EXECUTIVE SUMMARY
MISSION, VISION AND VALUES
INTRODUCTION
Who We Are and Why We Exist
Community Benefit Investment
ORGANIZATIONAL COMMITMENT
Community Benefit Governance and Management Structure
PLANNING FOR THE UNINSURED AND UNDERINSURED
Financial Assistance Program
Medicaid
COMMUNITY
Defining the Community
COMMUNITY NEEDS & ASSETS ASSESSMENT PROCESS AND RESULTS
Summary of Community Health Needs and Assets Assessment Process and Results
Identification and Selection of DUHN Communities
Priority Community Health Needs
COMMUNITY BENEFIT PLANNING PROCESS
Addressing the Needs of the Community:
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan
FY 17 Other Community Benefit Program Accomplishments
FY18 COMMUNITY BENEFIT INVESTMENT
Telling Our Community Benefit Story: Non-Financial Summary of Accomplishments
Governance Approval

---

1 Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.
EXECUTIVE SUMMARY
Covenant Health is a member of Providence St. Joseph Health, and for more than 100 years has served as the largest and most clinically integrated health network serving the West Texas/Eastern New Mexico region. Covenant’s Christian ministry of healing serves a twenty-one county service area covering more than 30,000 square miles and 750,000 people.

In response to identified unmet health-related needs in the community needs assessment, during FY18-FY20 Covenant Health will focus on Mental/Behavioral Health, Diabetes, and Oral Health for the broader and underserved members of the surrounding community.

Due to the fast pace at which the community and health care industry change Covenant Health anticipates that implementation strategies may evolve and therefore, a flexible approach is best suited for the development of its response to the Covenant Health Community Health Needs Assessment (CHNA). On an annual basis Covenant Health evaluates its CB Plan, specifically its strategies and resources; and makes adjustments as needed to achieve its goals/outcome measures, and to adapt to changes in resource availability.

MISSION VISION AND VALUES
The Mission: As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision: Health for a Better World
Our Promise: “Know me, care for me, ease my way.”
INTRODUCTION
Who We Are and Why We Exist
Covenant Health is a member of Providence St. Joseph Health, and for more than 100 years has served as the largest and most clinically integrated health network serving the West Texas/Eastern New Mexico region. Covenant’s Christian ministry of healing serves a twenty one county service area covering more than 30,000 square miles and 750,000 people.

Our mission of healing includes seven hospitals, more than 1,100 licensed beds, 5,000 caregivers, 350 owned or aligned providers, and more than 600 admitting physicians. Covenant Health delivers annually an average daily census of more than 400 at its hospitals, more than 28,000 patient discharges, and more than 85,000 Emergency Room visits. Covenant is the most awarded health provider in the region based on annual quality and safety awards from HealthGrades and US News.

More than a health system, Covenant is the largest private employer in Lubbock and the South Plains providing more than $1.1 billion in annual economic impact to the communities it serves and is consistently rated as one of the best places to work in Lubbock. Covenant is committed to offering accessible, affordable care to Lubbock’s surrounding areas with hospitals and services offered by Covenant Hospital Levelland and Covenant Hospital Plainview, and Covenant Medical Group, a large employed physician group comprised of approximately 200 primary care and specialist physicians across West Texas and Eastern New Mexico.

Who We Are and Why We Exist
In FY 2018 our community benefit expenditures for Lubbock, Plainview, and Levelland totaled $108,146,180 (this includes financial assistance - Charity Care, unpaid cost of state and local programs, Community Services for the Poor and Community Services for the Broader Community). Covenant Health hospitals combined had an unpaid cost of Medicare of $230,801,770.

ORGANIZATIONAL COMMITMENT
Community Benefit Governance Structure
Covenant Health dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and underserved. In 1986, St. Joseph Health created the St. Joseph Health Community Partnership Fund (SJH CPF) to improve the health of low-income individuals residing in local communities served by SJH hospitals.

