

Colorado Department of Health Care Policy and Financing
Hospital Community Benefit Accountability Annual Report (CY 2023)

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Hospital Community Benefit Accountability Report

Data Gap

For any Worksheet containing Data Validation Errors, complete the required data prior to uploading completed template to the web portal. Templates with missing information will be considered incomplete and rejected.

Worksheet	Data Validation Errors
Cover Page	0
I. Overview	
II. Checklist	0
III. Public Meeting	0
IV. Investments & Expenses	0
V. Additional Information	
VI. Schedule H (Optional)	
VII. Report Certification	0
Total Errors	0



COLORADO
Department of Health Care
Policy & Financing

Hospital Community Benefit Accountability Annual Report (CY 2023)

Hospital Name:	Vail Health Hospital
Date:	7/7/23
Submitted to:	Department of Health Care Policy & Financing

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- II. Checklist
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IMPORTANT NOTES:

Do not use an old version of this survey. Only use the latest version provided to you through the portal. Old 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 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 year¹. 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
- * 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)

¹ Long Term Care and Critical Access hospitals are not required to report.

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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
	https://www.vailhealth.org/about/community-health-needs

B. Attachments submitted with report

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

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III. Public Meeting Reporting

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

Date:	6/12/23
Time:	3pm-430pm

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

Virtual meeting via Zoom

Describe your outreach efforts for the public meeting being reported:

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

1 Vail Daily Newspaper advertisement -- ran for multiple days

2 Email outreach and invite to key stakeholders/community partners

3 Recording was posted on Vail Health website after the event at: <https://www.vailhealth.org/community/community-outreach/community-engagement-reporting>

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

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

1 Majority of feedback was in alignment with current efforts -- plan to continue actions per implementation plan

2 Based on feedback regarding the public meeting - Vail Health will plan to have in person option moving forward, leverage evening hours, host in locations that are known to the community members, & consider focus groups.

3 Based on feedback, a Community Population Health dashboard would bring value. VH plans to continue to lead these efforts, focusing first on internal dashboard data.

4 Based on feedback provided regarding the behavioral expansion and initiatives, Vail Health will continue to hire providers in the effort to improve access and improve communication regarding Olivia's fund for BH financial assistance.

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

Amount	
\$	303,569,318.00
\$	64,142,392.00

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/f990sh.pdf.
- For each Schedule H 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

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	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	community identified need category	Does the Total match the sum of its parts?
Totals (Formula)	\$ 24,937,452.00	N/A	\$ 7,185,128.00	\$ 17,089,543.00	\$ 242,931.00	\$ 419,850.00	Yes

