PROPOSED ACQUISITION TRANSACTION
LRGHEALTHCARE AND CONCORD HOSPITAL, INC.

REPORT OF THE DIRECTOR OF CHARITABLE TRUSTS

March 29, 2021

I. Introduction

On January 6, 2021, LRGHealthcare (LRGHealthcare) submitted to the Charitable Trusts Unit of the New Hampshire Department of Justice (CTU) notice of its proposed acquisition by Concord Hospital, Inc. (Concord), pursuant to RSA 7:19-b (Notice).[1] LRGH plans to sell substantially all of its assets to Concord in a transaction supervised by the United States Bankruptcy Court for the District of New Hampshire. This report describes the proposed transaction and the CTU's review and conclusions.

A. The Entities Involved.

LRGHealthcare

LRGHealthcare is a New Hampshire voluntary corporation. It was created by legislative charter as Laconia Hospital Association in 1893. Ch. 147, Laws 1893. LRGHealthcare is a charitable organization within the meaning of RSA 7:21, II (b) and is exempt from federal income taxation under section 501(c)(3) of the Internal Revenue Code.

LGHealthcare operates a facility under the name Lakes Region General Hospital (LRGH), Laconia's hospital for more than 125 years. LRGH is a community acute care hospital with a licensed bed capacity of 137 beds, 50 of which are currently staffed. It is the regional Doorway under New Hampshire's hub and spoke system for delivery of substance use disorder services. Until 2018, LRGH offered a labor and delivery service.

In 2002, LRGHealthcare became the surviving entity of a merger with Franklin Regional Hospital (FRH). FRH was incorporated as Franklin Hospital Association in 1909 and has operated a hospital in Franklin for more than 110 years. FRH is a critical access hospital having 25 licensed beds with an additional 10-bed inpatient psychiatric unit. FRH currently staffs 20 general beds plus 8 psychiatric beds. It has not offered labor and delivery services for a number of years.

Concord Hospital, Inc.

Concord is a New Hampshire voluntary corporation formed as part of a corporate reorganization in 1985. Its sole corporate member (i.e., parent) is Capital Region Health Care Corporation (CRHC), formerly known as Concord Hospital, formed in 1944. It is the successor to Margaret Pillsbury General Hospital, formed in 1893 and dissolved as a corporation in 1944; as well as Memorial Hospital for Women and Children, formed in 1917 and subsequently

[1] The Notice and exhibits are posted to the New Hampshire Department of Justice website.

dissolved as a corporation. Like LRGH in Laconia, Concord and its predecessors have operated one or more hospitals in the City of Concord for over 125 years. CRHC is the sole corporate member of other health care entities, including Riverbend Community Mental Health, the state-designated community mental health center for the Concord area.

Concord is an acute care hospital with a licensed bed capacity of 295 beds, 242 of which are currently staffed. Concord operates a voluntary inpatient psychiatric unit. It is the regional Doorway under New Hampshire's hub and spoke system for delivery of substance use disorder services.

B. The Proposed Transaction.

1. Background.

More than ten years ago, LRGHealthcare made costly investments in its inpatient services, financed through the issuance of a series of revenue bonds and mortgage loans. Later, it purchased a very expensive license for a new electronic health records system. Unfortunately for LRGHealthcare, its inpatient census thereafter declined, and its costs grew substantially. Eventually, after several years of negotiations with its lenders, LRGHealthcare found itself running short on cash, with no easy alternatives.

LRGHealthcare sought partners to affiliate with or to enter into some form of transaction. Because of its level of debt, LRGHealthcare's efforts were unsuccessful. On October 19, 2020, LRGHealthcare filed a Chapter 11 voluntary petition for relief in the United States Bankruptcy Court for the District of New Hampshire. In re: LRGHealthcare No. 20-10892 (MAF) (the "Bankruptcy Case"). While the CTU will separately examine the quality of past board governance decisions relating to the assumption of that debt and other obligations, that examination will not affect this review of the proposed transaction.

At the time LRGHealthcare filed the Bankruptcy Case, it also filed a motion with the court to sell substantially all of its assets pursuant to an auction process established under Bankruptcy Code Section 363. It had negotiated a deal with Concord in advance, and the parties' Asset Purchase Agreement dated October 19, 2020 (APA) became the "stalking horse" bid.[2] After an opportunity for interested parties to review documents as part of the auction process, no other bidders emerged. The Bankruptcy Court then issued a Sale Order (Notice, Exhibit II-B) on December 24, 2020 approving the deal with Concord, subject to a number of conditions.

Important to the present review, the Sale Order at paragraphs L and 46 recognizes that consummation of the transaction is dependent upon a favorable outcome from this review. That is consistent with Bankruptcy Code Section 363(d)(1), which recognizes state regulatory authority to review transactions involving charitable organizations in the context of a bankruptcy case.

[2] A "stalking horse" bid is one made by the initial bidder to buy the assets of a bankrupt entity through the Section 363 auction process. The initial bid sets the "floor" for the terms of the transaction against which all other bidders must compete. There are certain incentives offered for a bidder willing to act as the "stalking horse".

2. Overview of the Transaction Terms.

Under the APA, as subsequently amended, LRGHealthcare proposes to sell substantially all of its assets for a purchase price of $30 million, plus Concord's assumption of certain LRGHealthcare obligations. While Concord and CRHC are parties to the transaction, most of the assets, including donor restricted funds, would be distributed to two newly formed voluntary corporations, Concord Hospital-Laconia (CHL) and Concord Hospital-Franklin (CHF). Concord is the sole corporate member (i.e. parent) of CHL and CHF.

According to the proposed bylaws of CHL and CHF, their boards of trustees (directors) would be comprised of the executive committee of Concord, plus two non-voting members: Concord's chief executive officer and the chief administrative officer of CHL or CHF, as appropriate. Exhibit B to Information Request 10.

Under APA Section 5.4(a), the Concord entities commit to continue to operate the existing hospitals in Laconia and Franklin for at least 5 years from the closing "providing at least the level of service which exists as of the [closing] provided that the [hospitals] maintain a reasonable operating margin, sufficient to cover their expenses." The Concord entities also make the following commitments for 5 years: to maintain an open medical staff at each hospital (Section 5.4(b), maintain a charity care policy equal to Concord's (Section 5.4(c), and administer the LRGHealthcare restricted funds in accordance with their terms (Section 5.4(e)).

The obligation of the Concord entities to close on the transaction is subject to the CTU's favorable review of the proposal. APA Sections 5.15 and 6.3. In addition, the parties must obtain approval from the probate court relating to the transaction (Sections 5.18 and 6.4) as well state and federal antitrust regulators (Sections 5.16, 5.17, 6.3 and 6.5).

II. Review by the Charitable Trusts Unit.

A. Overview.

Under state law, RSA 7:19-b, the Director of Charitable Trusts of the Attorney General's Office is charged with reviewing acquisition transactions involving healthcare charitable trusts and determining compliance with the statute's provisions. In making this determination, the Director is required to accept public comment and may conduct public hearings. RSA 7:19-b, IV. Although RSA 7:19-b, IV requires that the Director of Charitable Trusts make his or her determination within a reasonable time not to exceed 180 days after receipt of a notice of a proposed acquisition transaction, the deadline for review of the Notice was suspended in accordance with the Governor's Emergency Order #29, Exhibit B, issued as a result of the COVID-19 pandemic.

After receiving the Notice on January 6, 2021, the CTU posted the documents on the Department of Justice website. The Assistant Director of Charitable Trusts wrote to the Commissioners of Health and Human Service and of Insurance on January 13, 2021, to alert them to the Notice and to request their input on the transaction, in accordance with RSA 7:19-b, IV(b). On January 19, 2021, the CTU made a written request to the filers for additional

information and documentation. LRGHealthcare and Concord responded to those requests on February 5 and 10, 2021, respectively.

In conducting its review, the CTU has analyzed the Notice and additional documentation, testimony, comments, and other information submitted by the parties. The CTU set up a web page dedicated to the transaction and posted relevant documents. On the web page, the CTU posted a request for public comments, and a number were submitted as a result. The CTU has read and considered all comments submitted.

On February 23, 2021, the CTU held a public hearing to obtain input regarding the proposed transaction. Because of restrictions implemented to avoid the spread of COVID-19, the public hearing took place remotely, using the Zoom videoconference platform. The CTU had issued a news release with detailed instructions in advance. Participants could participate via computer, smartphone, or telephone. The public could submit questions and comments in advance or contemporaneously through the Zoom chat feature. In addition, participants could ask to speak live to the panelists. A video of the hearing has been posted to the Department of Justice website.[3]

The first part of the public hearing consisted of a presentation by Katharine London, a health policy analyst with the University of Massachusetts Medical School, followed by comments delivered by the chief executive officers and board chairs of Concord and LRGHealthcare. Thereafter the moderator read comments and asked questions to the panelists based upon previously submitted and live chat material from the public. Some members of the public made oral comments or asked questions of the panelists live over the Zoom platform. According to the log of the videoconference, 288 people participated.

Following the public hearing, on March 2, 2021, the Director and Assistant Director of the Charitable Trusts met via videoconference with members of the LRGHealthcare board of trustees. In response to questioning, they demonstrated an understanding of the reasons why LRGHealthcare filed the Bankruptcy Case and why it undertook the Section 363 auction process. Moreover, they were able to describe the general terms of the transaction with Concord and the reasons for their approval of it. Among other things, the trustees mentioned how important it was that Concord is a charitable organization with a similar mission to LRGHealthcare. The trustees pointed with approval to Concord's excellent reputation and its commitment to maintaining services at their hospitals for at least five years.

In addition to the parties' submission, the public hearing, and written comments, the CTU reached out to a number of stakeholders with an interest in health care in the region served by LRGHealthcare. Among the individuals and organizations that provided input were HealthFirst Family Health Center, Inc., Lakes Region Mental Health Center, Horizons Counseling Center, Navigating Recovery, the City of Laconia, Partnership for Public Health, Inc., Farnum Center-North, Tilton Area Family Resource Center, a local physician, NAMI New Hampshire, and UNH Institute for Health Law and Policy.

[3] Video of Public Hearing.

The CTU retained Katharine London to conduct a review of cost, quality and access metrics for LRGH, FRH and Concord. In addition to her presentation at the public hearing, Ms. London developed written profiles for each hospital, which are attached to this report. The CTU has found these profiles to be useful in its analysis.

In accordance with RSA 7:19-b, IV (b), the CTU sought advice from the Commissioner of the Department of Health and Human Services and the Insurance Commissioner. As a result, the Director and Assistant Director of Charitable Trusts have received helpful input from DHHS with respect to the proposed transaction.

After considering all of the evidence, the Director of Charitable Trusts has determined that the Notice complies with RSA 7:19-b and as result will take no action to oppose it, subject to the conditions set forth in this report.

B. Application of the Review Standards under RSA 7:19-b.

The proposed transaction constitutes a change of control under RSA 7:19-b, I (a) because LRGHealthcare, a health care charitable trust, proposes to sell substantially all of its assets to Concord. RSA 7:19-b, II requires that the governing body of a health care charitable trust ensure that such a transaction comply with seven minimum standards. The following sets forth the CTU's analysis and conclusions with respect to each of the standards.

1. RSA 7:19-b, II (a): Permitted by Law

RSA 7:19-b, II (a) provides:

(a) The proposed transaction is permitted by applicable law, including, but not limited to, RSA 7:19-32, RSA 292, and other applicable statutes and common law;…

i. Consumer Protection and Antitrust Laws

The APA (Sections 5.16 and 6.3) and the Sale Order (paragraphs L and 46) anticipate that the proposed transaction is subject to necessary approval by the Consumer Protection and Antitrust Bureau of the Attorney General's Office. Concurrent with the CTU's review of the transaction, the Bureau conducted a nonpublic review to examine the impact on competition for health care services in the region, all pursuant to RSA chapters 356 and 358-A, and related federal law. The parties have agreed to Terms to ameliorate the Bureau's concerns, which are pending final resolution and appropriate court filings and approval where required by law. The CTU therefore does not have a basis to conclude that the proposed transaction will give rise to a violation of consumer protection and antitrust laws.

ii. Sale of Charitable Assets and Expansion of Purpose

The proposed transaction would transfer the assets of one charitable entity – LRGHealthcare – to other charitable entities, principally CHL and CHF. The record of this Notice demonstrates the financial difficulties LRGHealthcare has faced and the factors that led its board of trustees to decide that an asset sale is a prudent course of action. This sale is not the

same as the sale of assets to a for-profit hospital buyer, because in this case, the assets will continue to be used by a charity for the same charitable purposes. Those purposes are to operate hospitals and associated medical services in Laconia and Franklin. Nevertheless, the transaction requires judicial review and approval under the doctrine of *cy pres* or deviation.[4]

First, the proposed transaction is an asset sale, and not a statutory merger or member substitution, so the tie between the charitable assets and a specific charitable entity will be severed. Then LRGHealthcare will remain in existence for a period of time following the closing of the transaction. As a result, the dissolution clause in its articles of agreement is yet to be triggered. Thus the sale of substantially all of its assets to Concord, even to continue the same purposes, requires judicial review under the doctrine of *cy pres* or deviation. *See* RSA 547:3-c and 292-B:6, II (as to restricted funds).

Second, in addition to approving the sale of the unrestricted charitable assets of LRGHealthcare, court approval under the doctrine of *cy pres* or deviation is required for the distribution of donor restricted funds to CHL and CHF to hold those funds as institutional funds pursuant to RSA 292-B. Such court approval is required even though the intent is for CHL and CHF to honor the original restrictions applicable to use of each fund.

Finally, Concord proposes to spend $30 million of its own funds to purchase LRGHealthcare's assets, plus assume additional obligations of LRGHealthcare. It likely will need to make substantial additional investments as it takes over operation of two more hospitals. While for several years Concord's competitive reach has expanded to include many of the communities served by FRH and LRGH, Concord has never before been the dominant local provider of services in the region. The proposed transaction therefore represents a significant geographic and physical expansion of Concord's purposes and facilities.

Charitable organizations may expand their purposes without court oversight, with some limits, so long as it is not inconsistent with their prior purposes.[5] There are limits, however, to the use of pre-affiliation assets for the support of the expanded mission.[6] Past RSA 7:19-b reviews of health care transactions have considered whether a hospital's expansion of purpose to enter into a new territory or to join a system required court review. Here, apart from the need for court approval of the charitable asset sale and the transfer of restricted funds, Concord's use of its assets and expansion of purpose to acquire and operate the two LRGHealthcare hospitals and its related health services likely also should receive court approval, applying the *cy pres* doctrine.

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[4] The CTU's review under RSA 7:19-b does not supplant the requirement of judicial review under the doctrine of *cy pres* or deviation. RSA 7:19-b, VI(b). Thus, in order for the transaction to proceed, a court must find that the legal standard for equitable deviation or *cy pres* has been met.

[5] *See generally*, *Queen of Angels Hospital v. Younger*, 66 Cal. App. 359, 368 – 71 (Cal.App. 1977); Restatement of the Law of Charitable Nonprofit Organizations (Tent. Draft No. 1, 2016); §3.01(a) and (b), Comment (b) and (c); §3.04(a), Comment (b) and (c). The Draft Restatement of Charitable Organizations was cited with approval in *In re Trust of Mary Baker Eddy*, 172 N.H. 266, 274 (2019).

[6] *See generally* Draft Restatement of Charitable Organizations §3.01(b), Comment (e), citing *Attorney General v. Hahnemann Hospital*, 494 N.E.2d 101, 1021 (Mass. 1987).

