Public Meeting on Proposed Transaction Between

Dartmouth-Hitchcock Health and GraniteOne Health

Hilltop Golf Course, Peterborough
October 6, 2021
4:00 p.m. to 6:00 p.m.

WELCOME

Thomas J. Donovan

Director of Charitable Trusts

NH Attorney General's Office

INTRODUCTIONS

Scott Spradling, Moderator

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Analysis of Proposed Transaction

Dartmouth-Hitchcock Health
GraniteOne Health

Public Hearing Presentation – Peterborough

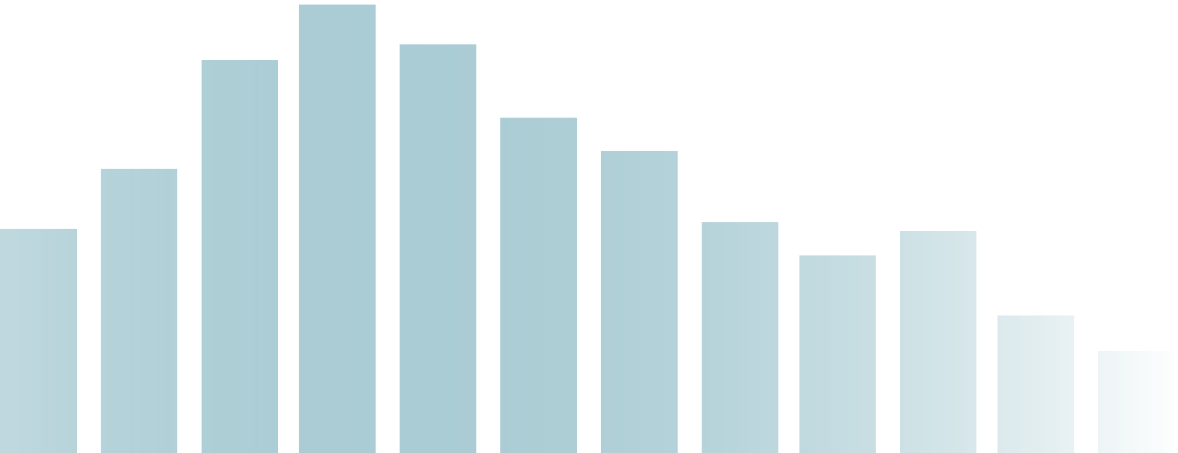
Katharine London
Principal, Health Law & Policy
Commonwealth Medicine
UMass Chan Medical School

October 6, 2021

Agenda

- Background on Proposed Transaction
- Hospital Profiles
- Cost & Quality
- Community Health Needs & Community Benefits
- Questions for Consumers to Consider

Background on Proposed Transaction



Introduction

- On December 30, 2019, GraniteOne Health (GO) filed a notice of a proposed transaction with Dartmouth-Hitchcock Health (D-HH).
- These systems propose to combine to form a NH-based, integrated, and regionally distributed health care system called Dartmouth-Hitchcock Health GraniteOne (D-HH GO).[1]

Potential Benefits[2]

D-HH and GO say the transaction will benefit NH by:

- Making it easier for patients to access services close to home by providing more specialty services at each system location in person and through telehealth. D-HH GO would also build new inpatient beds at Catholic Medical Center (CMC).
- Improving the availability of mental health and substance use disorder services in the region.
- Containing costs overall by offering more services at lower cost locations in New Hampshire and consolidating and coordinating administrative functions.
- Improving health outcomes and patient safety using strategies such as continuous quality improvement, population health management, and standardizing best practices.
- Improving coordination of patient care through integrating primary, specialty, and hospital care through a regional care delivery model.
- Investing in clinical programming, workforce development, and infrastructure.
- Supporting Dartmouth Hitchcock Health's (D-HH) function as the only academic medical center in New Hampshire by providing enough patients to sustain the most specialized clinical services and research activities, as well as training locations for students.

Potential Concerns

Stakeholders have noted some concerns about the proposed transaction, including the possibility of:

- Higher rates for services at some locations. Some facilities may face increased costs for administrative services provided through the larger system. Some facilities may need to invest in their infrastructure and additional administrative services to align with the system.
- Challenges accessing services outside the D-HH GO system, especially for Carroll County residents. For example, if a patient's insurance network does not include D-HH GO, the patient might need to travel a longer distance to get to an in-network provider.
- Expense and risk from debt financing for new construction and improvements at CMC and critical access hospitals. These hospitals would depend on D-HH GO to pay this debt.
- Changes in management of or access to patient services:
  - at Catholic facilities that follow the Ethical and Religious Directives (ERDs) for Catholic Health Care Services, and
  - at secular facilities that provide services that do not comply with these directives.
- Changes to local control of hospitals, including the local administrative workforce and the operational, reporting, and management structures of the hospital systems.

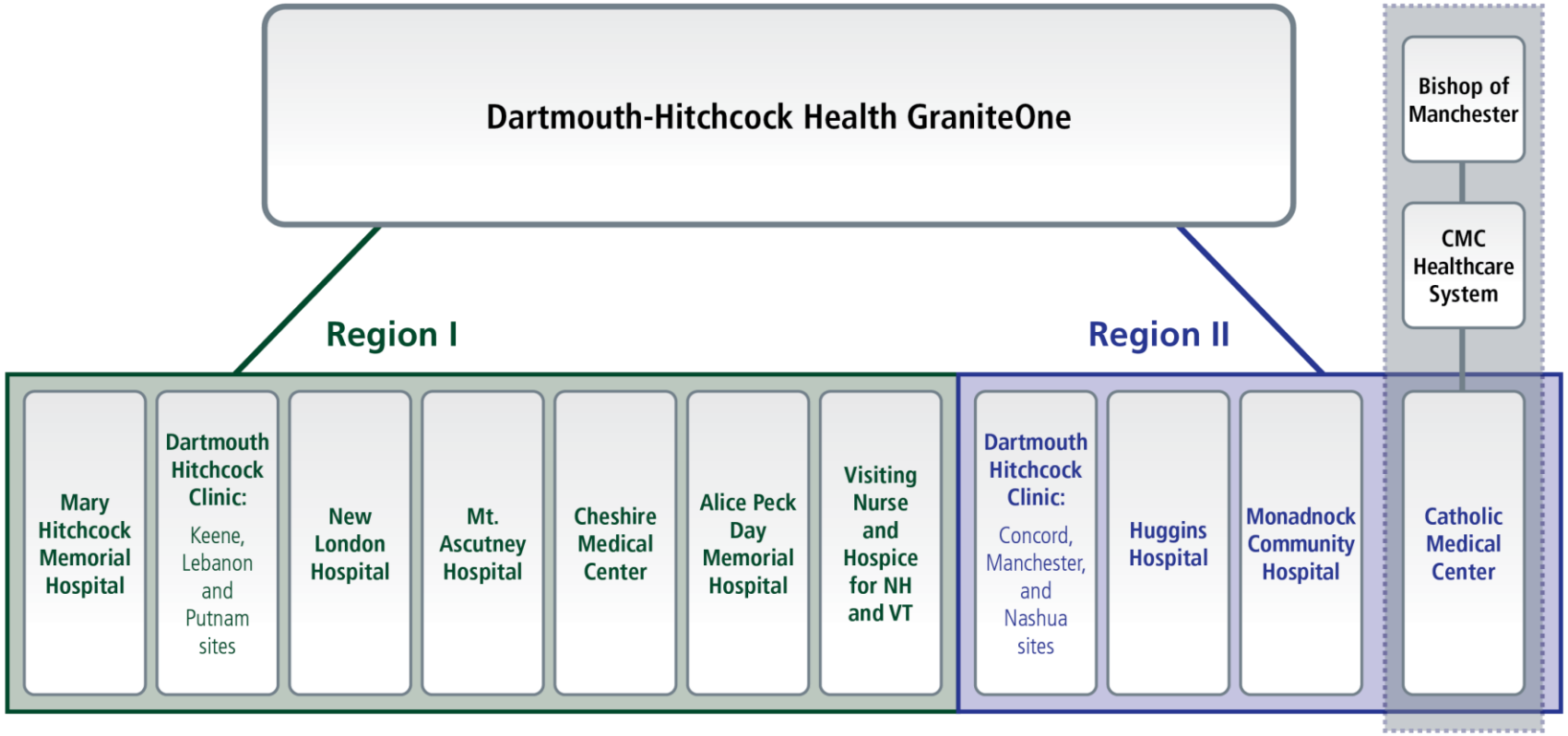
Previous Proposal [3,4]

