



*Covenant Health*  
**Fiscal Year 2012 COMMUNITY BENEFIT REPORT**  
**PROGRESS ON FY 12-FY 14 CB PLAN/IMPLEMENTATION STRATEGY**



## EXECUTIVE SUMMARY

### **Our Mission**

*To extend Christian ministry by caring for the whole person—body, mind and spirit—and by working with others to improve health and quality of life in our communities.*

### **Our Vision**

*We bring people together to provide compassionate care, promote health improvement and create healthy communities.*

### **Our Values**

*The four core values of St. Joseph Health—Service, Excellence, Dignity and Justice—are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.*

## **Who We Are and What We Do**

Covenant Health is a member of the St. Joseph Health, sponsored by the St. Joseph Health Ministry, and is one of the largest non-profit healthcare organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. We consist of 986 licensed beds, approximately 5,000 employees, and over 500 admitting physicians. Covenant Health has an average daily census of 409, over 28,000 annual patient discharges, and more than 85,000 annual Emergency Room visits.

In FY 2012, our community benefit expenditures for Lubbock, Plainview, and Levelland totaled **\$76,757,818** (this includes Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community) and Unpaid cost of Medicare was **\$90,922,998**.

## **Community Plan Priorities**

The mission statement of Covenant Health's Community Outreach Department is "to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues". In FY 2012, Community Health Outreach (CHO) provided over \$1.9 million in services and served 5,542 medically underserved people in the community. As part of our Christian ministry of healing, Covenant's Community Benefit priorities include:

- Mental Health
- Dentistry
- Diabetes
- Access to Care (Medical Home Management Initiative)
- Childhood Obesity (Covenant **B**ody **M**ind **I**nitiative)

## INTRODUCTION

### *Who We Are and What We Do*

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Covenant is committed to offering accessible, affordable care to Lubbock's surrounding areas through a network of 14 leased and affiliated community hospitals, including Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 150 primary care and specialist physicians across West Texas and Eastern New Mexico. Additionally, a fleet of four mobile coaches and two ECHO/PV vans travel to take needed services to the medically underserved.

In FY 2012, Covenant Health was named Best of the West – Hospital by the viewers of KCBD NewsChannel 11, a news station for Lubbock and the surrounding areas. This is the fourth year in a row that Covenant Health has received this prestigious award. Covenant Health was selected as one of *Modern Healthcare's* Best Places to Work in Healthcare for 2012.

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- Dentistry
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- Access to Care (Medical Home Management Initiative)
- Childhood Obesity (Covenant **B**ody **M**ind)

All programs are dedicated to bringing high-quality community health services and programs directly to the neighborhoods and communities that need it most.

## ***Community Benefit Governance Structure***

Our Community Benefit Committee, a subcommittee of CH's Board of Trustees, is made up of hospital leadership and local community professionals. Our Executive Management Team (EMT) is involved in community benefit planning, prioritization of programs and reporting through the participation of the Vice President of Mission Integration, the CEO, COO and the Board Liaison at the monthly Community Benefit Committee meetings. In addition, the Chair of the Community Benefit committee reports monthly at Board of Director's meetings, keeping them informed about program progress. Both the CB Committee and Board of Directors approved the FY12- FY14 CB Plan/Implementation Strategy Report.

The Community Benefit Committee consists of six Covenant Health Board of Director's members and seven at-large community members. The role of the Community Benefit Committee of Covenant Health Board of Directors is to support the Board of Directors in providing oversight of achievement of the Healthiest Communities goals and initiatives, community outreach activities, and assuring the accuracy of information included in the community benefit reports approved by the Board and submitted as required to state and federal agencies.

## ***Overview of Community Needs and Assets Assessment***

Our FY 12 – FY 14 Community Benefit Service Area (CBSA) address populations within both our primary service areas and secondary service areas.

**Primary CBSA:** Lubbock County with an emphasis on residents who live within the following zip codes: 79401, 79403, 79404, 79411, 79412 and 79415.

