

# Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-K98D-1YRVF, version 1)

## Details

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**Submitted** 12/23/2021 (3 days ago) by Ryan Cu en

**Alternate Identifier** Core Physicians LLC

**Submission ID** HPC-K98D-1YRVF

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

10/1/2020

**Organization Name**

Core Physicians LLC

**Street Address**

7 Ho and Way

Exeter, NH 03833

**Federal ID #**

87-0807914

**State Registration #**

17285

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

http://www.corephysicians.org

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

Yes

**Chief Executive**

**First Name**    **Last Name**

Me anie        Lanier

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

Business        603-580-7943

**Email**

██████████

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Michae	<i>Pangan</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-775-0000	
<b>Email</b>	[REDACTED]	

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Mark	<i>Whitney</i>	
<b>Title</b>	<i>V.P. STRATEGY</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-580-7437	
<b>Email</b>	[REDACTED]	

**Does this report include community benefit information for affiliated or subsidiary organizations?**

No

**Section 2: Mission & Community Served****Mission Statement**

The mission of Core Physicians is to improve the health of the community. This mission will be accomplished without compromising Core Physician's sustainability principally by the provision of health services and information to the community in collaboration with with Exeter Health Resources' other affiliates which share this mission.

**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 filed as applicable to sufficiently describe the community served.

**Did the primary service area cover ALL of New Hampshire?**

No

**Please select service area Counties (NH), if applicable**

NONE PROVIDED

**Please select service area municipalities (NH), if applicable**

ATKINSON  
BARRINGTON  
BRENTWOOD  
CANDIA  
CHESTER  
DANVILLE  
DEERFIELD  
DURHAM  
HAMPSTEAD  
EAST KINGSTON  
EPPING  
EXETER  
FREMONT  
GREENLAND  
HAMPTON  
HAMPTON FALLS  
KENSINGTON  
KINGSTON  
LEE  
MADBURY  
NEW CASTLE  
NEWFIELDS  
NEWMARKET  
NORTH HAMPTON  
NORTHWOOD  
NOTTINGHAM  
PLAISTOW  
PORTSMOUTH  
RAYMOND  
RYE  
SANDOWN  
SEABROOK  
SOMERSWORTH  
SOUTH HAMPTON  
STRATHAM  
NEWTON

### **Service Population Description**

Core Physicians is a community based, multi-specialty group practice affiliated with Exeter Hospital, Inc. Core Physicians is a major provider of primary care services in the region, and continues to develop diagnostic and surgical services to meet the increasing health care needs of the population. In addition, specialty care services continue to be added to complement Core's community-based, patient-focused care. Core serves the general population and has over thirty office locations located throughout the greater New Hampshire seacoast area offering high quality integrated primary care, specialty care and ancillary services.

### **Section 3.1: 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? (Please attach a copy of the needs assessment below if completed in the past year)**

2019

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

NONE PROVIDED

**Comment**

NONE PROVIDED

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

Yes

### **Section 3.2: Community Needs Assessment (1 of 4)**

**Area of Community Need / Concern**

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

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please 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

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

Continuance of existing Financial Assistance Plan including catastrophic coverage. Participation in broad spectrum of MCR, MCD and Healthcare Exchange programs below the cost of care or existing market rates.

**Section 3.2: Community Needs Assessment (2 of 4)**

**Area of Community Need / Concern**

13. Injury Prevention / Safety

**Is the need identified in the Community Needs Assessment?**

No

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

No

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

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

IMPAC concussion screening

**Section 3.2: Community Needs Assessment (3 of 4)**

**Area of Community Need / Concern**

34. Education / Job Training

**Is the need identified in the Community Needs Assessment?**

No

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

No

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

B1: Provision of Clinical Setting for Undergraduate Education

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

health profession education

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

**Area of Community Need / Concern**

3. Access to Primary Care

**Is the need identified in the Community Needs Assessment?**

No

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

No

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

C7: Subsidized Continuing Care

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

Core Pediatric Dentistry, Breast Surgery, Infectious Disease, Interventional Cardiology, Vascular, and Pulmonary and Critical Care.

**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 (\$)**

123373146

**(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	NONE PROVIDED	94557	0	94557	0.1%	95503

**(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	NONE PROVIDED	9869852	3520180	6349672	5.1%	6540162

**(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	NONE PROVIDED	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	0	9964409	3520180	6444229	5.2%	6635665

**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	NONE PROVIDED	12520	0	12520	0%	12896

**(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	NONE PROVIDED	233142	0	233142	0.2%	240136

**(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	NONE PROVIDED	7292634	3996381	3296253	2.7%	3395141

**(8) Research (if using the optional Excel tool, refer to Worksheet 7)**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(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	0	7538296	3996381	3541915	2.9%	3648173

**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	0	17502705	7516561	9986144	8.1%	\$10283838

## Section 5: Community Building Activities

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

123373146

### (1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

### (8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(9) Other**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**Total**

**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	0	0	0	0%

**Section 6: Medicare**

Enter total revenue received from Medicare (\$ -- including DSH and IME)

20997511

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

43920840

Medicare surplus (shortfall)

\$-22923329

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.