- In February 2009, CMC and D-HH proposed combining. That transaction would have set up a system board led by D-HH that would review and approve decisions regarding joint operations. D-HH services in conflict with the ERDs would have been kept separate. At the time, some stakeholders expressed concerns whether this structure would affect the mission of either hospital, or would expand or limit access to abortion, contraception, and sterilization.
- The Charitable Trusts Unit objected to the transaction based upon its governance structure, risk of cost increases, and use of surplus. Ultimately, the transaction did not take place.
- The parties state in the notice documents that the current proposal is materially different from the previous proposal in terms of its governance structure, the approval by the Bishop of Manchester, and the health care marketplace in southern New Hampshire.

Proposed Transaction: Corporate Governance and Boards [5]

- D-HH will change its name to “Dartmouth-Hitchcock Health GraniteOne” and reconstitute its Board. The Combination Agreement lays out the structure of the Board and the number of seats assigned to each entity.
- The organizations propose that D-HH GO would continue to be the parent organization of all D-HH facilities, MCH and HH.
- D-HH GO and CMC Healthcare System (CMCHS) would be co-corporate members (parent organizations) of CMC.
- The D-HH GO system board would oversee each hospital member board. The system board would have the power to make certain decisions. Each individual member board would continue to make many decisions for its facility, subject to system board oversight. The Bishop of Manchester and CMCHS would continue to oversee CMC's Catholic identity and adherence to the ERDs.
- Initial terms on the system board would automatically renew for a second three-year term. As a result, the system board most likely would have no change in membership for the first four years. No Trustee would serve more than nine years.

Proposed Governance Structure: Diagram



Proposed Governance Structure: Board of Trustee Terms[5]

D-HH Designees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
#1	Original Term			Auto Renew			Renew or Replace		
#2	Original Term			Auto Renew			Renew or Replace		
#3	Original Term		Auto Renew			Renew or Replace			
#4	Original Term		Auto Renew			Renew or Replace			
#5	Original Term	Auto Renew			Renew or Replace				
#6	Original Term	Auto Renew			Renew or Replace				
#7	Original Term	Auto Renew			Renew or Replace				
GOH Designees									
#1	Original Term			Auto Renew			Renew or Replace		
#2	Original Term			Auto Renew			Renew or Replace		
#3	Original Term		Auto Renew			Renew or Replace			
#4	Original Term		Auto Renew			Renew or Replace			
#5	Original Term	Auto Renew			Renew or Replace				
EX OFFICIO									
System Parent CEO									
Region 1 President									
Region 2 President									
TOTAL	15	15	15	15	15	15	15	15	15

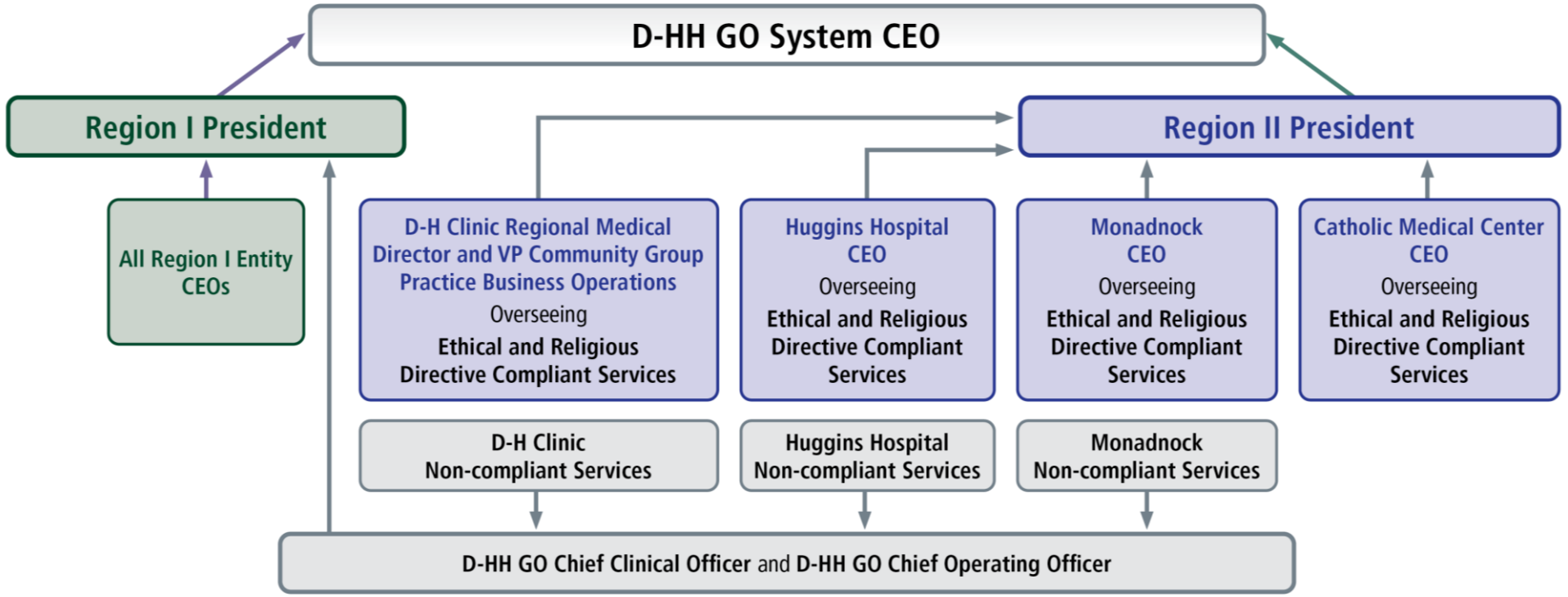
COLOR CODE:

Green	D-HH Designee and Auto Renew Term; D-HH Ex Officio
Blue	GOH Designee and Auto Renew Term; GOH Ex Officio
Orange	First Renewal Election by Reconstituted Board or Officer Appointment

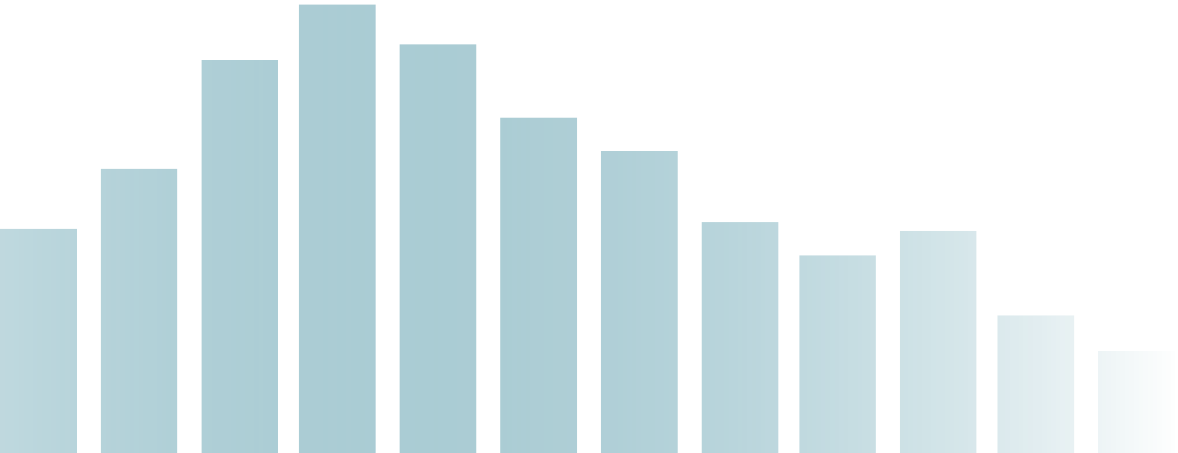
Proposed Transaction: Regional Management Structure[6]