**Secondary CBSA** includes the Texas counties of Crosby, Dawson, Lamb, Gains, and Lynn.

The Community Needs Index developed by Catholic Healthcare West (CHW) and Solucient (an information products company) aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers) including:

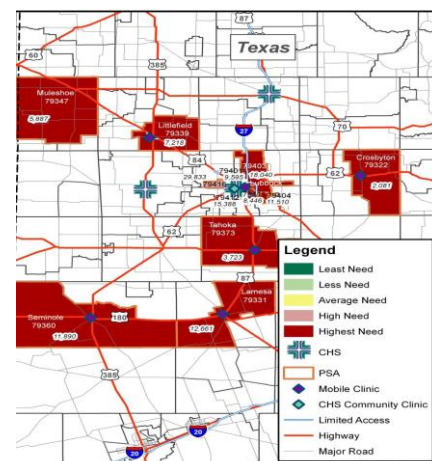
- Income
  - Elder poverty, child poverty and single parent poverty
- Culture
  - Non-Caucasian Limited English
- Education
  - Without HS diploma
- Insurance
  - Unemployed and uninsured
- Housing
  - Renting percentage

## FY 2012 Community Benefit Report

This index indicates that the majority of the targeted zip codes in our primary CBSA and the largest cities in our secondary CBSA fall into the highest need categories. Many of these communities are Medically Underserved Areas (MUA's) or Persistent Poverty Areas (PPA's) or both.

A Community Status Report from the United Way in 2011, found that the percentage of children living in poverty in Lubbock County is 22.9% and percentage of adults living in poverty is 19.8%. This reflects a higher percentage of children and adults in Lubbock County live in poverty than the national averages of 20% for children and 12.5% for adults.

Lubbock, the largest city within our primary and secondary service areas, is located on the South Plains of Texas and has a population of 212,169 and a county (Lubbock County) population of 278,831 according to the 2010 US Census. Lubbock serves as a major medical center for the entire South Plains of Texas and Eastern New Mexico region, caring for people within a 62-county, 80,000 square mile radius of the city.



### Community needs and assets assessment process

- Identification of priority health issues for the economically poor in primary service area, focusing on the selected zip codes, for use of Care for the Poor funds, including grants
- Identification of issues/needs for which there are not adequate resources (assets) in place by other providers to address those needs
- Selection of priority health issues/initiatives for CHO/Care for the Poor investments for FY 12 – 14 CB Plan/Implementation Strategies Report

### Secondary Data Collection and Analysis

- Summarize demographic data for service area
- Contracted with Cathy Kinney, PhD Kinney Associates to collect available secondary data, gather, summarize, and document key health issues, based on criteria and prepare a summary report for use in primary data collection, describing key health issues

### Primary data collection:

- Analyze existing community assets and programs by key health issue
  - Develop questions based on secondary data and asset mapping, to probe for additional perspectives and information during focus groups with local community health experts and community service providers

### Select priorities for FY 12- FY 14 CB Plan/Implementation Strategies Report

- Engage leadership in considering options, identifying additional questions, and developing recommendations

**FY 2012 Community Benefit Report**

- Recommend priorities to Community Benefit Committee with criteria based rationale and implications/next steps

**Develop plan for each priority**

- Engage groups of consumers/residents through focus groups, surveys, interviews to gather their perspective on needed approaches, strengths/weaknesses of current approaches, etc.
- Establish measurable outcome for priority, for local and SJH reporting
- Review evidence about effective approaches to impacting outcome
- Identify key strategies and activities

**Results/Priorities**

- Oral Health Dental for all ages
- Mental Health
- Diabetes Intervention
- Childhood Obesity
- Medical Homes/Access to Care

***Patient Financial Assistance Program***

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients. In FY 12, Covenant Health (Lubbock hospitals and Covenant Medical Group), provided \$30,861,861 charity care to 22,304 persons.

