

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/2016

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Concord Hospital

Street Address 250 Pleasant Street

City Concord

County 07 - Merrimack

State NH **Zip Code** 3301

Federal ID # 222594672

State Registration #

Website Address: www.concordhospital.org

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Robert P. Steigmeyer 2277000t3003 rsteigmeyer@crhc.org

Board Chair: David Ruedig 6032261112 druedig@gmail.com

Community Benefits

Plan Contact: Pamela Puleo, FAHP 2277000t3086 ppuleo@crhc.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? Yes

Please describe the community served by the health care charitable trust. “Community” may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust’s primary service area):

Allenstown, Andover, Barnstead, Boscawen, Bow, Bradford, Canterbury, Center Barnstead, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hooksett, Hopkinton, Loudon, Northwood, Pembroke, Penacook, Pittsfield, Salisbury, Suncook, Warner, Washington, Weare, Webster and Windsor.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Serve the General Population and also underserved and vulnerable populations, including low income, new Americans, elderly, food insecure and individuals with chronic health conditions.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2015 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	101
2	122
3	400
4	501
5	600
6	407
7	200
8	999
9	300

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	522
B	520
C	507
D	521
E	601
F	123
G	120

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*
999 - Access to health education and information

Please see the following, attached page for additional community needs not listed above; included is a reference column noting the corresponding area of activity for which the "other" Community Need Addressed has been selected in the subsequent section COMMUNITY BENEFIT ACTIVITIES (4).

Community Benefits Reporting Form for Fiscal Year Beginning 10/01/2016

Additional Documentation

	NEED (Please enter code # from attached list of community needs)	<i>Section 4: Listing for Community Need Addressed</i>
10	121 - Availability of Dental/Oral Health Care	H.
11	604 - Prescription Assistance	
12	321 - Coronary Heart Disease	
13	372 - Child and adolescent mental health	C.3
14	373 - Depression	
15	374 - Serious Mental Illness	C.3
16	401 - Youth Alcohol Use	
17	402 - Adult Alcohol Use	
18	403 - Youth Drug Use	
19	404 - Adult Drug Use	
20	370 - Mental Health/Psychiatric Disorders	
21	420 - Obesity	
22	422 - Nutrition Education	
23	500 - Socioeconomic Issues; General	A.2 / A.3
24	503 - Poverty	
25	502 - Immigrants/Refugees	
26	602 - Information & Referral Services	
27	603 - Senior Services	
28	100- Access to Care; General	A.3
29	609 - Food Assistance	
30	372 B - Alzheimer's/Dementia	
31	530 - Fall Injuries	
32	128 - Availability of Prescription Medications	D.1 / H
	NEED (Please enter code # from attached list of community needs)	
H	319 - Other Cancer	
I	505 - Homelessness	
J	301 - Breast Cancer	
K	330 - Diabetes	
L	530 - Fall Injuries	

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	9 3 5	\$1,498,348.00	\$1,500,000.00
<i>Community-based Clinical Services</i>	9 7 Other	\$242,712.00	\$250,000.00
<i>Health Care Support Services</i>	5 Other Other	\$408,911.00	\$450,000.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	-- -- --		
<i>Intern/Residency Education</i>	G -- --	\$2,575,947.00	\$2,600,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	C -- --	\$799,872.00	\$825,000.00
<i>Other:</i> <i>EMT Training/Sim. Ed./Job Shadow</i>	B D A	\$1,022,090.00	\$1,030,000.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i> <i>Chronic Health Condition</i>	9 4 F	\$2,173,526.00	\$2,250,000.00
<i>Type of Service:</i> <i>Substance Misuse</i>	3 6 --	\$1,081,320.00	\$1,100,000.00
<i>Type of Service:</i> <i>Behavioral Health</i>	2 Other Other	\$11,691,494.00	\$11,000,000.00
<i>Type of Service:</i> <i>Family Health Center</i>	9 8 4	\$9,831,688.00	\$10,000,000.00

<i>Type of Service:</i> <i>Primary Care Physicians</i>	G -- --	\$11,061,402.00	\$11,500,000.00
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Community Benefits Reporting Form for Fiscal Year Beginning 10/01/2016
Additional Documentation

To be included under Section 4: COMMUNITY BENEFIT ACTIVITIES

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs
Type of Service: Support Services	9 - 0 - 4	\$4,480,346.00

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	9 Other --	\$82,623.00	\$80,000.00
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	1 5 E	\$30,000.00	\$30,000.00
<i>Grants</i>	1 2 7	\$388,512.00	\$350,000.00
<i>In-Kind Assistance</i>	5 -- --	\$44,754.00	\$50,000.00
<i>Resource Development Assistance</i>	1 E G	\$288,888.00	\$300,000.00

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	A B --	\$45,000.00	\$47,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	5 -- --	\$97,513.00	\$75,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 Other Other	\$3,668,902.00	\$3,700,000.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	4 -- --	\$63,987,000.00	\$63,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$24,843,000.00	\$25,000,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,280,313,228.00
<i>Net Revenue from Patient Services</i>	\$460,752,779.00
<i>Total Operating Expenses</i>	\$456,826,079.00
<i>Net Medicare Revenue</i>	\$149,473,000.00
<i>Medicare Costs</i>	\$213,460,000.00
<i>Net Medicaid Revenue</i>	\$21,931,000.00
<i>Medicaid Costs</i>	\$46,774,000.00
<i>Unreimbursed Charity Care Expenses</i>	\$3,668,902.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$47,844,938.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$51,513,840.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$2,688,670.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$54,202,510.00

*Please see details under description

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

The 2015 Capital Region Community Health Needs Assessment was included in last year's Community Benefits Reporting Form for fiscal year beginning 10/01/2015. A new Health Needs Assessment will not be conducted until 2018.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need