

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-1F3A-J8YBH, version 2)

## Details

---

**Submitted** 12/21/2023 (0 days ago) by Diane Davis

**Submission ID** HQ0-1F3A-J8YBH

**Status** Submitted

## Form Input

---

### Section 1: Entity Information

**Entity Name**

Concord Hospital - Concord

**State Registration #**

6270

**Federal ID #**

22-2594672

**Fiscal Year Beginning**

10/01/2022

**Entity Address**

250 Pleasant Street

Concord, NH 03301

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

<https://www.concordhospital.org>

**Chief Executive Officer (first, last name)**

| First Name | Last Name  |
|------------|------------|
| Robert     | Steigmeyer |

| Phone Type | Number     | Extension  |
|------------|------------|------------|
| Business   | [REDACTED] | [REDACTED] |

**Email**  
[REDACTED]

**Board Chair (first, last name)**

| First Name | Last Name |
|------------|-----------|
| Manisha    | Patel     |

| Phone Type | Number     | Extension  |
|------------|------------|------------|
| Mobile     | [REDACTED] | [REDACTED] |

**Email**  
[REDACTED]

**Community Benefits Plan - Contact (first, last name)**

**First Name**      **Last Name**

Betsey              Rhynhart

**Title**

Vice President, Population Health

**Phone Type**    **Number**            **Extension**

Business

**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 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-l)?**

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**

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**

**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)**

2023

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

[Concord & Lakes Region 2023 Community Health Needs Assessment - BOT approved 9-18-23.pdf - 12/20/2023 11:49 AM](#)

**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 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Availability of primary care and medical sub-specialty 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
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- A7: Other Community Benefit Operations
- B2: Intern/Residency Education
- B1: Provision of Clinical Setting for Undergraduate Education
- B4: Other Health Professions Education Support
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C10: Other Subsidized Health Services
- F8: Workforce Development
- E2: Grants
- A2: Community-Based Clinical Services
- C7: Subsidized Continuing Care
- C9: Palliative Care
- C1: Emergency and Trauma Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (2 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Availability of mental health 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
- A5: Dedicated Staff costs
- B2: Intern/Residency Education
- C1: Emergency and Trauma Services
- B1: Provision of Clinical Setting for Undergraduate Education
- B3: Scholarships/Funding for Health Professions Education
- C3: Hospital Outpatient Services
- C8: Behavioral Health Services
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- C5: Women's and Children's Services
- E2: Grants
- E1: Cash Donations
- F8: Workforce Development

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (3 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Alcohol and drug use prevention, treatment and recovery

**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
- B2: Intern/Residency Education
- B1: Provision of Clinical Setting for Undergraduate Education
- B3: Scholarships/Funding for Health Professions Education
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C8: Behavioral Health Services
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- C5: Women's and Children's Services
- E1: Cash Donations
- E2: Grants
- F8: Workforce Development
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- B4: Other Health Professions Education Support

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (4 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Cost of health care 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
- A7: Other Community Benefit Operations
- C3: Hospital Outpatient Services
- A1: Community Health Education
- C1: Emergency and Trauma Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (5 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Socioeconomic conditions

**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
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F6: Coalition Building
- F8: Workforce Development

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (6 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Services and supports for older adults

**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

B2: Intern/Residency Education

B4: Other Health Professions Education Support

C3: Hospital Outpatient Services

C7: Subsidized Continuing Care

C8: Behavioral Health Services

C10: Other Subsidized Health Services

E1: Cash Donations

E2: Grants

E3: In-Kind Assistance

F8: Workforce Development

C9: Palliative Care

A7: Other Community Benefit Operations

B3: Scholarships/Funding for Health Professions Education

C1: Emergency and Trauma Services

A1: Community Health Education

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (7 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Difficulty navigating the health care system and health care workforce shortages

**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
- C7: Subsidized Continuing Care
- C8: Behavioral Health Services
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F8: Workforce Development
- C9: Palliative Care
- F7: Community Health Advocacy
- F6: Coalition Building
- C3: Hospital Outpatient Services
- B4: Other Health Professions Education Support
- B2: Intern/Residency Education
- C5: Women's and Children's Services
- D2: Community / Population Health Research

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (8 of 8)**

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Affordability and availability of dental care 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
- C10: Other Subsidized Health Services
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F8: Workforce Development
- F7: Community Health Advocacy
- F6: Coalition Building
- C3: Hospital Outpatient Services
- B4: Other Health Professions Education Support
- C5: Women's and Children's Services
- A1: Community Health Education

**7. 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

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

581493000

#### (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                                   | 3652                          | 646001                                   | 200000                             | 446001                                 | 0.1%                             | 446000  |

#### (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                                   | 15762                         | 73529890                                 | 43653134                           | 29876756                               | 5.1%                             | 30000000  |

#### (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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED                        | 19414              | 74175891                                 | 43853134                           | 30322757                               | 5.2%                             | 30446000  |

