

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2013

to be filed with:

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

*includes
DHHC
for 2014*

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Mary Hitchcock Memorial Hospital

Street Address 1 Medical Center Drive

City Lebanon

County 05 - Grafton

State NH **Zip Code** 03756

Federal ID # 02222140

State Registration # 6278

Website Address: www.dartmouth-hitchcock.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?

Yes **IF YES**, please attach the updated information.

Chief Executive: James N. Weinstein, D.O., M.S. 603-653-3580

James.N.Weinstein@Hitchcock.ORG

Board Chair: Robert Oden, Jr., Ph.D 603-643-8803 roden@carleton.edu

Community Benefits

Plan Contact: Greg Norman 603-650-4068
greg.norman@hitchcock.org

Is this report being filed on behalf of more than one health care charitable trust? Yes

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

FOR FISCAL YEAR BEGINNING July 1, 2013 through June 30, 2014

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: Dartmouth-Hitchcock Clinic
One Medical Center Drive
Lebanon, NH 03756
County 05 – Grafton

Federal Tax ID #: 222519596

State Registration #: 3413

Website Address: www.dartmouth-hitchcock.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

Has any of the initial filing information changed since the date of submission? No

Community Benefits Plan Contact: Greg Norman, Director
Community Health Improvement & Benefits
One Medical Center Drive
Lebanon, NH 03756
603-650-4068
Gregory.A.Norman@Hitchcock.ORG

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

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

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):
Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC), collectively known as Dartmouth-Hitchcock (D-H) defines its service region as New Hampshire and eastern Vermont. In New Hampshire, our service area includes outpatient clinics in Lebanon, Concord, Manchester, Keene, and Nashua; and smaller practices in a variety of other New Hampshire locations. Dartmouth-Hitchcock Medical Center, in Lebanon, houses MHMH and DHC outpatient services, and serves our broader NH and VT service regions.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):
Dartmouth-Hitchcock serves the general population with a wide range of primary care, hospital, and specialty health care services. D-H provides primary health care to populations in regions where our outpatient clinics are located. D-H also provides the larger population of NH and VT with other specialty health care or unique health care services not provided elsewhere in NH and VT.

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?

2012 (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	400
2	420
3	370
4	121
5	100
6	500
7	430
8	520
9	507

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	501
B	301
C	303
D	340
E	200
F	360
G	604

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

Priorities identified in the first table above (priorities 1-9) are drawn from the 2012 Upper Valley Community Needs Assessment. The second table above (priorities A-G) includes additional needs cited in the Upper Valley Community Needs Assessment and NH Department of Public Health Services 2011 State Health Profile and Upper Valley Regional Health Profile as well as needs identified through hospital and other regional data sources.

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>	E A 8	\$1,638,565.00	\$1,700,000.00
<i>Community-based Clinical Services</i>	F -- --	\$588,310.00	\$590,000.00
<i>Health Care Support Services</i>	G F --	\$925,920.00	\$925,000.00
<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>	5 -- --	\$27,674,337.00	\$28,000,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	5 -- --	\$828,540.00	\$830,000.00

<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: Women's and Children's Srvcs</i>	7 D --	\$526,295.00	\$400,000.00
<i>Type of Service: Emergency/Trauma Services</i>	5 -- --	\$1,740,376.00	\$1,750,000.00
<i>Type of Service: Behavioral Health Services</i>	3 -- --	\$1,119,351.00	\$1,120,000.00
<i>Type of Service: Neonatal Intensive Care</i>	E 5 --	\$180,308.00	\$160,000.00
<i>Type of Service: MDA Clinic</i>	E -- --	\$6,776.00	\$5,000.00

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --	\$5,402,174.00	\$5,900,000.00
<i>Community Health Research</i>	F -- --	\$19,254.00	\$0.00
<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>	5 2 1	\$6,506,576.00	\$6,800,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	5 E --	\$626,490.00	\$625,000.00
<i>Resource Development Assistance</i>	-- -- --		

<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>	7 -- --	\$50,000.00	\$40,000.00
<i>Economic Development</i>	-- -- --	\$17,587.00	\$15,000.00
<i>Support Systems Enhancement</i>	7 -- --		\$0.00
<i>Environmental Improvements</i>	7 -- --	\$0.00	\$0.00
<i>Leadership Development; Training for Community Members</i>	-- -- --	\$0.00	\$0.00
<i>Coalition Building</i>	2 4 5	\$516,175.00	\$600,000.00
<i>Community Health Advocacy</i>	5 E --	\$128,140.00	\$125,000.00