The CTU believes that under the circumstances, equitable deviation and/or *cy pres* relief with respect to the proposed transaction are appropriate, subject to the conditions set forth in this report.

2. RSA 7:19-b, II (b) Due Diligence in Structuring the Reorganization

RSA 7:19-b, II (b) provides:

> iii. Due diligence has been exercised in selecting the acquirer, in engaging and considering the advice of expert assistance, in negotiating the terms and conditions of the proposed transaction, and in determining that the transaction is in the best interest of the health care charitable trust and the community which it serves;…

(a) Use of Expert Assistance and Negotiating Terms and Conditions.

LRGHealthcare had been considering possible transactions with other entities since 2018. The Notice shows that at the time, the board of trustees engaged the firm Kaufman Hall to lead an effort to find a potential acquirer. When that effort failed, and a bankruptcy filing loomed, Kaufman Hall assisted with the evaluation of the "stalking horse" bid from Concord. In addition to Kaufman Hall, LRGHealthcare retained Prism Healthcare Partners and Quorum Health Resources to advise the board of trustees on cost cutting initiatives in order to retain cash.

LRGHealthcare also sought legal advice from transactional and bankruptcy lawyers with the firm Nixon Peabody. Those attorneys negotiated the terms of the APA and represent LRGHealthcare with respect to the Bankruptcy Case.

(b) Best interest of the health care charitable trust and the communities it serves.

RSA 7:19-b, II (b) requires that the board of directors of a health care charitable trust exercise due diligence in determining that the transaction is in the best interests of the health care charitable trust. This requirement is consistent with the board's fiduciary duty of loyalty under common law to "act in good faith and in a manner the fiduciary reasonably believes to be in the best interests of the charity in light of its purposes." [7] It is important to note that unlike corporate law, the "duty of loyalty of charitable fiduciaries is to the charity's *purposes* and thus by extension to the indefinite beneficiaries of those purposes."[8] *Id*. (emphasis supplied).

In reviewing whether a board exercised due diligence in determining whether the transaction is in the best interests of the charity, a court will not substitute its own judgment unless the exercise was not reasonably informed or objectively reasonable in light of the charity's purposes and the fact it has perpetual existence.[9] By comparison, the CTU's review

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[7] *See* Draft Restatement of Charitable Organizations, § 2.02(a); *see also* Opinion of the Attorney General , Fiduciary Duty of Corporate Members of Charitable Organizations, at 3 (Feb. 13, 2017).

[8] "In some instances, advancing the charitable purposes may be to the detriment of the charitable entity and thus result in the discontinuation of that entity." Draft Restatement of Charitable Organizations § 2.02 Comment (a).

[9] *See* Draft Restatement of Charitable Organizations § 2.02, Comment (c).

requires a determination that the board achieved "compliance" with the specific due diligence requirements of RSA 7:19-b, II (b). RSA 7:19-b, IV.

i. The Board's Conclusion as to LRGHealthcare's Best Interest.

The Notice and supporting information show that the board of trustees of LRGHealthcare considered at length and then embarked upon a course of action in 2018 to find a path to assure the continued existence of its hospitals. When outreach to other health systems was not successful, the board of trustees decided that filing for bankruptcy protection was the best means at that point to preserve the operation of the hospitals. With the assistance of advisors, the board of trustees negotiated the APA with Concord and sought the supervision of the bankruptcy court. The CTU believes that the board made its decision in accordance with its understanding of what was in LRGHealthcare's best interest. Thus the decision was in "compliance" with the board's specific due diligence requirements of RSA 7:19-b, II.

ii. The Board's Conclusion as to the Best Interest of the Communities.

The board of trustees of LRGHealthcare is required to determine whether the transaction is in the best interest of the communities it serves, as well as in its own interest. The statute does not define "best interest", although it singles out mental health for consideration. The concept likely includes issues raised in the community health needs assessment and addressed in community benefits spending that LRGHealthcare measures and reports to the CTU pursuant to RSA 7:32-c – 32-*l*. Moreover, the concept likely includes consideration of the three outcomes that are evaluated with respect to any health care system: cost, quality and access.[10]

Ms. London's report identified that residents in the region served by LRGHealthcare have less health insurance, more substance use disorder, and fewer primary care physicians per capita, compared with Concord's service area.[11] She reported that LRGHealthcare (along with Concord) are higher cost providers of services for those with commercial insurance. For those without insurance, Concord offered greater discounts than LRGHealthcare. As to quality metrics, Concord performed somewhat better than LRGHealthcare.

The 2020 Lakes Region Community Health Needs Assessment identified four top priority health issues: cost of care (including insurance); mental health services; substance use prevention, treatment and recovery; and access to primary and specialty care. During conversations with the Director and Assistant Director of Charitable Trusts, health care providers that offer primary care, mental health services and substance use disorder services in the region served by LRGHealthcare confirmed the community's acute need for those services and for collaboration among providers and local hospitals. They pointed out that LRGHealthcare has relied upon other community providers to offer these services, especially in recent years as LRGHealthcare's financial condition worsened, and the providers have both financial and operational need for good access to the local hospitals. LRGH's role as the regional Doorway, in

[10] *See* Community Benefit and Market Changes in New Hampshire, New Hampshire Center for Public Policy Studies (2017).

[11] References to service area in this report are not based on an antitrust analysis.

particular, shows the importance of linking the hospital as the "hub" to the other health care providers as the "spokes".

Interestingly, the 2020 Lakes Region Community Health Needs Assessment did not identify labor and delivery services as a priority need. However, the CTU received comments and input from community-based and state-wide providers and health policy experts about the need for pre-natal and obstetrical services in the local area. Unfortunately, the cost and staffing that would be needed to reinstate those services in Laconia makes it not realistic at this time.

Also, the 2020 Lakes Region Community Needs Assessment did not anticipate the public health emergency brought on by the COVID-19 pandemic. The mobilization by health systems since March, 2020, both locally and nationally, continues to present significant challenges. Because there has not been enough time to evaluate either the response of LRGHealthcare to this emergency or to the public health needs in the future, the pandemic has not played a role in the determination as to the best interests of the communities in the region.

Despite all of the identified community needs, and with the exception of Concord's commitment to apply its more generous charity care policy, the APA negotiated by LRGHealthcare's board of trustees is thin on commitments by Concord to continue and improve services. For example, Concord's five year commitment to operate hospitals in Laconia and Franklin is dependent upon maintenance of a "reasonable operating margin, sufficient to cover their expenses." Moreover, Concord's statements in the Notice concerning expanded telehealth, other technology improvements, and improved specialty care are aspirational and not binding. When pressed by the CTU in its information requests about the continuation of specific health care services, Concord responded that it needs to complete a 24-month "planning process."

Facing financial collapse, LRGHealthcare likely had little negotiating strength, and the APA perhaps represents the best deal that the LRGHealthcare board of trustees could get. But the best interest of LRGHealthcare's communities requires more in terms of commitments to address local community needs, particularly in light of the facts that Concord does not have the experience cooperating with third party community providers meeting community needs in the LRGHealthcare region and Concord controls much of the mental health, substance use disorder, and primary care services offered in its primary service area.

Beyond the need to support primary care, mental health, and substance use providers, there are concerns that Concord will expand its market share to such an extent that already high commercial insurance prices will increase even more. While these concerns primarily are the focus of the Consumer Protection and Antitrust Bureau, the CTU also considers the impact of the transaction on the cost of healthcare, and concentrating more services within the corporate control of Concord, CHL, and CHF adds to the risk of higher costs.

Concord proposes that the boards of directors of CHL and CHF will be comprised of a subset of the Concord board, plus the chief executives of Concord and either CHL or CHF as non-voting members. Concord plans to operate its three hospitals as a unified system, but its plan does not mandate representation from the communities now served by LRGHealthcare. This plan needs

improvement to assure that the governance of this new system includes voices that will speak with knowledge about the needs of the LRGHealthcare region.

Although the CTU believes that the LRGHealthcare board members exercised their best efforts to negotiate an agreement that was in the best interest of its communities, additional commitments are required to address the top community health needs and the need for access to care at a reasonable cost. Thus, "compliance" with the "best interest of the communities" requirement of RSA 7:19-b, II is met only subject to the conditions of this report.

3. RSA 7:19-b, II (c) Conflicts of Interest

RSA 7:19-b, II (c) provides:

> Any conflict of interest, or any pecuniary benefit transaction as defined in this chapter, has been disclosed and has not affected the decision to engage in the transaction; …

Pecuniary benefits transactions are financial conflict of interest transactions involving a charitable organization's directors, their family members, their employers, or their businesses. RSA 7:19-a. Pecuniary benefit transactions are not prohibited under New Hampshire law, provided that they are in the best interest of the charity and certain conditions are met, including the exclusion of the interested board member from deliberations and votes and the disclosure of the transaction to the Director of Charitable Trusts. RSA 7:19-a, II.

With respect to the issue of conflicts of interest, Section D of the Notice provides: "[t]he respective Boards of the Parties have determined that the Proposed Transaction involves no conflict of interest and no pecuniary benefit transaction. Consistent with the conflict of interest policy of LRGHealthcare, a trustee of LRGHealthcare was excluded from deliberations and votes relating to the Proposed Transaction after a potential conflict of interest was identified by the Board."

In light of the interested board member's exclusion from the deliberations and vote, there is no evidence or suggestion that a conflict of interest or pecuniary benefit transaction involving any board members affected the decision to enter into the transaction with Concord.

4. RSA 7:19-b, II (d) Fair Value of Transaction

RSA 7:19-b, II (d) provides:

> (d) The proceeds to be received on account of the transaction constitute fair value therefor;…

The APA sets forth a purchase price of $30 million plus other consideration in exchange for substantially all of the assets of LRGHealthcare. The financial terms were negotiated before the Bankruptcy Case was filed. While other health systems initially expressed an interest in submitting a bid, ultimately, Concord was the only health system to submit a bid through the Section 363 sale process.

Section 363 authorizes the sale of a bankrupt entity's assets in a Chapter 11 proceeding, typically through an auction process. An auction is considered to be an excellent measure of fair value.[12] While the CTU has the right to obtain a fairness opinion as to the asset purchase price, in light of the Section 363 process supervised by the bankruptcy judge, no fairness opinion is necessary. LRGHealthcare has conducted sufficient due diligence to obtain fair value for its assets.

5. RSA 7:19-b, II (e) Use of Charitable Assets

RSA 7:19-b, II (e) provides:

> (e) The assets of the health care charitable trust and any proceeds to be received on account of the transaction shall continue to be devoted to charitable purposes consistent with the charitable objects of the health care charitable trust and the needs of the community which it serves;

As described in Section 1(b) above, the parties will be required to seek probate court approval to permit the sale of the unrestricted and restricted charitable assets, and to permit Concord to use its own substantial assets to expand the geographic scope of its purposes. But Concord, like LRGHealthcare, has operated a community acute care hospital for over 125 years. Both organizations have the same healing approach based upon standard health promotion and use of a medical model. Neither has a religious orientation.

As noted in Section 2(d) above, additional safeguards are necessary so that the charitable assets of LRGHealthcare will continue to be used to address the health needs of its communities.

With the conditions requiring probate court approval of this transaction, and other conditions, the requirements of RSA 7:19-b, II (e) have been met.

6. RSA 7:19-b, II (f) Control of the Proceeds

RSA 7:19-b, II (f) provides:

> (f) If the acquirer is other than another New Hampshire health care charitable trust, control of the proceeds shall be independent of the acquirer; …

The APA proposes that the new entities, CHL and CHF, both of which will be New Hampshire charitable organizations, will hold the charitable assets sold by LRGHealthcare. Because the proposed transaction does not involve a non-New Hampshire health care charitable trust, RSA 7:19-b, II (f) is inapplicable.

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[12] *See* SB Bldg. Assocs. Ltd. P'ship v. Atkinson (In re 388 Route 22 Readington Holdings, LLC), 2020 U.S. Dist. LEXIS 132217 at *10-11 (D. N.J. July 27, 2020); In re Pub. Serv. Co., 114 B.R. 820, 823-24 (Bankr. D. N.H. 1990) ("This bankruptcy has been in effect an auction of PSNH, which has been highly publicized and generated national attention and several substantial and serious bidders .... The liquidation value of the company in a chapter 7 would not be as high as it is for this chapter 11 Reorganization"). Note that fair value measures may be different in an antitrust analysis.

7. RSA 7:19-b, II (g) Notice and Hearing

RSA 7:19-b, II (g) provides:

> (g) Reasonable public notice of the proposed transaction and its terms has been provided to the community served by the health care charitable trust, along with reasonable and timely opportunity for such community, through public hearing or other similar methods, to inform the deliberations of the governing body of the health care charitable trust regarding the proposed transaction.

The statute is clear that the public process is intended to "inform the deliberations" of the LRGHealthcare board of trustees. RSA 7:19-b, II(g). However, LRGHealthcare did not provide "reasonable public notice" before entering into the proposed transaction with Concord as the "stalking horse" bidder. The parties' explanation for not providing public notice and an opportunity for comment before it made its decision about the transaction is explained in the Notice as follows: "Since the Proposed Transaction involved a bankruptcy process involving Concord as a stalking horse bidder, LRGHealthcare could not, as a practical matter, solicit comments from its internal and external communities regarding a sale to Concord or the proposed terms of any transaction until the Asset Purchase Agreement was signed and the Bankruptcy Proceedings were commenced."

Section H of the Notice describes the efforts that LRGH and Concord made to inform their communities about the proposed transaction after the APA was signed and the bankruptcy case was filed. LRGHealthcare conducted six public forums, and Concord conducted several additional public forums. Given the pandemic, meetings took place using videoconference platforms. Each entity posted information about the transaction and the forums on its website. During the Director and Assistant Director of Charitable Trusts' meeting with the LRGHealthcare board on March 2, 2021, the trustees stated their understanding that the communities served by LRGHealthcare generally are in favor of the transaction.

The CTU recognizes that the parties required confidentiality in their purchase negotiations and that a public listening process may not have been conducive to consummation of a deal with Concord, particularly in light of the fact that at the time, LRGHealthcare was also negotiating with a number of its creditors. To remedy its deficiency in obtaining public input prior to entering into the transaction, the board of trustees voted on March 11, 2021, to ratify its earlier vote to enter into the APA, citing the comments it heard in listening sessions and at the public hearing held by the CTU on February 23, 2021. This allowance is an exception, as in the normal health care transaction, ratification is not a substitute for robust outreach to the community before the execution of a definitive agreement.

III. Conclusions and Determination.

Based on the evidence, and with the limited exceptions noted above, LRGHealthcare and Concord have substantially met the minimum standards for an acquisition transaction set forth in RSA 7:19-b, II. The deficiencies are addressed in the representations and conditions set forth below.

The current LRGHealthcare board of trustees faced a difficult challenge due to the organization's excessive debt burden and declining revenue. It made reasonable decisions to seek bankruptcy protection and to enter into the APA with Concord through the Section 363 process. The CTU determines that there is sufficient basis for the conclusions reached by the LRGHealthcare board of trustees in their due diligence: that the overall proposed transaction is in the best interest of their organization and the communities it serves.

Nevertheless, this review has identified some concerns with the Notice and the APA. There are some matters that require further clarification and oversight. Accordingly, the Director of Charitable Trusts will take **no further action** with respect to the proposed transaction, subject to the following representations and conditions:

Representations

1. LRGHeathcare: LRGHealthcare represents that the following are true and correct with respect to LRGHealthcare as of the closing date:

    a. Completeness of Notice of APA. The APA and the ancillary agreements and other documents referenced therein, as well as any related Bankruptcy Court orders, constitute the entire agreement of the parties relating to the transaction. The statements and documents made or provided in the Notice are true and correct.
    b. Conflicts of Interest. The transaction does not implicate any conflicts of interest or pecuniary benefit transactions involving trustees or officers of LRGHealthcare or its affiliates, except as disclosed to the CTU.