Each year Covenant Health allocates 10% of its net income (net realized gains and losses) to the St. Joseph Health Community Partnership Fund. The 10% contributions are used to support local hospital Care for the Poor programs, to provide grant funding for local partner agencies,
and to maintain reserves. Local non-profits that receive grant funding provide specific services and resources to meet the identified needs of underserved communities throughout the hospitals’ service areas. Reserves are maintained to ensure the fund’s ability to sustain programs into the future that assist low-income and underserved populations.

**Community Benefit Governance and Management Structure**

Covenant Health further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Director of Community Outreach are responsible for coordinating implementation of Texas Health and Safety Code provisions and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

The Community Benefit (CB) Management and Training and Development Teams provide orientation for all new employees on Community Benefit programs and activities, including opportunities for community participation.

A charter approved in 2007 establishes the formulation of the Covenant Health Community Benefit Committee. The role of the Community Benefit Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The Community Benefit Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the Community Benefit activities.
The Community Benefit Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes six members of the Board of Trustees, Covenant Health CEO and six community members. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. The Community Benefit Committee generally meets bi-monthly.

**PLANNING FOR THE UNINSURED AND UNDERINSURED**

**Patient Financial Assistance Program**

The St. Joseph Health (SJH) Financial Assistance Program helps to make our health care services available to everyone in our community needing emergent or medically necessary care. This includes people who do not have health insurance and are unable to pay their hospital bill, as well as patients who do have insurance but are unable to pay the portion of their bill that insurance does not cover. In some cases, eligible patients will not be required to pay for services; in others, they may be asked to make partial payment.

At Covenant Health, our commitment is to provide quality care to all our patients, regardless of their ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance or are worried about their ability to pay for their care. This is why we have a Financial Assistance Program for eligible patients. In FY18, Covenant Health - Lubbock, Levelland, Plainview and CMG combined, provided 59,110,551 in free (charity care) and discounted care with approximately 43,150 persons served.

For information on our Financial Assistance Program visit [www.covenanthealth.org](http://www.covenanthealth.org)

**Medicaid**

Covenant Health provides access to the uninsured and underinsured by participating in Medicaid, also known as Medi-Cal in California. In FY18, Covenant Health as a combined ministry, provided approximately 35.5 million in Medicaid shortfall.
COMMUNITY
Defining the Community
Covenant Health is a member of Providence St. Joseph Health and is one of the largest non-profit healthcare organizations in the West Texas/Eastern New Mexico region, serving a 62 county area. Covenant Health provides West Texas and Eastern New Mexico communities with access to advanced care and advanced caring. The hospital’s service area spans roughly 35,000 square miles and includes approximately 750,000 people. Many of the counties in the service area are considered Medically Underserved. The majority of Covenant Health’s service area is also considered a Health Professions Shortage Area, signifying the importance of Covenant Health to the community it serves.

Covenant Health – Covenant Medical Center, Covenant Children’s Hospital and Covenant Specialty Hospital (Joint Venture) are all located in Lubbock, TX. Lubbock is the county seat of Lubbock County. The city is located in the northwestern part of the state at the base of the Panhandle in a region known as the Llano Estacado. Lubbock is home to Texas Tech University, Lubbock Christian University and has satellite campuses of South Plains Jr. College and Wayland Baptist University. The Lubbock Metropolitan Statistical Area is comprised of Lubbock and Crosby Counties. Lubbock serves as an economic center with an economy based in agriculture, healthcare, education, and manufacturing.

For a complete copy of Covenant Health’s FY15 CHNA’s click here:
http://www.covenanthealth.org

