

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPD-Z48E-0FFQA, version 1)

Details

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

Alternate Identifier Concord Hospital

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Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2020

Organization Name

Concord Hospital

Street Address

250 Pleasant St

Concord, NH 03301

Federal ID #

22-2594672

State Registration #

6270

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

http://www.concordhospital.org

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

Yes

Chief Executive

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

Board Chair

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

Community Benefits Plan Contact

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

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

N/A

Section 2: Mission & Community Served

Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

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

Yes

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

Merrimack
Hillsborough
Rockingham
Sullivan

Please select service area municipalities (NH), if applicable

ALLENSTOWN
ANDOVER
BARNSTEAD
BOSCAWEN
BOW
BRADFORD
CANTERBURY
CHICHESTER
CONCORD
DEERING
DUNBARTON
EPSOM
HENNIKER
HILLSBOROUGH
HOOKSETT
HOPKINTON
LOUDON
NORTHWOOD
PEMBROKE
PITTSFIELD
SALISBURY
WEARE
WARNER
WASHINGTON
WEBSTER
WINDSOR

Service Population Description

Serves the general population and also underserved and vulnerable populations, including low income, New Americans, elderly, veterans and individuals with chronic health conditions.

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)

2018

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?

Yes

Section 3.2: Community Needs Assessment (1 of 4)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Access to Affordable Health 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.

1: Financial Assistance

2.1: Medicaid

A2: Community-Based Clinical Services

A3: Health Care Support Services

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

C10: Other Subsidized Health Services

C1: Emergency and Trauma Services

A1: Community Health Education

E1: Cash Donations

E2: Grants

2.3: Medicare

C3: Hospital Outpatient Services

C5: Women's and Children's Services

C7: Subsidized Continuing Care

C8: Behavioral Health Services

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

Chronic disease prevention and care; access to financial information or resources to make care (including prescription medications) more affordable;

Section 3.2: Community Needs Assessment (2 of 4)**Area of Community Need / Concern**

36. Other Community Health Need

If "Other" please describe here:

Mental Health and Substance Misuse

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

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C8: Behavioral Health Services

E2: Grants

B2: Intern/Residency Education

2.3: Medicare

C5: Women's and Children's Services

E1: Cash Donations

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

Family Health Center Integrative Behavioral Health Care; post partum depression program; voluntary adult inpatient unit; Behavioral Emergency Response Team; Behavioral Health Doctoral Interns; Electroconvulsive Therapy Program; Emergency Department Psychiatric Area: Yellow Pod; school based outreach in Pittsfield and Hillsboro; Neonatal Abstinence Syndrome support; partnership with Riverbend Community Mental Health.

Section 3.2: Community Needs Assessment (3 of 4)**Area of Community Need / Concern**

36. Other Community Health Need

If "Other" please describe here:

Healthy Behaviors, Socioeconomic and Environmental Factors

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

A1: Community Health Education

A2: Community-Based Clinical Services

A4: Other Community Health Improvement Services

A5: Dedicated Staff costs

A7: Other Community Benefit Operations

2.3: Medicare

C7: Subsidized Continuing Care

E1: Cash Donations

E2: Grants

E3: In-Kind Assistance

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

Medical Home Navigation; HOPE Resource Center; nutritional counseling; Heart Wellness Program; Smart Heart Home Meal Delivery Program; Cardiac Rehabilitation; Smoking Cessation support; Family Health Center Homeless Resource Center; Mobile Health Study; Primary Care Development Plan.

Section 3.2: Community Needs Assessment (4 of 4)**Area of Community Need / Concern**

36. Other Community Health Need

If "Other" please describe here:

Support for Vulnerable Populations

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
 C9: Palliative Care
 C10: Other Subsidized Health Services
 B3: Scholarships/Funding for Health Professions Education
 E1: Cash Donations
 A3: Health Care Support Services
 A5: Dedicated Staff costs
 A7: Other Community Benefit Operations
 E2: Grants
 2.2: Other means-tested government programs
 2.3: Medicare
 C7: Subsidized Continuing Care
 E3: In-Kind Assistance
 F8: Workforce Development
 A2: Community-Based Clinical Services

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

Nurse Navigation; Palliative Care Program; Delirium Prevention Program; Patient Therapeutic Activities; Family Health Center Frail Elders; Charity Care; Financial Assistance; Family Health Center; Concord Hospital Trust Scholarship Fund; Interpreter Services; Veterans Employment Commitment.

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

Total Functional Expenses for the Reporting Year (\$)

570215000

(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	6005	3838407	0	3838407	0.7%	3800000

(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	16720	76553870	48998946	27554924	4.8%	76500000

(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	22725	80392277	48998946	31393331	5.5%	80300000

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	599733	1704050	425733	1278317	0.2%	1700000

(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	6775	8663548	7288156	1375392	0.2%	8600000

(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 (\$)
NONE PROVIDED	34834	79449040	35811815	43637225	7.7%	79000000

(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	16	61813	0	61813	0%	61000

(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	529	1041722	105828	935894	0.2%	1000000

(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	641887	90920173	43631532	47288641	8.3%	90361000

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	664612	171312450	92630478	78681972	13.8%	\$170661000

Section 5: Community Building Activities

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

570215000

(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	NONE PROVIDED	2999373	747902	2251471	0.4%

(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

(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	0	2999373	747902	2251471	0.4%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)
195516085

Enter Medicare allowable costs of care relating to payments specified above (\$)
260006671

Medicare surplus (shortfall)
\$-64490586

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 (\$)
1788634868

Net operating costs (\$)
570215000

Ratio of gross receipts from operations to net operating costs
3.137

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)
31393331

Other Community Benefit Costs (\$)
47288641

Community Building Activities (\$)
2251471

Total Unreimbursed Community Benefit Expenses (\$)
80933443

Net community benefit costs as a percent of net operating costs (%)
14.19%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)
2524625

Medicare Shortfall (\$)
\$-64490586

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Concord Hospital	Yes	Yes	Yes	Yes
City of Concord, Chief, Fire Department	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes
Concord YMCA	Yes	Yes	Yes	Yes
Riverbend Community Mental Health, Inc.	Yes	Yes	Yes	Yes
Concord Regional VNA	Yes	Yes	Yes	Yes
Ascentria Care Alliance	Yes	Yes	Yes	Yes
Community Action Program Belknap and Merrimack Counties, Inc.	Yes	Yes	Yes	Yes

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

The Capital Region Health Needs Assessment included an expansive and highly diverse group of individuals who participated in its large Advisory Workgroup and contributed guidance. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance during the health needs assessment process. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area.

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.

Yes

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]