

# Hospital Community Benefit Accountability

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*Lutheran Hospital Association of the San Luis Valley  
dba San Luis Valley Health (SLVH) Annual Report*

**9/1/2020**

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



**COLORADO**

Department of Health Care  
Policy & Financing

**Contents**

- I. Overview ..... 3
- II. Checklist ..... 4
- III. Public Meeting Reporting..... 5
- IV. Investment and Expenses Reporting ..... 6
- V. Report Certification ..... 7
- Appendix A - Definitions ..... 8

## 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.sanluisvalleyhealth.org/about-slvh/in-the-community/community-health-needs-assessment/>

### 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: 8/12/2020

Time: 1:00 PM

Location: Zoom Meeting and SLVH Education and SLVH Education & Conference Center (for those who wanted to attend in person).

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

SLVH personally invited key community partners who attended the 2019 Community Health Needs Assessment meetings, we placed a notice in our local newspaper (Valley Courier), and we publicized the meeting in our employee newsletter, which has over 800 subscribers. We also asked five local radio stations to announce the public meeting as part of their Public Service Announcements.

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

On August 12, 2020, SLVH conducted a public meeting to follow up on SLVH's 2019 Community Health Needs Assessment. SLVH collaborated with the Colorado Health Institute (CHI), an independent strategic advisor and skilled evaluator group, to plan and facilitate the overall CHNA strategy, coordination of data collection, and summary report. More than 20 community members participated in the facilitated discussion. Key stakeholder partners included Adams State University, Trinidad State Junior College, Alamosa Public Health, Colorado Housing and Finance Authority, Colorado Potato Administrative Committee, San Luis Valley Behavioral Health Group, Veterans Coalition, Valley-Wide Health Systems, Inc., and several members of SLVH leadership and staff. SLVH uses the information gathered to help inform and develop its Strategy Map, so that it truly reflects community health. SLVH also uses the data to help determine the availability and direction to use its resources, build capacity of existing programs, or when it makes sense to support efforts of community partnerships where the priority is better suited. SLVH has used 2019 feedback in both programmatic development and operations (see 2019 Implementation Plan).

## 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:

\$102,866,720.00

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

\$6,283,492

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

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. \$752,632. Description: Financial Assistance-net revenue written off under financial assistance policies. Category: Free or Discounted Health Care Services. This investment specifically addresses health care access for veterans and other vulnerable populations.
2. \$72,729. Description: Community Services (health fairs, athletic training, education, support groups, etc.). Category: Programs that Address Health Behaviors or Risk. This investment helps address wellness, child development, and substance abuse/mental health support.
3. \$690. Description: ASU Cancer Exercise Study. Category: Programs that Address Health Behaviors or Risk. This investment helps address wellness among cancer patients.
4. \$25,437. Description: Coalition Meetings (chamber, health sector workforce, veterans, ASU, TSJC). Category: Programs that Address Health Behaviors or Risk. SLVH participates in these community partnerships, which may have been discussed in the CHNA, but not directly in the purview of SLVH's direct scope of service.
5. \$30,232. Description: Contributions (Grizzly meeting space, food bank, physician health program, etc.). Category: Programs that Address the Social Determinants of Health. This investment helps address wellness in SLVH's target community.
6. \$21,674. Description: Food Bank, La Puente, Adopt a Family, Apple Tree, Pet Supply, VA Support, Spring Fire. Category: Programs that Address the Social Determinants of Health. These investments help address wellness in SLVH's target community and among the veteran community.

## V. Report Certification

I certify that the information in this report is for Lutheran Hospital Association of the San Luis Valley, dba San Luis Valley 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.

Christine Hettinger-Hunt

Chief Operating Officer

719-587-1243

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 Recoverable Signature

X Christine Hettinger-Hunt

Signed by: f59d146f-b14d-4103-ad59-69b323304326



## 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.