

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-86HB-792NS, version 1)

Details

Submitted 11/22/2021 (0 days ago) by Kelli Rafferty

Alternate Identifier Elliot Health System

Submission ID HPC-86HB-792NS

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

07/01/2020

Organization Name

Elliot Health System

Street Address

One Elliot Way

Manchester, NH 03103

Federal ID #

02-0512229

State Registration #

14126

Website address (must have a prefix such as "http://www.")

http://www.elliotohospital.org

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

Yes

Chief Executive

First Name **Last Name**
 W. Gregory *Baxter, MD*

Phone Type **Number** **Extension**
 Business 603-663-2402

Email
 [REDACTED]

Board Chair

First Name **Last Name**
 Daniel *Monfried*

Phone Type **Number** **Extension**
 Business 603-663-2402

Email
 [REDACTED]

Community Benefits Plan Contact

First Name **Last Name**
 Steven *Norton*

Title
Chief Strategy Officer

Phone Type **Number** **Extension**
 Business 603663-2958

Email
 [REDACTED]

Does this report include community benefit information for affiliated or subsidiary organizations?

Yes

Affiliated or Subsidiary Organizations

Organization Name	Federal ID #	State Registration #
Elliot Hospital	02-0232673	2927
Elliot Professional Services Network, Inc	33-1003630	11426
Elliot Physician Network	02-0509589	12402
Mary & John Elliot Charitable Foundation	02-0512229	12351
VNA of Manchester & Southern NH, Inc	02-0395296	2924
VNA Home Health & Hospice, Inc	02-0222241	2927
VNA Personal Services, Inc	02-0395295	2929

Section 2: Mission & Community Served

Mission Statement

Elliot Health System strives to:

INSPIRE wellness

HEAL our patients

SERVE with compassion in every interaction.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Hillsborough

Merrimack

Rockingham

Please select service area municipalities (NH), if applicable

AMHERST

AUBURN

ALLENSTOWN

BEDFORD

CANDIA

DEERFIELD

DERRY

DUNBARTON

GOFFSTOWN

HOOKSETT

LITCHFIELD

MANCHESTER

MERRIMACK

NEW BOSTON

RAYMOND

WEARE

LONDONDERRY

Service Population Description

<Serve the general population>

Section 3.1: 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? (Please attach a copy of the needs assessment below if completed in the past year)

2019

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

Manchester-Report-Final-compressed.pdf - 10/05/2021 03:48 PM

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 1)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A1: Community Health Education

A2: Community-Based Clinical Services

A6: Community Needs/Asset Assessment

A7: Other Community Benefit Operations

B2: Intern/Residency Education

B1: Provision of Clinical Setting for Undergraduate Education

C1: Emergency and Trauma Services

C2: Neonatal Intensive Care (if subsidized)

C3: Hospital Outpatient Services

C4: Burn Units

C5: Women's and Children's Services

C8: Behavioral Health Services

D1: Clinical Research

E1: Cash Donations

E3: In-Kind Assistance

E2: Grants

F3: Support Systems Enhancement

Brief description of major strategies or activities to address this need (optional)

Key clinical services to support the complex health needs of greater Manchester, strong focus on SUD and Behavioral Health services, advanced Trauma and NICU care, community support and partnerships to drive addressing key SoDH in southern NH.

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form.

Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

624587740

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	8516295	0	8516295	1.4%	8516295

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	129927760	55845898	74081862	11.9%	74081862

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	468933761	0	468933761	75.1%	468933761

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	607377816	55845898	551531918	88.3%	551531918

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	799724	8068	791656	0.1%	791656

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
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(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	640323	0	640323	0.1%	640323

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	40025756	14849334	25176422	4%	25176422

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	31893	0	31893	0%	31893

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
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(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	1219107	0	1219107	0.2%	1219107

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	42716803	14857402	27859401	4.5%	27859401

Total**(11) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	650094619	70703300	579391319	92.8%	\$579391319

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
624587740

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	707511	0	707511	0.1%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total

(10) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	707511	0	707511	0.1%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)

177102941

Enter Medicare allowable costs of care relating to payments specified above (\$)

254886242

Medicare surplus (shortfall)

\$-77783301

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

NONE PROVIDED

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

NONE PROVIDED

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

1622818961

Net operating costs (\$)

624587740

Ratio of gross receipts from operations to net operating costs

2.598

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)

551531918

Other Community Benefit Costs (\$)

27859401

Community Building Activities (\$)

707511

Total Unreimbursed Community Benefit Expenses (\$)

580098830

Net community benefit costs as a percent of net operating costs (%)

92.88%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$-77783301

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Amoskeag Health	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes
Catholic Medical Center	Yes	Yes	Yes	Yes
Families in Transition (FIT)	Yes	Yes	Yes	Yes
Dartmouth- Hitchcock	Yes	Yes	Yes	Yes
City of Manchester - Manchester Public Schools	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	Yes	Yes
Elliot Health System	Yes	Yes	Yes	Yes
City of Manchester - Mayor's Office	Yes	Yes	Yes	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	Yes	Yes
NeighborWorks of Southern NH	Yes	Yes	Yes	Yes
SolutionHealth	Yes	Yes	Yes	Yes

Please provide a description of the methods used to solicit community input on community needs:

Focus Groups: Approximately 8-10 focus groups (goal 75-100 residents total) will be conducted to capture input from community residents regarding health priorities and areas for improvement/action. A diverse group of resident voices will be solicited to ensure a representative sample of the Greater Manchester region. Key Informant Interviews: Approximately 12-15 key leaders will be interviewed to reflect on health priorities and areas for improvement/action. In addition, data collection will include an 'investment asset mapping process' to identify organizational priorities and investments locally to identify opportunities for alignment and coordination among service providers. Existing Qualitative Data: There are local sources of existing data that will be utilized to identify health priorities, such as MHD's family needs survey and 211 call data.

Additionally, part of various CoCs in Manchester

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Kelli

Last Name

Rafferty

Title

Executive Director SolutionHealth Philanthropy and Community Engagement

Email

[REDACTED]

Attachments

Date	Attachment Name	Context	Confidential?	User
10/5/2021 3:48 PM	Manchester-Report-Final-compressed.pdf	Attachment	No	Kelli Rafferty