

**COMMUNITY BENEFITS REPORTING FORM**

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

**FOR FISCAL YEAR 2015**

RE: Concord Hospital Fiscal Year 2014 Beginning 10/01/13 to 9/30/14

*to be filed with:*

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

**RECEIVED**

NOV 5 - 2015

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name Concord Hospital**

CHARITABLE TRUSTS UNIT

**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**

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: Muriel Schadee 224-5357 mschadee@nathanweschler.com**

**Community Benefits**

**Plan Contact: Pamela Puleo, FAHP 225-2711, x 3086 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-1)?

**Yes September 22, 2014**

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? **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)	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).

<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>	A 7 E	\$1,048,325	1,100,000
<i>Community-based Clinical Services</i>	A 8 1	\$867,622	911,000
<i>Health Care Support Services</i>	2 3	\$804,922	845,000
<i>Other:</i>		N/A	

<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>	A	\$281,216	295,000
<i>Intern/Residency Education</i>	3	\$1,989,622	2,090,000
<i>Scholarships/Funding for Health Professions Ed.</i>		\$204,011	214,000
<i>Other:</i>		\$1,339,183	1,406,000

<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: Chronic Health Conditions</i>	A 7	\$1,577,726	1,656,600
<i>Type of Service: Substance Abuse</i>	7	\$623,713	655,000
<i>Type of Service: Behavioral Mental Health</i>	4	\$8,614,559	9,045,000
<i>Type of Service: Primary Care Physicians</i>	3	\$14,627,753	15,360,000
<i>Type of Service: Dental Care</i>	1 2	\$222,792	234,000
<i>Type of Service: Mobile Health Units</i>	8	\$345,949	363,000
<i>Type of Service: Patient &amp; Family Support</i>		\$1,869,133	1,963,000
<i>Other: Physical Therapy Clinic</i>	2	\$29,394	30,800

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	A 7	\$89,436	\$93,900

<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>	A 1 E	\$26,784	28,100
<i>Grants</i>		\$555,963	583,700
<i>In-Kind Assistance</i>	5 7	\$151,963	160,000
<i>Resource Development Assistance</i>		\$213,072	223,700

<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>	F B	\$53,188	56,000
<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>		\$96,054	100,800
<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 &amp; Discounted Health Care Services</i>	1 2 A	\$16,665,736	17,500,000

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community (Need Addressed)</i></b>	<b><i>Unreimbursed Costs (2014)</i></b>	<b><i>Unreimbursed Costs (2015)</i></b>
<i>Medicare Costs exceeding reimbursement</i>		51,302,000	53,867,000
<i>Medicaid Costs exceeding reimbursement</i>		18,850,000	19,793,000
<i>Other Publicly-funded health care costs exceeding reimbursement</i>		N/A	N/A

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,050,461,000
<i>Net Revenue from Patient Services</i>	\$381,419,000
<i>Total Operating Expenses</i>	\$386,222,000
<i>Net Medicare Revenue</i>	\$112,623,000
<i>Medicare Costs</i>	\$163,925,000
<i>Net Medicaid Revenue</i>	\$9,148,000
<i>Medicaid Costs</i>	\$27,998,000
<i>Unreimbursed Charity Care Expenses</i>	16,665,736
<i>Unreimbursed Expenses of Other Community Benefits</i>	35,632,380
<i>Total Unreimbursed Community Benefit Expenses</i>	52,298,116
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	52,298,116

**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	X	X
2) Concord Hospital Trust Board of Trustees	X	X	X	X
3) Stakeholder Interviews with Gov't Officials: City & State	X	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	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):

**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>