Covenant Health

## **FY 12 – FY 14 Community Benefit Plan/Implementation Strategies**

### **FY 12 CB Priority Initiatives Accomplishments**

In Fiscal Year 2012, Covenant Health's Community Benefit Plan focused on five key priority program areas:

- Mental Health
- Dentistry
- Diabetes
- Access to Care (Medical Home Management Initiative)
- Childhood Obesity (Covenant **B**ody **M**ind **I**nitiative)

Access to primary medical and dental care and community health education services are some of the most urgent issues facing the communities Covenant Health serves. For FY 12 – FY 14, Covenant Health developed strategies focused on addressing community need in fulfillment of its healing mission. The Community Benefit Plan strategies for FY12- FY14 were developed by applying a standard quality improvement methodology adopted by St. Joseph Health. This will allow measurement and the tracking of outcomes related of our program initiatives. This methodology helped us to develop the goal, scope, strategies and measures for each of our priority programs. It has also allowed us to promote evidence based practices and increase our program accountability. In the following section we outline the progress and accomplishments this past fiscal year.

**FY 2012 Community Benefit Report**

**Initiative Name:** Depression Reduction Initiative (Counseling Center Mental Health Program)

**Key Community Partner(s):** Lubbock Impact, Catholic Family Services, Community Health Center of Lubbock (CHCL), and MHMR

**Target Population:** Low income patients who are in need of mental health needs that live in Lubbock County.

**Outcome Goal:** Reduce depression among adult Covenant Counseling Center (CCC) clients with PHQ – 9 score of 5 or above

**Scope:** New adult clients (18 years or older), and those returning with at least 1 yr break in services, with a PHQ-9 score of 5 or above for those in treatment. Exception: CCC clients diagnosed with complex psychiatric disorders including Schizophrenia, Schizoaffective Disorder or one of the Bipolar Disorders will not be included.

**Outcome Goal Measure:**

Average change score of PHQ-9 between intake and 12<sup>th</sup> session or latest available session before 12 weeks

**FY 12 Target: 6.75**

**FY12 Result: 7.4**

**FY 12 Accomplishments:** Through the implementation of strategies to decrease the # of days between Screening and Intake and increasing the % of Sessions each quarter in which Evidence Based therapy modalities were utilized we surpassed our target of a 6.75 change score on the PHQ-9.

**FY13 Target 7.25**

**FY 14 Target 7.75 average change score in the PHQ - 9**

**Strategy 1:** Provide timely Intake

**Strategy Measure 1:** Number of days between Telephone Screening or Face-to-Face Screening and Intake

**FY 12 Target: 6.5 days**

**FY 12 Result: 6.1 days**

**FY 12 Accomplishments:** Our target was 6.5 days between screening and intake and we ended the year at 6.1 days which was .4 less than the target. This is a positive outcome.

**FY 13 Target: 6.0 days**

**FY 14 Target: 5.5 days**



**FY 2012 Community Benefit Report**

**Strategy 2:** Engage clients in an appropriate number of sessions for beneficial treatment **(begin in FY 13)**

**Strategy Measure 2:** Percentage of Alpha Project clients who attend at least three (3) counseling sessions

**FY 13 Target: 55%**

**FY14 Target: 65%**

**Strategy 3:** Engage clients in a range of Evidence Based depression treatment modalities including: CBT, IPT, PST & Dialectical Therapy

**Strategy Measure 3:** Percent of Sessions each quarter in which Evidence Based therapy modalities are utilized

**FY 12 Target: 90%**

**FY 12 Result: 90%**

**FY 12 Accomplishments:** We met our target of 90% for FY12.

**FY 13 Target: 95%**

**FY14 Target: 100%**

**Strategy 4:** Engage clients in Group Sessions

**Strategy Measure 4:** Percent of Alpha Project clients referred to Group who attend Group Sessions **(will begin FY 14)**

**Strategy 5:** Support appropriate medical care for psychotropic medications

**Strategy Measure 5:** Number of clients taking medication(s) as prescribed at 12 weeks/Number of clients on medication for depression at Intake, plus those that are referred during treatment **(will begin FY 14)**

**FY 2012 Community Benefit Report**

Covenant's Community Health Outreach Oral Health provided dental services to 1,607 adult/ED patients and 560 children. Patient encounters totaled 2,705. The Community Benefit Board approved \$1.5 million to remodel the children's dentistry building to accommodate the transition to a family dentistry program.

