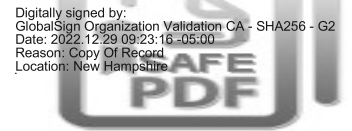


Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-86PB-1QJTE, version 1)



Details

Submission Alias Form NHCT-31: Community Benefits Plan Report CH Laconia

Submission ID HPQ-86PB-1QJTE

Form Input

Section 1: Entity Information

Entity Name

Concord Hospital - Laconia

State Registration #

842949

Federal ID #

851443782

Fiscal Year Beginning

10/01/2021

Entity Address

80 Highland Street

Laconia, NH 03246

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

<https://www.concordhospital-laconia.org/>

Chief Executive Officer (first, last name)

First Name	Last Name
Robert	Steigmeyer

Phone Type	Number	Extension
Business	603-227-7000	

Email

Board Chair (first, last name)

First Name	Last Name
Philip	Emma

Phone Type	Number	Extension

Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Betsey	Rhynhart	
Title		
Vice President, Population Health		
Phone Type	Number	Extension
Business	603-227-7000	
Email		

1. Is the entity's community benefits plan on the organization's website?

Yes

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

N/A

Section 2: Mission & Community Served

1. Mission Statement

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

2. 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.

1. 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
GILMANTON
GILFORD
BELMONT
ALTON
ASHLAND
BARNSTEAD
CENTER HARBOR
MEREDITH
MOULTONBOROUGH
NEW HAMPTON
SANDWICH
TUFTONBORO

Service Population Description

The Laconia regional population has proportionally more seniors than NH overall, and this region has a higher proportion of single-parent family households with children and individuals with disabilities.

Section 3.1: Community Needs Assessment

1. 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

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

Yes

Section 3.2: Community Needs Assessment (1 of 5)

3. Area of Community Need / Concern

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

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

A2: Community-Based Clinical Services

C10: Other Subsidized Health Services

F8: Workforce Development

A1: Community Health Education

C7: Subsidized Continuing Care

E1: Cash Donations

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

Primary care providers and services, community education, financial assistance, prescription assistance, Palliative Care, Care Coordination, Laconia Dental Clinic

Section 3.2: Community Needs Assessment (2 of 5)

3. Area of Community Need / Concern

20. Mental Health

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

C1: Emergency and Trauma Services

C7: Subsidized Continuing Care

C8: Behavioral Health Services

C10: Other Subsidized Health Services

F6: Coalition Building

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

Senior Psychiatric Services unit, partnerships with Lakes Region Community Mental Health and Riverbend Community Mental Health, The Doorway at Concord Hospital - Laconia, Emergency Department Behavioral Health Annex

Section 3.2: Community Needs Assessment (3 of 5)

3. Area of Community Need / Concern

24. Substance Use

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C7: Subsidized Continuing Care

C8: Behavioral Health Services

C10: Other Subsidized Health Services

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

The Recovery Clinic, The Doorway at Concord Hospital - Laconia, Emergency Department Behavioral Health Annex, partnerships with Lakes Region Community Mental Health and Riverbend Community Mental Health

Section 3.2: Community Needs Assessment (4 of 5)

3. Area of Community Need / Concern

3. Access to Primary Care

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

A3: Health Care Support Services

A5: Dedicated Staff costs

C3: Hospital Outpatient Services

C7: Subsidized Continuing Care

C10: Other Subsidized Health Services

C9: Palliative Care

F8: Workforce Development

A7: Other Community Benefit Operations

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

Primary care practices throughout the medical group, pediatrics practice, internal medicine practice, women's health practice, financial assistance, prescription assistance, ambulatory care coordination, physician access line

Section 3.2: Community Needs Assessment (5 of 5)

3. Area of Community Need / Concern

16. Aging Population / Senior Services

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

A3: Health Care Support Services

A5: Dedicated Staff costs

C3: Hospital Outpatient Services

C7: Subsidized Continuing Care

C10: Other Subsidized Health Services

C9: Palliative Care

F8: Workforce Development

A7: Other Community Benefit Operations

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

Primary care practices throughout the medical group, internal medicine practice, financial assistance, prescription assistance, ambulatory care coordination, physician access line

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 (\$)

60696774

(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	837	81030	0	81030	0.1%	82000

(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	7567	20921275	15428771	5492504	9%	5500000

(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	8404	21002305	15428771	5573534	9.2%	5582000

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	1929	267189	0	267189	0.4%	268000

(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	36	292202	143658	148544	0.2%	149000

(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	1105	22882334	9566511	13315823	21.9%	13316000

(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	NONE PROVIDED	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	357393	0	357393	0.6%	358000

(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	3070	23799118	9710169	14088949	23.2%	14091000

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	11474	44801423	25138940	19662483	32.4%	\$19673000

Section 5: Community Building Activities

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

60696774

(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	15923	0	15923	0%

(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	15923	0	15923	0%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)

59682247

2. Medicare allowable costs of care relating to payments specified above (\$)

74761909

3. Medicare surplus (shortfall)

\$-15079662

4. 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

5. 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

1. Gross Receipts from Operations (\$)

53112926

2. Net operating costs (\$)

60696774

3. Ratio of gross receipts from operations to net operating costs

0.875

Unreimbursed Community Benefit Costs

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

5573534

5. Other Community Benefit Costs (\$)

14088949

6. Community Building Activities (\$)

15923

7. Total Unreimbursed Community Benefit Expenses (\$)

19678406

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

32.42%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-15079662

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Central NH VNA & Hospice	Yes	Yes	No	Yes
Health First Family Care Center	Yes	Yes	No	Yes
LRGHealthcare and the Partnership for Public Health	Yes	Yes	Yes	Yes
Community Health Institute	Yes	Yes	Yes	No

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

A total of 537 community members completed the Community Resident Survey, which 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. The community leader survey was distributed via unique email link to 117 individuals in positions of leadership in agencies, municipalities, business, civic and volunteer organizations serving the Greater Franklin, Laconia, and Meredith communities.

Section 9: Charity Care Compliance

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

Yes

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

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

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

Yes

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

Yes

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

N/A

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

N/A

Section 10: Certification

Electronic Signature

First Name

Betsey

Last Name

Rhynhart

Title

Vice President, Population Health

Email

NHCT-31 (September 2022)