2. Concord Hospital: Concord represents that the following are true and correct as to Concord as of the closing date:

    a. Completeness of Notice of APA. The APA and the ancillary agreements and other documents referenced therein, as well as any related Bankruptcy Court orders, constitute the entire agreement of the parties relating to the transaction. The statements and documents made or provided in the Notice are true and correct.
    b. Conflicts of Interest. The transaction does not implicate any conflicts of interest or pecuniary benefit transactions involving trustees or officers of Concord or its affiliates.

Conditions

Cost of Services/Insurance

1. Uninsured and Charity Care Policies: Following the closing, CHL and CHF shall implement, maintain, and comply with uninsured and charity

care policies in accordance with applicable law and are no less generous than those of Concord's policy which is set forth in the APA Exhibit E, provided that Concord continues to operate CHL and CHF.

2. Medicare and Medicaid Enrollment: Following the closing, provided that Concord continues to operate CHL and CHF, CHL and CHF shall (a) be certified to participate in conventional Medicare (excluding Medicare Part D, managed Medicare, Medicare Advantage, or other alternative payment); (b) seek to enter agreements with managed care Medicaid plans in the State of New Hampshire; and (c) participate in at least one Medicaid managed care plan.
3. Commercial Health Insurance Contracts: Following the closing, CHL and CHF will assume or enter into renegotiated contracts with all commercial health insurance payers to which LRGHealthcare was a party for at least the balance of the term of those contracts.

Continuity and Provision of Services

4. Continued Inpatient Services: With respect to CHL's and CHF's 5 year commitment to continue non-psychiatric acute care hospital services as contained in the APA at Section 5.4(a), the phrase "reasonable operating margin, sufficient to cover their expenses" is defined to mean "a positive operating margin sufficient to cover CHL's or CHF's operating expenses, which shall be measured starting with the fiscal year beginning October 1, 2022." Before the planned closure of any inpatient service, the Director of Charitable Trusts shall receive at least 90 days' written notice, or when 90 days' notice is not possible, the Director of Charitable Trusts shall receive notice at the same time notice is provided to the Department of Health and Human Services in accordance with its rules.
5. Continuity of Regional Services: For a period of 5 years following the closing, Concord, CHL, and CHF will refrain from opening a behavioral health, substance use disorder, or look-alike federally qualified health center facility in the regions served by CHL and CHF.
6. Pre-natal and Postpartum Services: Since 2019, Concord has developed and implemented a plan related to obstetrical services in the Laconia region and offers pre-natal and postpartum services in Laconia. Following the closing, Concord and CHL will strengthen Concord's plan and care continuum and coordination with respect to obstetrical services in the region served by CHL.
7. HealthFirst: Within 90 days after the closing date, Concord will enter into a mutually acceptable letter of intent with HealthFirst Family Health Center to begin a collaborative planning process for the provision of clinical programs and services provided by HealthFirst. Any agreed-to programs or services that require financial assistance from Concord will be subject to a written agreement and consistent with the Office of Inspector General's safe harbor regarding hospitals and federally qualified health centers.

8. Designated Receiving Facility: So long as CHF operates a hospital, CHF will continue the operations of the existing 10 bed designated receiving facility.
9. Geri-Psych Services: Concord will consider the development of a geriatric psychiatry unit in connection with its overall integration planning process for CHL and CHF.
10. Lakes Region Mental Health Center: Concord has entered into an interim agreement with Lakes Region Mental Health Center to provide staffing for its designated receiving facility at CHF and to provide emergency department psychiatric services at CHF and at CHL. Following the closing date, Concord will negotiate a more detailed agreement with Lakes Region Mental Health Center for those services. The agreement will address space needs for staff of Lakes Region Mental Health Center at CHL and CHF. Concord will consider LRMHC for staffing should it determine that it will establish a geri-psych unit at CHL.
11. The Doorway: CHL will assume responsibility for Doorway substance use disorder services for the period of its existing contract, and any extension. CHL will act as the hub and actively collaborate with and refer to the "spokes," i.e., existing providers of substance use disorder services in the region, including Navigating Recovery and Horizons Counseling, for clients using the Doorway. Recovery coaches from Navigating Recovery of the Lakes Region and other local providers shall continue to have access to those needing services at the CHL and CHF Emergency Departments.
12. Recovery Clinic: For a period of 5 years from the closing, CHL and CHF will continue to operate the Recovery Clinic at each facility and offer medically assisted treatment services.
13. Community Benefits: For a period of 5 years beginning on the date of the closing, CHL and CHF shall provide community benefits as defined in RSA 7:32-d, III at levels proportionate to those provided by Concord averaged over the past three years, based upon the percentage of community benefits to net operating revenue.

Governance/Monitoring/Reporting

14. First *Cy Pres* Petition: Prior to closing, the parties shall have obtained an order from the circuit court, probate division to apply the doctrine of *cy pres* or equitable deviation to permit the sale of LRGHealthcare's unrestricted assets to Concord. The court's order must also apply the *cy pres* doctrine to permit Concord's expansion of its purposes to take on the operation of two additional hospitals and to expend substantial funds to facilitate that undertaking.
15. Appointment of Directors: By September 30, 2021, Concord shall amend its bylaws to require that at least four of the members of its board of trustees live or work in the region served by CHL and CHF, and by that

date the composition of the board of trustees shall reflect the terms of that amendment.

16. Reporting on Quality: Upon public release, for each of the 5 calendar years following the closing (including 2021), CHL and CHF shall provide the Director of Charitable Trusts with the CMS hospital compare report for CHF and CHL that is received in such calendar year from CMS. Concord's Quality Improvement (QI) program, which is led by a system level team, will be extended to CHL and CHF. The QI team will develop specific initiatives to advance quality for each facility.
17. Notice of Closing: Within 1 business day following the closing, the parties will give written notice to the Director of Charitable Trusts of the closing of the transaction.

Endowment

18. LRGHealthcare Donor-Restricted Assets: Subject to a confirmatory court order, in accordance with a June 19, 2020 acceptance letter of the Assistant Director of Charitable Trusts, LRGHealthcare restated the value of its permanent donor-restricted funds at $2,286,877 as of May 31, 2020. Those funds are not included in the assets available to creditors of LRGHealthcare. In addition, as of March 16, 2021, LRGHealthcare holds $566,028.09 in donor-restricted funds restricted as to purpose, but not as to time, and are also not included in the assets available to creditors of LRGHealthcare.
19. Second *Cy Pres* Petition: Within 30 days following the closing, LRGHealthcare shall file a petition for equitable deviation or *cy pres* to transfer those donor-restricted funds to CHL or CHF, as appropriate, to continue to be used for the same charitable purposes. The petition shall further seek the court's instruction that any future gifts, bequests, or trust beneficial interests for the general charitable purposes of LRGH be distributed to CHL and future gifts, bequests or trust beneficial interests for the general charitable purposes of FRH be distributed to CHF.
20. UPMIFA and Investments: The permanent donor-restricted funds of CHL and CHF shall be considered institutional funds, with investment and spending decisions subject to the Uniform Prudent Management of Institutional Funds Act, RSA 292-B. The funds may be invested in common with those of Concord, so long as appropriate sub-accounting for the funds is maintained.

Consumer Protection and Antitrust Compliance

21. Concord, CHL, and CHF will comply with the terms of any consent decree into which they enter with the Consumer Protection and Antitrust Bureau related to the transaction, as approved by a court where required by law.

Commonwealth Medicine

University of Massachusetts Medical School

Report to

Director of Charitable Trusts, New Hampshire Department of Justice

Analysis of Proposed Transaction Between Concord Hospital & LRGHealthcare

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Report Sections

Lakes Region General Hospital 3

Franklin Regional Hospital 20

Concord Hospital 37

Lakes Region General Hospital Profile

Summary

Overview: Lakes Region General Hospital (LRGH) is an acute care facility located in Laconia, New Hampshire (NH), that is part of LRGHealthcare, which also includes Franklin Regional Hospital (FRH). LRGH provides emergency care and clinical specialty services, including cancer care, cardiac care, mental health, and palliative care, among others.

This report profiles LRGH on several dimensions, as summarized below and detailed in this report.

Community Benefits: LRGHealthcare provides approximately $840 thousand in charity care and more than $6 million in other community benefits. Between 2014 and 2019, LRGH's charity care costs for uninsured patients decreased at a faster rate than the statewide rate. In comparison, LRGH's charity care costs for insured patients decreased at a similar rate to that of the statewide rate over the same period.

Financial Status: From 2014 through 2019, LRGH's operating and total margins were negative and declined, and LRGH's margins were far lower than state averages. During this period, LRGH's service volume and revenue declined, while its expenses increased. In comparison, NH hospitals saw an overall increase in these metrics.

Cost: Generally, the payments LRGH receives from private insurers for the services it provides are higher than the state median price, especially for emergency visits and radiology services. Cigna and Harvard Pilgrim payments for office visits and Cigna payments for outpatient tests and procedures are higher than the state median payment. However, the payments LRGH receives from Anthem for office visits and outpatient tests and procedures are lower than the state median payments. Other medical insurance payments for office visits, Harvard Pilgrim payments for outpatient tests and procedures, and Cigna payments for radiology services are also lower than the state median payment. The prices LRGH charged to uninsured patients for office visits and radiology services were lower than the statewide median but higher for emergency visits and outpatient tests and procedures.

Quality: Across multiple sets of quality measures, LRGH scores well on some and less well on others. On the 10 CMS Hospital Compare patient experience scores, LRGH scores at or near the state and national averages on four measures and below the state or national averages on six measures. On the other quality measures reported on NH HealthCost, LRGH scores better than the state average on three of the six measures, near the state average on one measure, and worse than average on two measures.

Population Health: In its 2020 Lakes Region Community Health Needs Assessment, LRGHealthcare developed a list of prioritized community health needs needing improvement, which fell into the following six categories:

1. Affordable health insurance, cost of care, and prescription drugs
2. Availability of mental health services
3. Alcohol and drug use prevention, treatment, and recovery
4. Availability of primary care and specialty medical services
5. Services and supports for older adults including health care, home health care, and assisted living
6. Economic determinants of health including affordable housing, livable wages, and affordable, high quality childcare

On numerous population health measures, Belknap County performed similar to or better than the state average. However, the county does have some ongoing health challenges to address, including the following:

- Higher percent of adults who currently have asthma
- Higher occurrence of emergency department visits due to asthma, diabetes, or drug use
- Higher occurrence of deaths among residents under the age of 75
- Lack of primary care physicians, dentists, and mental health providers
- Lower percentage of female Medicare enrollees ages 65-74 who receive mammography screening
- Higher percentage of residents who live in conditions defined as poverty

***Contents of This Report*:** This report provides the following information about LRGH:

- Service profile that includes general statistics, services offered, cost of charity care and community benefits, and summary of quality
- Multi-year profile of financial and utilization comparison statistics
- Pricing comparison of the average payment LRGH receives for outpatient services it provides, compared to the state median payment for the same sets of services
- Outline of performance on health care quality and safety measures compiled by NH HealthCost
- Patient experience survey ratings questions from CMS Hospital Compare
- Map of the communities identified by LRGHealthcare as its service area
- A breakdown of Medicaid enrollment for towns that comprise LRGHealthcare's service area
- Comparison profile of population health measures for the city of Laconia, Belknap County, the State of NH, and the United States

Lakes Region General Hospital Service Profile

General Hospital Information	
Type of Facility	Acute Care
Total Staffed Beds*	50[1]
Total Available Beds	96[2]
Bed Occupancy Rate**	64.5%[2]
Accredited by The Joint Commission	No
Annual Hospital Discharges (2019)	3,504[2]

Hospital Services Offered [3]

- Cancer care
- Cardiac care
- Emergency medicine
- Family medicine
- Gastroenterology
- Internal medicine
- Mental health
- Palliative care
- Substance use services
- Urology

Charity Care and Other Community Benefits [4]

The table below offers a snapshot of the charity care and other community benefits provided to the greater Franklin and Laconia communities by LRGHealthcare. All information derives from LRGHealthcare's FY 2019 Community Benefit Report.

Unreimbursed Costs 2018	Benefits Provided	Financial Benefit
	(1) Community Health Services	$257,200
	(2) Health Professions Education	$176,776
	(3) Subsidized Health Services	$4,756,428
	(4) Financial Contributions	$15,109
	(5) Community Building Activities	$116,377
	(6) Charity Care	$847,307
	Total Community Benefits	**$6,169,197**

Quality Statistics Summary

The table below offers a view of LRGH's performance on quality-of-care scores from two different sources: NH HealthCost and CMS Hospital Compare.

Source	*Measure****	*Score*
NH HealthCost Quality of Care Scores [5]	Quality of Care Measures Better Than Average	3 out of 14
	Quality of Care Measures Near Average	5 out of 14
	Quality of Care Measures Worse Than Average	6 out of 14
CMS Hospital Compare [6]	**Overall Rating********	**3 out of 5 stars**
	Patient Survey Rating*******	**3 out of 5 stars**
	Unplanned readmission rating**********	No different than national rate

** As of February 9, 2021, the 50 staffed beds at LRGH do not include geriatric psychiatry because LRGHealthcare does not have staff and cannot afford to hire for those roles.*

***Bed occupancy rate is computed by dividing patient days by the number of total bed days available, both available within the S-3 Filing of the CMS 2552 Cost Report of each hospital.*

****Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.*

*****This measure summarizes more than 100 measures of mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.*

******This measure summarizes how patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asked questions like how well a hospital's doctors and nurses communicated with the patient.*

*******Rate of patients readmitted to the hospital within 30 days of discharge.*

Lakes Region General Hospital Financial and Utilization Statistics[2]

The two tables below offer a multi-year financial comparison profile based on an analysis of CMS Hospital Cost Report (Form 2552-10) data for LRGH for fiscal years 2014-2019 and for all NH acute care hospitals for fiscal years 2014-2018. From 2014 through 2019, LRGH's operating and total margins were negative and declined, and LRGH's margins were far lower than state averages. During this period, LRGH's service volume and revenue declined, while its expenses increased. In comparison, NH hospitals saw an overall increase in these metrics.

Trend values highlighted in red are worse than the state average from a hospital financial perspective.