- The proposed transaction would create one integrated system with two regions. Region presidents would be responsible for overseeing and coordinating the system strategies, clinical initiatives, and operational programs for the region.
- Region I would be managed by its president, who initially will be Joanne Conroy, MD, the current president and CEO of D-HH. Region II would be managed by its president, who initially will be Joseph Pepe, MD, the current president and CEO of GO. Going forward, different individuals could serve in each of these roles. The regional management structure is subject to review in two years.
- A designated individual would oversee the strategic initiatives and clinical and operational programs in Region II. As the initial Region II president, Dr. Pepe would oversee only services that comply with the ERDs.
- The Region I president would oversee Region II services that do not comply with ERDs. In the future, if the Region II president is not affiliated with CMC, Region II may have a different reporting structure.

Proposed Regional Management Structure – Diagram



Hospital Profiles



Focus on Key System Members: Hospitals at a Glance*

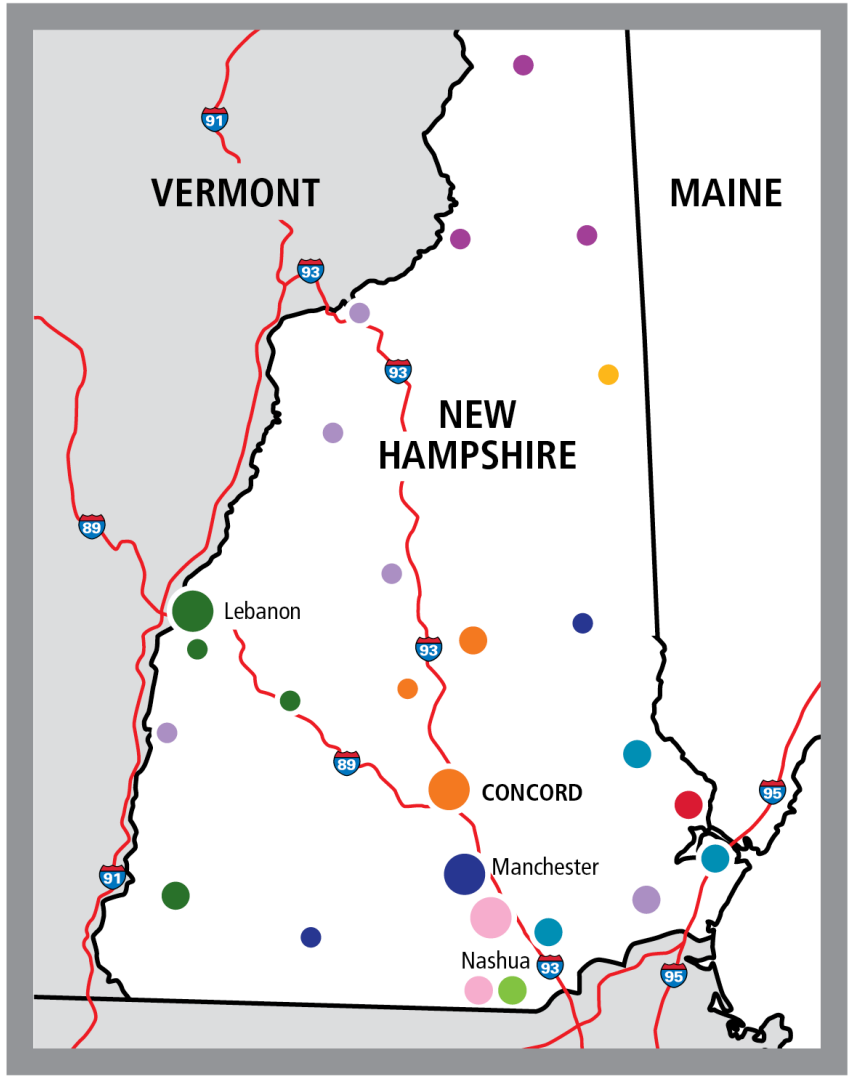
- Alice Peck Day Memorial Hospital (APDMH) and New London Hospital (NLH) are members of D-HH.
- HH and MCH are members of GO.
- These four critical access hospitals are of similar size.

	Dartmouth-Hitchcock Health		*GraniteOne Health*	
	Alice Peck Day Memorial Hospital (FY19)	**New London Hospital (FY19)**	**Huggins Hospital (FY19)**	**Monadnock Community Hospital (FY19)**
Total Number of Staffed Beds	23 [7]	25 [7]	17 [7]	18 [7]
Bed Occupancy Rate**	51.2% [8]	54.9% [8]	44.6% [8]	49.9% [8]
Total Charity Care (millions)	$0.3 [9]	$0.9 [10]	$0.6 [11]	$1.1 [12]
Total Charity Care (% of Total Revenue)	0.4%	1.3%	0.9%	1.2%
Total Community Benefits (millions)***	$0.63 [9]	$4.35 [10]	$5.43 [11]	$4.78 [12]
Total Expenses (millions)	$71.3 [8]	$66.9 [8]	$67.0 [8]	$91.5 [8]
Total Net Patient Service Revenue (millions)	$65.5 [8]	$53.9 [8]	$59.3 [8]	$84.8 [8]
Total Revenue (millions)	**$72.9 [8]**	**$67.7 [8]**	**$69.1 [8]**	**$93.6 [8]**

*Comparison of critical access hospitals only. Does not include physician practices.
**Bed occupancy rate is computed by dividing patient days by the number of total bed days available, both available within the S-3 Filing of the CMS 2552 Cost Report of each hospital.
***Includes community health services, health professions education, subsidized health services, research, financial contributions, community building activities, community benefit operations, and charity care.

Hospital Size and Ownership Across New Hampshire [8,13]

This map shows the locations of New Hampshire hospitals, their sizes, and their corporate owner (if applicable).



