COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Health System

Street Address One Elliot Way

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03103**

Federal ID # 02-0509911 **State Registration # 14126**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	Charles Rolecek	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Hospital

Street Address One Elliot Way

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03103**

Federal ID # 02-0232673 **State Registration # 6272**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	Charles Rolecek	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Physician Network

Street Address 1070 Holt Avenue

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03109**

Federal ID # 02-0509589 **State Registration # 12402**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	James Tenn, Esquire	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Elliot Professional Services Network, Inc.

Street Address 1070 Holt Avenue

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03109**

Federal ID # 33-1003630 **State Registration # 11426**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	James Tenn, Esquire	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA of Manchester & Southern NH, Inc.

Street Address 1070 Holt Avenue

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03109**

Federal ID # 02-0395296 **State Registration # 2924**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	Maryann Leclair	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA Home Health and Hospice Services, Inc.

Street Address 1070 Holt Avenue

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03109**

Federal ID # 02-0222241 **State Registration # 2927**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	Maryann Leclair	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name VNA Personal Services, Inc.

Street Address 1070 Holt Avenue

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03109**

Federal ID # 02-0395295 **State Registration # 2929**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	Maryann Leclair	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Mary & John Elliot Charitable Foundation

Street Address 4 Elliot Way, Suite 301

City Manchester **County 06 - Hillsborough** **State NH** **Zip Code 03103**

Federal ID # 02-0512229 **State Registration # 12351**

Website Address: www.elliothospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.
IF YES, has any of the initial filing information changed since the date of submission?
No IF YES, please attach the updated information.

Chief Executive:	W. Gregory Baxter, MD	6036632402	ineforas@elliot-hs.org
Board Chair:	James Tenn, Esquire	6036632402	ineforas@elliot-hs.org
Community Benefits Plan Contact:	Stephen Norton stephen.norton@solutionhealth.org	6036632958	

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

Elliot Health System and its Affiliates (EHS), Elliot Hospital, Elliot Physician Network, Elliot Professional Services, Mary & John Elliot Charitable Foundation and the VNA of Manchester & Southern, NH are pleased to present the FY 2019 Community Benefit Report.

Elliot Hospital - a 296-bed acute care facility and the first community hospital in the state, serves as the cornerstone of the health system. Elliot is home to the Regional Level II Trauma Center, Elliot Behavioral Health Services, Elliot Breast Health Center, Elliot Urgent Care, a Level III Newborn Intensive Care Unit, Elliot Physician Network, Elliot Regional Cancer Center, Elliot Senior Health Center, Visiting Nurse Association of Manchester and Southern New Hampshire, Elliot 1-Day Surgery Center, Elliot Memory & Mobility Center, NH Arthritis Center, Elliot Retail Pharmacy, Elliot Medical Centers in Londonderry and Hooksett, and the Elliot at River's Edge.

Elliot Physician Network & Elliot Professional Services - EHS through the Elliot Physician Network (EPN), and Elliot Professional Services (EPS), both not for profit physician groups, provides primary care and specialty care have over 200 employed physicians as far north as Hooksett, east to Raymond, and south to Windham. The Elliot Physician Network has 20 physician practices in the Greater Manchester area.

Mary & John Elliot Charitable Foundation - The Mary & John Elliot Charitable Foundation is a not for profit, charitable organization created to provide financial support to the various needs of EHS. The Foundation is committed to building an ongoing circle of benefactors whose financial support will help EHS identify and meet evolving healthcare needs.

VNA of Manchester & Southern NH – As one of the region's oldest and most comprehensive not for profit home health providers, the VNA is dedicated to improving the health and well- being of our community by providing compassionate, caring, and accessible healthcare. Since 1897, the VNA has helped individuals and their families face the challenges of recovering from surgery, physical disabilities, and short-term, chronic, and life-limiting illnesses.

On April 30, 2018, Elliot Health System became part of the new non-profit healthcare organization named SolutionHealth. This new non-profit healthcare entity is the combination of two New Hampshire non-profit health care organizations, Elliot Health System (EHS) and Southern New Hampshire Health System (SNHHS), combining together to protect the future sustainability of accessible, comprehensive, value-based clinical care. SolutionHealth is a regional healthcare system with a governing body with members originally sourced from both EHS and SNHHS. This new organization services over 400,000 community members, is located in the two largest and most diverse cities in New Hampshire and employs over 700 physicians and advanced practice providers.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement:

Elliot Health System strives to:

INSPIRE wellness

HEAL our patients

SERVE with compassion in every interaction.