	2014	2015	2016	2017	2018	2019	LRGH Average '14-'18 Annual Change	Statewide '14'18 Annual Change
Total Hospital Discharges [S-3]*	4,280	4,461	4,420	4,006	3,777	3,504	-2.9%	1.8%
Total Hospital Days [S-3]	22,759	22,225	19,610	19,045	20,157	18,883	-2.9%	2.4%
Charity Care Costs (Uninsured Patients) [S-10]	$2,569,020	$444,204	$41,336	$42,603	.	.	0.0%	-3.8%
Charity Care Costs (Insured Patients) [S-10]	$1,819,746	$4,316,919	$4,489,353	$4,489,353	.	$1,588,393	0.0%	31.0%
Total Unreimbursed and Uncompensated Care [S-10]	$12,549,477	$16,772,010	$16,840,659	$15,649,818	$3,390,514	$14,372,178	-18.2%	-3.0%
Total Other Expenses [G-3]	.	$31,102,861	$2,295,265	$63,103	$34,557	.	0.0%	-10.5%
Hospital Operating Expenses [G-2]	$178,240,971	$189,459,697	$190,654,613	$196,959,596	$200,332,541	$202,883,528	3.1%	6.8%
Total Operating Expenses [G-2]	$178,240,971	$189,459,695	$190,654,619	$196,959,599	$200,332,541	$200,505,419	3.1%	7.2%
Total Inpatient Charges [C]	$191,793,149	$198,129,208	$181,339,066	$169,048,141	$173,820,352	$160,889,451	-2.3%	9.0%
Total Outpatient Charges [C]	$183,386,716	$192,000,739	$208,445,742	$210,152,677	$225,470,235	$256,387,004	5.7%	10.2%
Total Hospital Net Income [G-3]	$3,003,669	-$29,795,129	-$4,168,832	-$3,955,321	-$16,045,080	-$28,472,168	-158.5%	24.5%
Total Other Hosp Income [G-3]	$12,297,847	$16,537,425	$13,864,066	$13,078,599	$20,348,034	$14,109,822	16.4%	18.3%
Net Income from Patient Services [G-3]	-$9,294,178	-$15,229,693	-$15,737,633	-$16,970,817	-$36,358,557	-$42,581,990	72.8%	233.4%
Net Patient Service Revenue [G-3]	$168,946,793	$174,230,002	$174,916,986	$179,988,782	$163,973,984	$157,923,429	-0.7%	6.8%
Total Revenue [Net Patient Service Revenue+ Total Other Income]	$181,244,640	$190,767,427	$188,781,052	$193,067,381	$184,322,018	$172,033,251	0.4%	7.5%

**Notations made in brackets "[ ]" reference the 2552-10 worksheet data source.*

	2014	2015	2016	2017	2018	2019	LRGH Average Margin 2014-2018	Statewide Average Margin 2014-2018
LRGH Operating Margin	-5.5%	-8.7%	-9.0%	-9.4%	-22.2%	-27.0%	-11.0%	
NH Statewide Industry Average*	-0.1%	-0.7%	1.1%	0.6%	-1.0%	N/A		0.0%
LRGH Total Margin	1.7%	-15.6%	-2.2%	-2.0%	-8.7%	-16.6%	-5.4%	
NH Statewide Industry Average*	4.3%	2.2%	6.1%	6.4%	6.5%	N/A		5.1%

** The authors calculated a combined margin for all NH acute care hospitals using data reported on the CMS Hospital Form 2552-10 Cost Reports for NH acute care hospitals. 2019 data was not yet available for many NH hospitals as of February 2021.*

Lakes Region General Hospital – Estimated Outpatient Visit Pricing[7]

The following chart shows the average payment LRGH receives for the services it provides, compared to the state median payment for the same sets of services. Generally, the payments LRGH receives from private insurers for the services it provides are higher than the state median price, especially for emergency visits and radiology services. Cigna and Harvard Pilgrim payments for office visits and Cigna payments for outpatient tests and procedures are higher than the state median payment. However, the payments LRGH receives from Anthem for office visits and outpatient tests and procedures are lower than the state median payments. Other medical insurance payments for office visits, Harvard Pilgrim payments for outpatient tests and procedures, and Cigna payments for radiology services are also lower than the state median payment. The prices LRGH charged to uninsured patients for office visits and radiology services were lower than the statewide median but higher for emergency visits and outpatient tests and procedures.

Amounts highlighted in green are lower than the state median and amounts highlighted in red are higher than the state median.

Event Type	State		Lakes Region General Hospital	
	State Number of Events	LRGH Number of Events	Payments to LRGH (Weighted Median)	Payments to LRGH if LRGH received the statewide median payments for its services
Emergency Visits				
Anthem - NH	7,664	8	$294	$280
CIGNA	3,702	206	$778	$470
Harvard Pilgrim HC	5,214	132	$1,367	$405
Other Medical Insurance	1,666	45	$1,323	$563
Uninsured*	18,246	391	$949	$364
Office Visits				
Anthem - NH	319,331	8,155	$142	$151
CIGNA	86,878	3,093	$169	$144
Harvard Pilgrim HC	148,197	3,856	$183	$157
Other Medical Insurance	56,335	524	$128	$162
Uninsured*	610,760	15,628	$132	$221
Outpatient Tests and Procedures				
Anthem - NH	13,125	151	$931	$948
CIGNA	4,826	114	$2,124	$1,966
Harvard Pilgrim HC	6,269	82	$1,341	$1,434
Uninsured*	27,947	393	$2,417	$1,931
Radiology Services				
Anthem - NH	49,931	927	$462	$450
CIGNA	17,561	862	$606	$677
Harvard Pilgrim HC	27,248	763	$606	$551
Other Medical Insurance	8,065	64	$551	$448
Uninsured*	107,075	2,733	$694	$802

**NH HealthCost estimates the price to uninsured individuals based on the service mix for insured patients, and the hospital's charges less the discount the hospital offers to uninsured patients.*

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. The authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Quality [5,6]

The tables below show LRGH's scores on multiple sets of patient experience and quality of care scores from CMS Hospital Compare (first table) and NH HealthCost (next three tables) as of January 2021. On the 10 CMS Hospital Compare patient experience scores, LRGH scores at or near the state and national averages on four measures and below the state or national averages on six measures. On the other quality measures reported on NH HealthCost, LRGH scores better than the state average on three of the six measures, near the state average on one measure, and worse than average on two measures.

Measure Description*	Lakes Region General Hospital	State Average	National Average
Patients who reported that their nurses "Always" communicated well	81%	83%	81%
Patients who reported that their doctors "Always" communicated well	81%	82%	82%
Patients who reported that they "Always" received help as soon as they wanted	65%	71%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them	62%	65%	66%
Patients who reported that their room and bathroom were "Always" clean	62%	78%	76%
Patients who reported that the area around their room was "Always" quiet at night	56%	56%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	89%	89%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	46%	55%	54%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	63%	74%	73%
Patients who reported YES, they would definitely recommend the hospital	60%	73%	72%

**Measures highlighted in shades of yellow are scores at or near the state or national average and shades of red are scores below the state or national average.*

Timely Care

Patients with Normal Colonoscopy Who Received Appropriate Recommendation for Follow-Up	BELOW AVERAGE	43% state average 85%
Time Spent in the Emergency Department After Being Admitted Before Getting to Room	ABOVE AVERAGE	79 min state average 115 min
Time Spent in the Emergency Department Before Being Discharged	NEAR AVERAGE	153 min state average 147 min
Patients with Stroke Symptoms Who Received Head CT Scan at Arrival	ABOVE AVERAGE	93% state average 64%

Effective Care

MRI Lumbar Spine for Low Back Pain	BELOW AVERAGE	57% state average 37%

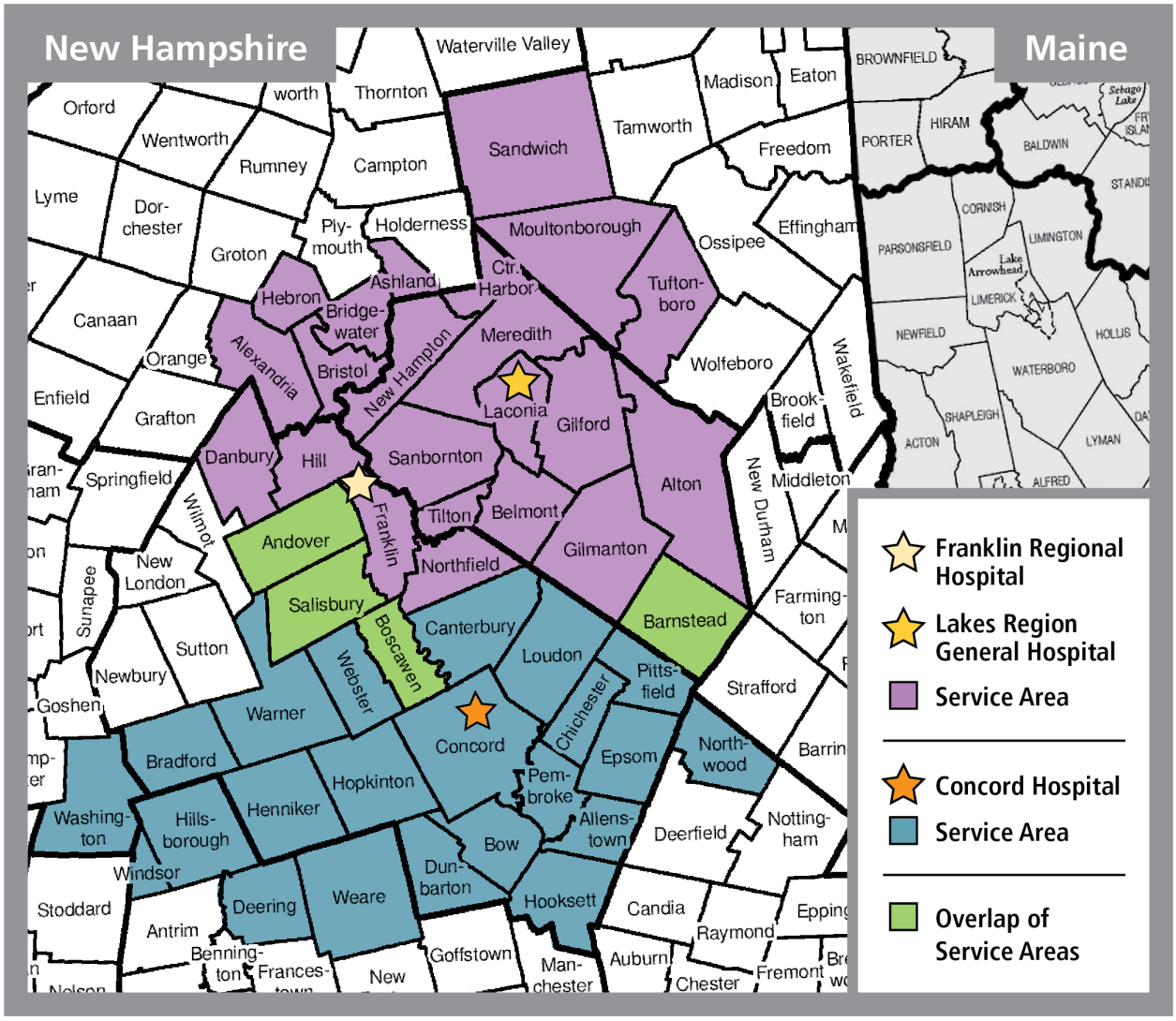
Safe Care

Patients Infected with C.diff While at Hospital	ABOVE AVERAGE	0.68 state average 1.00

Communities Served by Concord Hospital and LRGHealthcare[4]

The following map shows the communities Concord Hospital and LRGHealthcare identify as their respective service areas, as listed in their 2019 Community Benefit Reports. The communities CH serves span Belknap, Hillsborough, Merrimack, Rockingham, and Sullivan counties. The communities LRGHealthcare serves span Belknap, Carroll, Grafton, and Merrimack counties.

Note that this map is based on communities reported by the hospital; it is not based on an anti-trust analysis.



Medicaid Enrollment

The following table shows Medicaid enrollment in the towns that make up LRGHealthcare's service area, as defined in its 2019 Community Benefits Report, as well as statistics for the state of NH and the United States. The towns of Alexandria, Ashland, Belmont, Boscawen, Bristol, Danbury, Franklin, Laconia, Meredith, Northfield, and Tilton have a higher Medicaid enrollment rate than the state average, but the rate is similar to that of the United States. Most other towns in the service area have Medicaid enrollment similar to, or even less than, that of NH.

City/Town [4]	County	Total Population [8]	Medicaid Enrollment [9]	% of Population on Medicaid*
Alexandria	Grafton	1,651	325	19.69%
Alton	Belknap	5,361	724	13.50%
Ashland	Grafton	2,099	460	21.92%
Andover	Merrimack	2,372	325	13.70%
Barnstead	Belknap	4,740	713	15.04%
Belmont	Belknap	7,353	1,576	21.43%
Boscawen	Merrimack	4,049	870	21.49%
Bridgewater	Grafton	1,106	105	9.49%
Bristol	Grafton	3,124	761	24.36%
Center Harbor	Belknap	1,091	141	12.92%
Danbury	Merrimack	1,199	234	19.52%
Franklin	Merrimack	8,714	2,542	29.17%
Gilford	Belknap	7,255	917	12.64%
Gilmanton	Belknap	3,809	581	15.25%
Hebron	Grafton	628	79	12.58%
Hill	Merrimack	1,102	153	13.88%
Laconia	Belknap	16,709	4,844	28.99%
Meredith	Belknap	6,420	1,015	15.81%
Moultonborough	Carroll	4,129	540	13.08%
New Hampton	Belknap	2,298	326	14.19%
Northfield	Merrimack	4,884	966	19.78%
Salisbury	Merrimack	1,424	161	11.31%
Sanbornton	Belknap	3,005	438	14.58%
Sandwich	Carroll	1,357	152	11.20%
Tilton	Belknap	3,673	852	23.20%
Tuftonboro	Carroll	2,423	331	13.66%
New Hampshire		1,359,518 [8]	207,586 [9]	15.27%
United States		330,791,184 [10]	76,489,912 [11]	23.12%

**Author's calculation of Medicaid enrollment by Total Population.*

Profile Comparison of City, County, State, and Country Population Health Data [12,13]

The table below offers a community health profile compiled from multiple sources. Numbers in the Source column refer to citations in the endnotes. "NA" indicates that the measure was not available for the geographic area. "X" indicates that the Census Bureau deemed the item to be not applicable in the geographic area. "Z" indicates that the value of the unit is greater than zero but less than half a unit of measure shown. Yellow highlighting indicates that the local area scores worse on the measure than the state or the country as a whole.

