

# **COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

**FOR FISCAL YEAR 2016**

**RE: Concord Hospital Fiscal Year 2015 Beginning 10/01/14 to 9/30/15**

*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 03301**

**Federal ID # 22-2594672 State Registration #**

**Website Address: [www.concordhospital.org](http://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 225-2711, x 3003 rsteigmeyer@crhc.org**

**Board Chair: Philip Boulter, MD 226-4403 pboultermd@yahoo.com**

**Community Benefits**

**Plan Contact: Pamela Puleo, FAHP 230-6064 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 September 21, 2015***

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): **Concord Hospital’s Service area as identified by the State of New Hampshire is: Allenstown, Andover, Barnstead/Center Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord/Penacook, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke/Suncook, Pittsfield, Salisbury, Warner, Washington, Weare, Webster, Windsor**

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

**Serve the General Population**

**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? **Activities included in this 2015 report are based on the health needs assessment performed in 2012. In 2015, a new assessment was conducted on which the 2016 plan will be based. We have been granted a 90-day extension to submit that 2016 plan.\*\***

*Please attach a copy of the needs assessment if completed in the past year)90 day extension*

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)	Description
1	121	Availability of Dental/Oral Health Care
2	101	Access to Care: Financial Barriers
3	120	Availability of Primary Care
4	122	Availability of Behavioral Health Care
5	370	Mental Health/Psychiatric Disorders – Prevention and Care; General
6	604	Availability of Prescription Medications
7	400	Substance Abuse; Lifestyle Issues
8	501	Aging Population
9	371	Suicide Prevention

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)	Description
A	300	Chronic Disease – Prevention and Care; General
B	360	Infectious Disease – Prevention and Care; General
C	102	Access to Care: Geographic Barriers
D	502	Immigrants/Refugees
E	204	Access/Availability of Family Planning Services
F	522	Local Emergency Readiness & Response
G		

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

**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).

<b><i>A. Community Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)**</i></b>
<i>Community Health Education</i>	A 7 E	\$1,169,626	
<i>Community-based Clinical Services</i>	A 8 1	\$837,752	
<i>Health Care Support Services</i>	2 3	\$734,934	
<i>Other:</i>		N/A	

<b><i>B. Health Professions Education</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Provision of Clinical Settings for Undergraduate Training</i>	A	\$192,948	
<i>Intern/Residency Education</i>	3	\$2,277,787	
<i>Scholarships/Funding for Health Professions Ed.</i>		\$116,601	
<i>Other:</i>		\$1,681,380	

<b><i>C. Subsidized Health Services</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Type of Service: Chronic Health Conditions</i>	A 7	\$1,765,884	
<i>Type of Service: Substance Abuse</i>	7	\$160,549	
<i>Type of Service: Behavioral Mental Health</i>	4	\$8,910,718	
<i>Type of Service: Primary Care Physicians</i>	3	\$15,805,659	
<i>Type of Service: Dental Care</i>	1 2	\$211,764	
<i>Type of Service: Mobile Health Units</i>	8	\$159,089	
<i>Type of Service: Patient &amp; Family Support</i>		\$2,425,088	

Other: Physical Therapy Clinic	2	\$12,615	
<b>D. Research</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Clinical Research</i>	A 7	\$93,673	
<b>E. Financial Contributions</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Cash Donations</i>	A 1 E	\$29,700	
<i>Grants</i>		\$655,652	
<i>In-Kind Assistance</i>	5 7	\$95,098	
<i>Resource Development Assistance</i>		\$249,187	
<b>F. Community Building Activities</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Physical Infrastructure Improvement</i>			
<i>Economic Development</i>			
<i>Support Systems Enhancement</i>	F B	\$44,302	
<i>Environmental Improvements</i>			
<i>Leadership Development; Training for Community Members</i>			
<i>Coalition Building</i>			
<i>Community Health Advocacy</i>			
<b>G. Community Benefit Operations</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Dedicated Staff Costs</i>		\$127,785	
<i>Community Needs/Asset Assessment</i>			
<i>Other Operations:</i>			
<b>H. Charity Care</b>	<b>Community Need Addressed</b>	<b>Unreimbursed Costs (preceding year)</b>	<b>Unreimbursed Costs (projected)</b>
<i>Free &amp; Discounted Health Care Services</i>	1 2 A	\$6,131,654	

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (2015)</i>	<i>Unreimbursed Costs (2016)</i>
<i>Medicare Costs exceeding reimbursement</i>		48,693,000	50,000,000
<i>Medicaid Costs exceeding reimbursement</i>		31,575,000	35,000,000
<i>Other Publicly-funded health care costs exceeding reimbursement</i>		N/A	N/A

**\*\*In 2015, a new health needs assessment was conducted on which the 2016 plan will be based. We have been granted a 90-day extension to submit that 2016 plan. Projected unreimbursed costs will be assessed based upon new 2016 plan.**

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,122,175,000
<i>Net Revenue from Patient Services</i>	\$396,345,000
<i>Total Operating Expenses</i>	\$400,573,000
<i>Net Medicare Revenue</i>	\$126,152,000
<i>Medicare Costs</i>	\$174,845,000
<i>Net Medicaid Revenue</i>	\$14,744,000
<i>Medicaid Costs</i>	\$46,319,000
<i>Unreimbursed Charity Care Expenses</i>	\$6,161,654
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$37,726,792
<i>Total Unreimbursed Community Benefit Expenses</i>	\$43,888,446
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$43,888,446

**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) Concord Hospital Board of Trustees	X	X		
2) Concord Hospital Trust Board of Trustees	X	X		
3) Stakeholder Interviews with Gov't Officials: City & State	X	X		
4) Focus Groups	X	X		
5) Community Listening Sessions	X	X		
6) Telephone Survey	X	X		
7) Comments from public accepted online	X	X		
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				
21)				
22)				
23)				
24)				
25)				

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

**\*\*In 2015, a new health needs assessment was conducted on which the 2016 plan will be based. We have been granted a 90-day extension to submit that 2016 plan.**



**Section 7: CHARITY CARE COMPLIANCE**

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