Has the Mission Statement been reaffirmed in the past year (RSA:7:32e-I)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic services area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area): Elliot Hospital defines its primary service area as the towns and cities of Auburn, Bedford, Candia, Deerfield, Derry, Goffstown, Hooksett, Manchester, New Boston and Raymond. In addition, Elliot Hospital includes in its secondary service area the towns of Allenstown, Amherst, Dunbarton, Litchfield, Merrimack and Weare.

Elliot Hospital Primary Service Area Population Profile

Town	Pop 2018	Pop 2023	5 Yr Change	5 Yr % Change	Pop 65+ 2018	Pop 65+ 2023	65+ 5 Yr Change	65+ 5 Yr % Change
Auburn	5,404	5,510	106	2%	723	1,030	307	42%
Bedford	22,556	22,894	338	1%	3,883	5,025	1,142	29%
Candia	4,212	4,277	65	2%	615	844	229	37%
Chester	4,806	4,903	97	2%	556	877	321	58%
Deerfield	4,210	4,380	170	4%	604	841	237	39%
Derry	34,175	35,038	863	3%	4,236	5,847	1,611	38%
Goffstown	14,761	14,922	161	1%	2,592	3,285	693	27%
Hooksett	14,245	14,420	175	1%	2,081	2,805	724	35%
Londonderry	26,299	26,939	640	2%	3,498	4,914	1,416	40%
Manchester	115,565	118,666	3,101	3%	17,515	22,552	5,037	29%
New Boston	5,706	5,780	74	1%	656	866	210	32%
Raymond	10,465	10,672	207	2%	1,403	1,920	517	37%
Total	**262,404**	**268,401**	**5,997**	**2%**	**38,362**	**50,806**	**12,444**	**32%**

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2019– Copy of the Community Needs Assessment is available at:
https://www.elliothospital.org/website/downloads/Manchester-Report-Final-compressed.pdf

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

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	100 – Access to Care
2	200 – Maternal & Child Health
3	300 – Chronic Disease
4	360 – Infectious Disease
5	370 – Mental Health – General
6	400 – Substance Use
7	500 – Socioeconomics Issues
8	520 – Community Safety & Injury
9	600 – Community Supports

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	
B	
C	
D	
E	
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Community Health Education	2 3 8	$65,411	$66,000
Community-based Clinical Services	3 - -	$45,129	$45,000
Health Care Support Services	1 - -	$89,906	$89,900
Other:	-- -- --		
		$200,446	

B. Health Professions Education	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Provision of Clinical Settings for Undergraduate Training	1 -- --	$161,732	$162,000
Intern/Residency Education	1 -- --	$270,400	$270,000
Scholarships/Funding for Health Professions Ed	-- -- --		
Other:	1 -- -- --	$832,977	$833,000
		$1,265,109	

C. *Subsidized Health Services*	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Type of Service: Behavioral Health Services	1 5	$5,167,874	$5,168,000
Type of Service: Primary Care Services	1 -- --	$4,052,772	$4,053,000
Type of Service: Adult Specialists	1 3	$3,198,405	$3,199,000
Type of Service: Trauma	1	$2,000,781	$2,000,785
Type of Service: Women's & Children's	1	$3,451,416	$3,451,500
Type of Service: Other	1	$1,756,843	
		$19,628,091	

D. Research	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Clinical Research	1 -- --	$85,985	$86,000
Community Health Research	-- -- --		
Other:	-- -- --		
		$85,985	

E. Financial Contributions	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Cash Donations	1 9	$435,209	$435,000
Grants	1 9 --	$490,000	$490,100
In-Kind Assistance	9	$367,628	$367,650
Resource Development Assistance	-- -- --		
		$1,292,837	

F. Community Building Activities	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Physical Infrastructure Improvement	-- -- --		
Economic Development	-		
Support Systems Enhancement	-1- 2 7	$1,215,130	$1,215,150
Environmental Improvements	-- -- --		
Leadership Development; Training for Community Members	-- -- --		
Coalition Building	-- -- --		
Community Health Advocacy	-- -- --		
		$1,215,130	