COMMUNITY HEALTH NEEDS AND ASSETS ASSESSMENT (CHNA)
Process and Results
The most recent CHNA was conducted during FY17. The CHNA process was guided by the fundamental understanding that much of a person’s health is determined by the conditions in which they live. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, health behaviors, and the availability of clinical care. This framework, depicted in the graphic below from County Health Rankings and Roadmaps, focuses attention on the social determinants of health to learn more about opportunities for intervention that will help people become and stay healthy within their community. In addition, we recognized that where people live tells us a lot about their health and health needs, and that there can be pockets within counties and cities where the conditions for supporting health are substantially worse than nearby areas. To the extent possible, we gathered information at the zip code level to show the disparities in health and the social determinants of health that occur within the hospital service area.
Examples of the types of information that was gathered are: socioeconomic, physical environment, health behaviors, and clinical care. In addition to these determinants of health,
we also looked at the health outcomes of the people living in the service area, by zip code whenever possible. Within the guiding health framework for the CHNA, publicly-available data was sought that would provide information about the communities and people within the Covenant Health service area. In addition, comparison data was gathered to show how the service area communities are faring compared to the county or state. Indicators were chosen if they were widely accepted as valid and appropriate measures and would readily communicate the health needs of the service area. Preference was given to data that was obtained in the last 5 years and was available at the zip code level. The process of collecting qualitative community input took three main forms: Community Resident Focus Groups, a Nonprofit and Government Stakeholder Focus Group, and a Community Forum. Each group was designed to capture the collected knowledge and opinions of people who live and work in the communities served by Covenant Health.

COLLABORATING ORGANIZATIONS
The needs assessment was conducted as a collaborative effort between the following Covenant Health entities: Covenant Health Medical Center, Covenant Health Children’s, Covenant Health Plainview, Covenant Health Levelland and Covenant Specialty Hospital (Joint Venture). These facilities are referred to collectively as Covenant Health.

Covenant Health partnered with the following community groups to [recruit for and] host the Community Resident Focus Groups and Forums. Plainview YMCA, YWCA of Lubbock, Dream Center, and Larry Combest Health and Wellness Center. Covenant Health also worked with local agencies in Lubbock, Levelland and Plainview to hold Community Stakeholder focus groups. Participating agencies/organizations included the following: Women’s Protective Services, Difference Maker’s Fellowship, Lubbock ISD, American Diabetes Association, Texas Tech Health Sciences Center, March of Dimes, Carpenter’s Church, Voice of Hope, Lubbock Police Department, Plainview YMCA, Plainview Chamber of Commerce, Hale Co. Hospital Authority, Plainview ISD, Atmos Energy, Grace U.M.C. , High Ground of Texas, Plainview Christian Academy, City of Levelland, Levelland ISD, Levelland Community Outreach, Hockley County, Hockley County Senior Center, and TXAgriLife Extension

COMMUNITY INPUT
Community input was gathered through two resident focus groups in Lubbock, three stakeholder focus groups (Lubbock, Plainview and Levelland) and a community forum in Lubbock. The sessions were facilitated by Dr. David Hamilton. He reported and analyzed results from all community input. He also assisted in the analysis of both primary and secondary data and in the ranking of community needs. Dr. Hamilton is the Political Science Coordinator of the Certified Public Manager (CPM) Program and Special Projects for Texas Tech University.
Concerns that were identified in both the community residents focus groups and in the nonprofit/government stakeholders included the following: poverty, cost and access to healthy food, affordable housing, crime, homelessness, transportation, safe areas to exercise, pollution, mental health, oral health, diabetes, obesity, awareness of local resources, alcohol consumption, drug abuse, teen pregnancy, prevention screening, unhealthy lifestyles, access to mental health facilities and access to medical care.

For more information please go to http://www.covenanthealth.org/For-Community/Community-Benefits.aspx

COMMUNITY NEED
SIGNIFICANT HEALTH NEEDS
The following significant health needs were identified and ranked through examining secondary and primary data.