Number of Staffed Acute Care Beds

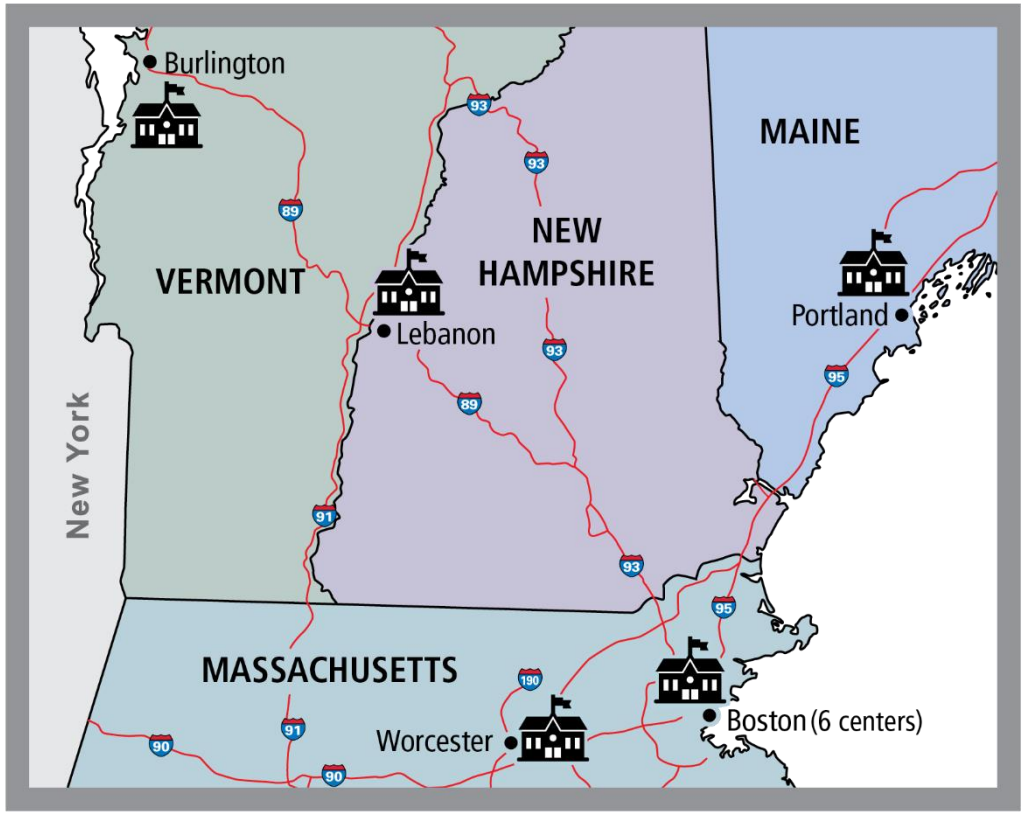
- 1-35
- 36-199
- 200-401

Corporate Owner

- Independent/Other
- Capital Region Health Care
- Covenant Healthcare
- DHH
- Granite One
- HCA
- MaineHealth
- North Country Healthcare
- Partners/MGH
- SolutionHealth

Academic Medical Centers in Northern New England [14]

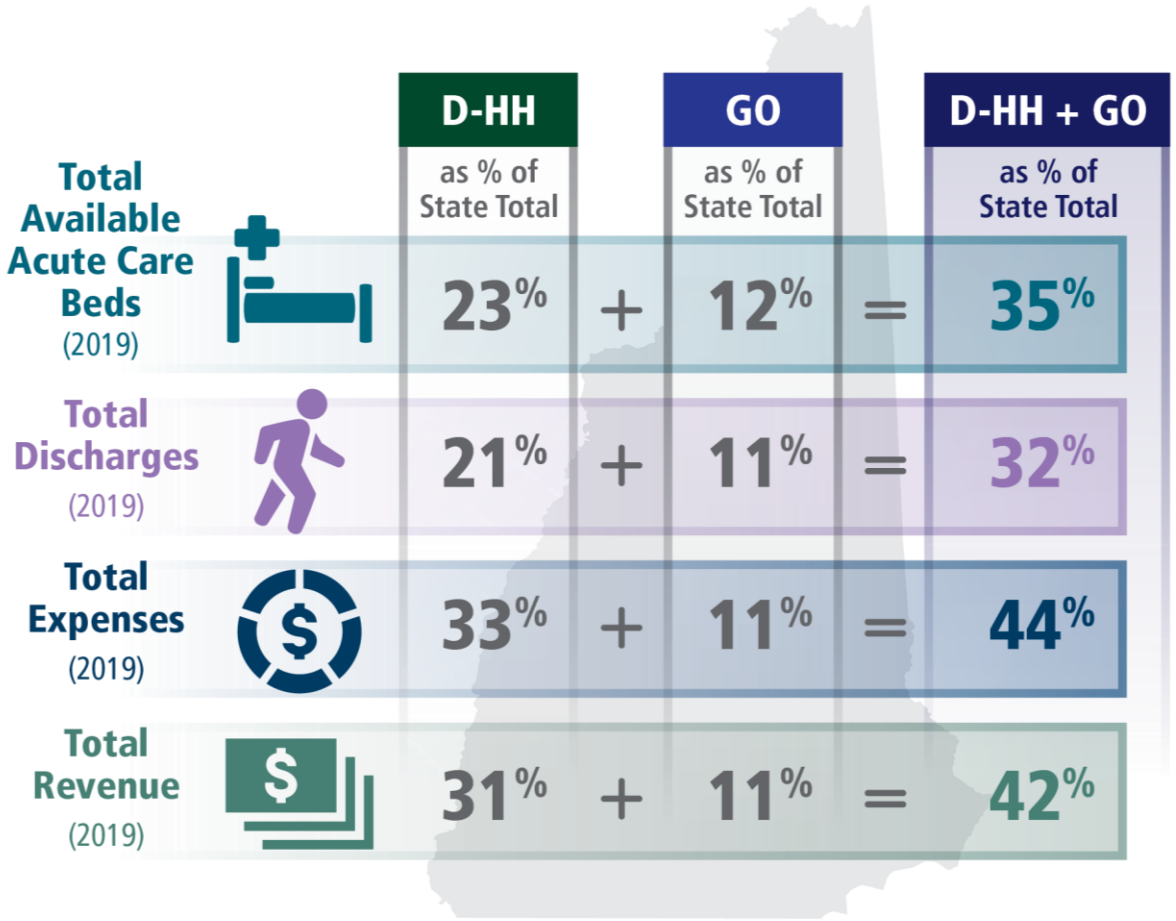
This map shows the locations of academic medical centers in New Hampshire and bordering states. Many residents of southeastern New Hampshire travel to Boston for specialty hospital care rather than to D-HH.



Comparing D-HH and GO vs New Hampshire [8]

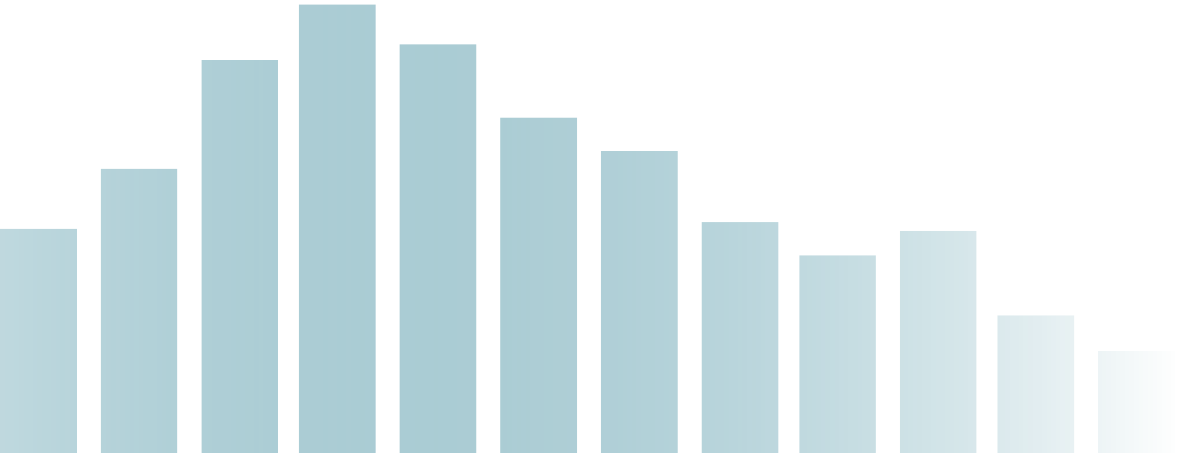
Together, D-HH and GO would make up a third of New Hampshire's total hospital available acute care beds* and discharges, and greater than 40% of the state's total hospital expenses and revenue.

These discharge, expense, and revenue data include care provided to in-state and out-of-state residents. D-HH, for example, cares for a large number of Vermont residents.



