



**COLORADO**  
Department of Health Care  
Policy & Financing

## Hospital Community Benefit Accountability Annual Report

Hospital Name:	Valley View Hospital
Date:	8/30/2022
Submitted to:	Department of Health Care Policy & Financing

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## 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 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 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.

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II. Checklist

A. Sections within this report

<input checked="" type="checkbox"/>	Public meeting reporting section completed
<input checked="" type="checkbox"/>	Investment and expenses reporting section completed
<input checked="" type="checkbox"/>	URL of the page on the hospital's website where this report will be posted
	<a href="https://www.vvh.org/about/publications/">https://www.vvh.org/about/publications/</a>

B. Attachments submitted with report

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

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III. Public Meeting Reporting

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

Date:	24-Aug-22
Time:	Noon to 1:30pm

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

Valley View Hospital hosted a virtual Public Meeting using the Zoom platform. Valley View invested in real-time interpretation services for the event so that English and Spanish-speakers could understand content presented, comments/questions from participants and personally engage.

Describe your outreach efforts for the public meeting being reported:

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

Digital outreach for the Public Meeting included: Event calendar posting with vanity URL (VVH.org/TownHall); Hero image on our homepage, vvh.org; Digital displays for the event within the hospital (e.g. on café screens); promotion on Valley View Intranet; internal email to Valley View staff

Paid advertising for the Public Meeting included: Nine-day bilingual Spanish and English digital ad on social media; Paid half-page bilingual Spanish and English ad in local newspapers (Glenwood Springs Post Independent and El Sol de Valle)

Public relations for the Public Meeting included: Personal email invitations to stakeholders of the Valley View Community Health Needs Assessment; personal email invitations to HCFP-required entities; pitches to local newspapers that resulted in seven pick-ups; promotions in e-flyers by three local area Chambers of Commerce; flyers for the meeting distributed to Valley View practices and clinics for patients; and e-newsletter sent to Valley View donors and contacts

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

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

Feedback from meeting participants was shared with Valley View Hospital's executive team.

A meeting participant provided feedback about the importance of decreasing the percentage of individuals in the community who are uninsured. Actions related to this feedback include continued investment in staffed financial counselors to help patients enroll in Medicaid or CHIP. We also process those applications on behalf of patients.

A meeting participant asked about Valley View's involvement and work related to the community challenge of housing. Actions related to this feedback include affirmed commitment for Valley View leadership to engage on this issue. Specifically, Valley View will continue community partnerships which seek to address housing from the perspective of a social determinant affecting the overall health of an individual. For example, Valley View is a member of the West Mountain Regional Health Alliance (WMRHA) and invests in and participates with the Community Resource Network (CRN). It will also continue conversations and work as a business leader in the community and significant employer.



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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.

Note 1

The Public Meeting was recorded and is featured on our homepage, [vvh.org](http://vvh.org).

Note 2

Note 3

Note 4

Note 5

Note 6

Note 7

Note 8

Note 9

Note 10

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**VI. 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:	Valley View Hospital Association
Name:	Stacey Gavrell
Title:	Chief Community Relations Officer
Phone Number:	9703846623
Email Address:	stacey.gavrell@vvh.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 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