1. Mental health
2. Community resource awareness
3. Alcohol consumption/DWI
4. Obesity
5. Unhealthy food
6. Access to mental health care/facilities
7. Poverty
8. Diabetes
9. Unhealthy lifestyle/lack of exercise
10. Child abuse and neglect
11. Oral health
12. Drug abuse
13. Teen pregnancy
14. Crime

PRIORITY HEALTH NEEDS
During FY18-20, Covenant Health will focus the health needs identified as priorities by the Lubbock Covenant Community Benefit Committee and Plainview and Levelland Regional Board of Directors. These include: Mental/Behavioral Health, Diabetes and Oral Health
Identification and Selection of DUHN Communities

Communities with Disproportionate Unmet Health-Related Needs (DUHN) are communities defined by ZIP codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry Service Area. The twenty zip codes (representing ten cities) within the Covenant Health Primary Community Benefit Service Area are considered medically underserved. Communities with DUHN generally meet one of two criteria: either there is a high prevalence or severity for a particular health concern to be addressed by a program activity, or there is evidence that community residents are faced with multiple health problems and have limited access to timely, high quality health care. Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within our ministry service area.

Needs Beyond the Hospital’s Service Program

The following community health needs identified in the ministry CHNA are not addressed through direct ongoing hospital programming however are addressed by Covenant Health community partnerships and Covenant Wellness Grants: Resource Awareness, Poverty, Teen Pregnancy and Crime and Food Insecurity.

Covenant Health partners with and provides funding to several organizations that provide services in these areas, including but not limited to Catholic Charities, local FQHC’s, The South Plains Food bank, YWCA, Women’s Protective Services, Meals on Wheels, and Family Guidance and Outreach Center. We also have begun hosting an annual child abuse prevention summit and have an internal food pantry for patient’s families in need.

We are committed to continue our Mission through community benefit program and by funding other local non-profits through our Wellness and Prevention grants funded through our Care for the Poor dollars and managed by Covenant Health Community Outreach. In addition, we collaborate with local organization(s) and local Federally Qualified Health Clinics that address aforementioned community needs to coordinate care.
COMMUNITY BENEFIT PLANNING PROCESS

Summary of Community Benefit Planning Process

A work group comprised of both CB staff and representatives from the CB Committee developed strategies to address the identified needs. Based upon the work group’s feedback and research of best practices the plan strategies and measures were developed. The FY18-20 CB Plan was developed in response to findings from the FY17 Community Health Needs Assessment and is guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs: Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- Primary Prevention: Address the underlying causes of persistent health problem.
- Seamless Continuum of Care: Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- Build Community Capacity: Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Addressing the Needs of the Community

The following priority areas were selected as part of its FY18-FY20 CB Plan/Implementation Strategy Report:

- Mental/Behavioral Health - Work with community partners to expand and investigate creative solutions access to care, to create community resilience, reduce depression and anxiety, and expand substance abuse (including alcohol) prevention/intervention initiatives through either direct programming or financial support of partner agencies
- Diabetes Prevention and Intervention – Expand current outreach to include more innovative approaches to prevention with emphasis on early interventions with children and families, collaborate with internal and external partners to implement evidence based practices, and increase access to medication. Including focus on preventive lifestyle issues such as obesity reduction, unhealthy lifestyles, food choices and exercise
- Dental Health – Enhance current outreach practices to include more early intervention with children and new parents, increase school partnerships and explore ways to continue to improve access to services
Addressing the Needs of the Community:
FY18 – FY20 Key Community Benefit Initiatives and Evaluation Plan

**Initiative:** Expand Access to Mental Health Services  
**Goal FY18:** Develop Mental Health Strategic Plan  
**Key Community Partners:** Texas Tech University Center for Adolescent Resiliency, Texas Tech Mental Health Institute, Texas Tech Medical School, StarCare Specialty Health System, Lubbock County, City of Lubbock, University Medical Center, Lubbock Independent School District and Community Foundation of West Texas

**2018 Accomplishments:**
During 2018 Covenant Health participated in a PSJH System-wide Mental Health Strategic Planning project to create a 2019-2022 Mental Health & Wellness Strategic Plan.

