

# Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPD-ZZCP-DH39F, version 1)

## Details

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**Submitted** 1/3/2022 (0 days ago) by Tia Theriaque

**Alternate Identifier** Concord Hospital Laconia and Franklin

**Submission ID** HPD-ZZCP-DH39F

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

05/01/2021

**Organization Name**

Concord Hospital Laconia and Franklin

**Street Address**

80 Highland St

Laconia, NH 03246

**Federal ID #**

85-1443782

**State Registration #**

33103 and 33101

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

http://www.concordhospital-laconia.org

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

No

**Chief Executive**

<b>First Name</b>	<b>Last Name</b>	
Robert	Steigmeyer	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-227-7000	3003
<b>Email</b>	[REDACTED]	

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Philip	Emma	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Mobile	[REDACTED]	
<b>Email</b>	[REDACTED]	

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Pamela	Puleo	
<b>Title</b>	<i>Chief Advancement Officer</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-227-7000	3086
<b>Email</b>	[REDACTED]	

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

No

**Section 2: Mission & Community Served****Mission Statement**

Concord Hospital-Laconia and Concord Hospital-Franklin are charitable organizations which exists to meet the health needs of individuals within the communities they serve.

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

No

**Service Area**

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or

socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative field as applicable to sufficiently describe the community served.

**Did the primary service area cover ALL of New Hampshire?**

No

**Please select service area Counties (NH), if applicable**

Belknap  
Merrimack  
Grafton

**Please select service area municipalities (NH), if applicable**

LACONIA  
FRANKLIN  
GILMANTON  
GILFORD  
BELMONT  
ALTON  
ASHLAND  
BARNSTEAD  
CENTER HARBOR  
MEREDITH  
MOULTONBOROUGH  
NEW HAMPTON  
SANDWICH  
TUFTONBORO  
ALEXANDRIA  
ANDOVER  
BOSCAWEN  
BRIDGEWATER  
BRISTOL  
DANBURY  
HEBRON  
HILL  
NORTHFIELD  
SALISBURY  
SANBORNTON  
TILTON

**Service Population Description**

The Laconia and Franklin regional population has proportionally more seniors than New Hampshire overall. This region also has a higher proportion of family households with children that are headed by single parents and individuals with a disability.

**Section 3.1: Community Needs Assessment**

**In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)**

2020

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

NONE PROVIDED

**Comment**

NONE PROVIDED

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

No

**Section 3.2: Community Needs Assessment (1 of 5)**

**Area of Community Need / Concern**

1. Financial Barriers to Care; Cost of Care / Insurance

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

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

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

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

Full complement of primary care providers and services to address issues important to seniors; licensed swing beds; community education programming; and rehabilitation services.

**Section 3.2: Community Needs Assessment (2 of 5)**

**Area of Community Need / Concern**

20. Mental Health

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

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

1: Financial Assistance  
2.1: Medicaid  
2.3: Medicare  
A5: Dedicated Staff costs  
A3: Health Care Support Services  
A7: Other Community Benefit Operations  
C8: Behavioral Health Services

**Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (3 of 5)**

**Area of Community Need / Concern**

24. Substance Use

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

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

1: Financial Assistance  
2.1: Medicaid  
2.3: Medicare  
A2: Community-Based Clinical Services  
A5: Dedicated Staff costs  
E2: Grants

**Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 5)**

**Area of Community Need / Concern**

3. Access to Primary Care

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

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

2.1: Medicaid

2.3: Medicare

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (5 of 5)**

**Area of Community Need / Concern**

16. Aging Population / Senior Services

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

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

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

A2: Community-Based Clinical Services

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

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

NONE PROVIDED

## **Section 4: Community Benefit Activities**

**Optional Section 4 completion tool**

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

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

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**Total Functional Expenses for the Reporting Year (\$)**

65968000

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	257	204188	0	204188	0.3%	204000

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	7353	10438968	8992389	1446579	2.2%	10000000

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

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

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

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	7610	10643156	8992389	1650767	2.5%	10204000

**Community Benefit Services**

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	2088	129965	0	129965	0.2%	130000

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	31	260404	51898	208506	0.3%	260000

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
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(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	8952	10822602	4713751	6108851	9.3%	11000000

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

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

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

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

**(10) Total Other Benefits**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	11071	11212971	4765649	6447322	9.8%	11390000

**Total****(11) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	18681	21856127	13758038	8098089	12.3%	\$21594000

**Section 5: Community Building Activities**

Total expense (\$; entered at top of Section 4)  
65968000

**(1) Physical improvements and housing**

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

**(2) Economic development**

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

**(3) Community support**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	3426	158990	0	158990	0.2%

**(4) Environmental improvements**

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

**(5) Leadership development and training for community members**

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

**(6) Coalition building**

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

**(7) Community health improvement advocacy**

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

**(8) Workforce development**

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

**(9) Other**

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

**Total**

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**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	3426	158990	0	158990	0.2%

**Section 6: Medicare**

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

22950524

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

32330733

**Medicare surplus (shortfall)**

\$-9380209

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

NONE PROVIDED

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

Cost to charge ratio

**Section 7: Summary Financial Measures**

**Gross Receipts from Operations (\$)**

80255123

**Net operating costs (\$)**

65968000

**Ratio of gross receipts from operations to net operating costs**

1.217

**Unreimbursed Community Benefit Costs**

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

1650767

**Other Community Benefit Costs (\$)**

6447322

**Community Building Activities (\$)**

158990

**Total Unreimbursed Community Benefit Expenses (\$)**

8257079

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

12.52%

**Other Community Benefits (optional)**

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**Leveraged Revenue for Community Benefit Activities (\$)**

0

**Medicare Shortfall (\$)**

-\$9380209

**Section 8: Community Engagement in the Community Benefits Process**

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Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Central New Hampshire VNA & Hospice	Yes	Yes	No	No
HealthFirst Family Care Center	Yes	Yes	No	No
LRGHealthcare and the Partnership for Public Health	Yes	Yes	No	No
Community Health Institute	Yes	Yes	No	No

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

Community leader survey was distributed via unique email link to 117 individuals in positions of leadership in agencies, municipalities, business, civic and volunteer organizations. The community resident survey was distributed by the partner organizations through their electronic and other social media communication channels, as well as promoted through a paid Facebook promotional campaign. A total of 537 community members completed the Community Resident Survey.

## **Section 9: Charity Care Compliance**

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

Yes

**A written charity care policy is available to the public.**

Yes

**Any individual can apply for charity care.**

Yes

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

Yes

**Notice of the charity care policy is posted in lobbies.**

Yes

**Notice of the policy is posted in waiting rooms.**

Yes

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

N/A

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

N/A

## **Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name      Last Name**

Pamela          Puleo

**Title**

Chief Advancement Officer

**Email**

[REDACTED]