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	community identified need category	Name and description of investments	Available supporting evidence
Sch H-Category 1	Financial Assistance at Cost	\$ 1,246,399.00	\$ 1,246,399.00				Chairty care at cost	See attachment - Section 1
Sch H-Category 2	Medicaid	\$ 5,926,800.00	\$ 5,926,800.00				Cost of Medicaid	See attachment - Section 1
Sch H-Category 3	Community Health Improvement Services and Community Benefit Operations	\$ 6,026.00	Y	\$ 6,026.00			Cancer Education	See attachment - Section 2
Sch H-Category 4	Community Health Improvement Services and Community Benefit Operations	\$ 117.00	Y	\$ 117.00			Consumer Health Library	See attachment - Section 2
Sch H-Category 5	Community Health Improvement Services and Community Benefit Operations	\$ 6,718.00	Y	\$ 6,718.00			CPR/First Aid Classes	See attachment - Section 2
Sch H-Category 6	Community Health Improvement Services and Community Benefit Operations	\$ 3,611.00	Y	\$ 3,611.00			Education/Outreach for Senior Citizens	See attachment - Section 2
Sch H-Category 7	Community Health Improvement Services and Community Benefit Operations	\$ 36,901.00	Y	\$ 18,450.00	\$ 18,451.00		Family/Parenting/Sibling Education	See attachment - Sections 2 & 3
Sch H-Category 8	Community Health Improvement Services and Community Benefit Operations	\$ 150,219.00	Y	\$ 150,219.00			Fitness/Exercise	See attachment - Section 2
Sch H-Category 9	Community Health Improvement Services and Community Benefit Operations	\$ 1,067.00	Y	\$ 1,067.00			Health Fairs	See attachment - Section 1
Sch H-Category 10	Community Health Improvement Services and Community Benefit Operations	\$ 1,016.00	Y	\$ 1,016.00			Immunizations/Flu Shots	See attachment - Section 1
Sch H-Category 11	Community Health Improvement Services and Community Benefit Operations	\$ 3,110.00	Y	\$ 3,110.00			Lectures	See attachment - Section 2
Sch H-Category 12	Community Health Improvement Services and Community Benefit Operations	\$ 105,241.00	Y	\$ 105,241.00			Nutrition/Weight Management	See attachment - Section 2
Sch H-Category 13	Community Health Improvement Services and Community Benefit Operations	\$ 13,713.00	Y	\$ 13,713.00			School Based Health Education Programs	See attachment - Section 2
Sch H-Category 14	Community Health Improvement Services and Community Benefit Operations	\$ 2,997.00	Y	\$ 2,997.00			Screening/School-Based (Sports Physicals)	See attachment - Section 1
Sch H-Category 15	Community Health Improvement Services and Community Benefit Operations	\$ 23,755.00	Y	\$ 23,755.00			Self-Help/Sports Injury Prevention	See attachment - Section 2
Sch H-Category 16	Community Health Improvement Services and Community Benefit Operations	\$ 272,605.00	Y	\$ 136,302.00	\$ 136,303.00		Support Group/Cancer	See attachment - Sections 2 & 3
Sch H-Category 17	Community Health Improvement Services and Community Benefit Operations	\$ 15,063.00	Y	\$ 7,532.00	\$ 7,531.00		Transportation/Car Seat Safety Education Program	See attachment - Sections 2 & 3
Sch H-Category 18	Community Health Improvement Services and Community Benefit Operations	\$ 1,025.00	N			\$ 1,025.00	CBISA Costs	N/A
Sch H-Category 19	Community Health Improvement Services and Community Benefit Operations	\$ 4,964.00	N			\$ 4,964.00	Community Benefit Operations/Dedicated Staff	N/A
Sch H-Category 20	Community Health Improvement Services and Community Benefit Operations	\$ 12,195.00	N			\$ 12,195.00	Cost of Fundraising	N/A
Sch H-Category 21	Health Professions Education	\$ 325,636.00	Y			\$ 325,636.00	Medical students, interns, residents, and fellows	See attachment - Section 4
Sch H-Category 22	Health Professions Education	\$ 74,620.00	Y			\$ 74,620.00	Nursing	See attachment - Section 4
Sch H-Category 23	Health Professions Education	\$ 1,410.00	Y			\$ 1,410.00	Other allied health professionals	See attachment - Section 4
Sch H-Category 24	Subsidized Health Services	\$ 6,849.00	Y	\$ 6,849.00			Phase III Cardiac Rehab	See attachment - Section 1
Sch H-Category 25	Cash and In-Kind Contributions for Community Benefit	\$ 80,646.00	Y		\$ 80,646.00		Other related patient expense - transportation, clothing, etc	See attachment - Section 3
Sch H-Category 26	Cash and In-Kind Contributions for Community Benefit	\$ 4,800,000.00	Y	\$ 4,800,000.00			Diversified Services Unrestricted Contribution	See Tab V, Note 2; and see attachment - Section 2
Sch H-Category 27	Cash and In-Kind Contributions for Community Benefit	\$ 4,829,261.00	Y	\$ 4,829,261.00			Eagle Valley Behavioral Health Contribution	See Tab V, Note 2; and see attachment - Section 2
Sch H-Category 28	Cash and In-Kind Contributions for Community Benefit	\$ 4,299,996.00	Y	\$ 4,299,996.00			The Steadman Philippon Research Institute is recognized globally for its pioneering research in osteoarthritis, healing, surgery, and injury prevention and rehabilitation.	See attachment - Section 2
Sch H-Category 29	Cash and In-Kind Contributions for Community Benefit	\$ 1,221,900.00	Y	\$ 1,221,900.00			Cash donations to community organizations	See Tab V, Note 3; and see attachment - Section 2
Sch H-Category 30	Cash and In-Kind Contributions for Community Benefit	\$ 97,176.00	Y	\$ 97,176.00			In-kind donation to 501(c)(3) organization United Way of reduced rent	See attachment - Section 2
Sch H-Category 31	Cash and In-Kind Contributions for Community Benefit	\$ 1,366,001.00	Y	\$ 1,366,001.00			In-kind donation to 501(c)(3) organizations Vail Summit Orthopedic Foundation and Steadman Philippon Research Institute of reduced rent	See attachment - Section 2
Sch H-Category 32	Cash and In-Kind Contributions for Community Benefit	\$ 415.00	Y	\$ 415.00			In-kind donation of meeting room space to community 501(c)(3) not-for-profit groups	See attachment - Section 2

