Colorado Department of Healthcare Policy & Finance

Crosswalk – SCL Health/Good Samaritan Medical Center (GSMC) (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	\$1,524,686.
Unreimbursed Medicaid	Government sponsored means-tested health care programs and services	Discounted Government program services	\$10,432,179.
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	\$70,023.
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, EMS Training & Certification, Health/Wellness education classes, Stroke support group, Health Fairs, Trauma injury prevention outreach and workshops	Programs that address Healthcare Barriers or Risk Need: Access to Care, Cardiovascular Disease, Unintentional Injury	\$106,697.
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 Need: Access to Care, SDOH (Economic Development/Education)	\$65,595.

Health Professions Education	Educating future and current health care profession educational programs for physicians (interns and re and other health professionals when that education accrediting body or health profession specialty. (De	sidents), medical students, nurses, nursing s is necessary for a degree, certificate or trai	students, pastoral care trainees		
Health Professions		rograms that address Healthcare Barriers	\$1,715,305.		
Education		r Risk; Programs that address the Social			
	,,	eterminants of health			
	professionals. EMS recertification and				
	1	leed: Access to Care, SDOH (Economic			
C		evelopment/Education)			
Subsidized Services	Subsidized health services are patient care program				
	removing the effects of financial assistance, Medica		•		
	identified community health needs and if these sen	——————————————————————————————————————			
community's capacity to provide the services would be below the community's need, or provision of the become the responsibility of the government or other not-for-profit organization. Examples include: inpatients					
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	as addiction recovery); Outpatient programs (emergency and trauma services, home health programs, and satellite clin designed to serve low-income communities). (Details of investments listed below)				
Community Health	Good Samaritan Medical subsidized services	Programs that address Healthcare	\$412,785.		
Improvement	supporting OB/Newborn	Barriers or Risk	, , ==		
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		Need: Access to Care, Behavioral			
		Health, Maternal Health			
Community Health	Good Samaritan Medical subsidized services	Programs that address Healthcare	\$352,175.		
Improvement	supporting Dialysis	Barriers or Risk			
		Need: Access to Care, Behavioral			
		Health, SDOH (economic stability)			
Community Health	Good Samaritan Medical subsidized services suppor	- I	\$66,268.		
Improvement	Infusion Center	Barriers or Risk			
		Need: Access to Care, Cancer,			
		Behavioral Health, SDOH (Economic			
		Stability)			

Community Health Improvement	Good Samaritan Medical subsidized services supp NICU	Programs that address Healthcare Barriers or Risk	\$476,228.
		Need: Access to Care	
Cash/In-Kind	Category includes the value of cash and in-kind se of in-kind services can include hours spent by staf of meeting space provided to community groups,	f as part of their work assignment while on t	he organization's work time, cost
Cash Donations	Supporting community benefit activities delivered by other community based organizations or entities that address an 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). Good Samaritan Medical examples include support for: Clinica Family Health, Via Mobility, Rocky Mountain Crisis Center, Community Reach, Mental Health Partners, NAMI, American Heart Association and Broomfield Rotary Charitable Foundation	Programs that address Healthcare Barriers or Risk; Programs that address the Social determinants of health Need: Access to Care, Behavioral Health, Cardiovascular Disease, SDOH (transportation, Isolation, food security)	\$84,782.
In-Kind Donations	Support for young children – Fit Kids and Frank Shorter Rack for Kids	Programs that address Healthcare Barriers or Risk	\$1,282.
		Need: Unintentional Injury. Obesity	
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.		
Community Support	Emergency Preparedness and Disaster Readiness	Programs that address the social determinants of health	\$600.

		Need: Access to Care, SDOH (Environment, Safety, Education)	
Other Categories		Sujety, Education,	
Financial Assistance Policy	uninsured, underinsured, ineligible for a government on their household financial situation. Consistent services and to advocate for those who are poor who need health care services does not prevent to SCL Health will provide, without discrimination, or to pay or their eligibility for financial assistance of Financial assistance shall be provided to patients areas. Financial assistance shall be provided, with otherwise qualify for the program, and who present the state of the program is a substance of the program. The provided is the provided in the program is a substance of the provided is	Health System (SCL Health) is committed to providing financial assistance to persons who have health care needs and are insured, underinsured, ineligible for a government program, or otherwise unable to pay for medically-necessary care based their household financial situation. Consistent with its mission to deliver compassionate, high-quality, affordable health care wices and to advocate for those who are poor and vulnerable, SCL Health strives to ensure that the financial ability of people oneed health care services does not prevent them from seeking or receiving care. Health will provide, without discrimination, care of emergency medical conditions to individuals regardless of their ability pay or their eligibility for financial assistance or for government assistance. ancial assistance shall be provided to patients who meet program qualifications and reside within one of SCL Health service as. Financial assistance shall be provided, without discrimination, to patients from outside the SCL Health service areas, who erwise qualify for the program, and who present with an urgent, emergent or life-threatening condition. Health will use the most current Federal Poverty Guidelines to determine eligibility under its financial assistance policy. It is into qualifying for financial assistance may receive fully discounted care or pay a discounted fee under this policy. A dical hardship provision extends financial assistance to patients with incomes above the financial assistance eligibility	
Schedule H Part III	Bad Debt, Medicare & Collection	Catagony	Investment
Categories	Dau Debt, Medicale & Collection	Category	mivestifient
Bad Debt	Bad Debt	Other Costs	\$6,312,819.
Medicare	Medicare	Discounted Government program services	\$42,540,490.

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

- 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. Shea, S., Bach, CE. A Review of Five Major Community Based Cardiovascular Disease Prevention Programs. Part I; Rationale, Design and Theoretical Framework. Am J Health Promot. 1990; 4:203-213.
- 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 multisector 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.
- 13. Merzel C., D'Affliti J., Reconsidering community-based health promotion: promise, performance, and potential. Am J Public Health. 2003; 93: 557-574

Vecino-Ortiz, A. Jafri, A. Hyder, AA. Effective interventions for unintentional injuries: a systematic review and mortality impact assessment among the poorest billion, The Lancet Global Health. 2018; Vol. 6. Issue 5: e523-e534.