Colorado Department of Healthcare Policy & Finance

Crosswalk – SCL Health/Platte Valley Medical Center (PVMC) (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	\$2,369,089.
Unreimbursed Medicaid	Government sponsored means-tested health care programs and services	Discounted Government program services	\$8,123,057.
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	\$114,407.
Community Health Improvement Services	Program services and activities carried out to improve community health, such as health education classes for disease management, disease prevention, support groups, health screenings, wellness and community based clinical services. (Details of investments listed below)		
Community Health Education	Examples include: 9Health Fair, First Aid Education, Ambulance Standby/Community Events, Free Flu Shots, Nutritional Classes, Diabetes Management classes, Wound Care classes, and Mental Health First Aid trainings	Programs that address Healthcare Barriers or Risk; Programs that address the Social Determinants of Health (SDOH) Need: Access to Care, Behavioral Health, SDOH (Food Security, Education)	\$72,693.
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 health	Programs that address Healthcare Barriers or Risk	\$1,976.

	screenings, and community based clinical	Need: Access to Care	
Healthcare Support Services	services Activities that strengthen prevention, self-help, language translation, health literacy, and social supports for low-income and vulnerable population segments. Examples include: Pharmacy Prescription support, Translation/Interpreter services, cancer treatment support groups and mental health support	Programs that address Healthcare Barriers or Risk Need: Access to Care, Behavioral Health,	
Other	Platte Valley supports community health and well-being classes including Pilates and yoga classes	Chronic Disease Management Programs that address Healthcare Barriers or Risk;	\$4,344.
		Need: Heart Disease/Stroke, Behavioral Health	
Community Benefit Operations	Participation in community coalitions and other collaborative efforts with the community including costs associated with conducting the community health needs assessment	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health	\$40,253.
		Need: Access to Care, SDOH (Housing, food security, social connectedness)	
Health Professions Education	Educating future and current health care professionals is a distinguishing characteristic of not-for-profit health care. It includes 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 clinical training and licensing of Nurses/Nursing Student	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, SDOH (Economic Development/Education)	\$533,932.

Health Professions Education	Costs related to Nutrition Department Community Outreach & education, Student Clinical Labs, Allied Health professionals licensing and certifications	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, SDOH (Economic Development/Education)	\$ 148,409.
Subsidized Services	Subsidized health services are patient care progremoving the effects of financial assistance, Me identified community health needs and if these community's capacity to provide the services w become the responsibility of the government of as addiction recovery); Outpatient programs (endesigned to serve low-income communities). (E	dicaid shortfalls, and bad debt. The services are services were no longer offered, they would be ould be below the community's need, or provisor other not-for-profit organization. Examples in mergency and trauma services, home health profits or the community of	e provided because they meet e unavailable in the area, or the ion of the services would clude: inpatient programs (such
Community Health Improvement	Platte Valley Medical subsidized services suppo cardiac pulmonary rehab	Programs that address Healthcare Barriers or Risk Need: Access to Care, Behavioral Health, Cardiovascular Health	\$32,600.
Community Health Improvement	Platte Valley Medical subsidized services suppo Infusion services	•	\$883,469.
Community Health Improvement	Platte Valley Medical subsidized services suppo OB/Newborn	rting Programs that address Healthcare Barriers or Risk Need: Access to Care	\$1,086,188.
Community Health Improvement	Platte Valley Medical subsidized services suppo NICU	Programs that address Healthcare Barriers or Risk; Programs that address the Social Determinants of Health	\$1,285,195.

Community Health Improvement	Platte Valley Medical subsidized services support Wound Care Category includes the value of cash and in-kind se		Need: Access to Care, SDOH/Economic Stability Programs that address Healthcare Barriers or Risk Need: Access to Care donated by the health care organization	\$574,445. n 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 and In-Kind	Donations support community organizations serving a broad spectrum of needs. Some intersect with health needs prioritized by the hospital and some addressing population level needs in the service area. Staff community board service is also included here. Examples include support for: Brighton School District, Family Tree, Inc., United Way of Weld County and Almost Home, Inc.	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, SDOH (transportation, Isolation, food security)		\$5,067.
Community Grants	Support for community benefit programs and activities delivered by other community based organizations to impact the community health improvement plan (CHIP) priority areas. Grants to community based organizations expand the service reach toward vulnerable populations. Examples include: Salud Family Health Center, Kids First Healthcare, A Precious Child, Senior Hub, Shopneck Boys & Girls Club, Weld Food Bank, Growing Colorado Kids and CASA	detern	ims that address the Social ninants of health SDOH (food security, education, y, isolation & economic stability)	\$192,769.
Schedule H Part II Categories				

Community Building Coalition 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) Support of a multi-sector stakeholder coalition Programs that address Healthcare Barriers \$1,437.		
Coantion Building	Support of a multi-sector stakeholder coalition (Brighton Service Agency Coalition) that regularly meets to address disparate needs and to seek collective impact	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, Behavioral Health, SDOH (Economic Stability, Food Security, Transportation)	\$1,457.
Other Categories			
Financial Assistance 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	Data 2004, Medicare & Concession	541060.1	
Bad Debt	Bad Debt	Other Costs \$10	
Medicare	Medicare	Discounted Government program services	\$13,152,278

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

- 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. V Luepker, et al. Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis 55455-1015. "Community education for cardiovascular disease prevention: risk factor changes in the Minnesota Heart Health Program.", American Journal of Public Health 84, no. 9 (September 1, 1994): pp. 1383-1393.
- 3. 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.
- 4. Delaney, C., Barrere, C., & Helming, M. (2011). The Influence of a Spirituality-Based Intervention on Quality of Life, Depression, and Anxiety in Community-Dwelling Adults With Cardiovascular Disease: A Pilot Study. Journal of Holistic Nursing, 29(1), 21–32. https://doi.org/10.1177/0898010110378356
- 5. 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]
- 6. 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
- 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. Elder J.P., Schmid T.L., Dower P., et al. Community heart health programs: components, rationale and strategies for effective interventions. J Public Health Policy. 1993; 14: 463-479