Colorado Department of Healthcare Policy & Finance

Crosswalk – **SCL Health/Saint Joseph Hospital (SJH)** (Based on the 2018 IRS/990 report filing)

Schedule H Part I Categories	Description	Community Benefit Categories (Free or Discounted Healthcare Services; Programs that addresses Healthcare Barriers or Risk; Programs that address the Social Determinants of Health/SDOH)	Investments
Charity Care at cost	Health care services provided for free or at reduced prices to low income patients	Free or Discounted Healthcare Services	\$10,742,146.
Unreimbursed Medicaid	Government sponsored means-tested health care programs and services	Discounted Government program services	\$22,947,133.
Unreimbursed costs (other means tested government programs)	Government sponsored means-tested health care programs and services (e.g. State Children's Health Insurance Programs, medical programs for low-income or medically indigent persons not eligible for Medicaid)	Discounted Government program services	\$85,155.
Community Health Improvement Services	Program services and activities carried out to import management, disease prevention, support group (Details of investments listed below)		
Community Health Education	Examples include: Baby's First Ride, Prenatal Education Scholarships, Health education classes, Eastside unified	Programs that address Healthcare Barriers or Risk Need: Access to Care, Economic Development	\$289,523.
Community Based Clinical Services	Access to comprehensive quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death especially for vulnerable populations. Activities include Bruner Family Medicine, Caritas Clinic, health screenings,	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health (SDOH)	\$605,211.

	pharmacy support and community based clinical services	Need: Access to Care, SDOH	
Healthcare Support Services	Activities that strengthen prevention, self-help, language translation, health literacy, and social supports for low-income and vulnerable population segments. Examples include: Baby Bootique, Breast Pump Provision, Pharmacy Prescription support, Taxi Vouchers, Translation/Interpreter services, cancer treatment supports, and mental health	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health	\$1,192,759.
	programs such as the maternal mental, or the navigation program with Rocky Mountain Crisis Center	Need: Access to Care, Behavioral Health, Maternal Health, SDOH (Food Security/Transportation)	
Healthcare Support Services	Baby Friendly Initiative (Women's Services)	Programs that address Healthcare Barriers or Risk;	\$2,730.
Community Benefit Operations	Participation in community coalitions and other collaborative efforts with the community including costs associated with conducting the community health needs assessment. Examples include Eastside Unified, Mile High Health Alliance, and Metro Denver Public Health &	Need: Access to Care, Behavioral Health Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, SDOH (Economic Development/Education)	\$31,563
Health Professions	Hospitals collaborative Educating future and current health care profess	, , ,	pr-profit health care. It includes
Education	educational programs for physicians (interns and residents), medical students, nurses, nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate or training required by state law, accrediting body or health profession specialty. (Details of investments listed below)		
Health Professions Education	Costs related to Saint Joseph Hospital residency program (clinical training)	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, SDOH (Economic	\$15,743,731.
		Development/Education)	

Health Professions Education	Costs related to clinical training and licensing for Nurses/Nursing Students	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health	\$ 714,991.
		Need: Access to Care, SDOH (Economic Development/Education)	
Health Professions Education	Costs related to clinical training and licensing for Pharmacy Students, Radiology Students, Respiratory Students, Surgical Tech, as well as providing access to the Medical Library	Programs that address Healthcare Barriers or Risk Need: Access to Care, SDOH (Economic Development/Education)	\$537,008.
Health Professions Education	Costs related to Scholarships/Funding for Clinical Professional Education	Programs that address Healthcare Barriers or Risk Need: Access to Care, SDOH (Economic Development/Education)	\$37,140.
Subsidized Services	Subsidized health services are patient care programs provided despite a financial loss so significant that losses remain after removing the effects of financial assistance, Medicaid shortfalls, and bad debt. The services are provided because they meet identified community health needs and if these services were no longer offered, they would be unavailable in the area, or the community's capacity to provide the services would be below the community's need, or provision of the services would become the responsibility of the government or other not-for-profit organization. Examples include: inpatient programs (such as addiction recovery); Outpatient programs (emergency and trauma services, home health programs, and satellite clinics designed to serve low-income communities). (Details of investments listed below)		
Community Health Improvement	Saint Joseph Hospital subsidized services suppor cardiac pulmonary rehab		\$776,065.
Community Health Improvement	Saint Joseph Hospital subsidized services suppor Dialysis	*	\$237,664.

