

Hospital Community Benefit Accountability

Parkview Medical Center Annual Report

June 3, 2021

Submitted to: Department of Health Care Policy & Financing



COLORADO

Department of Health Care
Policy & Financing

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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 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](#). 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 this report will be posted
<https://www.parkviewmc.com/community-education/>

B. Attachments submitted with report

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

III. Public Meeting Reporting

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

Date: February 24th, 2021

Time: 12:00 pm

Location (place meeting held and city or if virtual, note platform): Virtual, video presentation on Facebook - viewed by 1000 individuals.

Describe your outreach efforts for the public meeting being reported:

A virtual platform was chosen due to the COVID-19 pandemic, and our inability to safely congregate in a public setting. To ensure that there was broad community participation and accessibility to the community forum, several healthcare organizations and stakeholder representatives were contacted via email 2 weeks prior to the event and formally invited to participate. Additionally, this event was advertised on the Parkview Facebook page and posted on the Parkview public internet homepage, to ensure broad exposure to the public and patients.

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

Desires were expressed to focus on outreach programs for the Pueblo neighborhood as it is believed this will be the only way to make strides the Pueblo community where patients live. Positive feedback was shared about Parkview's partnership with the DOTS (Directing Others to Services) program. Parkview will continue to work with the Fire Department's DOTS and expand the patients we engage with, by recruiting a licensed behavioral health specialist to join the program full-time. Parkview will continue collaborating with community partners to improve patient outcomes and create a smooth continuum of care from the hospital setting into the community utilizing the Pieces Connect platform to communicate with relevant community benefit organizations.

Participants expressed an interest in further healthcare education - regarding healthy lifestyle, diet/exercise, dealing with addiction and chronic disease management. They desired to hear from healthcare experts on how to improve their health. In hearing this feedback, Parkview intends to develop and deploy video-based education resources on the aforementioned health topics in an easy-

accessible platform for patients to use and expand our Transition-Care Center nurses to provide that education by telephone as well, for our patients that may be less technologically savvy.

This feedback and Parkview's intentions were shared in a subsequent video on Facebook, on April 22nd 2021, which was viewed by 950 individuals.

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:

\$573,012,051.00

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

\$591,604.00

Reporting Hospitals not required to complete form 990 shall provide the above information as described on Lines 18 and 19 of form 990.

In the table below provide a brief description of each investment made that was included in Parts I, II, and III of Schedule H 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 Schedule H investment that addressed a Community Identified Health Need identify the following categories: (See Appendix A for definitions)
 - ✓ 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 briefly describe available evidence that shows how the investment improves Community health outcomes or provide the evidence as an attachment.

Schedule H Categories	Schedule H Amounts	All or part a Community Identified need (Y/N)	Amount for free or discounted health services	Amount for health behaviors or risk	Amount for social determinants of health	Amount for other community identified need category	Name and description of investments	Available supporting evidence
Financial Assistance Policy	\$4,278,180	Y	\$4,278,180	-	-	-	Charity Care	Providing free or discounted care allows our community to have access to much needed medical care without fear of further being driven into poverty. In Pueblo County, nearly one in five residents live below the poverty line; 27% of children are being raised below the poverty line.

									violence and abuse. They provide comprehensive, uninterrupted care to sexual assault survivors, including the collection of forensic evidence for police. This helps minimize physical and psychological trauma to victims, while preserving physical evidence for legal use.
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V. Additional Information

Please provide any additional information you feel is relevant to the items being reported on.

The accompanying Community Benefit Implementation Plan outlines several other community benefit activities that are not formally delineated on the 2019 Form 990 Schedule H, Part II; including a \$145,743 investment in Pieces Technology. This is a natural language processing technology used to identify hospitalized patients with adverse Social Determinants of Health. Also, a community-based organization referral system. Pieces Connect helps continue patient care beyond the hospital walls, by connecting patients with the appropriate community resources and support. This creates whole-person care plans to improve outcomes and to follow vulnerable patients to improve access to right types of care.

VI. Report Certification

I certify that the information in this report is for Parkview 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.

Dr. Sandeep Vijan

Chief Quality Officer

719-595-7184

Sandeep_Vijan@parkviewmc.com



Signature:

S. Vijan, 08/18/2021

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.