Measure	Laconia City	Belknap County	New Hampshire	United States	Source
Population					
Population estimates, July 1, 2019, (V2019)	16,581 [13]	61,303 [13]	1,359,711 [13]	328,239,523 [13]	13
Population estimates base, April 1, 2010, (V2019)	15,974 [13]	60,075 [13]	1,316,462 [13]	308,758,105 [13]	13
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	3.8% [13]	2.0% [13]	3.3% [13]	6.3% [13]	13
Population, Census, April 1, 2010	15,951 [13]	60,088 [13]	1,316,470 [13]	308,745,538 [13]	13
Age and Sex					
Persons under 5 years, percent	3.9% [13]	4.3% [13]	4.7% [13]	6.0% [13]	13
Persons under 18 years, percent	17.9% [13]	18.3% [13]	18.8% [13]	22.3% [13]	13
Persons 65 years and over, percent	22.1% [13]	22.8% [13]	18.7% [13]	16.5% [13]	13
Female persons, percent	49.7% [13]	50.6% [13]	50.4% [13]	50.8% [13]	13
Race and Hispanic Origin					
White alone, percent	96.0% [13]	96.3% [13]	93.1% [13]	76.3% [13]	13
Black or African American alone, percent	1.4% [13]	0.7% [13]	1.8% [13]	13.4% [13]	13
American Indian and Alaska Native alone, percent	0.1% [13]	0.3% [13]	0.3% [13]	1.3% [13]	13
Asian alone, percent	0.7% [13]	1.2% [13]	3.0% [13]	5.9% [13]	13
Native Hawaiian and Other Pacific Islander alone, percent	0.0% [13]	Z [13]	Z [13]	0.2% [13]	13
Two or More Races, percent	1.6% [13]	1.5% [13]	1.8% [13]	2.8% [13]	13
Hispanic or Latino, percent	2.0% [13]	1.8% [13]	4.0% [13]	18.5% [13]	13
White alone, not Hispanic or Latino, percent	94.1% [13]	94.8% [13]	89.8% [13]	60.1% [13]	13
Families & Living Arrangements					
Households, 2015-2019	6,933 [13]	25,052 [13]	532,037 [13]	120,756,048 [13]	13
Persons per household, 2015-2019	2.30 [13]	2.40 [13]	2.46 [13]	2.62 [13]	13

Measure	Laconia City	Belknap County	New Hampshire	United States	Source
Living in same house one year ago, percent of persons age 1 year+, 2015-2019	86.7% [13]	89.0% [13]	86.1% [13]	85.8% [13]	13
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.9% [13]	3.3% [13]	8.0% [13]	21.6% [13]	13
Education					
High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.6% [13]	93.2% [13]	93.1% [13]	88.0% [13]	13
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	28.4% [13]	32.6% [13]	37.0% [13]	32.1% [13]	13
Health					
Persons with a disability, under age 65 years, percent, 2015-2019	13.5% [13]	11.8% [13]	9.0% [13]	8.6% [13]	13
Persons without health insurance, under age 65 years, percent	8.6% [13]	8.3% [13]	7.6% [13]	9.5% [13]	13
Percent of adults who currently have asthma, ages 18 and older	NA	15.2% [14]	13.2% [14]	7.7% [15]	14,15
Percent of adults with asthma with persistent severity	NA	NA	61.6% [16]	64.8% [16]	16
Number of ED visits due to asthma per 100,000 adults	NA	NA	337 [17]	503 [18]	17,18
Percent of adults who have diabetes, ages 18 and older	NA	8.3% [19]	7.7% [19]	9.1% [19]	19
Number of diabetes related hospitalizations per 100,000 adults	NA	1,169.0 [20]	1,419.0 [20]	3,370.0 [21]	20,21
Number of drug related deaths per 100,000 people	NA	21.00 [22]	30.53 [22]	21.70 [23]	22,23
Number of drug related ED visits per 100,000 people	NA	247.00 [22]	369.32 [22]	243.5 [24]	22,24
Number of deaths among residents under age 75 per 100,000 (age-adjusted)	NA	575.3 [25]	426.9 [25]	423.0 [25]	25
Number of deaths among children under age 18 per 100,000	NA	NA	32.4 [25]	49.7 [25]	25
Number of all infant deaths (within one year), per 100,000 live births	NA	NA	307 [26]	553 [26]	26
Percentage of adults reporting 14 or more days of poor physical health per month	NA	10% [12]	11% [12]	NA	12

Measure	Laconia City	Belknap County	New Hampshire	United States	Source
Percentage of adults reporting 14 or more days of poor mental health per month	NA	12% [12]	13% [12]	NA	12
Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 people	NA	82.0 [12]	102.0 [12]	308.3 [27]	12,27
Health Behaviors					
Percentage of adults who are current smokers	NA	14% [12]	16% [12]	14.0% [28]	12,28
Percentage of adults that report a BMI of 30 or more	NA	29.0% [12]	28.0% [12]	42.4% [29]	12,29
Food environment index [0 (worst) to 10 (best)]	NA	8.7 [12]	9.0 [12]	NA	12
Percentage of adults age 20 and over reporting no leisure-time physical activity	NA	23.0% [12]	21.0% [12]	NA	12
Percentage of population with adequate access to locations for physical activity	NA	87.0% [12]	88.0% [12]	NA	12
Percentage of adults reporting binge or heavy drinking	NA	19.0% [12]	21.0% [12]	26.2% [30]	12,30
Percentage of driving deaths with alcohol involvement	NA	40.0% [12]	30.0% [12]	29.0% [31]	12,31
Number of newly diagnosed chlamydia cases per 100,000 people	NA	228.7 [32]	271.0 [32]	539.9 [33]	32,33
Number of births per 100,000 female population ages 15-19	NA	1,600 [12]	1,100 [12]	2,030 [34]	12,34
Percentage of population who lack adequate access to food	NA	4.0% [12]	5.0% [12]	10.5% [35]	12,35
Percentage of population who are low-income and do not live close to a grocery store	NA	1.0% [12]	5.0% [12]	5.6% [36]	12,36
Number of motor vehicle crash deaths per 100,000 population	NA	12.0 [12]	9.0 [12]	11.2 [37]	12,37
Percentage of adults who report fewer than 7 hours of sleep on average	NA	29.0% [12]	33.0% [12]	35.2% [38]	12,38
Clinical Care					
Ratio of population to primary care physicians	NA	1,560:1 [12]	1,100:1 [12]	1,448:1 [39]	12,39
Ratio of population to dentists	NA	1,490:1 [12]	1,340:1 [12]	1,638:1 [40]	12,40
Ratio of population to mental health providers	NA	180:1 [12]	330:1 [12]	426:1 [41]	12,41
Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	NA	3,227 [12]	4,032 [12]	4,940 [42]	12,42

Measure	Laconia City	Belknap County	New Hampshire	United States	Source
Percentage of female Medicare enrollees ages 65-74 that receive mammography screening	NA	49% [12]	50% [12]	63.2% [43]	12,43
Quality of Life					
Years of potential life lost before age 75 per 100,000 population (age-adjusted)	NA	7,500.0 [12]	6,500.0 [12]	6968.6 [44]	12,44
Percentage of adults reporting fair or poor health (age-adjusted)	NA	12.0% [12]	13.0% [12]	18.8% [45]	12,45
Percentage of live births with low birth weight (< 2500 grams)	NA	8.00% [12]	7.00% [12]	8.28% [46]	12,46
Income & Poverty					
Median household income (in 2019 dollars), 2015-2019	$57,960 [13]	$69,447 [13]	$76,768 [13]	$62,843 [13]	13
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$33,387 [13]	$37,430 [13]	$40,003 [13]	$34,103 [13]	13
Persons in poverty, percent	11.3% [13]	8.6% [13]	7.3% [13]	10.5% [13]	13
Geography					
Population per square mile, 2010	795.3 [13]	150.1 [13]	147.0 [13]	87.4 [13]	13
Land area in square miles, 2010	20.06 [13]	400.23 [13]	8,952.65 [13]	3,531,905.43 [13]	13
Physical Environment					
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	NA	6.8 [12]	7.5 [12]	12.0 [47]	12,47

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Franklin Regional Hospital Profile

Summary

Overview: Franklin Regional Hospital (FRH) is an acute care facility located in Franklin, New Hampshire (NH) that is part of LRGHealthcare, which also includes Lakes Region General Hospital (LRGH). FRH provides emergency care and clinical specialty services, including cancer care, cardiac care, mental health, and palliative care, among others.

This report profiles FRH on several dimensions, as summarized below and detailed in this report.

Community Benefits: LRGHealthcare provides more than $840 thousand in charity care and more than $6 million in other community benefits. Between 2014 and 2019, FRH's charity care costs for uninsured patients decreased at a faster rate than the statewide rate. In comparison, FRH's charity care costs for insured patients increased while the statewide rate decreased over the same period.

Financial Status: From 2014 through 2019, FRH's service volume, expenses, and revenue declined, while NH hospitals statewide saw an average increase in these metrics. From 2014-2016, FRH's average operating margin and total margins were lower than the statewide average. However, from 2017-2018, FRH's operating and total margins were higher than the statewide average as its revenues decreased more slowly than its expenses. This surplus may reflect a disproportionate allocation of expenses from the parent entity.

Cost: Generally, the payments FRH receives from private insurers for the services it provides are higher than the state median price for both emergency visits and radiology services. The payments FRH receives from Harvard Pilgrim for radiology services are lower than the state median payment. The price FRH charged to uninsured patients is lower than the state median for radiology services and higher for emergency services.

Quality: Across multiple sets of quality measures, FRH scores well on some and less well on others. On the 10 CMS Hospital Compare patient experience scores, FRH scores better than the state and national averages on three measures, at or near the state and national averages on five measures, and below the state or national averages on two measures. On the other quality measures reported on NH HealthCost, FRH scores better than the state average on two of the four measures and worse than average on two measures.

Population Health: In its 2020 Lakes Region Community Health Needs Assessment, LRGHealthcare developed a list of prioritized community health needs needing improvement, which fell into the following six categories:

1. Affordable health insurance, cost of care, and prescription drugs
2. Availability of mental health services
3. Alcohol and drug use prevention, treatment, and recovery
4. Availability of primary care and specialty medical services
5. Services and supports for older adults including health care, home health care, and assisted living
6. Economic determinants of health including affordable housing, livable wages, and affordable, high quality childcare

On numerous population health measures, Merrimack County performed similar to or better than the state average. However, the county does have some ongoing health challenges to address, including the following:

- Higher number of diabetes-related hospitalizations
- Higher number of drug-related deaths
- Higher number of drug-related ED visits

***Contents of This Report*:** This report provides the following information about FRH:

- Service profile that includes general statistics, services offered, cost of charity care and community benefits, and summary of quality
- Multi-year profile of financial and utilization comparison statistics
- Pricing comparison of the average payment FRH receives for the outpatient services it provides, compared to the state median payment for the same sets of services
- Outline of performance on health care quality and safety measures compiled by NH HealthCost
- Patient experience survey ratings questions from CMS Hospital Compare
- Map of the communities identified by LRGHealthcare as its service area
- A breakdown of Medicaid enrollment for towns that comprise LRGHealthcare's service area
- Comparison profile of population health measures for the city of Franklin, Merrimack County, the State of NH, and the United States

Franklin Regional Hospital Profile

General Hospital Information	
Type of Facility	Acute Care
Total Staffed Beds*	33[1]
Total Available Beds**	35[2]
Bed Occupancy Rate***	49.0%[2]
Accredited by The Joint Commission	No
Annual Hospital Discharges (2019)	405[2]

Hospital Services Offered [3]

- Cancer care
- Cardiac care
- Emergency medicine
- Family medicine
- Gastroenterology
- Internal medicine
- Mental health
- Palliative care
- Substance use services
- Urology

Charity Care and Other Community Benefits [4]

The table below offers a snapshot of the charity care and other community benefits provided to the greater Franklin and Laconia communities by LRGHealthcare. All information derives from LRGHealthcare's FY 2019 Community Benefit Report.

Unreimbursed Costs 2018	Benefits Provided	Financial Benefit
	(1) Community Health Services	$257,200
	(2) Health Professions Education	$176,776
	(3) Subsidized Health Services	$4,756,428
	(4) Financial Contributions	$15,109
	(5) Community Building Activities	$116,377
	(6) Charity Care	$847,307
	Total Community Benefits	**$6,169,197**

Quality Statistics Summary

The table below offers a view of FRH's performance on quality-of-care scores from two different sources: NH HealthCost and CMS Hospital Compare.

Source	*Measure******	*Score*
NH HealthCost Quality of Care Scores [5]	Quality of Care Measures Better Than Average	2 out of 12
	Quality of Care Measures Near Average	5 out of 12
	Quality of Care Measures Worse Than Average	5 out of 12
CMS Hospital Compare [6]	**Overall Rating*******	**3 out of 5 stars**
	Patient Survey Rating******	**Not Available**
	Unplanned readmission rating*******	No different than national rate

**The 33 staffed beds at FRH include eight inpatient psychiatric beds. FRH is licensed for 25 acute and 10 psychiatric beds. Counsel for LRGHealthcare clarified that staffed bed counts fluctuate depending on each hospital's ability to maintain staff.*

***Bed count includes 10 psychiatric beds.*

****Bed occupancy rate is computed by dividing patient days by the number of total bed days available, both available within the S-3 Filing of the CMS 2552 Cost Report of each hospital.*

*****Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.*

******This measure summarizes more than 100 measures of mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.*

*******This measure summarizes how patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asked questions like how well a hospital's doctors and nurses communicated with the patient.*

Franklin Regional Hospital Financial and Utilization Statistics[2]

The two tables below offer a multi-year financial comparison profile based on an analysis of CMS Hospital Form 2552-10 data for FRH for fiscal years 2014-2018 and for all NH acute care hospitals for fiscal years 2014-2018. From 2014 through 2019, FRH's service volume, expenses, and revenue declined, while NH hospitals statewide saw an average increase in these metrics. From 2014-2016, FRH's average operating margin and total margins were lower than the statewide average. However, from 2017-2018, FRH's operating and total margins were higher than the statewide average as its revenues decreased more slowly than its expenses. This surplus may reflect a disproportionate allocation of expenses from the parent entity.

Trend values highlighted in green are better than the state average from a hospital financial perspective, and those highlighted in red are worse.

	2014	2015	2016	2017	2018	2019	FRH Average '14-'18 Annual Change	Statewide '14-'18 Annual Change
Total Hospital Discharges [S-3]*	552	648	429	347	314	405	-10.8%	1.8%
Total Hospital Days [S-3]	7,009	6,027	4,167	5,370	4,428	3,710	-9.2%	2.4%
Charity Care Costs (Uninsured Patients) [S-10]	$1,000,916	$167,895	$8,604	$8,489	.	.	0.0%	-3.8%
Charity Care Costs (Insured Patients) [S-10]	$699,693	$1,175,209	$313,120	$717,564	.	$856,622	0.0%	31.0%
Total Unreimbursed and Uncompensated Care [S-10]	$4,783,425	$4,385,230	$3,517,701	$4,193,086	$1,598,773	$2,238,311	-16.6%	-3.0%
Total Other Expenses [G-3]	.	$319,101	.	.	$76,939	$38	N/A	-10.5%
Hospital Operating Expenses [G-2]	$41,090,722	$40,816,145	$34,516,156	$24,294,535	$23,504,901	$21,167,074	-10.7%	6.8%
Total Operating Expenses [G-2]	$41,103,846	$40,816,141	$34,516,156	$24,387,878	$23,504,901	$21,167,074	-10.7%	7.2%
Total Inpatient Charges [C]	$27,158,946	$26,963,502	$18,224,263	$19,056,856	$17,312,507	$19,373,755	-9.1%	9.0%
Total Outpatient Charges [C]	$45,067,632	$49,660,813	$51,127,152	$48,972,804	$42,739,975	$41,386,769	-1.3%	10.2%
Total Hospital Net Income [G-3]	-$741,114	-$4,611,701	$1,921,728	$12,556,351	$10,425,800	$9,485,992	-376.7%	24.5%
Total Other Hosp Income [G-3]	$5,370,448	$126,729	$3,185,158	$1,206,494	$5,357,970	$3,848,593	-0.1%	18.3%
Net Income from Patient Services [G-3]	-$6,111,562	-$4,419,329	-$1,263,430	$11,349,857	$5,144,769	$5,637,437	-46.0%	233.4%
Net Patient Service Revenue [G-3]	$34,992,284	$36,396,812	$33,252,726	$35,737,735	$28,649,670	$26,804,511	-4.5%	6.8%
Total Revenue [Net Patient Service Revenue + Total Other Income]	$40,362,732	$36,523,541	$36,437,884	$36,944,229	$34,007,640	$30,653,104	-3.9%	7.5%

**Notations made in brackets "[ ]" reference the 2552-10 worksheet data source.*

	2014	2015	2016	2017	2018	2019	FRH Average Margin 2014-2018	Statewide Average Margin 2014-2018
FRH Operating Margin	-17.5%	-12.1%	-3.8%	31.8%	18.0%	21.0%	3.3%	
NH Statewide Industry Average*	-0.1%	-0.7%	1.1%	0.6%	-1.0%	N/A		0.0%
FRH Total Margin	-1.8%	-12.6%	5.3%	34.0%	30.7%	30.9%	11.1%	
NH Statewide Industry Average*	4.3%	2.2%	6.1%	6.4%	6.5%	N/A		5.1%

** The authors calculated a combined margin for all NH acute care hospitals using data reported on the CMS Hospital Form 2552-10 Cost Reports for NH acute care hospitals. 2019 data was not yet available for many NH hospitals as of February 2021.*

Franklin Regional Hospital – Estimated Outpatient Visit Pricing[7]

The following chart shows the average payment FRH receives for the services it provides, compared to the state median payment for the same sets of services. Generally, the payments FRH receives from private insurers for the services it provides are higher than the state median price for both emergency visits and radiology services. Payments FRH receives from Harvard Pilgrim for radiology services are lower than the state median payment. The price FRH charged to uninsured patients is lower than the state median for radiology services and higher for emergency services.

