

Hospital Community Benefit Accountability

Good Samaritan Medical Center Annual Report

September 1, 2020

Submitted to: Department of Health Care Policy & Financing



COLORADO
Department of Health Care
Policy & Financing

Contents

I. Overview	3
II. Checklist	4
A. Sections within this report	4
B. Attachments submitted with report	4
III. Public Meeting Reporting.....	5
IV. Investment and Expenses Reporting	8
V. Report Certification	9

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
- 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.

¹ 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.sclhealth.org/-/media/files/care-sites/good-samaritan/about/communitybenefit/currentchnagsmc.pdf?la=en>

B. Attachments submitted with report

- Most recent Community Health Needs Assessment

- Most recent Community Benefit Implementation Plan (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: August 13, 2020

Time: 5:30 - 6:30 p.m.

Location: Virtual via ZOOM

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

The public meetings were initially planned as in-person engagement events taking place in various community based venues within each of our service markets. Meetings were scheduled for late March and early April, but with the escalation of the pandemic, all hospitals moved to a virtual delivery option.

Knowing of the added burden for community members and stakeholders who were being asked to attend and support multiple hospital public meetings, SCL Health opted to combine meetings in a regional format. Good Samaritan Medical Center and Platte Valley Medical Center hosted a joint public meeting on August 13th (5:30 - 6:30 p.m.) via the ZOOM online platform. Promotional outreach for the meetings included ad placements in local publications, social media, and personalized emailed invitations. Over 110 individuals representing a broad diversity of stakeholders, such as community based organizations, schools, health alliances, public health, consumer advocates and government agencies were invited to attend one or all of the SCL Health public meetings. As part of the outreach strategy, careful consideration was given to the number of weeks that notices remained in the market prior to each meeting and an allowance of time for telephone follow up.

The public meeting hosted by Good Samaritan Medical and Platte Valley Medical had 30 pre-registered attendees and 36 community members ultimately attended the online event. During the one- hour presentation, each hospital President shared information about the hospitals' on-going commitment to community engagement and health improvement areas. Specific examples of community benefit impact were highlighted showing the contributions to the community health improvement priority areas and related partnerships. Participants were then asked to share feedback via a survey link created jointly by local health systems, which posed questions about the stakeholder group represented, health priority strategies, social

determinants of health and potential improvement ideas. The following represents a demographic profile of the 65 survey respondents:

Demographics:

- Top 5 stakeholder groups - Community Based Organizations, Public Health, Community Members, Healthcare Providers, and Social Support Organizations
- Counties represented across service markets - Adams, Boulder, Broomfield, Weld, Denver, Gilpin, Jefferson
- Gender/Age - Female (72%) Male (28%); Age/ 25-34 (6%), 35-44 (25%), 45-54 (29%), 55-64 (20%), 65+ (18%)

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

Through the 65 survey respondents, we learned that the community strongly agrees with the health areas currently prioritized, specifically access to care, mental health (suicide/substance use disorder) and social determinants of health. When asked about which social determinants of health hospitals should be more active, food security, housing and education ranked highest. Related to improving health behaviors, community feedback indicated that more is needed around depression/anxiety education and information on available social supports. Some of the suggested improvement ideas included creating joint task forces to tackle complex issues, strengthening community based organizations as place based health access points, use of community based navigators, technology and greater resources allocated to the issue of health equity.

Hearing from community is an important element to community benefit and health improvement. The community health needs assessment provides a large scale listening vehicle, and together with the annual public meetings will enable another opportunity to calibrate community strategies. Good Samaritan Medical Center and Platte Valley Medical Center will both conduct community health needs assessments in 2021 and will leverage the feedback garnered in this survey to aid in establishing future priorities. Additionally, the feedback affirmed some of the work areas currently being addressed, such as food security, access to care and mental health education. For each of these, notwithstanding the impact of COVID-19, we have expanded partnership channels to increase capacity to impact hard to reach populations. Good Samaritan Medical Center will offer virtual trainings on mental

health first aid in partnership with the National Council on Behavioral Health and local agencies such as the Community Reach Center. With the transportation barriers reduced, additional investment will be focused on increasing outreach to community based organizations, faith communities and older adult groups. The Aging Mastery Program, an evidence-informed enrichment program developed by the National Council on Aging (NCOA) that encourages older adults to take steps to age well, will expand classes in the 2020-2021. The program includes topics on falls prevention, nutrition, medication adherence and advance care planning. Good Samaritan Medical Center will support community based organizations who have expressed interest in offering this program to their stakeholders, for example Area Agencies on Aging, public libraries and assisted living facilities. Finally, SCL Health will continue to collaborate with other health systems and public health agencies to promote the “Let’s Talk Colorado” campaign, which uses a combination of print, billboard and social media to share education and resources on mental health.

In the area of social determinants of health, Good Samaritan Medical Center began a partnership with Flatirons Habitat for Humanity in 2019 to identify potential housing supports for vulnerable populations in response to a growing crisis for affordable housing. Cottonwood House, a cooperative independent senior living house, features eight single rooms (four which are handicap accessible) for individuals aged 55 or older who are income eligible. Residents have their own private space, and share a common area that includes a kitchen, living/dining room, and library and community garden. This unique living arrangement helps residents become part of something beyond simply renting an apartment; they belong to a community.

The three key survey themes that will continue to inform our community health program delivery are: improved navigation supports, expanding mental health training availability, and food security access. Good Samaritan Medical Center will rely on the expertise of community partners by investing in existing programs to deliver an extended population reach and impact. In 2019 Good Samaritan Medical Center invested more than \$92,000 with 12 organizations delivering services in food assistance, cardiovascular education and other social supports.

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:

\$290,719,902.00

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

\$38,051,426.00

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.
- 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. See Attached Crosswalk for full details on all investments

V. Report Certification

I certify that the information in this report is for Good Samaritan Medical Center 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.

E. Gaye Woods

System Director Community Benefit

303-813-5027

gaye.woods@sclhealth.org

X

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.