**Initiative Name:** Oral Health Initiative (Family Dentistry Program)

**Key Community Partner(s):** CHCL, Larry Combest Center, Boys and Girls Club, TTUHSC, Lubbock Impact, Lubbock Children's Health Clinic, and Head Start

**Target Population:** Low income dental patients ages 6 and over

**Outcome Goal:** Improve the oral health of the vulnerable populations within the communities we serve

**Scope:** CHO dental patients ages 6 and over

**Outcome Goal Measure:**

Average change score on Oral Health Assessment tool between beginning treatment plan and 6 month evaluation

**FY12 Target: 10.7 average change score on DMFT Assessment**

**FY12 Result: 7**

**FY12 Accomplishments:** In FY12 we collected baseline data and set our targets. We set the FY12 at 10.7 however we surpassed that target at the end of the year by ending at 7.

**FY13 Target: 9.7 average change score on DMFT Assessment**

**FY14 Target: 8.7 average change score on DMFT Assessment**

**Strategy 1:** Provide timely in house emergency dental services

**Strategy Measure 1:** Percent of patients with urgent/emergent dental needs treated in the CHO dental program within 10 days of initial contact.

**FY 12 Target: 63%**

**FY 12 Result: 75%**

**FY 12 Accomplishments:** In FY12 we were 12% above our target. This is a positive outcome for the dental program.

**FY 13 Target: 75%**

**FY 14 Target: 85%**

**FY 2012 Community Benefit Report**

**Strategy 2:** Strengthen patient's knowledge and skills about oral hygiene

**Strategy Measure 2:** Percent of patients who report increased knowledge and skills

**Implementation has begun; baseline is currently being established.**

**Strategy 3:** Change processes to create a family dental model

**Strategy Measure 3:** Number adult and child patients seen in Family Clinic and on Mobile Units

**Implementation will begin FY 14**

**Strategy 4:** Provide in house hygiene program

**Strategy Measure 4:** Percent of patients participating in hygiene program

**Implementation will begin FY 14**

**Strategy 5:** Provide sealant clinics

**Strategy Measure 5:** Number of sealants performed

**Implementation will begin FY 14**

**FY 2012 Community Benefit Report**

The Diabetes Education Services partnered with Catholic Charities to further extend this program's outreach to those who are need of diabetes education and support.

**Initiative Name:** Diabetes Prevention and Intervention Program

**Key Community Partner(s):** The Larry Combest Center, Lutheran Social Services, and CHCL

**Target Population:** Low income persons with diabetes

**Outcome Goal:** Educate economically disadvantaged patients with diabetes to help manage their disease

**Scope:** Patients enrolled in the Covenant Community Outreach Diabetes Education Program

**Outcome Goal Measure:**

Average change score between first and third class on Self Efficacy Assessment Tool

**FY12 Target: 34%**

**FY12 Result: 37%**

**FY12 Accomplishments:** In FY12 we collected baseline data and measured one quarter of data. Our goal was 34% and we ended at 37% which is an accomplishment of 3% above our goal.

**FY13 Target: 45%**

**FY14 Target: 56% average change score between first and third class on Self Efficacy Assessment.**

**Strategy 1:** Engage patients in group interventions

**Strategy Measure 1:** Percentage of patients completing at least 3 Diabetes group classes

**FY 12 Target: 76%**

**FY 12 Result: 78%**

**FY 12 Accomplishments:** We surpassed our target by 2% in FY12.

**FY 13 Target: 80%**

**FY 14 Target: 85%**

**Strategy 2:** Engage patients in individuals interventions

**Strategy Measure 2:** Percentage of patients attending classes and at least 1 individual session with educator

**Implementation will begin in FY13; baseline is currently being established.**

**Strategy 3:** Provide clinical intervention resources

**Strategy Measure 3:** Number of patients referred to community and CMG Clinics

**Implementation will begin FY 14**

**Strategy 4:** Provide prescription resources

**Strategy Measure 4:** Number of patients referred to prescription assistance programs.

**Implementation will begin FY 14**

**FY 2012 Community Benefit Report**

Collaborate with other departments within Covenant and other FQHCs to provide assistance to the underserved and financially vulnerable populations to help remove access to care barriers.