*Data on "Total Available Acute Care Beds" retrieved from CMS Hospital Form 2552-10 Cost Reports for all NH Acute Care Facilities for FY2019. The number of beds available may differ from the number of beds staffed at each hospital.

Cost & Quality



Hospital Payment Levels: Private Insurance Payments[15]

This table compares the average payment each hospital receives from the three largest private health plans for the services it provides in each category to the state median payment for the same sets of services.

Higher	Health plan pays hospital a rate more than ***10% higher*** than the state median
Similar	Health plan pays hospital a rate ***similar to*** the state median
Lower	Health plan pays hospital a rate more than ***10% lower*** than the state median
Not Reported	Data not reported

		Dartmouth-Hitchcock Health		*GraniteOne Health*	
		Alice Peck Day Memorial Hospital	**New London Hospital**	**Huggins Hospital**	**Monadnock Community Hospital**
Emergency Visits	Anthem NH	Higher	Similar	Similar	Higher
	CIGNA	Lower	Lower	Similar	Lower
	Harvard Pilgrim HC	Similar	Lower	Higher	Similar
Office Visits	Anthem NH	Similar	Similar	Similar	Similar
	CIGNA	Lower	Similar	Lower	Lower
	Harvard Pilgrim HC	Lower	Lower	Lower	Similar
Outpatient Tests and Procedures*	Anthem NH	Higher	Lower	Lower	Higher
	CIGNA	Similar	Lower	Lower	Higher
	Harvard Pilgrim HC	Lower	Higher	Higher	Higher
Radiology Services	Anthem NH	Higher	Higher	Higher	Higher
	CIGNA	Higher	Higher	Higher	Higher
	Harvard Pilgrim HC	Higher	Higher	Higher	Higher

*Outpatient Tests and Procedures" does not include radiology services or facility fees for ED and office visits.

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. Authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

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Hospital Payment Levels: Uninsured Payments* [15]

This table compares the discounted rate that each hospital charges uninsured patients for the services it provides in each category, compared to the state median rate for the same set of services. NLH and HH give greater discounts to uninsured patients than APDMH and MCH do.

Higher	Hospital charges uninsured patients a rate more than ***10% higher*** than the state median
Similar	Hospital charges uninsured patients a rate ***similar to*** the state median
Lower	Hospital charges uninsured patients a rate more than ***10% lower*** than the state median
Not Reported	Data not reported

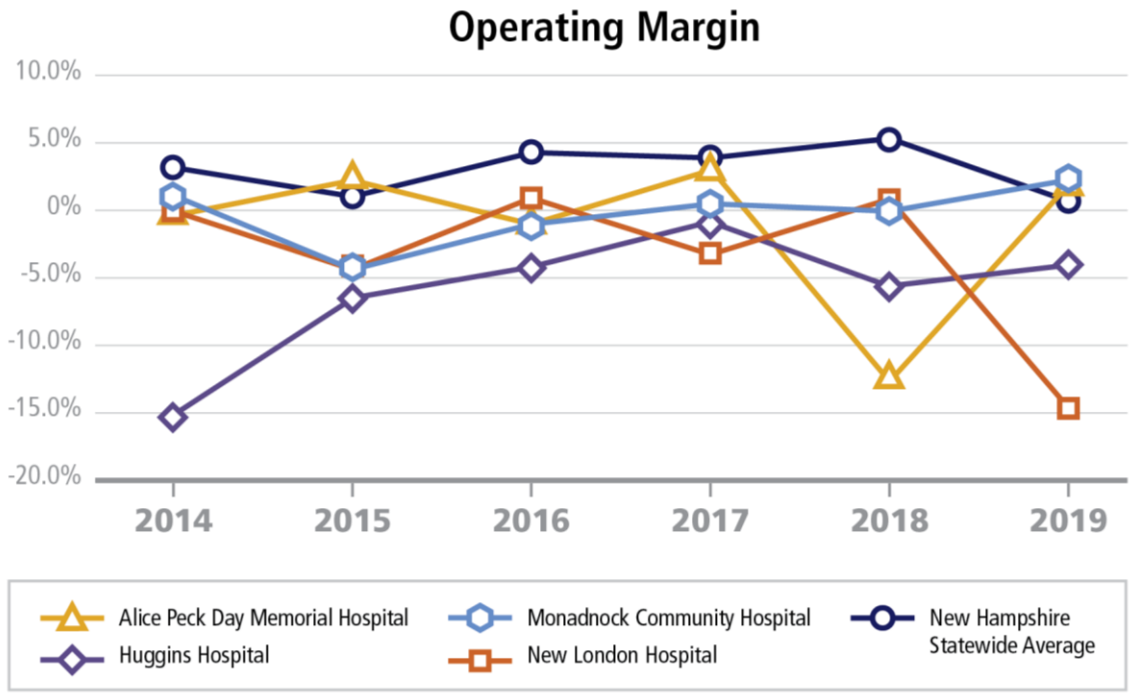
		Dartmouth-Hitchcock Health		***GraniteOne Health***	
		Alice Peck Day Memorial Hospital	**New London Hospital**	**Huggins Hospital**	**Monadnock Community Hospital**
Emergency Visits	Uninsured estimate	Higher	Lower	Lower	Higher
Office Visits	Uninsured estimate	Lower	Lower	Lower	Lower
Outpatient Tests and Procedures**	Uninsured estimate	Higher	Lower	Lower	Higher
Radiology Services	Uninsured estimate	Lower	Lower	Lower	Lower

*NH HealthCost estimates the price each hospital offers to uninsured individuals based on the hospital's charges less the discount the hospital offers to uninsured patients for the mix of services the hospital provided to insured patients.
**Outpatient Tests and Procedures" does not include radiology services or facility fees for ED and office visits.

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. Authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Hospital Financial Analysis: Operating Margin* [8]

- APDMH's operating margin held relatively steady from 2014-2017, steeply declined in 2018, and rebounded in 2019.
- HH's operating margins were negative and lower than the statewide average in every year reviewed, but the margins increased in every year except for 2018.
- MCH's operating margins were negative or low positive margins in all years reviewed.
- NLH's operating margins alternated between negative and low positive margins from 2014 to 2018 with a steep negative decline in 2019. NLH's federal 2019 data encompasses activity from July 1, 2019, through June 30, 2020, which includes the first few months of the pandemic.



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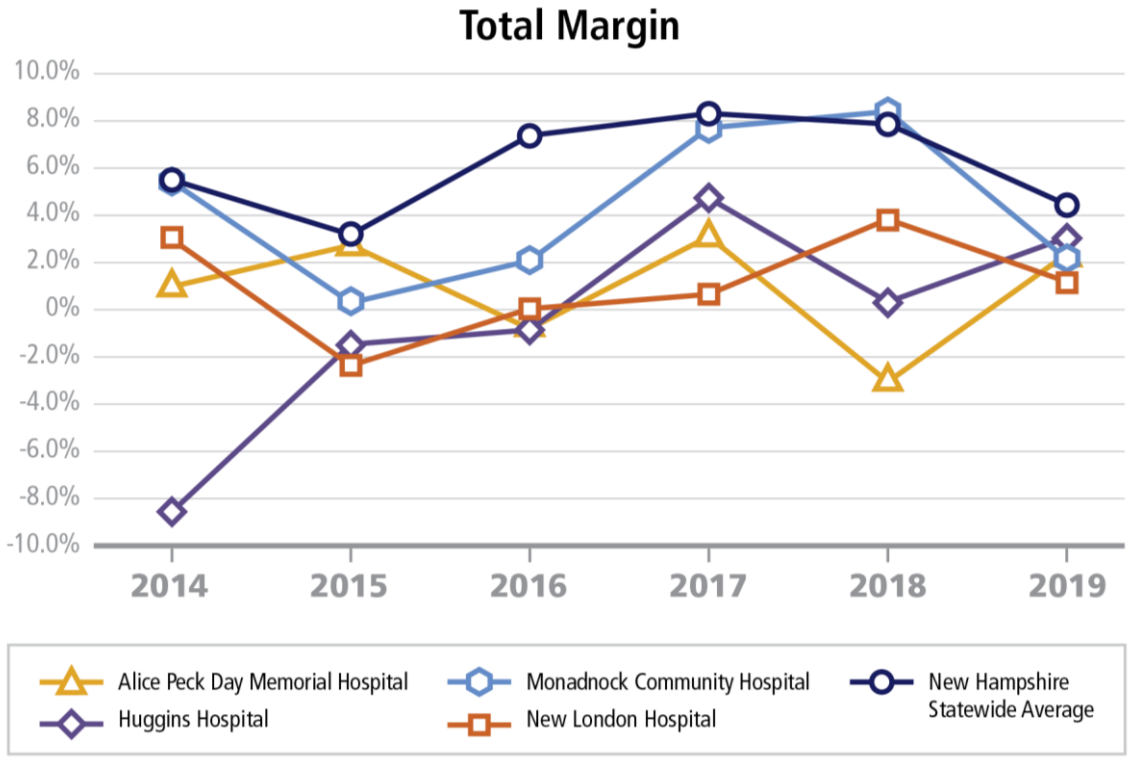
Hospital Financial Analysis: Total Margin* [8]

