Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-8477-7H3AQ, version 1)

Details

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

Submission ID HPQ-8477-7H3AQ

Form Input

Section 1: Entity Information

Entity Name
Concord Hospital - Concord

State Registration #
6270

Federal ID #
22-2594672

Fiscal Year Beginning
10/01/2021

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	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 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
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)
2021

Please attach a copy of the needs assessment if completed in the past year
2021CapitalRegionCommunityHealthNeedsAssessment.pdf - 12/27/2022 11:06 AM
Comment
2021 CHNA for Concord Hospital - Concord

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 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Access to 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
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
E3: In-Kind Assistance
C3: Hospital Outpatient Services
C5: Women�s and Children�s Services
C7: Subsidized Continuing Care
C8: Behavioral Health Services
C9: Palliative Care
B4: Other Health Professions Education Support

7. 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 more affordable (including prescription medications).

Section 3.2: Community Needs Assessment (2 of 9)

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
C9: Palliative Care
A2: Community-Based Clinical Services
A3: Health Care Support Services
A5: Dedicated Staff costs
A7: Other Community Benefit Operations
B3: Scholarships/Funding for Health Professions Education
C7: Subsidized Continuing Care
C10: Other Subsidized Health Services
E2: Grants
E1: Cash Donations
E3: In-Kind Assistance
F8: Workforce Development
C8: Behavioral Health Services
C3: Hospital Outpatient Services
C1: Emergency and Trauma Services
B2: Intern/Residency Education
A1: Community Health Education

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

Nurse Navigation Program, Palliative Care Program, Delirium Prevention Program, Patient Therapeutic Activities, Family Health Center Frail Elders Program, Charity Care, Financial Assistance, Prescription Assistance, Spiritual Care, End of Life Program, Family Health Center, Concord Hospital Trust Scholarship Fund, Interpreter Services.

Section 3.2: Community Needs Assessment (3 of 9)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Chronic Diseases

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
C9: Palliative Care
A2: Community-Based Clinical Services
A3: Health Care Support Services
A5: Dedicated Staff costs
A7: Other Community Benefit Operations
B3: Scholarships/Funding for Health Professions Education
C7: Subsidized Continuing Care
C10: Other Subsidized Health Services
F8: Workforce Development
C8: Behavioral Health Services
C3: Hospital Outpatient Services
C1: Emergency and Trauma Services
B2: Intern/Residency Education
A1: Community Health Education
C5: Women�s and Children�s Services
E1: Cash Donations
D2: Community / Population Health Research
F1: Physical Infrastructure Improvement
F3: Support Systems Enhancement
A4: Other Community Health Improvement Services
E2: Grants

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

Nurse Navigation Program, Palliative Care Program, HOPE Resource Center, Family Health Center Frail Elders Program, Charity Care, Financial Assistance, Prescription Assistance, Spiritual Care, End of Life Program, Family Health Center, Concord Hospital Trust Scholarship Fund, Interpreter Services, COPD and Diabetes Clinical Care Pathways, Cardiovascular Institute program expansion.

Section 3.2: Community Needs Assessment (4 of 9)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

COVID-19 Pandemic and Effects

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
A7: Other Community Benefit Operations
B2: Intern/Residency Education
B4: Other Health Professions Education Support
C1: Emergency and Trauma Services
C3: Hospital Outpatient Services
C5: Women�s and Children�s Services
C7: Subsidized Continuing Care
C8: Behavioral Health Services
C9: Palliative Care
C10: Other Subsidized Health Services
E3: In-Kind Assistance
E1: Cash Donations
F8: Workforce Development
F7: Community Health Advocacy
F1: Physical Infrastructure Improvement

7. Brief description of major strategies or activities to address this need (optional)
COVID screening tents, COVID vaccine clinics, participation in community and state COVID vaccine clinics, extensive patient education on Concord Hospital website re: COVID, provider and staff training, mask and safety initiatives to prevent COVID

Section 3.2: Community Needs Assessment (5 of 9)

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
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)
Family Health Center Integrated Behavioral Health; post-partum depression program, voluntary adult inpatient unit, Behavioral Emergency Response Team, Electroconvulsive Therapy Program, Emergency Department Psychiatric Area: Yellow Pod, Neonatal Abstinence Syndrome support, partnership with Riverbend Community Mental Health

Section 3.2: Community Needs Assessment (6 of 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Navigating the Healthcare System

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
A4: Other Community Health Improvement Services
A5: Dedicated Staff costs
C8: Behavioral Health Services
C7: Subsidized Continuing Care
C10: Other Subsidized Health Services
F7: Community Health Advocacy
F6: Coalition Building
F8: Workforce Development
C3: Hospital Outpatient Services
B4: Other Health Professions Education Support
B2: Intern/Residency Education
C5: Women�s and Children�s Services
C9: Palliative Care
D2: Community / Population Health Research
E3: In-Kind Assistance
E2: Grants
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
Nurse Navigation Program, HOPE Resource Center, Palliative Care Program, Family Health Center, Interpreter Services, Family Health Center Frail Elders Program, Charity Care, Financial Assistance, Prescription Assistance, Family Health Center Integrated Behavioral Health, partnerships with Granite VNA and Riverbend Community Mental Health

Section 3.2: Community Needs Assessment (7 of 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Nutrition, Physical Activity, and Obesity