- **Long Term Outcome/Community Health Metric:** Reduce drug overdose deaths by 5% in our tri-county community by 2022.
- **Health System Outcome Metric:** In development
  - **Process Measures for FY19**
    - Collaborate with Texas Tech University, StarCare Specialty Health System, Lubbock County, City of Lubbock, University Medical Center and Community Foundation of West Texas to contract for a comprehensive Mental Health Needs assessment for the Lubbock area. The assessment will include the compilation of prevalence and needs data for various mental health conditions by demographic variables, identification of stakeholders and providers, identification of gaps and recommendations for improvements.
    - Train ER caregivers on utilization of navigation services and available community resources for MH/CD patients.
    - Host two Mental Health First Aid Courses for caregivers and community partners
Initiative: Improving Oral Health in Children and Youth
FY18 Goal: Expanding children’s dental services in the region
Key Community Partners: CMG Pediatrics, Communities in Schools, Storks Nest, Larry Combest Center, StarCare, The Dream Center, Lubbock Children’s Health Clinic, and Title 1 Elementary Schools in the region.
2018 Accomplishments:
During FY 18 Covenant Dental provided dental sealants and oral health screenings to third graders in 3 area school districts including Levelland, Sundown and Lubbock. 107 students were screened and 105 sealant treatments were completed. The dental team participated in multiple health education events and educated over 500 children on oral hygiene. In December, we began a full program evaluation and will be implementing several changes and enhancements in 2019 including a new dental site in Plainview, Tx and an expansion of the dental sealant program.

Initiative: Diabetes Self-Management Education
FY 18 Goal: Evaluate program to plan expansion of educational outreach sites
Key Community Partners: CMG, CHP, Larry Combest Center, The Dream Center, Lubbock Children’s Health Clinic, and Catholic Charities.
2018 Accomplishments:
In FY18 diabetes and health education classes and individual appointments were offered at Catholic Charities, Lubbock Children’s Health Clinic, Hillcrest Manor, and Salvation Army. Encounters increased by approximately 200 from FY17. In December we began a full program evaluation and will be implementing several changes and enhancements in 2019. In December, we began a full program evaluation and will be implementing several changes and enhancements in 2019 including new sites, the addition of classes and a collaboration with the Low Income Patient Navigation Team on screening for and interventions related to food insecurity.
## Other Community Benefit Programs

<table>
<thead>
<tr>
<th>Initiative/Community Need Being Addressed:</th>
<th>Program Name</th>
<th>Description</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Obesity</td>
<td>Go Noodle</td>
<td>Engage elementary school students by increasing movement during the day through the use of Go Noodle</td>
<td>Both Low-Income and Broader Community</td>
</tr>
<tr>
<td>At-Risk Students (encompasses many of the needs identified in the CHNA)</td>
<td>Covenant Community Advocacy Project for Students (CAPS)</td>
<td>Intervention programing for youth-at-risk utilizing a comprehensive wellness approach. CAPS improves the school climate for youth by offering individual and group life skills development and advocate-to-student intervention for youth-at-risk.</td>
<td>Low-Income</td>
</tr>
<tr>
<td>Support for community partners addressing needs identified in CHNA</td>
<td>Wellness and Prevention Grant Program</td>
<td>The Covenant Wellness and Prevention Grant Program seeks to promote the health and well-being of low-income individuals and families in communities within our service area. Grant funding is allocated annually to community partners to further address community needs identified in Covenant Health’s CHNA.</td>
<td>Low-Income</td>
</tr>
</tbody>
</table>
## FY18 Community Benefit Investment

**FY18 COMMUNITY BENEFIT INVESTMENT**  
Covenant Medical Center  
*(Ending December 31st, 2018)*

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services¹</th>
<th>Net Benefit</th>
</tr>
</thead>
</table>
| Medical Care Services for Vulnerable Populations | Financial Assistance Program (FAP)  
(Traditional Charity Care-at cost)  
Unpaid cost of Medicaid³ | $44,491,812  
$16,114,407  
$776,860 |
| Other benefits for Vulnerable Populations | Community Benefit Operations | $414,526 |
| | Community Health Improvements Services | $219,297 |
| | Cash and in-kind contributions for community benefit | $423,215 |
| | Community Building | $ |
| | Subsidized Health Services | $262,985 |
| **Total Community Benefit for the Vulnerable** | **$62,703,102** |
| Other benefits for the Broader Community | Community Benefit Operations | $ |
| | Community Health Improvements Services | $ |
| | Cash and in-kind contributions for community benefit | $115,623 |
| | Community Building | $ |
| | Subsidized Health Services | $ |
| Health Professions Education, Training and Health Research | Health Professions Education, Training & Health Research | $8,100,616 |
| **Total Community Benefit for the Broader Community** | **$8,216,239** |
| **TOTAL COMMUNITY BENEFIT (excluding Medicare)** | **$70,919,341** |
| Medical Care Services for the Broader Community | Unpaid cost to Medicare⁴  
*(not included in CB total)* | $169,236,568 |

