-1320 by including changes to hospitals' Community Benefit activity requirements and imposes certain requirements on public meetings regarding hospitals' Community Health Needs Assessments (CHNA) and Community Benefit Implementation Plans (CHIP). HB 23-1243 still requires non-profit tax-exempt hospitals to complete a CHNA every three years and a CHIP every year (footnote 1). Each reporting hospital is required to convene a public meeting at least once a year to seek feedback regarding the hospital's Community Benefit activities. These hospitals are required to submit a report to the Department of Health Care Policy & Financing (HCPF) that includes but not limited to the following:

- \* Information on the public meeting held within the year
- \* 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 at:

[Hospital Community Benefit Accountability Webpage](#)

Please direct any questions to the following email address:

[hcpf\\_hospitalcommunity@state.co.us?subject=Hospital Community Benefit Accountability](mailto:hcpf_hospitalcommunity@state.co.us?subject=Hospital%20Community%20Benefit%20Accountability)

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

## Hospital Community Benefit Accountability Report

### II. Checklist

#### A. Sections within this report

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

#### B. Attachments submitted with report

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

# I Community Benefit Accountability Report

## ic Meeting Reporting

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

Tuesday, March 18 2025

12:00pm -1:30pm

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

Eagle-Vail Pavilion in Avon CO

When was communication(s) sent out and in what format?

Print advertising in the Vail Daily - half-page ad. It ran in English on 2/18, 2/26, 3/2, 3/4, 3/6, 3/8, 3/10, 3/12, 3/14  
Community Stakeholders, Gov't officials and partners emailed invite on 2/20  
Included in the Vail Health Newsletter on 3/4/25. This newsletter goes out to over 50K people.  
Included in the Vail Health Foundation newsletter on 3/12  
Created a Facebook event on 2/18  
Posted on Facebook and Instagram multiple times starting on 2/18

Describe your outreach efforts for the public meeting being reported:  
Please enter responses below using a new row for each item.

Print advertising in the Vail Daily - half-page ad. It ran in English on 2/18, 2/26, 3/2, 3/4, 3/6, 3/8, 3/10, 3/12, 3/14

Newsletters: Vail Health Elevating Health Newsletter sent on 3/4/25. Vail Health Foundation newsletter sent on 3/12/25.

Social Media: Facebook event created on 2/18. Multiple postings on Facebook and Instagram starting on 2/19.

Email: Community Stakeholders, Gov't officials and partners emailed invite on 2/20/25

Describe the actions taken as a result of feedback from meeting participants:  
Please enter responses below using a new row for each item.

overarching theme.

- 1) Interoperability and Care Navigation/Coordination - Eliminating communication gaps, creating easier access to technology and increasing coordinated care across VH service lines were all mentioned as areas of opportunity.
- 2) Community Outreach – Improving upon inclusivity of all demographics and socioeconomics in VH’s engagement and education outreach efforts and adding topics around health literacy was voiced as an ongoing area of opportunity.

FEEDBACK: Access to Healthcare -- One main health need was identified in this overarching theme.

- 1) Gaps in Care -- Opportunities related to meeting the needs of the older adult population across the care continuum to include skilled nursing, long-term care, end-of-life/palliative care, home health care, and aging-in-place strategies was included in the feedback.

ACTIONS:

- 1) Vail Health will adopt and implement tactics from the Age-Friendly Health System strategies to improve upon the quality of care provided to the older adult population and ensure it is effective, patient-centric, and drives equitable outcomes.

FEEDBACK: Equitable care/whole person health - Two main health needs were identified as a result of this overarching theme.

- 1) Competence in providing equitable care to the diverse community -- A reoccurring theme throughout all groups was a perceived lack of focus and competency in caring for the diverse population within Vail Health's community. This included an identified need and opportunities related to equitable access, clinical competency, and patient-centered education.
- 2) Behavioral Health – Consistent feedback was provided regarding continuing Vail Health's focus on behavioral health and whole person health. While feedback was positive as to previous growth and initiatives, the community voiced a need for

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IV. Investment and Expenses Reporting

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
  - 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

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  
 Revenue less expenses included on Line 19 of Section 1 of submitted form 990  
 Net Medicaid expense, as reported on IRS form 990 Schedule H Part 1 column 4  
 Net Medicare expense, as reported on IRS form 990 Schedule H Part 2

Amount	Does this match the Schedule H Tab?
\$ 405,698,317.00	
\$ 17,520,350.00	
\$ 12,547,547.00	No
\$ (26,691,808.00)	No

Validation check if optional tab is completed.