**Initiative Name:** Medical Home Management (Access to Care)

**Key Community Partner(s):** Larry Combest Center and Community Health Center of Lubbock

**Target Population:** Medically underserved and financially in need individuals

**Outcome Goal:** Provide assistance to underserved and financially vulnerable community members in order to help remove access to care barriers

**Scope:** Un-insured and under-insured community members who utilize the emergency room for non-emergent issues and who have chronic health conditions which are not managed on an out-patient basis

**Outcome Measure:** Medical Home Elements implemented

**Strategy 1:** Collaborate with Case Management, Covent Health Partners (CHP) and Larry Combest Center to develop a Covenant Patient Navigator Program

**Strategy Measure 1:** Number of qualified patients actively participating in the patient navigator program

**Implementation will begin FY 13**

**Strategy 2:** Explore options for partnerships with community clinics

**Strategy Measure 2:** Create plan for ED non-emergent ED referrals

**Implementation will begin FY 13**

**Strategy 3:** Identify healthcare barriers for underserved patients

**Strategy Measure 3:** CHO participation in patient focus groups

**Implementation will begin FY 13**

**FY 2012 Community Benefit Report**

Covenant will provide financial support to Texas Tech University Center for Prevention and Resiliency to fund CBMI which is a longitudinal study measuring the effectiveness of a prevention and intervention program that impacts childhood obesity. Those performing the study will provide the CB Committee with quarterly updates on strategy and measures.

**Initiative Name:** Covenant Body Mind Initiative (CBMI)

**Key Community Partner(s):** Texas Tech University Center for Prevention and Resiliency, Lubbock Independent School District, and Christ the King Cathedral School

**Target Population:** Middle and High School students in Lubbock, Texas and the surrounding area

**Goal:** Significant reduction in the prevalence of childhood obesity in Lubbock County and overall improvement in the health and wellness of project participants within the next 10 years.

**Scope:**

**How will we measure success?:**

By assessing a longitudinal study measuring the effectiveness of prevention and intervention programs that impacts childhood obesity.

**FY 12 Accomplishments:**

- **Program expansion**
  - Increased schools receiving CBMI curriculum from **six** in the fall of 2011 to **twenty-one** in the fall of 2012- **over a 150% increase in school participation**
  - **Five** schools are utilizing the semester course for high school credit
  - Counties in West Texas receiving CBMI curriculum: Lubbock, Terry, King, Lamb, and Parmer. Additional counties in Texas: Tarrant, Dallas, and Harris.
  - Curriculum expanded from ten weeks to sixteen weeks to extend the length of direct student intervention.
- **Research outcomes**
  - Among the students who began the program three years ago, there is a **15% improvement** in body mass index
  - The Beck Depression Inventory shows that our students are staying in a healthy emotional range
  - The instruments show an increase in emotional reactivity, meaning that students are able to express emotional responses to situations
- **Community Activities/Family Involvement**
  - Fit4Fun Kid's Triathlon
  - Junior League Healthy Kids Camp
  - Brownfield Middle School Wellness Camp
  - Lubbock High School Wellness and Leadership Training Camp
  - Buckner's Children's Home Wellness Classes
  - Lyon's Chapel Health and Wellness Forum
- **Conference presentations**

**FY 2012 Community Benefit Report**

- Youth Development Initiative Conference
- Family and Consumer Sciences State Teacher's Conference
- Southern Obesity Summit

**FY 13 Goals:**

- **Curriculum / curriculum marketing**
  - Develop online access to the curriculum and a training webinar.
  - Attend conferences to inform and instruct attendees on the CBMI approach to addressing childhood obesity.
  - Continue to develop and pilot original activities and lessons for middle and high school age students
  - Significant increase in the number of schools utilizing the curriculum in the Covenant Service Provider area
  
