

# Hospital Community Benefit Accountability

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*St. Mary's Regional Medical Center Annual Report*

September 1, 2020

Submitted to: Department of Health Care Policy & Financing



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

## 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.

## I. 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/st-marys/community-benefit/currentchnasmmg.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

## II. Public Meeting Reporting

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

**Date:** August 10, 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 as required by House Bill 19-1320 were initially planned as in-person engagement events taking place in various community based venues within each of SCL Health's service markets. Meetings were originally scheduled for late March and early April, however, but with the escalation of the COVID-19 pandemic, all SCL Health hospitals in Colorado moved to a virtual event delivery option.

Recognizing that COVID-19 brought on unprecedented challenges 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. St. Mary's Regional Medical Center hosted a public meeting on August 10th (5:30 - 6:30 p.m.) via the ZOOM online platform. Promotional outreach for the meeting included ad placements in local publications (e.g. Daily Sentinel), social media, and personalized emailed invitations. More than 65 individuals representing a broad diversity of stakeholders, such as community based organizations, schools, health alliances, public health, consumer advocates and government agencies were invited via email 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 St. Mary's Regional Medical Center public meeting had 20 pre-registered attendees, and 28 community members attended the online event. During the one-hour presentation, President Bryan Johnson shared information about the hospitals' ongoing 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 groups represented, health priority strategies, social determinants of health and potential improvement ideas. Sixty-five survey respondents replied to the joint health system survey. The following represents a demographic profile of the respondents:

#### Demographics:

- Top 5 stakeholder groups - Community Based Organizations, Public Health, Community Members, Healthcare Providers, and Social Support Organizations
- Counties represented across service markets - Mesa
- 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 respondents strongly agree with the health areas currently prioritized by St. Mary's Regional Medical Center, specifically access to care, mental health (suicide/substance use disorder) and social determinants of health. When asked about in 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 the 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 meeting feedback, will enable another opportunity to calibrate community strategies. St. Mary's Regional Medical Center will conduct a new community health needs assessment 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 in the areas of food security, nutrition, 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. St. Mary's Regional Medical Center will offer virtual trainings on mental health first aid, titled "Question, Persuade, Refer and Ending the Silence," in partnership with local agencies such as the Suicide Prevention collaborative. With the transportation barriers reduced due to increased comfort with virtual meetings as a result of the COVID-19 pandemic, additional investment will be focused on increasing rural outreach to community based organizations, faith communities and young adult groups. In response to the increased need for mental health training, Asset Education, a new nonprofit partner focused on social and emotional training for teachers and students, will provide program expansion to the Grand Junction school district beginning this fall. 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, St. Mary’s Regional Medical Center will again leverage its mobile health van to connect with and deliver services to residents in Mesa County. In collaboration with community partners Mesa Public Health and the City of Grand Junction Parks and Recreation, St. Mary’s associates travel out into the community in the mobile health van to provide services and healthcare opportunities, particularly for vulnerable populations. The mobile health van is meeting individuals where they live, work and play, and is a mainstay at popular community events. The van travels within Mesa County to help people sign up for nutrition-assistance programs, find a primary care doctor, get a flu shot, and more. The intent of the program is to conveniently connect individuals to services that meet their most urgent health and related needs.

The three key survey themes that will continue to inform our community health program delivery include improved navigation support, expanded mental health training availability, and access to food security. Related to health navigation, St. Mary’s Medical Center employs a behavioral health navigator who works in the emergency department to support mental health needs and to provide connections to social supports. Additional plans to integrate behavioral health services into primary care settings are underway. As a member of the Community Transformation initiative, St. Mary’s Regional Medical Center will continue to identify immediate needs in its service area.

### III. 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:

\$386,613,191.00

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

\$46,091,792.

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. See Attached Crosswalk for full details on all investments

#### IV. Report Certification

I certify that the information in this report is for St. Mary's Regional 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

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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.

**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.