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

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	Total Investment Amount	Do All Investment Activities Each have Supporting Evidence Added?	All Investment Dollars Identified?
	<b>Totals (Formula)</b>	\$ 13,215,929.00	\$ 3,488,918.00	\$ 2,398,905.00	\$ 12,523,117.00	\$ 2,617,449.00	\$ 8,645.00	\$ 34,252,963.00	Yes	Yes
Investment Activity	Schedule H 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	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)
1 Charity Care - Financial Assistance at Cost	Financial Assistance at cost	\$ 668,382.00						Adv Policy to Improve Comm Health	See attachment section 1	In-Kind Contributions
2 Cost of Medicaid	Medicaid	\$ 12,547,547.00						Whole Person Health	See attachment section 1	In-Kind Contributions
3 Cash donations to community organizations	Cash and in-kind contributions for community benefit			\$ 1,306,567.00				Healthy Foods and Focus Prevention	See attachment section 3	Cash Expenditures
4 Cancer Education	Community health improvement services and community benefit operations			\$ 11,576.00				Whole Person Health	See attachment section 3	Direct Expenditure
5 CBISA Cost	Community health improvement services and community benefit operations						\$ 1,075.00	CBISA	CBISA	Direct Expenditure
6 Comm Benefit Ops/CHNA/Dedicated Staff	Community health improvement services and community benefit operations						\$ 7,570.00	Comm Benefit Operations	Comm Benefit Operations	Direct Expenditure
7 Consumer Health Library	Community health improvement services and community benefit operations			\$ 119,084.00				Whole Person Health	See attachment section 3	Direct Expenditure
8 CPR/First Aid/Stop the Bleed Classes	Community health improvement services and community benefit operations			\$ 15,230.00				Focus Prevention	See attachment section 3	Direct Expenditure
9 Diversified Services Unrestricted Contribution	Cash and in-kind contributions for community benefit				\$ 6,100,000.00			Bring Care To People	See attachment section 4	Cash Expenditures
10 Comm Education/Lectures	Community health improvement services and community benefit operations			\$ 9,257.00				Focus Prevention	See attachment section 3	Direct Expenditure
11 Eagle Valley Behavioral Health Contribution	Cash and in-kind contributions for community benefit		\$ 3,389,081.00					Bring Care To People	See attachment section 2	Cash Expenditures
12 Education: Senior Citizens	Community health improvement services and community benefit operations				\$ 22,012.00			Focus Prevention	See attachment section 4	Direct Expenditure
13 Enrollment Assistance	Community health improvement services and community benefit operations			\$ 198,116.00				Focus Prevention	See attachment section 1	Direct Expenditure
14 Fitness/Exercise	Community health improvement services and community benefit operations				\$ 176,061.00			Whole Person Health	See attachment section 4	Direct Expenditure
15 Health Fairs	Community health improvement services and community benefit operations				\$ 5,159.00			Focus Prevention	See attachment section 4	Direct Expenditure
16 Hospital Outpatient Services/subsidized Permanent	Community health improvement services and community benefit operations				\$ 1,136,940.00			Bring Care To People	See attachment section 4	Direct Expenditure
17 Info & Referral to Comm Services (Alethic Trainer)	Community health improvement services and community benefit operations				\$ 164,775.00			Bring Care To People	See attachment section 4	Cash Expenditures



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**V. Additional Investments**

Please provide any additional information you feel is relevant to the items being reported on. This could include investments that are non-reportable to the IRS in form 990, but still work towards a community-identified health need. If you are including non-reportable IRS investments within this section provide the program, investment dollar amount, the community-identified health need associated with this investment, and the HCBA category most aligned with this program (e.g. Social Determinants of Health, Behavioral Health, Community Based Health Care, etc.)

Enter responses below using a new row for each new note.

	<b>Additional Information</b>
Note 1	
Note 2	
Note 3	
Note 4	
Note 5	
Note 6	
Note 7	
Note 8	
Note 9	
Note 10	



VII. Report Certification

**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.

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