G. Community Benefit Operations	*Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Dedicated Staff Costs	9 -- --	$85,630	$86,000
Community Needs/Asset Assessment	-- -- --		
Other Operations	9 -- --	$421,688	$422,000
		$507,318	

H. Charity Care	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Free & Discounted Health Care Services	1	$9,439,871	$9,440,000
		$9,439,871	

L Government-Sponsored Health Care	*Community Need Addressed*	*Unreimbursed Costs (preceding year)*	*Unreimbursed Costs (projected)*
Medicare Costs exceeding reimbursement	1	$56,211,720	$56,212,000
*Medicaid Costs exceeding Reimbursement**	1	$54,420,091	$54,400,000
Other Publicly-funded health care costs exceeding reimbursement	-- -- --		
		$110,631,811	

*Medicaid
Includes NH Medicaid Enhancement Tax

Section 5: SUMMARY FINANCIAL MEASURES

	Financial Information for Most Recent Fiscal Year	*Dollar Amount*
	Gross Receipts from Operations	$1,368,524,439
	Net Revenue from Patient Services	$ 566,069,129
	Total Operating Expenses	$ 558,851,288
	Net Medicare Revenue	$154,230,698
	Medicare Costs	$210,442,418
2.	*Unpaid Medicare*	$ 56,211,720
	Net Medicaid Revenue	$ 45,617,574
1	*Medicaid Costs*	$ 100,037,665
2.	*Unpaid Medicaid*	$ 54,420,091
	Unreimbursed Charity Care Expenses	$9,439,871
	Unreimbursed Expenses of Other Community Benefits	$ 24,194,916
	Total Unreimbursed Community Benefit Expenses	$ 33,634,787
	Leveraged Revenue for Community Benefit Activities	$0.00
	Total Community Benefits including Leveraged Revenue for Unreimbursed Expenses of Other Community Benefits	$ 33,634,787

1. Includes Medicaid Enhancement Tax
2. Excludes unpaid Medicare & unpaid Medicaid.

OTHER NOTE:
All above financials based on Not-For-Profit affiliates only.

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	*Identification of Need*	*Prioritization of Need*	*Development of the Plan*	*Commented on Proposed Plan*
1) Manchester Community Health Center - K. McCracken	☒	☒	☒	☒
2) Granite United Way - P. Tufts	☒	☒	☒	☒
3) Catholic Medical Center - Dr. J. Pepe	☒	☒	☒	☒
4) NeighborWorks Southern NH - R. Tourigny	☒	☒	☒	☒
5) Dartmouth Hitchcock - S. Paris	☒	☒	☒	☒
6) Families in Transtion - C. Kuhn	☒	☒	☒	☒
7) City of Manchester School District - A. Allen	☒	☒	☒	☒
8) Waypoint - B. de Toledo	☒	☒	☒	☒
9) Elliot Health System - Dr. G. Baxter	☒	☒	☒	☒
10) City of Manchester - J. Craig	☒	☒	☒	☒
11) Mental Health Center of Greater Manchester - B. Rider	☒	☒	☒	☒
12) City of Manchester Police Department - C. Capano	☒	☒	☒	☒
13)	☐	☐	☐	☐
14)	☐	☐	☐	☐
15)	☐	☐	☐	☐
16)	☐	☐	☐	☐
17)	☐	☐	☐	☐
18)	☐	☐	☐	☐
19)	☐	☐	☐	☐
20)	☐	☐	☐	☐
21)	☐	☐	☐	☐
22)	☐	☐	☐	☐
23)	☐	☐	☐	☐
24)	☐	☐	☐	☐
25)	☐	☐	☐	☐

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	**YES**	**NO**	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	☒	☐	☐
Written charity care policy available to the public	☒	☐	☐
Any individual can apply for charity care	☒	☐	☐
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	☒	☐	☐
Notices of policy in lobbies	☒	☐	☐
Notice of policy in waiting rooms	☒	☐	☐
Notice of policy in other public areas	☒	☐	☐
Notice given to recipients who are served in their home	☒	☐	☐