Amounts highlighted in green are lower than the state median and amounts highlighted in red are higher than the state median.

Event Type	State		Franklin Regional Hospital	
	State Number of Events	FH Number of Events	Payments to FH (Weighted Median)	Payments to FH if FH received the statewide median payments for its services
Emergency Visits				
Anthem - NH	7,664	31	$462	$249
CIGNA	3,702	71	$1,155	$461
Harvard Pilgrim HC	5,214	76	$1,288	$392
Other Medical Insurance	1,666	30	$1,193	$526
Uninsured*	18,246	208	$885	$350
Radiology Services				
Anthem - NH	49,931	4	$564	$257
CIGNA	17,561	70	$523	$512
Harvard Pilgrim HC	27,248	85	$582	$587
Other Medical Insurance	8,065	5	$649	$547
Uninsured*	107,075	194	$461	$707

**NH HealthCost estimates the price to uninsured individuals based on the service mix for insured patients, and the hospital's charges less the discount the hospital offers to uninsured patients.*

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. The authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Quality [5,6]

The tables below show FRH's scores on multiple sets of patient experience and quality of care scores from CMS Hospital Compare (first table) and NH HealthCost (next three tables) as of January 2021. On the 10 CMS Hospital Compare patient experience scores, FRH scores better than the state and national averages on three measures, at or near the state and national averages on five measures, and below the state or national averages on two measures. On the other quality measures reported on NH HealthCost, FRH scores better than the state average on two of the four measures and worse than average on two measures.

Measure Description*	Franklin Regional Hospital	State Average	National Average
Patients who reported that their nurses "Always" communicated well	81%	83%	81%
Patients who reported that their doctors "Always" communicated well	80%	82%	82%
Patients who reported that they "Always" received help as soon as they wanted	68%	71%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them	52%	65%	66%
Patients who reported that their room and bathroom were "Always" clean	83%	78%	76%
Patients who reported that the area around their room was "Always" quiet at night	65%	56%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	94%	89%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	52%	55%	54%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	76%	74%	73%
Patients who reported YES, they would definitely recommend the hospital	64%	73%	72%

**Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.*

Timely Care

Patients with Normal Colonoscopy Who Received Appropriate Recommendation for Follow-Up	BELOW AVERAGE	56% state average 85%
Time Spent in the Emergency Department After Being Admitted Before Getting to Room	ABOVE AVERAGE	54 min state average 115 min
Time Spent in the Emergency Department Before Being Discharged	ABOVE AVERAGE	112 min state average 147 min

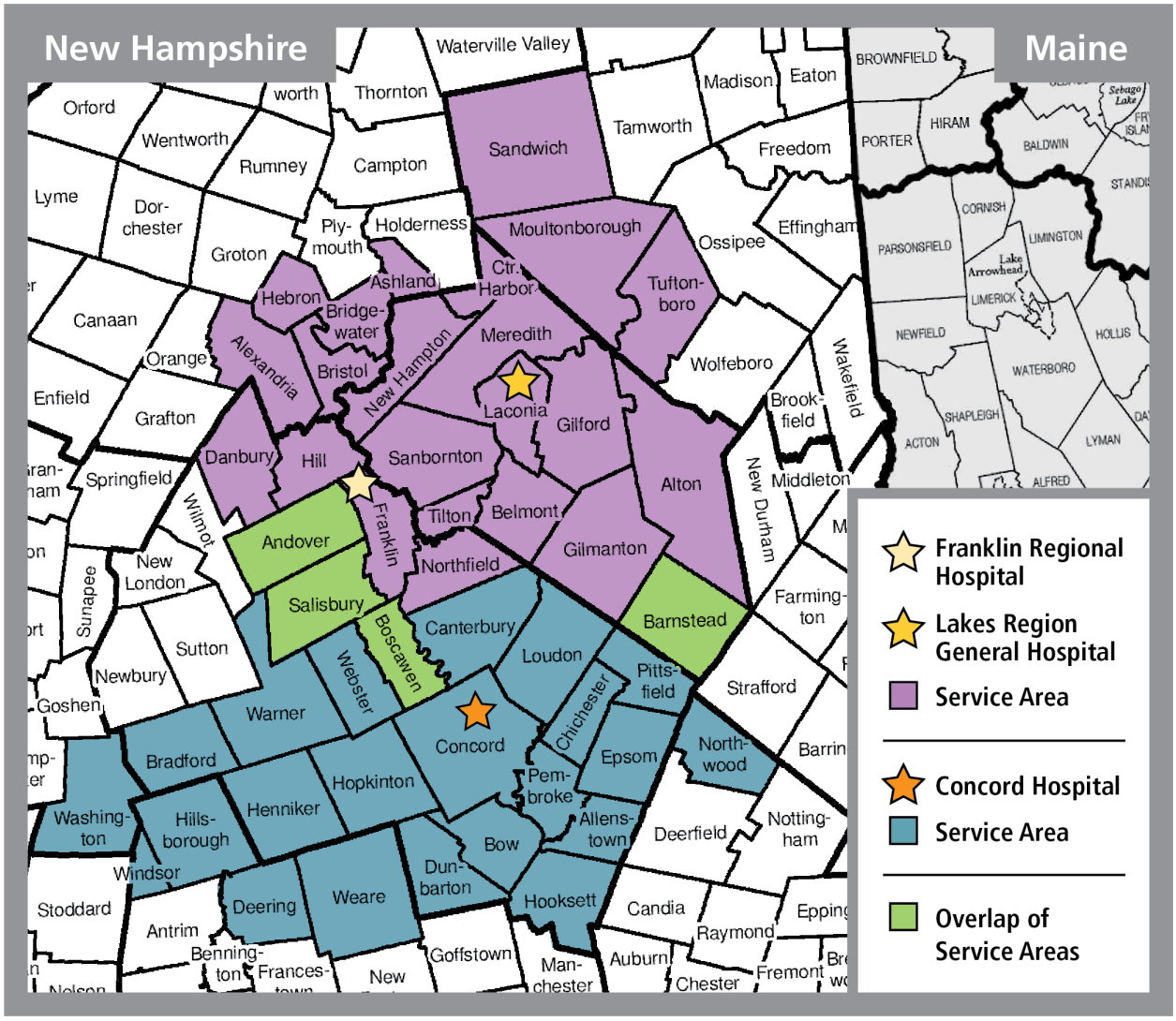
Safe Care

Patients Infected with C.diff While at Hospital	BELOW AVERAGE	1.33 state average 1.00

Communities Served by Concord Hospital and LRGHealthcare[4]

The following map shows the communities Concord Hospital and LRGHealthcare identify as their respective service areas, as listed in their 2019 Community Benefit Reports. The communities CH serves span Belknap, Hillsborough, Merrimack, Rockingham, and Sullivan counties. The communities LRGHealthcare serves span Belknap, Carroll, Grafton, and Merrimack counties.

Note that this map is based on communities reported by the hospital; it is not based on an anti-trust analysis.



Medicaid Enrollment

The following table shows Medicaid enrollment in the towns that make up LRGHealthcare's service area, as defined in its 2019 Community Benefits Report, as well as statistics for the state of NH and the United States. The towns of Alexandria, Ashland, Belmont, Boscawen, Bristol, Danbury, Franklin, Laconia, Meredith, Northfield, and Tilton have a higher Medicaid enrollment rate than the state average, but the rate is similar to that of the United States. Most other towns in the service area have Medicaid enrollment similar to, or even less than, that of NH.

City/Town [4]	County	Total Population [8]	Medicaid Enrollment [9]	% of Population on Medicaid*
Alexandria	Grafton	1,651	325	19.69%
Alton	Belknap	5,361	724	13.50%
Ashland	Grafton	2,099	460	21.92%
Andover	Merrimack	2,372	325	13.70%
Barnstead	Belknap	4,740	713	15.04%
Belmont	Belknap	7,353	1,576	21.43%
Boscawen	Merrimack	4,049	870	21.49%
Bridgewater	Grafton	1,106	105	9.49%
Bristol	Grafton	3,124	761	24.36%
Center Harbor	Belknap	1,091	141	12.92%
Danbury	Merrimack	1,199	234	19.52%
Franklin	Merrimack	8,714	2,542	29.17%
Gilford	Belknap	7,255	917	12.64%
Gilmanton	Belknap	3,809	581	15.25%
Hebron	Grafton	628	79	12.58%
Hill	Merrimack	1,102	153	13.88%
Laconia	Belknap	16,709	4,844	28.99%
Meredith	Belknap	6,420	1,015	15.81%
Moultonborough	Carroll	4,129	540	13.08%
New Hampton	Belknap	2,298	326	14.19%
Northfield	Merrimack	4,884	966	19.78%
Salisbury	Merrimack	1,424	161	11.31%
Sanbornton	Belknap	3,005	438	14.58%
Sandwich	Carroll	1,357	152	11.20%
Tilton	Belknap	3,673	852	23.20%
Tuftonboro	Carroll	2,423	331	13.66%
New Hampshire		1,359,518 [8]	207,586 [9]	15.27%
United States		330,791,184 [10]	76,489,912 [11]	23.12%

**Author's calculation of Medicaid enrollment by Total Population.*

Profile Comparison of City, County, State, and Country Population Health Data [12,13]

The table below offers a community health profile compiled from multiple sources. Numbers in the Source column refer to citations in the endnotes. "NA" indicates that the measure was not available for the geographic area. "X" indicates that the Census Bureau deemed the item to be not applicable in the geographic area. "Z" indicates that the value of the unit is greater than zero but less than half a unit of measure shown. Yellow highlighting indicates that the local area scores worse on the measure than the state or the country as a whole.

Measure	Franklin City	Merrimack County	New Hampshire	United States	Source
Population					
Population estimates, July 1, 2019, (V2019)	8,686 [13]	151,391 [13]	1,359,711 [13]	328,239,523 [13]	13
Population estimates base, April 1, 2010, (V2019)	8,478 [13]	146,451 [13]	1,316,462 [13]	308,758,105 [13]	13
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.5% [13]	3.4% [13]	3.3% [13]	6.3% [13]	13
Population, Census, April 1, 2010	8,477 [13]	146,445 [13]	1,316,470 [13]	308,745,538 [13]	13
Age and Sex					
Persons under 5 years, percent	2.6% [13]	4.7% [13]	4.7% [13]	6.0% [13]	13
Persons under 18 years, percent	16.6% [13]	18.9% [13]	18.8% [13]	22.3% [13]	13
Persons 65 years and over, percent	21.7% [13]	18.7% [13]	18.7% [13]	16.5% [13]	13
Female persons, percent	53.0% [13]	50.6% [13]	50.4% [13]	50.8% [13]	13
Race and Hispanic Origin					
White alone, percent	97.2% [13]	94.0% [13]	93.1% [13]	76.3% [13]	13
Black or African American alone, percent	0.1% [13]	1.8% [13]	1.8% [13]	13.4% [13]	13
American Indian and Alaska Native alone, percent	0.0% [13]	0.3% [13]	0.3% [13]	1.3% [13]	13
Asian alone, percent	0.8% [13]	2.2% [13]	3.0% [13]	5.9% [13]	13
Native Hawaiian and Other Pacific Islander alone, percent	0.0% [13]	Z [13]	Z [13]	0.2% [13]	13
Two or More Races, percent	1.6% [13]	1.7% [13]	1.8% [13]	2.8% [13]	13
Hispanic or Latino, percent	2.6% [13]	2.3% [13]	4.0% [13]	18.5% [13]	13
White alone, not Hispanic or Latino, percent	94.8% [13]	92.1% [13]	89.8% [13]	60.1% [13]	13
Families & Living Arrangements					
Households, 2015-2019	3,909 [13]	58,452 [13]	532,037 [13]	120,756,048 [13]	13
Persons per household, 2015-2019	2.15 [13]	2.45 [13]	2.46 [13]	2.62 [13]	13

Measure	Franklin City	Merrimack County	New Hampshire	United States	Source
Living in same house one year ago, percent of persons age 1 year+, 2015-2019	85.8% [13]	88.2% [13]	86.1% [13]	85.8% [13]	13
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.0% [13]	6.0% [13]	8.0% [13]	21.6% [13]	13
Education					
High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.3% [13]	93.2% [13]	93.1% [13]	88.0% [13]	13
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	17.6% [13]	35.6% [13]	37.0% [13]	32.1% [13]	13
Health					
Persons with a disability, under age 65 years, percent, 2015-2019	14.4% [13]	10.1% [13]	9.0% [13]	8.6% [13]	13
Persons without health insurance, under age 65 years, percent	9.9% [13]	6.9% [13]	7.6% [13]	9.5% [13]	13
Percent of adults who currently have asthma, ages 18 and older	NA	11.8% [14]	13.2% [15]	7.7% [15]	14,15
Percent of adults with asthma with persistent severity	NA	NA	61.6% [16]	64.8% [16]	16
Number of ED visits due to asthma per 100,000 adults	NA	NA	337 [17]	503 [18]	17,18
Percent of adults who have diabetes, ages 18 and older	NA	7.4% [19]	7.7% [19]	9.1% [19]	19
Number of diabetes related hospitalizations per 100,000 adults	NA	2,443.0 [20]	1,419.0 [20]	3,370.0 [21]	20,21
Number of drug related deaths per 100,000 people	NA	40.00 [22]	30.53 [22]	21.70 [23]	22,23
Number of drug related ED visits per 100,000 people	NA	548.0 [22]	369.32 [22]	243.5 [24]	22,24
Number of deaths among residents under age 75 per 100,000 (age-adjusted)	NA	402.8 [25]	426.9 [25]	423.0 [25]	25
Number of deaths among children under age 18 per 100,000	NA	NA	32.4 [25]	49.7 [25]	25
Number of all infant deaths (within one year), per 100,000 live births	NA	NA	307 [26]	553 [26]	26
Percentage of adults reporting 14 or more days of poor physical health per month	NA	9% [12]	11% [12]	NA	12

Measure	Franklin City	Merrimack County	New Hampshire	United States	Source
Percentage of adults reporting 14 or more days of poor mental health per month	NA	11% [12]	13% [12]	NA	12
Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 people	NA	107.0 [12]	102.0 [12]	308.3 [27]	12,27
Health Behaviors					
Percentage of adults who are current smokers	NA	14% [12]	16% [12]	14.0% [28]	12,28
Percentage of adults that report a BMI of 30 or more	NA	28.0% [12]	26.0% [12]	42.4% [29]	12,29
Food environment index [0 (worst) to 10 (best)]	NA	9.0 [12]	9.0 [12]	NA	12
Percentage of adults age 20 and over reporting no leisure-time physical activity	NA	20.0% [12]	21.0% [12]	NA	12
Percentage of population with adequate access to locations for physical activity	NA	93.0% [12]	88.0% [12]	NA	12
Percentage of adults reporting binge or heavy drinking	NA	19.0% [12]	21.0% [12]	26.2% [30]	12,30
Percentage of driving deaths with alcohol involvement	NA	19.0% [12]	30.0% [12]	29.0% [31]	12,31
Number of newly diagnosed chlamydia cases per 100,000 people	NA	227.2 [32]	271.0 [32]	539.9 [33]	32,33
Number of births per 100,000 female population ages 15-19	NA	1,600 [12]	1,100 [12]	2,030 [34]	12,34
Percentage of population who lack adequate access to food	NA	9.0% [12]	9.0% [12]	10.5% [35]	12,35
Percentage of population who are low-income and do not live close to a grocery store	NA	5.0% [12]	5.0% [12]	5.6% [36]	12,36
Number of motor vehicle crash deaths per 100,000 population	NA	9.0 [12]	9.0 [12]	11.2 [37]	12,37
Percentage of adults who report fewer than 7 hours of sleep on average	NA	31.0% [12]	33.0% [12]	35.2% [38]	12,38
Clinical Care					
Ratio of population to primary care physicians	NA	900:1 [12]	1,100:1 [12]	1,448:1 [39]	12,39
Ratio of population to dentists	NA	1,340:1 [12]	1,340:1 [12]	1,638:1 [40]	12,40
Ratio of population to mental health providers	NA	240:1 [12]	330:1 [12]	426:1 [41]	12,41