- **Research**
  - Continue to track emotional reactivity and awareness and its effect on the students ability to make healthy choices
  - Continue to track body mass index on those students receiving the curriculum
  - Concentrate research efforts in the Lubbock area, utilizing the instruments that have been established (body image, self esteem, depression, resilience, dietary habits, eating attitudes, and family communication)
  
- **Community /Family Involvement**
  - Continue to pursue opportunities to participate and/or sponsor community activities that promote family involvement (i.e. Fit4Fun)
  - Provide enhancement activities for the schools involved in the research component



## Other Community Benefit Initiatives and Programs

### Initiative or Program Name: **Nursing and Radiology Students**

**Key Community Partners:** Texas Tech Health Sciences Center (TTUHSC), South Plains College, Lubbock Christian University

**Target Population:** Patients in the Hospital

**Goal:** To allow nursing, radiology, and surgical technician students from Covenant, South Plains College, TTUHSC and Lubbock Christian University to fulfill their clinical rotation hours under the supervision of CHS nurses, radiology technicians, and surgical technicians.

**How will we measure success?:** Nursing and radiology students with hands on experience; and the knowledge to create competent registered nurses, radiology techs and surgical techs.

**FY 12 Accomplishments:** This program reported \$1,538,681 a decrease of 17% from FY 2011.

### Initiative or Program Name: **Allied Health Students**

**Target Population:** Patients in the Hospital

**Goal:** To allow health students in the fields of food and nutrition, occupational therapy and physical therapy to fulfill their clinical rotation hours under the supervision of CHS allied health professionals.

**How will we measure success?:** Increased number of healthcare professionals in the South Plains area; allied health students with hands-on experience and knowledge to create competent healthcare professionals.

**FY 12 Accomplishments:** This program reported \$386,014 an increase of 9.1% from FY 2011.

### Initiative or Program Name: **KECC Community Resource Center**

**Target Population:** Any community members or healthcare professional who receive health-related education

**Goal:** To provide the community and surrounding areas access to health-related education resources and training to promote recovery and good health.

**How will we measure success?:** By becoming the first place that the community of Lubbock and surrounding area turns to for up-to-date information on health education to improve the lives of patients, their families, and the community.

**FY 12 Accomplishments:** This program reported \$1,200,174 a slight decrease from FY 2011.

## FY 2012 Community Benefit Report

**FY12 COMMUNITY BENEFIT INVESTMENT**  
**Lubbock Hospitals Covenant Health**  
*(ending June 30, 2012)*

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services <sup>1</sup>	FY12 Financials
<b>Medical Care Services for Vulnerable<sup>2</sup> Populations</b>	Financial Assistance Program (FAP) (Charity Care-at cost)	29,781,361
	Unpaid cost of Medicaid <sup>3</sup>	8,956,556
	Unpaid cost of other means-tested government programs	
<b>Other benefits for Vulnerable Populations</b>	Community Benefit Operations	1,651,458
	Community Health Improvements Services	423,263
	Cash and in-kind contributions for community benefit	
	Community Building Subsidized Health Services	
<b><i>Totals Community Benefit for the Vulnerable</i></b>		
<b>Other benefits for the Broader Community</b>	Community Benefit Operations	155,899
	Community Health Improvements Services	888,998
	Cash and in-kind contributions for community benefit	2,228,833
	Community Building Subsidized Health Services	87,500
<b>Health Professions Education, Training and Health Research</b>	Health Professions Education, Training & Health Research	15,086,409
	<b><i>Total Community Benefit for the Broader Community</i></b>	
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>		<b>59,260,277</b>
<b>Medical Care Services for the Broader Community</b>	Unpaid cost to Medicare <i>(not included in CB total)</i>	76,490,981
	<b>TOTAL COMMUNITY BENEFIT (including Medicare)</b>	
		<b>135,751,258</b>

<sup>1</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>2</sup> CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medicaid, Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

<sup>3</sup> Accounts for Hospital Fee.