- APDMH's total margins were positive in four out of the six years reviewed.
- NLH's total margins were positive in four out of the six years reviewed, with a decline, and negative margin, occurring in 2015.
- HH's total margins over the period reviewed began negatively in 2014, saw a sharp increase in 2015, a leveling off in 2016, an increase in 2017, a decline in 2018, and then a slight increase in 2019.
- MCH's total margins were positive in all years reviewed, with a decline coming in 2019.



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Hospital Quality Snapshot – Comparison [16,17]

APDMH, HH, MCH, and NLH perform similarly on multiple sets of NH HealthCost quality measures. APDMH and HH score better than NLH and MCH on multiple sets of CMS Hospital Compare measures.

		Dartmouth-Hitchcock Health		*GraniteOne Health*	
Source	**Measure***	**Alice Peck Day Memorial Hospital**	**New London Hospital**	**Huggins Hospital**	**Monadnock Community Hospital**
New Hampshire HealthCost Quality of Care Scores	Quality of Care Measures Better Than Average	**4 out of 9**	**8 out of 10**	**9 out of 11**	**5 out of 11**
	Quality of Care Measures Near Average	**4 out of 9**	**2 out of 10**	**2 out of 11**	**5 out of 11**
	Quality of Care Measures Worse Than Average	**1 out of 9**	**0 out of 10**	**0 out of 11**	**1 out of 11**
U.S. Centers for Medicare and Medicaid Services (CMS) Hospital Compare	**Overall Rating**** (out of 5 stars)	★★★★★	★★★	★★★★	★★★
	Patient Experience Summary Star Rating*** (out of 5 stars)	★★★★	★★★★	★★★★	★★★★
	Unplanned Readmission Rating****	**No Different Than the National Rate**			

*Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.
**This measure summarizes more than 100 measures of mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.
***This measure summarizes how patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asked questions like how well a hospital's doctors and nurses communicated with the patient.
****Share of patients readmitted to the hospital within 30 days of discharge.

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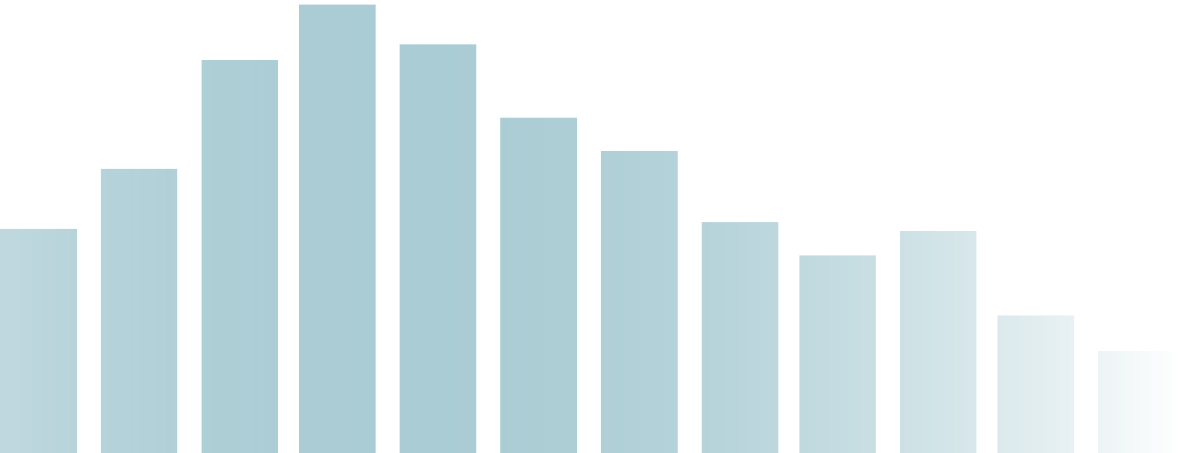
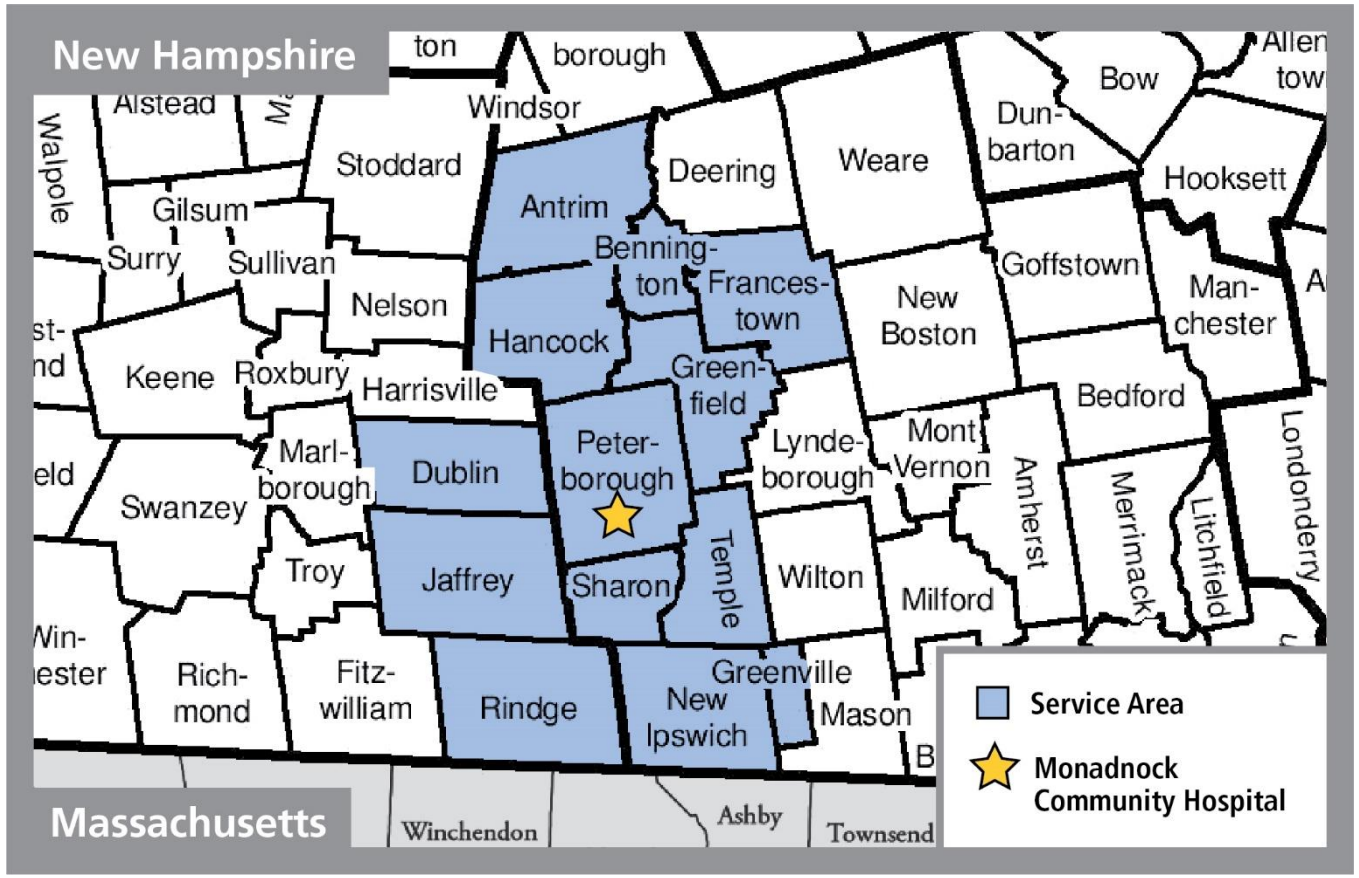
Community Health Needs and Community Benefits