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V. Additional Information

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

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

Additional Information	
Note 1	Tab IV. Investment and Expenses indicates economic conditions that existed prior to October 2021. Unprecedented inflation and dramatic payer mix shifts in the subsequent period have changed those economics much more unfavorably. Therefore, we are not performing at the level the amounts reported in more recent periods.
Note 2	Includes an amount (\$4,800,000) provided to VVMC Diversified Services dba Vail Health Clinics, a related organization, which is a group of physician practices and urgent care facilities located in a rural area in Eagle County, Colorado. Vail Health Clinics is able to provide improved community access to healthcare services, allowing all members of the community to be served. There is an amount (\$4,829,261) for Eagle Valley Behavioral Health, a related organization, representing this fiscal year's portion of Vail Health's commitment to reduce substance use disorder in our community and improve outcomes for people with a mental health and/or substance use disorder and their families.
Note 3	Donations to community organizations, 85% of which are to non-for-profits including Mountain Family Health Center, Vail/Summit Research & Education Foundation, Eagle Valley Community Foundation, Youthpower365, and Bright Future Foundation.
Note 4	

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

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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.

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.

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Appendix B - Schedule H Crosswalk

Schedule H Part II Categories	Description	Community Benefit Report Category (Where more than one category may apply please refer to the definitions to determine how to report)
Physical Improvements and housing	The provision or rehabilitation of housing for vulnerable populations, such as removing building materials that harm the health of the residents, neighborhood improvement or revitalization projects, provision of housing for vulnerable patients upon discharge from an inpatient facility, housing for low-income seniors, and the development or maintenance of parks and playgrounds to promote physical activity	Programs that address the social determinants of health
Economic development	Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness	Programs that address the social determinants of health
Community support	Child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, and disaster readiness and public health emergency activities, such as community disease surveillance or readiness training beyond what is required by accrediting bodies or government entities	Programs that address health behaviors or risk; Programs that address the social determinants of health
Environmental improvements	Activities to address environmental hazards that affect community health, such as alleviation of water or air pollution, safe removal or treatment of garbage or other waste products, and other activities to protect the community from environmental hazards. The organization cannot include on this line or in this part expenditures made to comply with environmental laws and regulations that apply to activities of itself, its disregarded entity or entities, a joint venture in which it has an ownership interest, or a member of a group exemption included in a group return of which the organization is also a member. Similarly, the organization cannot include on this line or in this part expenditures made to reduce the environmental hazards caused by, or the environmental impact of, its own activities, or those of its disregarded entities, joint ventures, or group exemption members, unless the expenditures are for an environmental improvement activity that (i) is provided for the primary purpose of improving community health; (ii) addresses an environmental issue known to affect community health; and (iii) is subsidized by the organization at a net loss. An expenditure may not be reported on this line if the organization engages in the activity primarily for marketing purposes	Programs that address the social determinants of health
Leadership development and training for community members	Training in conflict resolution; civic, cultural, or language skills; and medical interpreter skills for community residents	Programs that address health behaviors or risk; Programs that address the social determinants of health
Coalition building	Participation in community coalitions and other collaborative efforts with the community to address health and safety issues	Programs that address health behaviors or risk; Programs that address the social determinants of health
Community health improvement advocacy	Efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation	Programs that address health behaviors or risk; Programs that address the social determinants of health
Workforce development	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 reported in Part I, line 7f of Schedule H)	Will be considered on a case by case basis. Submit information and justification to the Department as to how it meets the Community Benefit category
Other	Community building activities that protect or improve the community's health or safety that aren't described in the categories listed in Part II, lines 1 through 8 of Schedule H	Programs that address health behaviors or risk; Programs that address the social determinants of health; Free or discounted health care services

Other categories	Description	Community Benefit Report Category
Financial assistance policy	A policy describing how the organization will provide financial assistance at its hospital(s) and other facilities, if any. Financial assistance includes free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Financial assistance doesn't include: bad debt or uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay, or the cost of providing such care to such patients; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived therefrom; self-pay or prompt pay discounts; or contractual adjustments with any third-party payors	Free or discounted health care services