**FY 2012 Community Benefit Report**

**FY12 COMMUNITY BENEFIT INVESTMENT  
COVENANT MEDICAL GROUP**  
(ending June 30, 2012)

Community Benefit Program & Services <sup>4</sup>	FY12 Financials
Covenant Medical Group Financial Assistance Program (FAP) (Charity Care-at cost)	1,080,497
Unreimbursed Medicaid	12,512,866
<b>Total Community Benefit for the Vulnerable</b>	
<b>Total Community Benefit for the Broader Community</b>	
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>	13,593,363
Unpaid cost to Medicare <b>(Not included in CB total)</b>	15,545,547
<b>TOTAL COMMUNITY BENEFIT (including Medicare)</b>	29,138,910

**FY12 COMMUNITY BENEFIT INVESTMENT  
COVENANT HOSPITAL - PLAINVIEW**  
(ending June 30, 2012)

Community Benefit Program & Services <sup>5</sup>	FY12 Financials
Covenant Hospital- Plainview Financial Assistance Program (FAP) (Charity Care-at cost)	1,854,960
Unreimbursed Medicaid	2,087,779
<b>Total Community Benefit for the Vulnerable</b>	
<b>Total Community Benefit for the Broader Community</b>	
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>	3,942,739
Unpaid cost to Medicare <b>(Not included in CB total)</b>	(315,425)
<b>TOTAL COMMUNITY BENEFIT (including Medicare)</b>	3,627,314

<sup>4</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

<sup>5</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

**FY 2012 Community Benefit Report**

**FY12 COMMUNITY BENEFIT INVESTMENT  
COVENANT HOSPITAL LEVELLAND**  
(ending June 30, 2012)

<b>Community Benefit Program &amp; Services<sup>6</sup></b>	<b>FY12 Financials</b>
Covenant Hospital- Levelland Financial Assistance Program (FAP) (Charity Care-at cost)	653,939
Unreimbursed Medicaid	(692,502)
<b>Total Community Benefit for the Vulnerable</b>	
<b>Total Community Benefit for the Broader Community</b>	
<b>TOTAL COMMUNITY BENEFIT (excluding Medicare)</b>	(38,563)
Unpaid cost to Medicare <b>(Not included in CB total)</b>	(798,104)
<b>TOTAL COMMUNITY BENEFIT (including Medicare)</b>	(836,667)

**Community Benefit Investment FY 2012**

<sup>6</sup> Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

## Telling Our Community Benefit Story: Non-Financial<sup>7</sup> Summary of Accomplishments

The total net dollar amount of community benefits that Covenant Health System and Covenant Medical Group have provided is \$72,853,642. This amount includes charity care, unpaid costs of state and local programs and community services for the low-income and broader communities. Covenant Health System gave \$30,861,861 in charity care which is determined by a cost to charge ratio. The unpaid costs of state and local programs are also determined by a cost to charge ratio, but the Upper Payment Limit program partially offsets the expenses of the unpaid costs. This fiscal year \$21,469,421 were provided in unpaid costs of state and local programs. Covenant employees contributed \$20,522,360 in community services for the low-income and broader communities, these are countless hours they have given back to the community through CHS-sponsored programs as well as outside programs. The value of an employee's time is determined by hours worked and by the annual estimated dollar value of volunteer time published by the Independent Sector or an average salary if the volunteer is management. This commendable trend of "giving back to the community" has always been a part of the philosophy of Covenant Health System.

The mission statement of CHS' Community Outreach Department is "to create a healthy community by providing human and material resources to benefit the community, by responding to the needs of the underserved, and by advocating at the local, state and national levels on identified key issues". In FY 2012, Community Health Outreach (CHO) provided over \$1.9 million in services and served 5,542 medically underserved people in the community. There was a slight increase of 7.3% from the reported \$1.7 million in services in FY 2011. The slight increase can be attributed to the decrease of offsetting revenue due to the closure of the New Mexico children's dental clinic. The services provided by CHO during the last year include: health education, nutrition and dietary services, counseling, mobile dental for adults, adult denture program, and dental clinics for children.

Also included are the Benefit Trend Reports for Covenant Medical Group, Covenant Levelland and Covenant Plainview. These reports are only a reflection of their financial trends, not reports specific to their community benefit programs or activities.

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