Net Medicare Revenue - Medicare Cost = Net Loss

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**

Gross Receipts from Operations (\$)

100109860

Net operating costs (\$)

123373146

Ratio of gross receipts from operations to net operating costs

0.811

**Unreimbursed Community Benefit Costs**

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

6444229

Other Community Benefit Costs (\$)

3541915

**Community Building Activities (\$)**

0

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

9986144

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

8.09%

**Other Community Benefits (optional)****Leveraged Revenue for Community Benefit Activities (\$)**

0

**Medicare Shortfall (\$)**

-\$-22923329

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

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>
Exeter Area YMCA	Yes	Yes	Yes	Yes
Society of St. Vincent de Pau Exeter	Yes	Yes	Yes	Yes
Lamprey Health Care	Yes	Yes	Yes	Yes
Families First Health and Support Center	Yes	Yes	Yes	Yes
Richie-McFarland Children's Center	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes
Seacoast Public Health Network	Yes	Yes	Yes	Yes
Foundation for Seacoast Health	Yes	Yes	Yes	Yes
Goodwin Community Health	Yes	Yes	Yes	Yes
Michael Guidi, DO, Core Physicians	Yes	No	No	No
Janine Richards, Director of Student Wellness, SAU 90	Yes	No	No	No
Jon Morgan, Senator, NH	Yes	No	No	No
Tom Sherman, Senator, NH	Yes	No	No	No
Gaby Grossman, Representative Exeter	Yes	No	No	No
Liz McConne, Representative Brentwood	Yes	No	No	No
Tanisha Johnson, Associate Branch Director, Exeter Area YMCA	Yes	No	No	No
Kristyn LaFleur, Executive Director, Key Collective, Womenade Greater Squamscott Board President	Yes	No	No	No
Kristina Currier, Art Instructor, Timberlane High School, SAU 55	Yes	No	No	No
Russ Dean, Town Manager, Exeter	Yes	No	No	No
Nikki Hill, Assistant Treasurer, Womenade of Greater Squamscott	Yes	No	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No
Katy Li MD, Medical Director, Phillips Exeter Academy	Yes	No	No	No
Travis Harker MD, Medical Director, Appledore Medical Group	Yes	No	No	No

<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>
Greg Burwood, Executive Director, Connections Peer Support Center	Yes	No	No	No
Mo y Ziri o, Executive Director, Society of St. Vincent de Pau Exeter	Yes	No	No	No
Tony Teixeira, Executive Director, Exeter Housing Authority	Yes	No	No	No
Caro Gu a, Executive Director, TASC	Yes	No	No	No
Maria Kenney, Administrative Director, Seacoast Youth Services	Yes	No	No	No
David OConnor, Principa , Hampton Academy	Yes	No	No	No
Patti MacKenzie, Vo unteer Executive Director, Hampton Comm Coa ition Serv	Yes	No	No	No
Nita Niemczyk , Vo unteer, Hampton Community Coa ition Services	Yes	No	No	No
Lois Costa, Principa , Marston Schoo	Yes	No	No	No
John Reagan, Senator NH	Yes	No	No	No
Michae Cahi , State Representative NH	Yes	No	No	No
Michae Cahi , State Representative NH	Yes	Yes	No	No

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

In 2019, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA and Hospice, along with their community partners, conducted a Community Needs Assessment which focused on priority health needs that were identified in the 2019 Community Needs Assessment. The purpose of the Assessment was to engage actual community members and to reach out to support agencies to determine the local area health needs.

**Methods**

1. University of New Hampshire (UNH) Survey Center Household Telephone Survey
2. Community Forums
  - a. Exeter Hospital, Inc.
  - b. Raymond Baptist Church
  - c. Vic Geary Senior Center
  - d. Seabrook Public Library
3. On Line Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Exeter Hospital with community partners released an online health needs survey to the public
5. Key Leader Interviews
6. Multiple Secondary Research Sources

**Section 9: Charity Care Compliance**

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

Yes

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

Yes

**Any individual can apply for charity care.**

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

N/A

## **Section 10: Certification Contact**

### **Name of Person Submitting the Community Benefits Report**

**First Name**   **Last Name**

Ryan            *Cullen*

**Title**

*Cost Accountant*

**Email**

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