Communities Served by Monadnock Community Hospital*[12]

The communities shaded in shades of **blue** are the ones MCH identifies as its primary service area.



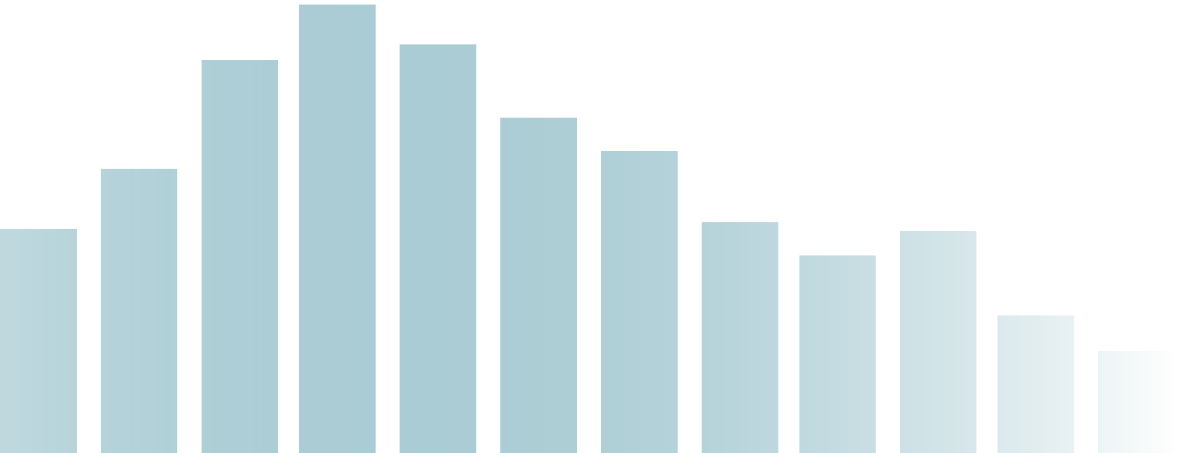
*This map shows the communities reported by the hospital as its primary service area; it does not reflect an anti-trust analysis.

Community Health Profile

- Hillsborough County, which includes MCH, performed similar to or better than the state average on most population health measures.
- However, Hillsborough County does have some health challenges, such as those highlighted below.

Measure	Hillsborough County	New Hampshire
Number of drug related deaths per 100,000 people	**29.0** [18]	25.3 [18]
Number of newly diagnosed chlamydia cases per 100,000 people	**320.6** [19]	267.3 [19]
Number of hospital stays for ambulatory-care sensitive conditions	**4,364** [20]	3,844 [20]

Questions for Consumers to Consider



Questions for Consideration

- Is the proposed transaction in the best interest of the community?
- Will the transaction provide financial stability for D-HH clinics and hospitals? For GO clinics and hospitals? For competitor clinics and hospitals?
- Will the transaction result in higher in-state costs for care?
- Will the transaction bring new revenues into the state?
- Will the transaction result in better access to care or will it create access issues? In particular, will the transaction result in better or worse access to:
  - Primary care?
  - Mental health and substance use disorder services?
  - General hospital services?
  - Specialty physician and specialty hospital services?
- Will the transaction maintain access to services for uninsured individuals? For individuals with Medicaid coverage? Medicare coverage?
- Will the transaction increase or decrease local employment?

Questions for Consideration

- Will the transaction maintain or improve the quality and safety of clinical services available locally?
- Will the needs of each local community served by its member hospital be considered when the D-HH GO system sets priorities?
- How much local control will member hospitals and entities retain following the merger?
- Will a patient being treated at a facility covered by the ERDs (e.g., CMC) be informed that procedures and practices not allowed under the ERDs can be accessed at other system facilities?
- How will D-HH GO ensure that patients seeking treatment that is prohibited under the ERDs are aware of their options within the D-HH GO system?
- How will D-HH GO ensure patients being treated within facilities governed by the ERDs are compliant with the ERDs?
- How will the transaction affect the hospitals' and Dartmouth's Geisel School of Medicine's ability to attract primary care and specialist physicians? How will it affect their ability to bring funding for research into the state?

Questions and Comments

Comments regarding the proposed transaction may be sent to:

Director of Charitable Trusts
Department of Justice
33 Capitol Street
Concord, NH 03301

or by email to: charitabletrusts2@doj.nh.gov

More information about the proposed transaction is available at:

https://www.doj.nh.gov/charitable-trusts/hospitals.htm

Thank You

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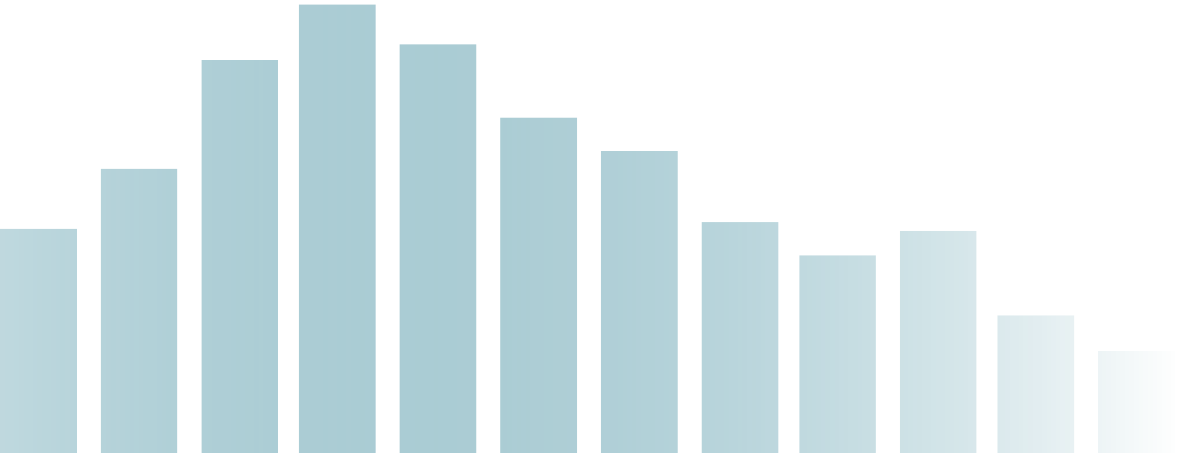
Appendix