Measure	Franklin City	Merrimack County	New Hampshire	United States	Source
Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	NA	3,621 [12]	3,947 [12]	4,940 [42]	12,42
Percentage of female Medicare enrollees ages 65-74 that receive mammography screening	NA	47% [12]	49% [12]	63.2% [43]	12,43
Quality of Life					
Years of potential life lost before age 75 per 100,000 population (age-adjusted)	NA	6,500.0 [12]	6,400.0 [12]	6968.6 [44]	12,44
Percentage of adults reporting fair or poor health (age-adjusted)	NA	11.0% [12]	13.0% [12]	18.8% [45]	12,45
Percentage of live births with low birth weight (< 2500 grams)	NA	7.00% [12]	7.00% [12]	8.28% [46]	12,46
Income & Poverty					
Median household income (in 2019 dollars), 2015-2019	$52,795 [13]	$75,737 [13]	$76,768 [13]	$62,843 [13]	13
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$30,412 [13]	$37,367 [13]	$40,003 [13]	$34,103 [13]	13
Persons in poverty, percent	8.9% [13]	6.4% [13]	7.3% [13]	10.5% [13]	13
Geography					
Population per square mile, 2010	310.8 [13]	156.8 [13]	147.0 [13]	87.4 [13]	13
Land area in square miles, 2010	27.28 [13]	934.12 [13]	8,952.65 [13]	3,531,905.43 [13]	13
Physical Environment					
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	NA	6.8 [12]	7.5 [12]	12.0 [47]	12,47

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Concord Hospital Profile

Summary

Overview: Concord Hospital (CH) is an acute care facility located in Concord, New Hampshire (NH). The hospital provides emergency care and clinical specialty services, including behavioral and mental health, cancer care, cardiac care, and palliative care, among others.

This report profiles CH on several dimensions, as summarized below and detailed in this report.

Community Benefits: CH provides more than $4.5 million in charity care and more than $46 million in other community benefits. Between 2014 and 2019, CH's charity care costs for uninsured patients increased while the statewide rate decreased. In comparison, CH's charity care costs for insured patients decreased at a rate almost double that of the statewide rate over the same period.

Financial Status: From 2014 through 2019, CH's service volume grew more than the statewide averages. CH also reported an increase in its expenses and revenues during this time; however, its expenses grew faster than its revenues. In four years reported here, CH's net patient service revenues did not cover its operating costs; however, its non-patient revenue filled the gap. During the period reviewed, CH reported fluctuations in its operating and total margins. In fiscal years 2015, 2016, and 2018, the operating margins were lower than the statewide averages, while they were higher in 2014 and 2017. The total margins for 2014-2016 were higher than the statewide but lower in 2017 and 2018.

Cost: Generally, the payments CH receives from private insurers for the services it provides are higher than the state median price, especially for emergency visits. However, the payments CH received from Anthem and Other Medical Insurance for office visits and outpatient tests and procedures were lower than the state median payment. Also, the payments CH received from Cigna for outpatient tests and procedures and radiology services were lower than the state median payment. The price CH charged to uninsured patients was lower than the state median for all services provided.

Quality: Across multiple sets of quality measures, CH scores well on a few, around average on most, and less well on others. On the 10 CMS Hospital Compare patient experience scores, CH scores better than the state and national averages on two measures and at or near the state and national averages on eight measures. On the other quality measures reported on NH HealthCost, CH scores better than the state average on two of the five measures and worse than average on three measures.

Population Health: In its 2018 Capital Region Community Health Needs Assessment, CH developed a list of prioritized community health needs needing improvement, which fell into the following three categories:

1. Access to affordable health care
2. Mental health and substance use
3. Healthy behaviors, socioeconomic, and environmental factors

On numerous population health measures, Merrimack County performed similar to or better than the state average. However, the county does have some ongoing health challenges to address, including the following:

- Higher number of diabetes-related hospitalizations
- Higher number of drug-related deaths
- Higher number of drug-related ED visits

Contents of This Report: This report provides the following information about CH:

- Service profile that includes general statistics, services offered, cost of charity care and community benefits, and summary of quality
- Multi-year profile of financial and utilization comparison statistics
- Pricing comparison of the average payment CH receives for outpatient services it provides, compared to the state median payment for the same sets of services
- Outline of performance on health care quality and safety measures compiled by NH HealthCost
- Patient experience survey ratings questions from CMS Hospital Compare
- Map of the communities identified by CH as its service area
- A breakdown of Medicaid enrollment for towns that comprise CH's service area
- Comparison profile of population health measures for the city of Concord, Merrimack County, the State of NH, and the United States

Concord Hospital Service Profile

General Hospital Information	
Type of Facility	Acute Care
Total Staffed Beds	248[1]
Total Available Beds	221[2]
Bed Occupancy Rate*	86.3%[2]
Accredited by The Joint Commission	No
Annual Hospital Discharges (2019)	12,480[2]

Hospital Services Offered [3]

- Cancer care
- Cardiac care
- Emergency medicine
- Endocrinology
- Neurology
- Palliative care
- Primary care
- Rehabilitation services
- Trauma care
- Urology care

Charity Care and Other Community Benefits [4]

The table below offers a snapshot of the charity care and other community benefits provided to the greater Concord community by CH. All information derives from CH's FY 2019 Community Benefit Report.

Unreimbursed Costs 2018	Benefits Provided	Financial Benefit
	(1) Community Health Services	$2,440,689
	(2) Health Professions Education	$3,450,327
	(3) Subsidized Health Services	$36,821,474
	(4) Research	$83,688
	(5) Financial Contributions	$551,626
	(6) Community Building Activities	$40,455
	(7) Community Benefit Operations	$69,576
	(8) Charity Care	$4,696,155
	Total Community Benefits	**$46,612,159**

Quality Statistics Summary

The table below offers a view of CH's performance on quality-of-care scores from two different sources: NH HealthCost and CMS Hospital Compare.

Source	*Measure***	*Score*
NH HealthCost Quality of Care Scores [5]	Quality of Care Measures Better Than Average	4 out of 13
	Quality of Care Measures Near Average	6 out of 13
	Quality of Care Measures Worse Than Average	3 out of 13
CMS Hospital Compare [6]	**Overall Rating*** **	**4 out of 5 stars**
	Patient Survey Rating** **	**4 out of 5 stars**
	Unplanned readmission rating*****	No different than national rate

**Bed occupancy rate is computed by dividing patient days by the number of total bed days available, both available within the S-3 Filing of the CMS 2552 Cost Report of each hospital.*

***Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.*

****This measure summarizes more than 100 measures of mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.*

*****This measure summarizes how patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asked questions like how well a hospital's doctors and nurses communicated with the patient.*

******Rate of patients readmitted to the hospital within 30 days of discharge.*

Concord Hospital Financial and Utilization Statistics[2]

The two tables below offer a multi-year financial comparison profile based on an analysis of CMS Hospital Form 2552-10 data for CH for fiscal years 2014-2019 and for all NH acute care hospitals for fiscal years 2014-2018. From 2014 through 2019, CH's service volume grew more than the statewide averages. CH also reported an increase in its expenses and revenues during this time; however, its expenses grew faster than its revenues. In four years reported here, CH's net patient service revenues did not cover its operating costs; however, its non-patient revenue filled the gap. During the period reviewed, CH reported fluctuations in its operating and total margins. In fiscal years 2015, 2016, and 2018, the operating margins were lower than the statewide averages, while they were higher in 2014 and 2017. The total margins for 2014-2016 were higher than the statewide average margin but lower in 2017 and 2018.

Trend values highlighted in green are better than the state average from a hospital financial perspective and those highlighted in red are worse.

Hospital Fiscal Year	2014	2015	2016	2017	2018	2019	Average '14-'18 Annual Change	Statewide '14-'18 Annual Change
Total Hospital Discharges [S-3]*	11,281	11,994	13,141	13,141	13,013	12,480	3.8%	1.8%
Total Hospital Days [S-3]	53,634	56,836	57,689	57,689	55,990	56,274	1.1%	2.4%
Charity Care Costs (Uninsured Patients) [S-10]	$13,349,019	$8,143,697	$2,221,255	$2,175,842	$6,454,637	$12,621,467	-12.9%	-3.8%
Charity Care Costs (Insured Patients) [S-10]	$1,583,651	$2,318,996	$3,636,728	$3,650,915	$1,129,519	$966,207	-7.2%	31.0%
Total Unreimbursed and Uncompensated Care [S-10]	$35,914,368	$45,741,438	$35,562,371	$17,561,680	$39,589,440	$23,763,605	2.6%	-3.0%
Total Other Expenses [G-3]	.	.	.	.	.	$7,531,739	N/A	-10.5%
Hospital Operating Expenses [G-2]	$385,296,466	$399,524,725	$430,125,372	$456,044,825	$485,874,255	$507,798,818	6.5%	6.8%
Total Operating Expenses [G-2]	$386,223,398	$400,570,507	$431,219,228	$456,826,079	$485,879,251	$507,798,818	6.5%	7.2%
Total Inpatient Charges [C]	$407,537,388	$436,397,686	$455,995,569	$500,104,602	$561,634,582	$578,855,471	9.5%	9.0%
Total Outpatient Charges [C]	$540,400,917	$578,365,371	$579,429,448	$638,657,459	$665,992,016	$722,426,051	5.8%	10.2%
Total Hospital Net Income [G-3]	$28,182,100	$24,972,252	$34,235,040	$29,484,355	$17,031,216	$2,271,469	-9.9%	24.5%
Total Other Hosp Income [G-3]	$27,887,425	$29,198,089	$40,551,454	$25,527,655	$25,956,653	$14,851,337	-1.7%	18.3%
Net Income from Patient Services [G-3]	$294,675	-$4,225,837	-$6,316,414	$3,956,700	-$8,925,437	-$5,048,129	-782.2%	233.4%
Net Patient Service Revenue [G-3]	$386,518,073	$396,344,670	$424,902,814	$460,782,779	$476,953,814	$502,750,689	5.8%	6.8%
Total Revenue [Net Patient Service Revenue + Total Other Income]	$414,405,498	$425,542,759	$465,454,268	$486,310,434	$502,910,467	$517,602,026	5.3%	7.5%

	2014	2015	2016	2017	2018	2019	CH Average Margin 2014-2018	Statewide Average Margin 2014-2018
CH Operating Margin	0.1%	-1.1%	-1.5%	0.9%	-1.9%	-1.0%	-0.7%	
NH Statewide Industry Average*	-0.1%	-0.7%	1.1%	0.6%	-1.0%	N/A		0.0%
CH Total Margin	6.8%	5.9%	7.4%	6.1%	3.4%	0.4%	5.9%	
NH Statewide Industry Average*	4.3%	2.2%	6.1%	6.4%	6.5%	N/A		5.1%

* The authors calculated a combined margin for all NH acute care hospitals using data reported on the CMS Hospital Form 2552-10 Cost Reports for NH acute care hospitals.

Concord Hospital - Estimated Outpatient Visit Pricing[7]

The following chart shows the average payment CH receives for the services it provides, compared to the state median payment for the same sets of services. Generally, the payments CH receives from private insurers for the services it provides are higher than the state median price, especially for the emergency visits. However, the payments CH received from Anthem and other medical insurance for office visits and outpatient tests and procedures were lower than the state median payment. Also, the payments CH received from Cigna for outpatient tests and procedures and radiology services were lower than the state median payment. The price CH charged to uninsured patients was lower than the state median for all services provided.

Amounts highlighted in green are lower than the state median and amounts highlighted in red are higher than the state median.

Event Type	State		Concord Hospital	
	State Number of Events	CH Number of Events	Payments to CH (Weighted Median)	Payments to CH if CH received the statewide median payment for its services
Emergency Visits				
Anthem - NH	7,664	1,326	$459	$262
CIGNA	3,702	250	$570	$465
Harvard Pilgrim HC	5,214	438	$623	$392
Other Medical Insurance	1,666	59	$862	$574
Uninsured*	18,246	2,073	$349	$356
Office Visits				
Anthem - NH	319,331	27,992	$152	$154
CIGNA	86,878	5,890	$175	$147
Harvard Pilgrim HC	148,197	11,327	$173	$161
Other Medical Insurance	56,335	2,075	$126	$163
Uninsured*	610,760	47,284	$113	$223
Outpatient Tests and Procedures				
Anthem - NH	13,125	1,260	$821	$828
CIGNA	4,826	373	$1,100	$1,401
Harvard Pilgrim HC	6,269	254	$974	$962
Other Medical Insurance	2,074	82	$475	$572
Uninsured*	27,947	2,041	$957	$1,307
Radiology Services				
Anthem - NH	49,931	6,456	$505	$413
CIGNA	17,561	1,056	$522	$560
Harvard Pilgrim HC	27,248	1,910	$587	$507
Other Medical Insurance	8,065	247	$340	$417
Uninsured*	107,075	9,852	$669	$724

**NH HealthCost estimates the price to uninsured individuals based on the service mix for insured patients and the hospital's charges less the discount the hospital offers to uninsured patients.*

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. The authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Quality [5,6]

The tables below show CH's scores on multiple sets of patient experience and quality of care scores from CMS Hospital Compare (first table) and NH HealthCost (next three tables) as of January 2021. On the 10 CMS Hospital Compare patient experience scores, CH scores better than the state and national averages on two measures and at or near the state and national averages on eight measures. On the other quality measures reported on NH HealthCost, CH scores better than the state average on two of the five measures and worse than average on three measures.