---

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² 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 (referred to as Medi-Cal in California), Medicare, California Children’s Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.

⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.
## FY18 Community Benefit Investment

### FY18 COMMUNITY BENEFIT INVESTMENT
Covenant Children’s Hospital
(Ending December 31st, 2018)

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services¹</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services for Vulnerable Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost) Unpaid cost of Medicaid³</td>
<td>$4,117,822 $122,703</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>$ $62,500 $857,809</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Vulnerable</strong></td>
<td></td>
<td><strong>$5,160,834</strong></td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>$37,250 $1,938</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
<td><strong>$329,131</strong></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td></td>
<td><strong>$5,489,965</strong></td>
</tr>
<tr>
<td>Medical Care Services for the Broader Community</td>
<td>Unpaid cost to Medicare⁴ (not included in CB total)</td>
<td><strong>$29,481,567</strong></td>
</tr>
</tbody>
</table>

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
² 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 (referred to as Medi-Cal in California), Medicare, California Children’s Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.
³ Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.
⁴ Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.
## FY18 Community Benefit Investment

**FY18 COMMUNITY BENEFIT INVESTMENT**  
**Covenant Medical Group**  
*(Ending December 31st, 2018)*

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services for Vulnerable Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost)</td>
<td>$1,597,738</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$16,976,275</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of Medicaid.3</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of other means-tested government programs</td>
<td>$</td>
</tr>
</tbody>
</table>

| Other benefits for Vulnerable Populations | Community Benefit Operations | $ |
| | Community Health Improvements Services | $ |
| | Cash and in-kind contributions for community benefit | $ |
| | Community Building | $ |
| | Subsidized Health Services | $ |
| **Total Community Benefit for the Vulnerable** | **$18,574,013** |

| Other benefits for the Broader Community | Community Benefit Operations | $ |
| | Community Health Improvements Services | $ |
| | Cash and in-kind contributions for community benefit | $ |
| | Community Building | $ |
| | Subsidized Health Services | $ |
| **Total Community Benefit for the Broader Community** | **$** |
| **TOTAL COMMUNITY BENEFIT (excluding Medicare)** | **$18,574,013** |

| Medical Care Services for the Broader Community | Unpaid cost to Medicare4 (not included in CB total) | **$22,900,321** |

---

1 Catholic Health Association-USA Community Benefit Content Categories, including Community Building.  
2 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 (referred to as Medi-Cal in California), Medicare, California Children’s Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.  
3 Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.  
4 Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.
### FY18 Community Benefit Investment

**FY18 COMMUNITY BENEFIT INVESTMENT**  
Covenant Health - Levelland  
*(Ending December 31st, 2018)*

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services for Vulnerable Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost) Unpaid cost of Medicaid Unpaid cost of other means-tested government programs</td>
<td>$2,380,161, $1,464,471, $235,164</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>$, $, $, $, $</td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations Community Health Improvements Services Cash and in-kind contributions for community benefit Community Building Subsidized Health Services</td>
<td>$, $, $, $, $</td>
</tr>
<tr>
<td>Health Professions Education, Training and Health Research</td>
<td>Health Professions Education, Training &amp; Health Research</td>
<td>$13,331</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td></td>
<td><strong>$14,263</strong></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td></td>
<td><strong>$4,094,059</strong></td>
</tr>
<tr>
<td>Medical Care Services for the Broader Community</td>
<td>Unpaid cost to Medicare</td>
<td><strong>$3,294,864</strong></td>
</tr>
</tbody>
</table>