Community Health Improvement	Saint Joseph Hospital subsidized services supporting Mobile Mammography	Programs that address Healthcare Barriers or Risk	\$84,610.
, , , , ,		Need: Access to Care, Economic Stability	
Community Health Improvement	Saint Joseph Hospital subsidized services supporting Antepartum	· · · · · · · · · · · · · · · · · · ·	\$801,161.
		Need: Access to Care, Behavioral Health, Economic Stability	
Community Health Improvement	Saint Joseph Hospital subsidized services supporting Infusion Center	Programs that address Healthcare Barriers or Risk	\$238,321.
		Need: Access to Care, Cancer, Behavioral Health, Economic Stability	
Community Health Improvement	Saint Joseph Hospital subsidized services supporting radiation	Programs that address Healthcare Barriers or Risk	\$75,173.
		Need: Access to Care, Economic Stability	
Community Health Improvement	Saint Joseph Hospital subsidized services supporting psychiatry	Programs that address Healthcare Barriers or Risk	\$580,733.
		Need: Access to Care, Behavioral Health	
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Cash/In-Kind	Category includes the value of cash and in-kind services donated by the health care organization to support others. Examples of in-kind services can include hours spent by staff as part of their work assignment while on the organization's work time, cost of meeting space provided to community groups, and donations of food, equipment and supplies. (Details of investments listed below)		
Cash Donations	Supporting community benefit activities delivered by other community based	rograms that address Healthcare Barriers or Risk; Programs that address the Social leterminants of health	\$51,930.

	identified need in such areas as - access to health services, medical education, free clinic services, or social supports (transportation, housing, food security, safety, economic development). SJH examples include support for: Clinica Tepeyac, Inner City Health Center, Denver Health, Dominican Home Health, and Denver Chamber	Need: Access to Care, Behavioral Health, SDOH (transportation, Isolation, food security)	
Food Security	Support for Metro Caring (Food Bank) and launch of Food Freight Farm (Hydroponic garden)	Programs that address the social determinants of health Need: SDOH (food security, education, literacy, isolation & economic stability)	\$12,100.
Housing	Saint Joseph Hospital partnered with Denver Housing Authority on housing stabilization project, a first-of-its-kind initiative called LIVE Denver (LIVE stands for Lower Income Voucher Equity), that will bring hundreds of vacant units within financial reach of severely rent-burdened families	Programs that address the social determinants of health Need: SDOH (financial literacy, housing & economic stability)	\$100,000.
In-Kind Donations	Saint Joseph Hospital in-kind donations included medical supply donations, community emergency trainings, meeting room space (community use), and global pharmacy outreach	Programs that address the social determinants of health Need: SDOH (environmental, social connectedness, economic stability)	\$91,707.
Schedule H Part II Categories			
Community Building	Programs and/or activities that address underlying causes of health problems and thus improve health status and quality of life. They focus on root causes of health problems such as poverty, homelessness and environmental hazards. These activities enhance community assets by offering the expertise and resources of the health care organization. Examples include: physical improvements, economic development, environmental improvements, community support, coalition building, workforce development and leadership development and training for community members. (Details of investments listed below)		