Measure Description*	Concord Hospital	State Average	National Average
Patients who reported that their nurses "Always" communicated well	84%	83%	81%
Patients who reported that their doctors "Always" communicated well	84%	82%	82%
Patients who reported that they "Always" received help as soon as they wanted	71%	71%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them	67%	65%	66%
Patients who reported that their room and bathroom were "Always" clean	76%	78%	76%
Patients who reported that the area around their room was "Always" quiet at night	57%	56%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	90%	89%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	57%	55%	54%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	79%	74%	73%
Patients who reported YES, they would definitely recommend the hospital	80%	73%	72%

**Measures highlighted in shades of green are scores higher than the state or national average and shades of yellow are scores at or near the state or national average.*

Timely Care

Patients with Normal Colonoscopy Who Received Appropriate Recommendation for Follow-Up	ABOVE AVERAGE	99% state average 85%
Time Spent in the Emergency Department After Being Admitted Before Getting to Room	BELOW AVERAGE	177 min state average 115 min
Time Spent in the Emergency Department Before Being Discharged	BELOW AVERAGE	193 min state average 147 min
Patients with Stroke Symptoms Who Received Head CT Scan at Arrival	BELOW AVERAGE	41% state average 64%

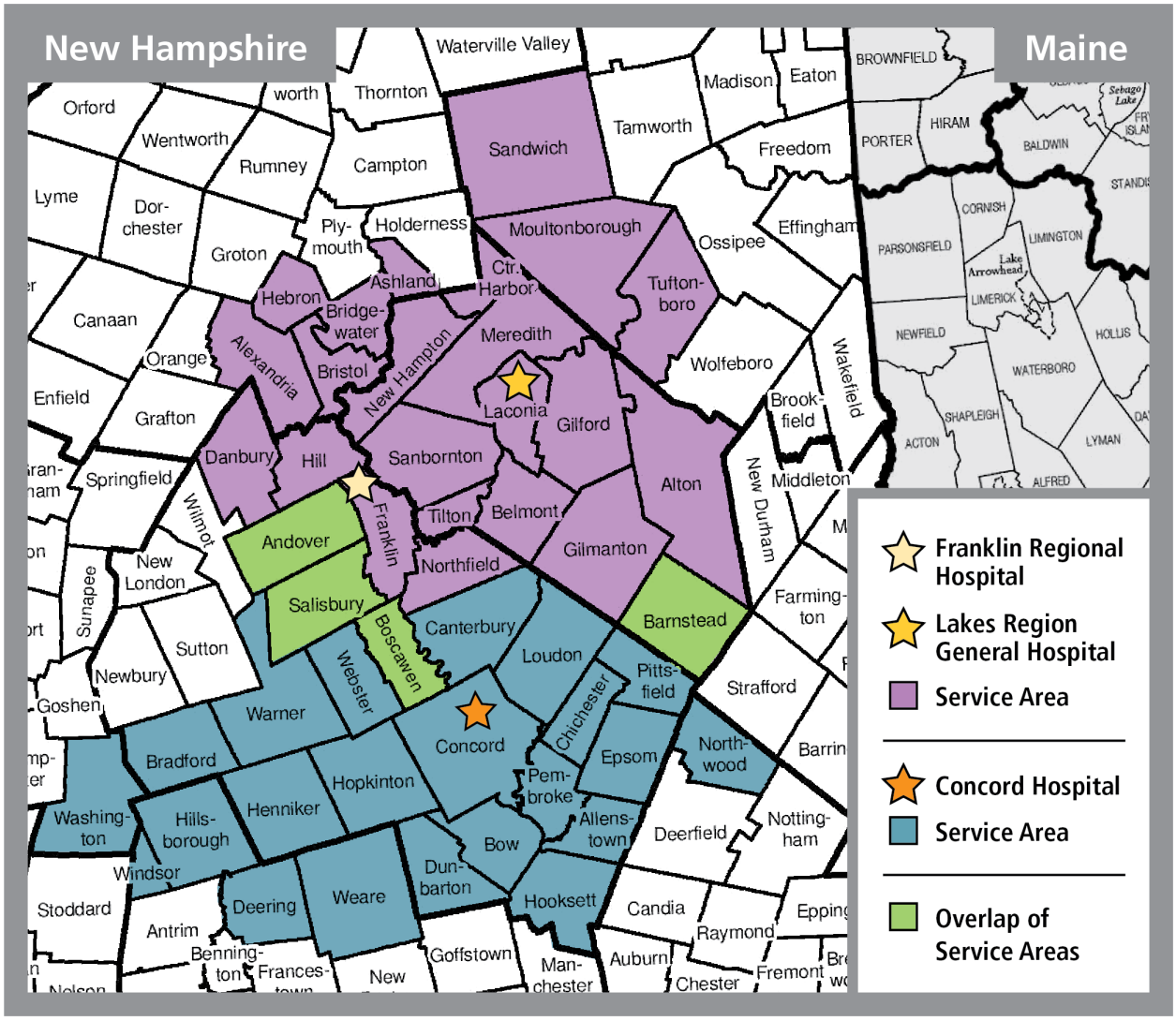
Safe Care

Patients Infected with C.diff While at Hospital	ABOVE AVERAGE	0.70 state average 1.00

Communities Served by Concord Hospital[4]

The following map shows the communities CH and LRGHealthcare, which owns Franklin Regional Hospital and Lakes Region General Hospital, identify as their respective service areas, as listed in their 2019 Community Benefit Reports. The communities CH serves span Belknap, Hillsborough, Merrimack, Rockingham, and Sullivan counties. The communities LRGHealthcare serves span Belknap, Carroll, Grafton, and Merrimack counties.

Note that this map is based on communities reported by the hospital; it is not based on an anti-trust analysis.



Medicaid Enrollment

The following table shows Medicaid enrollment in the towns that make up CH's service area, as defined in its 2019 Community Benefits Report, as well as statistics for NH and the United States. The towns of Allenstown, Boscawen, Hillsborough, Pittsfield, and Windsor have a higher Medicaid enrollment rate than the state average, but the rate is similar to that of the United States. Most other towns in the service area have Medicaid enrollment similar to, or even less than, that of NH. Population and Medicaid enrollment information was not available for the towns of Center Barnstead, Penacook, and Suncook.

City/Town [4]	County	Total Population [8]	Medicaid Enrollment [9]	% of Population on Medicaid*
Allenstown	Merrimack	4,368	995	22.78%
Andover	Merrimack	2,372	325	13.70%
Barnstead	Belknap	4,740	713	15.04%
Boscawen	Merrimack	4,049	870	21.49%
Bow	Merrimack	7,903	572	7.24%
Bradford	Merrimack	1,690	279	16.51%
Canterbury	Merrimack	2,404	252	10.48%
Center Barnstead	Belknap	Not Available	Not Available	Not Available
Chichester	Merrimack	2,630	314	11.94%
Concord	Merrimack	42,982	8,495	19.76%
Deering	Hillsborough	1,939	306	15.78%
Dunbarton	Merrimack	2,909	234	8.04%
Epsom	Merrimack	4,787	616	12.87%
Henniker	Merrimack	4,922	564	11.46%
Hillsborough	Hillsborough	5,992	1,329	22.18%
Hooksett	Merrimack	14,650	1,600	10.92%
Hopkinton	Merrimack	5,712	501	8.77%
Loudon	Merrimack	5,684	694	12.21%
Northwood	Rockingham	4,300	593	13.79%
Pembroke	Merrimack	7,093	1,093	15.41%
Penacook	Merrimack	Not Available	Not Available	Not Available
Pittsfield	Merrimack	4,096	1,054	25.73%
Salisbury	Merrimack	1,424	161	11.31%
Suncook	Merrimack	Not Available	Not Available	Not Available
Warner	Merrimack	2,915	415	14.24%
Washington	Sullivan	1,143	165	14.44%
Weare	Hillsborough	8,951	1,069	11.94%
Webster	Merrimack	1,902	266	13.99%
Windsor	Hillsborough	222	44	19.82%
New Hampshire		1,359,518 [8]	207,586 [9]	15.27%
United States		330,791,184 [10]	76,489,912 [11]	23.12%

** Author's calculation of Medicaid enrollment by Total Population.*

Profile Comparison of City, County, State, and Country Population Health Data [12,13]

The table below offers a community health profile compiled from multiple sources. Numbers in the Source column refer to citations in the endnotes. "NA" indicates that the measure was not available for the geographic area. "X" indicates that the Census Bureau deemed the item to be not applicable in the geographic area. "Z" indicates that the value of the unit is greater than zero but less than half a unit of measure shown. Yellow highlighting indicates that the local area scores worse on the measure than the state or the country as a whole.

Measure	Concord City	Merrimack County	New Hampshire	United States	Source
Population					
Population estimates, July 1, 2019, (V2019)	43,627 [13]	151,391 [13]	1,359,711 [13]	328,239,523 [13]	13
Population estimates base, April 1, 2010, (V2019)	42,686 [13]	146,451 [13]	1,316,462 [13]	308,758,105 [13]	13
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.2% [13]	3.4% [13]	3.3% [13]	6.3% [13]	13
Population, Census, April 1, 2010	42,695 [13]	146,445 [13]	1,316,470 [13]	308,745,538 [13]	13
Age and Sex					
Persons under 5 years, percent	4.8% [13]	4.7% [13]	4.7% [13]	6.0% [13]	13
Persons under 18 years, percent	18.4% [13]	18.9% [13]	18.8% [13]	22.3% [13]	13
Persons 65 years and over, percent	16.4% [13]	18.7% [13]	18.7% [13]	16.5% [13]	13
Female persons, percent	49.7% [13]	50.6% [13]	50.4% [13]	50.8% [13]	13
Race and Hispanic Origin					
White alone, percent	88.1% [13]	94.0% [13]	93.1% [13]	76.3% [13]	13
Black or African American alone, percent	3.5% [13]	1.8% [13]	1.8% [13]	13.4% [13]	13
American Indian and Alaska Native alone, percent	0.6% [13]	0.3% [13]	0.3% [13]	1.3% [13]	13
Asian alone, percent	4.7% [13]	2.2% [13]	3.0% [13]	5.9% [13]	13
Native Hawaiian and Other Pacific Islander alone, percent	0.0% [13]	Z [13]	Z [13]	0.2% [13]	13
Two or More Races, percent	2.3% [13]	1.7% [13]	1.8% [13]	2.8% [13]	13
Hispanic or Latino, percent	3.0% [13]	2.3% [13]	4.0% [13]	18.5% [13]	13
White alone, not Hispanic or Latino, percent	86.1% [13]	92.1% [13]	89.8% [13]	60.1% [13]	13
Families & Living Arrangements					
Households, 2015-2019	17,530 [13]	58,452 [13]	532,037 [13]	120,756,048 [13]	13
Persons per household, 2015-2019	2.29 [13]	2.45 [13]	2.46 [13]	2.62 [13]	13

Measure	Concord City	Merrimack County	New Hampshire	United States	Source
Living in same house one year ago, percent of persons age 1year+, 2015-2019	85.4% [13]	88.2% [13]	86.1% [13]	85.8% [13]	13
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	10.5% [13]	6.0% [13]	8.0% [13]	21.6% [13]	13
Education					
High school graduate or higher, percent of persons age 25 years+, 2015-2019	92.2% [13]	93.2% [13]	93.1% [13]	88.0% [13]	13
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	37.9% [13]	35.6% [13]	37.0% [13]	32.1% [13]	13
Health					
Persons with a disability, under age 65 years, percent, 2015-2019	11.3% [13]	10.1% [13]	9.0% [13]	8.6% [13]	13
Persons without health insurance, under age 65 years, percent	6.9% [13]	6.9% [13]	7.6% [13]	9.5% [13]	13
Percent of adults who currently have asthma, ages 18 and older	NA	11.8% [14]	13.2%[14]	7.7% [15]	14,15
Percent of adults with asthma with persistent severity	NA	NA	61.6% [16]	64.8% [16]	16
Number of ED visits due to asthma per 100,000 adults	NA	337 [17]	497 [17]	503 [18]	17,18
Percent of adults who have diabetes, ages 18 and older	NA	7.4% [19]	7.7% [19]	9.1% [19]	19
Number of diabetes related hospitalizations per 100,000 adults	NA	2,443.0 [20]	1,419.0 [20]	3,370.0 [21]	20,21
Number of drug related deaths per 100,000 people	NA	40.00 [22]	30.53 [22]	21.70 [23]	22,23
Number of drug related ED visits per 100,000 people	NA	548.0 [22]	369.32 [22]	243.5 [24]	22,24
Number of deaths among residents under age 75 per 100,000 (age-adjusted)	NA	402.8 [25]	426.9 [25]	423.0 [25]	25
Number of deaths among children under age 18 per 100,000	NA	NA	32.4 [25]	49.7 [25]	25
Number of all infant deaths (within one year), per 100,000 live births	NA	NA	307 [26]	553 [26]	26
Percentage of adults reporting 14 or more days of poor physical health per month	NA	9% [12]	11% [12]	NA	12
Percentage of adults reporting 14 or more days of poor mental health per month	NA	11% [12]	13% [12]	NA	12

Measure	Concord City	Merrimack County	New Hampshire	United States	Source
Number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 people	NA	107.0 [12]	102.0 [12]	308.3 [27]	12,27
Health Behaviors					
Percentage of adults who are current smokers	NA	14% [12]	16% [12]	14.0% [28]	12,28
Percentage of adults that report a BMI of 30 or more	NA	28.0% [12]	26.0% [12]	42.4% [29]	12,29
Food environment index [0 (worst) to 10 (best)]	NA	9.0 [12]	9.0 [12]	NA	12
Percentage of adults age 20 and over reporting no leisure-time physical activity	NA	20.0% [12]	21.0% [12]	NA	12
Percentage of population with adequate access to locations for physical activity	NA	93.0% [12]	88.0% [12]	NA	12
Percentage of adults reporting binge or heavy drinking	NA	19.0% [12]	21.0% [12]	26.2% [30]	12,30
Percentage of driving deaths with alcohol involvement	NA	19.0% [12]	30.0% [12]	29.0% [31]	12,31
Number of newly diagnosed chlamydia cases per 100,000 people	NA	227.2 [32]	271.0 [32]	539.9 [33]	32,33
Number of births per 100,000 female population ages 15-19	NA	1,600 [12]	1,100 [12]	2,030 [34]	12,34
Percentage of population who lack adequate access to food	NA	9.0% [12]	9.0% [12]	10.5% [35]	12,35
Percentage of population who are low-income and do not live close to a grocery store	NA	5.0% [12]	5.0% [12]	5.6% [36]	12,36
Number of motor vehicle crash deaths per 100,000 population	NA	9.0 [12]	9.0 [12]	11.2 [37]	12,37
Percentage of adults who report fewer than 7 hours of sleep on average	NA	31.0% [12]	33.0% [12]	35.2% [38]	12,38
Clinical Care					
Ratio of population to primary care physicians	NA	900:1 [12]	1,100:1 [12]	1,448:1 [39]	12,39
Ratio of population to dentists	NA	1,340:1 [12]	1,340:1 [12]	1,638:1 [40]	12,40
Ratio of population to mental health providers	NA	240:1 [12]	330:1 [12]	426:1 [41]	12,41
Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	NA	3,621 [12]	3,947 [12]	4,940 [42]	12,42

Measure	Concord City	Merrimack County	New Hampshire	United States	Source
Percentage of female Medicare enrollees ages 65-74 that receive mammography screening	NA	47% [12]	49% [12]	63.2% [43]	12,43
Quality of Life					
Years of potential life lost before age 75 per 100,000 population (age-adjusted)	NA	6,500.0 [12]	6,400.0 [12]	6968.6 [44]	12,44
Percentage of adults reporting fair or poor health (age-adjusted)	NA	11.0% [12]	13.0% [12]	18.8% [45]	12,45
Percentage of live births with low birth weight (< 2500 grams)	NA	7.00% [12]	7.00% [12]	8.28% [46]	12,46
Income & Poverty					
Median household income (in 2019 dollars), 2015-2019	$66,719 [13]	$75,737 [13]	$76,768 [13]	$62,843 [13]	13
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$35,768 [13]	$37,367 [13]	$40,003 [13]	$34,103 [13]	13
Persons in poverty, percent	9.0% [13]	6.4% [13]	7.3% [13]	10.5% [13]	13
Geography					
Population per square mile, 2010	664.6 [13]	156.8 [13]	147.0 [13]	87.4 [13]	13
Land area in square miles, 2010	64.25 [13]	934.12 [13]	8,952.65 [13]	3,531,905.43 [13]	13
Physical Environment					
Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	NA	6.8 [12]	7.5 [12]	12.0 [47]	12,47

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