Appendix: Citations

1. NH Department of Justice, Office of the Attorney General, Charitable Trusts Unit: Pending Hospital Transactions. Available at https://www.doj.nh.gov/charitable-trusts/ hospitals.htm. Accessed on April 17, 2020.
2. NH Department of Justice. Pending Hospital Transaction between GraniteOne Health and Dartmouth-Hitchcock Health, Joint Notice, Sections I and V. Available at https:// www.doj.nh.gov/charitable-trusts/graniteone-health.htm. Accessed on April 17, 2020.
3. Zimmerman, R. (2009, October 15). A Controversial Hospital Deal Unfolds in NH. WBUR. Retrieved from https://www.wbur.org/commonhealth/2009/10/15/a- controversial-hospital-deal-unfolds-in-nh
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Appendix: Citations

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Dartmouth-Hitchcock Health

GraniteOne HEALTH

Hilltop Golf Course – Peterborough, New Hampshire
Wednesday, October 6, 2021

WE ARE

STRONGER

TOGETHER

Welcome

A new health system that will meet today's challenges and prepare for the future of health care

"Dartmouth-Hitchcock Health GraniteOne"

Monadnock Community Hospital

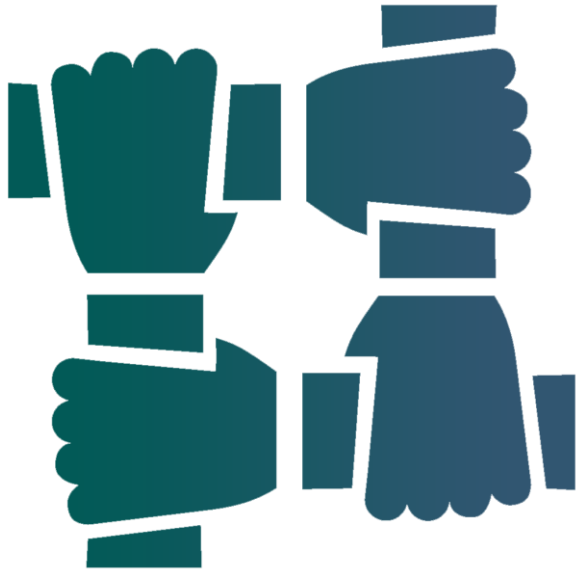
- Name & Identity
- Mission & Vision
- Local Board

Our System Goals :

- Increased access to services
- Broader high-quality care
- Greater value for patients

The right combination for our community

- Dartmouth-Hitchcock Health is a natural partner
- Already collaborating on patient care
- Respect for each other's missions & cultures
- Continue and expand the work we are doing for our patients and community



Strengthening Rural Hospitals Through Access, Quality, Value

Enhancing Specialty Services including Behavioral Health

Increasing telehealth services

Coordinating care to meet patient needs in the right place, right time

Integrating information systems for a shared health record

Building Capacity in Southern New Hampshire

A closer look – behavioral health

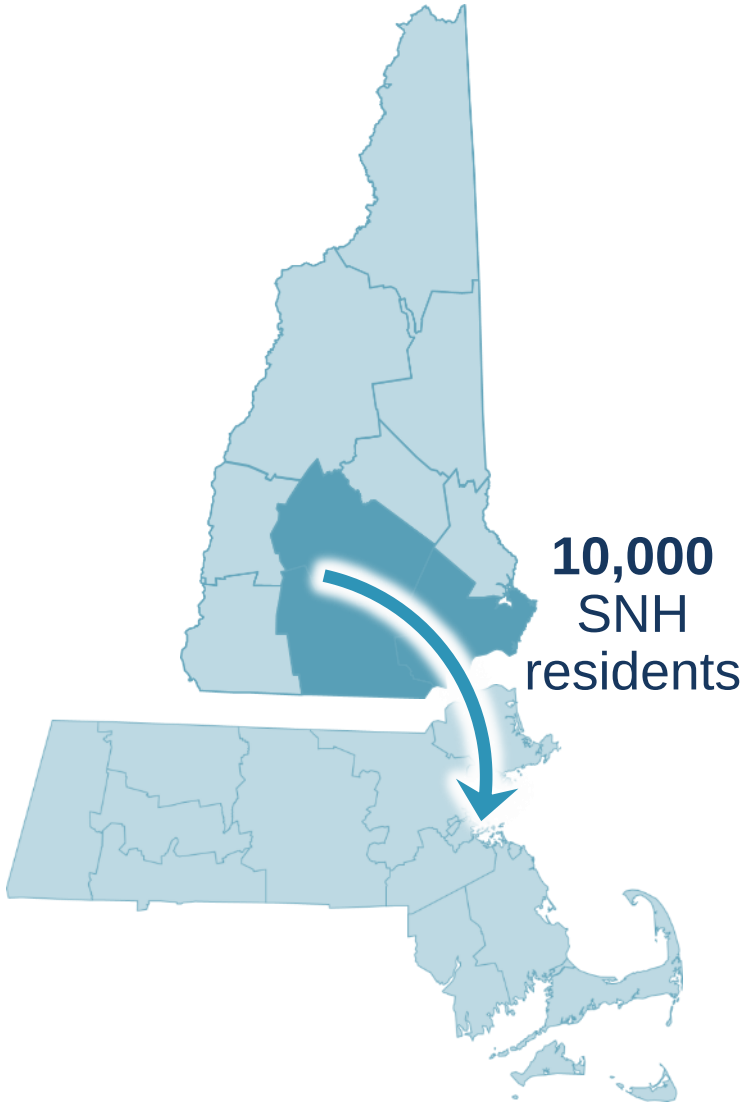
Across the system:

- Invest $20M+ over the next 5 years
- Hire more than 40 clinical care providers including 20+ psychiatrists, social workers, psychiatric nurses
- Integrate behavioral health into primary care
- Intervene early with proactive care and support: intensive outpatient program (IOP), mobile crisis, tele-psychiatry
- Expand medication assisted treatment for primary care
- Increase general & specialty outpatient psychiatry
- Address behavioral health needs for hospital inpatients to assure their care
- Provide crisis services for emergency department patients and add involuntary beds at DHMC

Closer to home, lower costs

NH residents go to higher-cost MA hospitals more than 10,000 times per year.[1]

Roughly 80% of them could be treated at CMC if it had capacity.[2]



NH’s only Academic Medical Center benefits patients & staff across the state

- State-of-the Art Science
- Cutting-Edge Research
- Clinical Trial Access
- Infrastructure and Metrics
- Workforce Development
- Career Progression

Benefits + convenience + cost = value

- Great care, more affordable, closer to home
- Greater access to academic medicine, training and educating the next generation of great clinicians & researchers
- Financial stability for hospitals in the system with access to affordable capital
- Hospital maintains separate specific payer negotiations, already lower cost than MA

Our mission remains intact; our vision is supported

- MCH remains strong and continues its charitable mission of improving the health and wellbeing of our community for the long term
- Community benefits & charity care will be maintained or increased
- Assets, fundraising, donor-restricted & endowment funds will remain under local control
- The new Dartmouth Hitchcock Health - GraniteOne System will be a stronger NH Based Health Care System with strong commitments to our NH rural communities assuring our patients get the care they need when and where they need it

Dartmouth-Hitchcock Health

GraniteOne HEALTH

WE ARE

STRONGER

TOGETHER

Questions and Answers

- Request to speak by sign-up at the registration table, or if joining by Zoom, click the “hand” icon next.
- When called on to speak, state your name, community, and organization you represent (if any).
- Please refrain from personal attacks and from use of profanity.

Comments May Be Submitted to the Director of Charitable Trusts on or before October 15, 2021:

Director of Charitable Trusts
NH Department of Justice
33 Capitol Street
Concord, NH 03301

Or by email to: charitabletrusts2@doj.nh.gov

More information about the proposed transaction is available at www.doj.nh.gov/charitable-trusts