### 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                                   | 617257                        | 1642938                                  | 228036                             | 1414902                                | 0.2%                             | 1420000   |

**(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                                   | 10347                         | 8962619                                  | 6339209                            | 2623410                                | 0.5%                             | 2630000   |

**(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                                   | 31664                         | 77840301                                 | 41045815                           | 36794486                               | 6.3%                             | 36800000  |

**(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                                   | 58                            | 305575                                   | 0                                  | 305575                                 | 0.1%                             | 306000  |

**(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                                   | 1958                          | 934028                                   | 127365                             | 806663                                 | 0.1%                             | 807000  |

**(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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED                        | 661284             | 89685461                                 | 47740425                           | 41945036                               | 7.2%                             | 41963000  |

**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 (\$) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|---|
| NONE PROVIDED                        | 680698             | 163861352                                | 91593559                           | 72267793                               | 12.4%                            | \$72409000  |

**Section 5: Community Building Activities****Total expense (\$; entered at top of Section 4)**

581493000

**(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                                   | 0                             | 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                                   | 0                             | 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                 | 772244                                   | 34809                              | 737435                                 | 0.1%                             |

**(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 (%) |
|--------------------------------------|--------------------|--|------------------------------------|--|----------------------------------|
| NONE PROVIDED                        | NaN                | 772244                                   | 34809                              | 737435                                 | 0.1%                             |

**Section 6: Medicare**

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

210406966

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

283654410

**3. Medicare surplus (shortfall)**

\$-73247444

**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 (\$)**

596661047

**2. Net operating costs (\$)**

581493000

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

1.026

**Unreimbursed Community Benefit Costs**

---

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

30322757

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

41945036

**6. Community Building Activities (\$)**

737435

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

73005228

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

12.55%

**Other Community Benefits (optional)**

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

NONE PROVIDED

**2. Medicare Shortfall (\$)**

-\$73247444

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

**1. 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> |
|---|-------------------------------|-------------------------------|--------------------------------|-----------------------------------|
| Community Action Program, Belknap-Merrimack Counties  | Yes                           | Yes                           | Yes                            | Yes                               |
| Capital Area Public Health Network - Granite United Way   | Yes                           | Yes                           | Yes                            | Yes                               |
| Granite VNA   | Yes                           | Yes                           | Yes                            | Yes                               |
| HealthFirst Family Care Center  | Yes                           | Yes                           | Yes                            | Yes                               |
| Lakes Region Mental Health Center   | Yes                           | Yes                           | Yes                            | Yes                               |
| Partnership for Public Health   | Yes                           | Yes                           | Yes                            | Yes                               |
| Riverbend Community Mental Health   | Yes                           | Yes                           | Yes                            | Yes                               |
| Foundation for Healthy Communities  | Yes                           | Yes                           | Yes                            | Yes                               |
| NH Department of Health and Human Services  | Yes                           | Yes                           | Yes                            | Yes                               |
| Greater Concord Interfaith Council discussion group   | Yes                           | Yes                           | No                             | No                                |
| Granite State Independent Living discussion group   | Yes                           | Yes                           | No                             | No                                |
| White Birch Community Center Seniors discussion group   | Yes                           | Yes                           | No                             | No                                |
| White Birch Community Center Childcare discussion group   | Yes                           | Yes                           | No                             | No                                |
| Ascentria Services for New Americans discussion group   | Yes                           | Yes                           | No                             | No                                |
| Tilton Senior Center discussion group   | Yes                           | Yes                           | No                             | No                                |
| Lakes Region LGBTQ+ discussion group  | Yes                           | Yes                           | No                             | No                                |
| Family Medicine Residents discussion group  | Yes                           | Yes                           | No                             | No                                |
| Riverbend Intensive Outpatient Treatment discussion group   | Yes                           | Yes                           | No                             | No                                |
| HealthFirst Medication Assistance Treatment discussion group  | Yes                           | Yes                           | No                             | No                                |
| Family Health Center clinicians discussion group  | Yes                           | Yes                           | No                             | No                                |

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

Methods used to solicit community input included a Community Leaders survey to 239 individuals with 132 responses, Community Members survey sent to 1,012 with 850 responses, Concord Hospital provider and staff survey with 726 responses, and 11 community discussion groups representing people in treatment and recovery from substance use, caregivers and educators for young children, seniors within the community, community faith groups, community refugees, secondary migrants, and asylees, individuals receiving community mental health services, young adults within the community, and members and/or allies of the LGBTQ+ community. Also, representatives from local, county, and state organizations listed above contributed time, guidance, insight, knowledge about the communities served, and feedback throughout the health needs assessment process and completion.

**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.

Yes

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



NHCT-31 (September 2022)

## Attachments

| Date                   | Attachment Name  | Context    | Confidential? | User        |
|------------------------|--|------------|---------------|-------------|
| 12/20/2023<br>11:49 AM | Concord & Lakes Region 2023 Community Health Needs Assessment - BOT approved 9-18-23.pdf | Attachment | No            | Diane Davis |