<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>	2 1 4	\$11,902.00	\$20,000.00
<i>Community Needs/Asset Assessment</i>	Other -- --	\$6,925.00	\$30,000.00
<i>Other Operations</i>	-- -- --	\$0.00	\$0.00

<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>	5 -- --	\$19,475,130.00	\$19,500,000.00

<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>	5 -- --	\$57,118,935.00	\$60,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	5 -- --	\$100,815,356.00	\$100,000,000.00
<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>	\$1,338,707,105.00
<i>Net Revenue from Patient Services</i>	\$1,190,366,361.00
<i>Total Operating Expenses</i>	\$1,264,824,029.00
<i>Net Medicare Revenue</i>	\$321,665,656.00
<i>Medicare Costs</i>	\$378,784,591.00
<i>Net Medicaid Revenue</i>	\$78,509,389.00
<i>Medicaid Costs</i>	\$165,800,770.00
<i>Unreimbursed Charity Care Expenses</i>	\$19,475,130.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$149,329,627.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$168,804,757.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$87,278,506.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$256,083,263.00

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) Greg Lewis, City Manager, City of Lebanon, NH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Paula Maville, City of Lebanon, NH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Armando Alfonso, Executive Director, Good Neighbor Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Andrew Winter, Executive Director, Twin Pines Housing Trust	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Mike Samson, Town Administrator, Town of Canaan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Caroline Moore, Director, Aging Resource Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Regina Rice-Baker, Director, Valley Court Diversion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Jill Lord, Mount Ascutney, Hospital and Health Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Cathy Brittis, Coordinator, Children's Advocacy Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Deb Samaha, Director, Injury Prevention Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Steve Allen, Coordinator, Upper Valley Public Health Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12) Chris Christopoulos, Fire Chief, City of Lebanon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Andrew Martin, Coordinator, Global Nursing Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Cathy Hazlett, Director, Health Connections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Karen Liot-Hill, City Councilor, City of Lebanon, NH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Suzanne Stofflet, VP, Granite United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17) Leah Dillon, Community Impact Coord., Granite United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18) Nancy DuMont, Community Health, Alice Peck Day Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19) Peggy O'Neill, Director, Women's Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20) Ceil Furlong, Care Manager, Good Neighbor Health Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Suellen Griffin, CEO, West Central Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22) Laura Cody-McNaughton, VT Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23) Roberta Berner, Director, Grafton Co. Senior Citizen's Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24) Julia Griffin, Town Manager, Town of Hanover, NH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25) Becky Thomas, Regional Director, VT Dept. of Health	<input checked="" type="checkbox"/>	<input checked="" 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):

D-H is an active participant in the Upper Valley Regional Public Health Advisory Council and broader ReThink Health Initiatives. Members of these two community health advisory groups have had the opportunity to review and comment on drafts of the Community Health Improvement Plan. The plan document has also been circulated to public health officials in Vermont.

During 2012 Dartmouth-Hitchcock collaborated in a needs assessment process for the Upper Valley Hospital Service Area with Alice Peck Day Memorial Hospital, Mount Ascutney Hospital and Health Care, and Granite United Way. We convened a steering committee of regional leaders in health care, education, regional planning, and economic security to help design and

guide the assessment. Granite United Way provided a consultant to manage the assessment process. As part of the needs assessment, the Steering Committee reviewed:

1. Health, economic, and education data from sources including Youth Risk Behavior Surveys, the Behavioral Risk Factor Surveillance System, public health and hospital discharge data available in NH Health WRQS, census data, and reports from the New England Common Assessment Program. Additionally, it reviewed the 2011 NH State Health Profile and Upper Valley Regional Health Profile, quantitative and qualitative data from local sources (newspapers, regional planning offices, community forums) to identify concerns that emerged, intensified, or were the source of local attention since the last secondary data was collected. Emergent issues that are not well-reflected in secondary data but were reflected elsewhere include oral health needs (data from UV Smiles school-based oral health clinics), prescription drug misuse (data from the NH Governor's Commission on Alcohol and other Drug Abuse Prevention, Intervention, and Treatment), housing assessments (data from Upper Valley Lake Sunapee Regional Planning Commission), and reductions in availability of appropriate mental health services (news outlets and professional stakeholder interviews).
2. Opinion data from professional stakeholders using an online opinion poll of regional leaders in health, public health, education, municipal governments, public safety, and social service providers. 67 informed stakeholders responded to this survey.
3. Focus group data collected from 6 focus groups largely consisting of lower-income consumers of health/welfare services.
4. Opinion data from residents collected through community list-servs, individual interviews at human service organizations, and focus groups. These surveys were targeted primarily to economically stable households. 196 residents responded to surveys.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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