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
A7: Other Community Benefit Operations
B3: Scholarships/Funding for Health Professions Education
C7: Subsidized Continuing Care
C10: Other Subsidized Health Services
F8: Workforce Development
C8: Behavioral Health Services
C3: Hospital Outpatient Services
B2: Intern/Residency Education
A1: Community Health Education
E1: Cash Donations
D2: Community / Population Health Research
A4: Other Community Health Improvement Services
E2: Grants
B4: Other Health Professions Education Support

7. Brief description of major strategies or activities to address this need (optional)
Nurse Navigation Program, Palliative Care Program, HOPE Resource Center, Family Health Center Frail Elders Program, Charity Care, Financial Assistance, Prescription Assistance, Spiritual Care, End of Life Program, Family Health Center, Concord Hospital Trust Scholarship Fund, Interpreter Services, COPD and Diabetes Clinical Care Pathways, Cardiovascular Institute program expansion.

Section 3.2: Community Needs Assessment (8 of 9)

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
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
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)

Substance Use Services program, Cardiovascular Tobacco Cessation program, Family Health Center Integrated Behavioral Health; post-partum depression program, voluntary adult inpatient unit, Behavioral Emergency Response Team, Electroconvulsive Therapy Program, Emergency Department Psychiatric Area: Yellow Pod, Neonatal Abstinence Syndrome support, partnership with Riverbend Community Mental Health

Section 3.2: Community Needs Assessment (9 of 9)

3. Area of Community Need / Concern

35. Other Social Determinants of 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
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
F8: Workforce Development
F6: Coalition Building

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

Nurse Navigation Program, HOPE Resource Center, Palliative Care Program, Family Health Center, Interpreter Services, Family Health Center Frail Elders Program, Charity Care, Financial Assistance, Prescription Assistance, Family Health Center Integrated Behavioral Health, partnerships with Granite VNA and Riverbend Community Mental Health

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 ($)

582956006

(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	3244	552446	216099	336347	0.1%	340000

(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	17260	77699082	47197674	30501408	5.2%	30500000

(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	20504	78251528	47413773	30837755	5.3%	30840000

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	629345	1562371	488088	1074283	0.2%	1075000

(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	7877	8765560	7118587	1646973	0.3%	1650000

(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	35111	79759476	40422214	39337262	6.7%	39300000

(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	35	130839	0	130839	0%	131000

(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	1632	1044451	102950	941501	0.2%	942000

(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	674000	91262697	48131839	43130858	7.4%	43098000

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	694504	169514225	95545612	73968613	12.7%	$73938000

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
582956006

(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	605216	216099	389117	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	0	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	0	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	0	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	0	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	0	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	0	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	605216	216099	389117	0.1%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
208905032

2. Medicare allowable costs of care relating to payments specified above ($)
272688919

3. Medicare surplus (shortfall)
$-63783887

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 ($)

597705862

2. Net operating costs ($)

582956006

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

1.025

Unreimbursed Community Benefit Costs

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

30837755

5. Other Community Benefit Costs ($)

43130858

6. Community Building Activities ($)

389117

7. Total Unreimbursed Community Benefit Expenses ($)

74357730

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

12.76%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)

NONE PROVIDED

2. Medicare Shortfall ($)

$-63783887

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
Capital Area Public Health Network	Yes	Yes	Yes	Yes
City of Concord	Yes	Yes	Yes	Yes
Concord Coalition to End Homelessness	Yes	Yes	Yes	Yes
Concord Hospital Emergency Department	Yes	Yes	Yes	Yes
Concord Hospital Family Health Center	Yes	Yes	Yes	Yes
Concord Hospital Substance Use Services	Yes	Yes	Yes	Yes
Concord School District	Yes	Yes	Yes	Yes
Foundation for Healthy Communities	Yes	Yes	Yes	Yes
GLSEN New Hampshire	Yes	Yes	Yes	Yes

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
Granite United Way	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
Grapevine Family Resource Center	Yes	Yes	Yes	Yes
NHTI - New Hampshire Technical Institute	Yes	Yes	Yes	Yes
Penacook Community Center	Yes	Yes	Yes	Yes
Riverbend Community Mental Health	Yes	Yes	Yes	Yes
Ascentria Care Alliance	Yes	Yes	Yes	Yes
Belknap/Merrimack CAP	Yes	Yes	Yes	Yes
Granite YMCA	Yes	Yes	Yes	Yes
Head Start/Early Head Start	Yes	Yes	Yes	Yes
New Futures	Yes	Yes	Yes	Yes
Overcomers Refugee Services	Yes	Yes	Yes	Yes
Pittsfield HS	Yes	Yes	Yes	Yes
St. Paul's Church	Yes	Yes	Yes	Yes
State of NH	Yes	Yes	Yes	Yes
Town of Hillsborough	Yes	Yes	Yes	Yes
Unite Us	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	Yes	Yes

2. Please provide a description of the methods used to solicit community input on community needs:
Methods used to solicit community input on the Capital Region Community Health Needs Assessment included 14 key stakeholder interviews, community survey with 858 responses, hospital providers and staff survey with 472 responses. As well, representatives from many local 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   **Last Name**
Betsey   *Rhynhart*

Title
Vice President, Population Health

Email

NHCT-31 (September 2022)