

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-87VP-FBS8Q, version 1)

Details

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Submitted 12/29/2022 (34 days ago) by Diane Davis

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Section 1: Entity Information

Entity Name

Concord Hospita - Frank in

State Registration #

842947

Federal ID #

85-1433123

Fiscal Year Beginning

10/01/2021

Entity Address

15 Aiken Avenue
Frank in, NH 03235

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

<https://www.concordhospita-aconia.org/>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Robert	Steigmeyer	Business	[REDACTED]	[REDACTED]
Email [REDACTED]				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Philip	Emma	Mobile	[REDACTED]	
Email [REDACTED]				

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Betsey Rhynhart

Title

Vice President, Population Health

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

Business [REDACTED] [REDACTED]

Email

[REDACTED]

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 Hospita  Frank in is a charitab e organization that exists to meet individua s' hea th needs within the communities it serves.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the ocations from which most service recipients come (primary service area) or a subset of the genera popuation that share certain characteristics such as age range, hea th condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the popuation within that area. P ease incude information from the drop down lists and narrative fie d as app icab e to sufficient y describe the community served.

1. Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Be knap
Grafton
Merrimack

Please select service area municipalities (NH), if applicable

ALEXANDRIA
ANDOVER
BOSCAWEN
BRIDGEWATER
BRISTOL
DANBURY
FRANKLIN
HEBRON
HILL
NORTHFIELD
SALISBURY
SANBORNTON
TILTON

Service Population Description

The Frank in regiona popuation has proportiona y more seniors than NH overa , and this region has a higher proportio n of sing e-parent fami y househo ds with chi dren and individua s with disabi ties.

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)

2020

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

NONE PROVIDED

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 5)

3. Area of Community Need / Concern

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

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

A5: Dedicated Staff costs

A2: Community-Based Clinical Services

C10: Other Subsidized Health Services

F8: Workforce Development

A1: Community Health Education

C7: Subsidized Continuing Care

E1: Cash Donations

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

Franklin clinic and medical group primary care providers and services, community education, financial assistance, prescription assistance, Palliative Care, Care Coordination

Section 3.2: Community Needs Assessment (2 of 5)

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: Financia Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A5: Dedicated Staff costs
- A2: Community-Based C inica Services
- C10: Other Subsidized Hea th Services
- A1: Community Hea th Education
- C7: Subsidized Continuing Care
- F6: Coa ition Bui ding
- C8: Behaviora Hea th Services
- C3: Hospita Outpatient Services

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

Designated Receiving Faci ity at Concord Hospita - Frank in, partnerships with Lakes Region Community Menta Hea th and Riverbend Community Menta Hea th, The Doorway at Concord Hospita - Frank in, Emergency Department Behaviora Hea th

Section 3.2: Community Needs Assessment (3 of 5)

3. Area of Community Need / Concern

20. Menta Hea th

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: Financia Assistance
- 2.1: Medicaid
- 2.3: Medicare
- A5: Dedicated Staff costs
- A2: Community-Based C inica Services
- C10: Other Subsidized Hea th Services
- C7: Subsidized Continuing Care
- C8: Behaviora Hea th Services
- C3: Hospita Outpatient Services
- C1: Emergency and Trauma Services

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

Designated Receiving Faci ity at Concord Hospita - Frank in, The Recovery C inic, The Doorway at Concord Hospita - Frank in, Emergency Department Behaviora Hea th, partnerships with Lakes Region Community Menta Hea th and Riverbend Community Menta Hea th

Section 3.2: Community Needs Assessment (4 of 5)

3. Area of Community Need / Concern

3. Access to Primary Care

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
- C3: Hospital Outpatient Services
- C9: Palliative Care
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- F8: Workforce Development

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

Frank in primary care clinic and other primary care practices throughout the medical group, pediatrics practice, internal medicine practice, women's health practice, financial assistance, prescription assistance, ambulatory care coordination, physician access line

Section 3.2: Community Needs Assessment (5 of 5)

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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs
- C3: Hospital Outpatient Services
- C9: Palliative Care
- C7: Subsidized Continuing Care
- C10: Other Subsidized Health Services
- F8: Workforce Development

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

Frank in primary care clinic and other primary care practices throughout the medical group, internal medicine practice, women's health practice, financial assistance, prescription assistance, ambulatory care coordination, physician access line

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 (\$)

9618250

(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	254	29427	0	29427	0.3%	29500

(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	7792710	7271757	520953	5.4%	521000

(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	254	7822137	7271757	550380	5.7%	550500

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	0	0	0	0%	0

(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	0	0	0	0%	0

(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	4757040	2666452	2090588	21.7%	2100000

(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	141577	0	141577	1.5%	142000

(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	4898617	2666452	2232165	23.2%	2242000

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	254	12720754	9938209	2782545	28.9%	\$2792500

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

9618250

(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	8559	0	8559	0.1%

(4) Environmental improvements

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

(5) Leadership development and training for community members

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

(6) Coalition building

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

(7) Community health improvement advocacy

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

(8) Workforce development

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

(9) Other

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

Total**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	8559	0	8559	0.1%

Section 6: Medicare**1. Total revenue received from Medicare (\$ -- including DSH and IME)**

15815690

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

13363084

3. Medicare surplus (shortfall)

\$2452606

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 (\$)

12542316

2. Net operating costs (\$)

9618250

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

1.304

Unreimbursed Community Benefit Costs

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

550380

5. Other Community Benefit Costs (\$)

2232165

6. Community Building Activities (\$)

8559

7. Total Unreimbursed Community Benefit Expenses (\$)

2791104

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

29.02%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$2452606

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Centra NH VNA & Hospice	Yes	Yes	No	Yes
Health First FamilyCare Center	Yes	Yes	No	Yes

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
LRGHealthcare and the Partnership for Public Health	Yes	Yes	Yes	Yes
Community Health Institute	Yes	Yes	Yes	No

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

A total of 537 community members completed the Community Resident Survey, which was distributed by the partner organizations through their electronic and other social media communication channels, as well as promoted through a paid Facebook promotional campaign. The community leader survey was distributed via unique email link to 117 individuals in positions of leadership in agencies, municipalities, business, civic and volunteer organizations serving the Greater Franklin, Laconia, and Meredith communities.

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.

N/A

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	Rhyhart
Title	
Vice President, Population Health	

Email


NHCT-31 (September 2022)