

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FY15

FOR FISCAL YEAR BEGINNING 07/01/2014

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 White Mountain Communtiy Health Center

Street Address 298 White Mountain Hwy, PI Box 2800

City Conway

County 02 - Carroll

State NH Zip Code 3818

Federal ID # 20358715

State Registration # 1438

Website Address: www.whitemountainhealth.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: Patricia M. McMurry 603-447-8900
pmcmurry@whitemountainhealth.org

Board Chair: Carol T. Hastings 207-935-3175 cthastings49@gmail.com

Community Benefits

Plan Contact: Patricia M. McMurry 603-447-8900
pmcmurry@whitemountainhealth.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: The mission of White Mountain Community Health Center is to serve as a safety net healthcare provider serving those who lack the ability to pay for needed services.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? 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):
All New Hampshire and portions of Western Maine

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?

2005 (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	123
4	604
5	127
6	
7	
8	
9	

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	
B	
C	
D	
E	
F	
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>	-- -- --		
<i>Community-based Clinical Services</i>	1 2 --	\$134,214.00	
<i>Health Care Support Services</i>	5 -- --	\$71,402.00	
<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>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<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>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<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>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<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>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<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>	4 -- --	\$3,256.00	
<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 2 --	\$187,712.00	

<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>	1 2 --	\$27,068.00	
<i>Medicaid Costs exceeding reimbursement</i>	1 2 --	\$364,320.00	
<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>	\$1,314,435.00
<i>Net Revenue from Patient Services</i>	\$857,313.00
<i>Total Operating Expenses</i>	\$1,458,784.00
<i>Net Medicare Revenue</i>	\$37,698.00
<i>Medicare Costs</i>	\$27,068.00
<i>Net Medicaid Revenue</i>	\$546,550.00
<i>Medicaid Costs</i>	\$364,320.00
<i>Unreimbursed Charity Care Expenses</i>	\$187,712.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$3,256.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$190,968.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$586,838.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$777,806.00

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) Memorial Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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): Community Needs Assessment performed by Memorial Hospital of North Conway, NH

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

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Worksheet 1 Charity Care

Use this worksheet to calculate the cost of charity care.

Total number of persons served: 11,845

Calculation of the net cost of charity care

	Method 1: Ratio of cost to charges	Method 2: Cost accounting system
1. Charges forgiven for charity		
2. Inpatient charges	\$ _____	
3. Outpatient/Ambulatory charges	\$ _____	
4. Long-term care charges	\$ _____	
5. Home care charges	\$ _____	
6. Other patient care charges	\$ <u>187,712</u>	
7. Total charges	\$ _____	
8. Cost of charity care		
9. Ratio of cost to charges (from Worksheet 3)	\$ <u>.715</u>	
10. Estimated cost	\$ <u>134,214</u>	\$ _____
11. Any other direct contributions to charity care programs	\$ _____	\$ _____
12. Total charity care costs (add lines 10 and 11)	\$ <u>134,214</u>	\$ _____
13. Revenue received to support charity		
14. Grants and contracts to provide free and discounted services	\$ _____	\$ _____
15. Payments from uncompensated care pools or programs	\$ _____	\$ _____
16. Philanthropy received and/or used to support charity*	\$ _____	\$ _____
17. All other sources of funding	\$ _____	\$ _____
18. Total offsetting revenue (add lines 14-17)	\$ _____	\$ _____
19. Net traditional charity care (line 12 minus line 18)	\$ <u>134,214</u>	\$ _____

*Excludes resources received from foundations or other entities that are related parties and share common governance.

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Worksheet 2 Unpaid Costs of Medicaid and Other Public Programs

Use this worksheet to determine the unpaid costs of Medicaid and other public insurance programs.

Unpaid Costs of Public Programs	(a) Medicaid	(b) Medicare	(c) Other public programs	(d) Total
1. Persons served				
2. Total expenses (Choose A, B or C)	910,871	64,766		975,637
A. From cost accounting system, or	\$	\$	\$	\$
B. From program cost report, or	\$	\$	\$	\$
C. Use Ratio of Cost to Charges @ .715	\$ 651,273	\$ 46,308	\$	\$ 697,581
3. Expenses before Medicaid taxes (from 2A, 2B or 2C)	\$ 651,273	\$ 46,308	\$	\$ 697,581
4. Taxes or assessment used as matching funds*	\$	\$	\$	\$
5. Total expenses (add lines 3 and 4)	\$ 651,273	\$ 46,308	\$	\$ 697,581
6. Reimbursement and other support				
7. Inpatient reimbursement	\$	\$	\$	\$
8. Outpatient/Ambulatory reimbursement	\$	\$	\$	\$
9. Long-term care reimbursement	\$	\$	\$	\$
10. Home care reimbursement	\$	\$	\$	\$
11. Other patient care reimbursement	\$ 546,550	\$ 37,698	\$	\$ 584,248
12. Medicaid disproportionate share funds	\$	\$	\$	\$
13. Total reimbursement and other support	\$ 546,550	\$ 37,698	\$	\$ 584,248
14. Net costs of public programs (line 5 minus line 13)	\$ 104,723	\$ 8,610	\$	\$ 113,333

*Included to assure that provider taxes or assessments used as matching funds for federal resources are included in the costs of services for Medicaid or other public insurance programs.

Worksheet 3
Ratio of Costs to Charges

Use the recommended formula below to calculate a ratio of costs to charges if cost report or cost accounting system is not available or applicable.

- 1. **Adjusted total operating expenses**
- 2. Total operating expenses (including bad debt expenses)
- 3. **Less: Adjustments**
- 4. Other operating revenue
- 5. Medicaid taxes
- 6. *Operating expenses for subsidized health services (if applicable)*
- 7. Expenses for other programs for persons qualifying for charity care
- 8. Other community benefit-related expenses
- 9. Total adjustments
- 10. Adjusted total operating expenses (line 2 - line 9)
- 11. **Adjusted total gross charges**
- 12. Total gross charges (including bad debt charges)
- 13. **Less: Adjustments**
- 14. *Gross charges for subsidized health services*
- 15. Total adjustments
- 16. Adjusted total gross charges (line 12 - line 15)
- 17. **Ratio calculation**
- 18. A. Adjusted total operating expense (from line 10)
- 19. B. Adjusted total gross charges (from line 16)
- 20. Calculated patient cost-to-charge ratio: $A \div B =$

\$	1,458,784
\$	72,479
\$	
\$	312,903
\$	
\$	
\$	385,382
\$	1,073,402
\$	1,888,345
\$	385,382
\$	385,382
\$	1,502,963
\$	
\$	
	.715

(A)

(B)

*Reduce operating expenses for the amount of other operating revenue that has an associated operating expense. Some operating revenue or income (e.g., from joint ventures) should not be included in the adjustment.

Note: Operating expenses and gross charges for subsidized health services should be excluded from the formula (as shown in italics) if your organization has a cost accounting system to measure those services.