Community	Arrupe High School hospital work-study	Programs that address the social	\$42,654.
Support/Workforce	program that includes job shadowing and	determinants of health	, ,
Development	training provided by Saint Joseph staff		
	gp	Need: SDOH (Economic Stability, Education)	
Coalition Building	Community Resources Forum - A monthly	Programs that address Healthcare Barriers	\$4,952.
_	Forum for non-profit health and human service	or Risk; Programs that address the Social	·
	community agencies and partners to share	determinants of health	
	information, maximize resources, build		
	community capitol and extend the reach of the	Need: Behavioral Health, SDOH (Food	
	hospital into the caring community	Security, Economic Stability)	
Other Categories			
Policy	SCL Health System (SCL Health) is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically-necessary care based on their household financial situation. Consistent with its mission to deliver compassionate, high-quality, affordable health care services and to advocate for those who are poor and vulnerable, SCL Health strives to ensure that the financial ability of people who need health care services does not prevent them from seeking or receiving care. SCL Health will provide, without discrimination, care of emergency medical conditions to individuals regardless of their ability to pay or their eligibility for financial assistance or for government assistance. Financial assistance shall be provided to patients who meet program qualifications and reside within one of SCL Health service areas. Financial assistance shall be provided, without discrimination, to patients from outside the SCL Health service areas, who otherwise qualify for the program, and who present with an urgent, emergent or life-threatening condition. SCL Health will use the most current Federal Poverty Guidelines to determine eligibility under its financial assistance policy. Patients qualifying for financial assistance may receive fully discounted care or pay a discounted fee under this policy. A medical hardship provision extends financial assistance to patients with incomes above the financial assistance eligibility threshold and medical bills that exceed a threshold percentage of the patient's household income.		
Schedule H Part III	Bad Debt, Medicare & Collection	Category	Investment
Categories			
Bad Debt	Bad Debt	Other Costs	\$13,341,011.
Medicare	Medicare	Discounted Government program services	\$7,816,334.

Available evidence supporting community health improvement investments in prevention and control.

- 1. Wiest, D., Yang, Q., Wilson, C., and Dravid, N. Outcomes of a Citywide Campaign to Reduce Medicaid Hospital Readmissions With Connection to Primary Care Within 7 Days of Hospital Discharge. JAMA Network Open. 2019. 2(1):e187369. DOI: 10.1001/jamanetworkopen.2018.7369. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2722571
- 2. Schrader, C. et al. Common step-wise interventions improved primary care clinic visits and reduced emergency department discharge failures: a large-scale retrospective observational study. BMC Health Services Research. 2019. 19:451. https://doi.org/10.1186/s12913-019-4300-1.
- 3. Vang,S., Margolies, L., Jandorf, L. Mobile Mammography Participation Among Medically Underserved Women: A Systematic Review. Prev Chronic Dis. 2018; 15: E140. Published online 2018 Nov 15. doi: 10.5888/pcd15.180291,PMCID: PMC6266518
- 4. Auerbach J, DeSalvo KB. The practical playbook in action: improving health through cross sector partnerships. In: Michener JL, Castrucci BC, Bradley DW, editors. The practical playbook II, building multi-sector partnerships that work. New York (NY): Oxford University Press; 2019. p. 15–22. [Google Scholar]
- 5. Michener JL, Briss P. Health Systems Approaches to Preventing Chronic Disease: New Partners, New Tools, and New Strategies. *Prev Chronic Dis.* 2019; 16:E136. Published 2019 Oct 3. doi:10.5888/pcd16.190248
- 6. Chaiyachati KH, Qi M, Werner RM. Nonprofit hospital community benefit spending and readmission rates. Popul Health Manag. 2019 May 29. [Epub ahead of print].
- 7. Berkowitz, S. A., S. Basu, J. B. Meigs, and H. K. Seligman. 2018. Food insecurity and health care expenditures in the United States, 2011–2013. *Health Services Research* 53(3):1600–1620.
- 8. Bradley, E. H., M. Canavan, E. Rogan, K. Talbert-Slagle, C. Ndumele, L. Taylor, and L. A. Curry. 2016. Variation in health outcomes: The role of spending on social services, public health, and health care, 2000–09. *Health Affairs* 35(5):760–768.
- 9. Braveman, P., and L. Gottlieb. 2014. The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports* 129(Suppl 2):19–31.
- 10. Cordier, T., Y. Song, J. Cambon, G. S. Haugh, M. Steffen, P. Hardy, M. Staehly, A. Hagan, V. Gopal, P. D. Tye, and A. Renda. 2018. A bold goal: More healthy days through improved community health. *Population Health Management* 21(3):202–208.
- 11. Cockerham, W. C., B. W. Hamby, and G. R. Oates. 2017. The social determinants of chronic disease. *American Journal of Preventive Medicine* 52(1S1):S5–S12.
- 12. Gottlieb, L. M., H. Wing, and N. E. Adler. 2017b. A systematic review of interventions on patients' social and economic needs. *American Journal of Preventive Medicine* 53(5):719–729.