---

1. Catholic Health Association-USA Community Benefit Content Categories, including Community Building.  
2. 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 (referred to as Medi-Cal in California), Medicare, California Children’s Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.  
3. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.  
4. Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.
## FY18 Community Benefit Investment

<table>
<thead>
<tr>
<th>CA Senate Bill (SB) 697 Categories</th>
<th>Community Benefit Program &amp; Services</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services for Vulnerable Populations</td>
<td>Financial Assistance Program (FAP) (Traditional Charity Care-at cost)</td>
<td>$6,524,546</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of Medicaid</td>
<td>$2,468,363</td>
</tr>
<tr>
<td></td>
<td>Unpaid cost of other means-tested government programs</td>
<td>$50,756</td>
</tr>
<tr>
<td>Other benefits for Vulnerable Populations</td>
<td>Community Benefit Operations</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Community Building</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Subsidized Health Services</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Vulnerable</strong></td>
<td><strong>$9,043,665</strong></td>
<td></td>
</tr>
<tr>
<td>Other benefits for the Broader Community</td>
<td>Community Benefit Operations</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Community Health Improvements Services</td>
<td>$5,859</td>
</tr>
<tr>
<td></td>
<td>Cash and in-kind contributions for community benefit</td>
<td>$19,278</td>
</tr>
<tr>
<td></td>
<td>Community Building</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Subsidized Health Services</td>
<td>$</td>
</tr>
<tr>
<td>Health Professions Education, Training and Health Research</td>
<td>Health Professions Education, Training &amp; Health Research</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Community Benefit for the Broader Community</strong></td>
<td><strong>$25,137</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT (excluding Medicare)</strong></td>
<td><strong>$9,068,802</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. Catholic Health Association-USA Community Benefit Content Categories, including Community Building.
2. 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 (referred to as Medi-Cal in California), Medicare, California Children’s Services Program, or county indigent programs. For SJH, we exclude Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.
3. Accounts for Hospital Fee. The pledge/grant (separate from the quality assurance fee) is reported in Cash and In-kind Contributions for other vulnerable populations.
4. Unpaid cost of Medicare is calculated using our cost accounting system. In IRS Form 990, Schedule H, we use the Medicare cost report.
Telling Our Community Benefit Story:
Non-Financial\(^1\) Summary of Accomplishments

The mission statement of the 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”. 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 and sealants for children. Covenant Health staff also participated in numerous health education events, school health fairs, community center activities and supported other community agencies through goodwill service participation and resource sharing. Staff participated in an annual food drive for our local food bank, fundraising for the United Way and an annual coat drive for a local clothes closet. The Covenant Health leadership team serves on multiple community board and board committees and dedicated time volunteering with other leaders at the South Plains Food Bank. In FY18 Covenant Health conducted many educational events for the public including the lead sponsor for the March of Dimes Walk and the second annual American Diabetes Kids Camp. Covenant Health also offers an Annual Child Abuse Summit and hosted several educational and fundraising events in FY18 for community partners. Covenant Health also provides the facility meeting space for multiple non-profit organizations to meet. Covenant Health has provided support and funding to local agencies addressing homelessness, domestic abuse, young adults aging out of foster care and women’s health just to name a few. We also participate in collaborations with the Lubbock Police Department in addressing the underlying needs of homelessness. Additionally, Covenant Health supported numerous health and wellness awareness campaigns of non-profit agencies such as The American Health Association, The American Red Cross, The Salvation Army, The Susan Komen Foundation, The American Diabetes Association and several others.

\(^1\) Non-financial summary of accomplishments are referred to in CA Senate Bill 697 as non-quantifiable benefits.
Governance Approval

This FY18 Community Benefit Report was approved at the April 24th, 2018 meeting of the Covenant Health’s Community Benefit Committee of the Board of Trustees.

______________________________
Chair’s Signature confirming approval of the FY18 Community Benefit Annual Report

_________
Date