

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPP-Y0P2-9NV7W, version 1)

Details

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Core Physicians LLC

State Registration #

17285

Federal ID #

87-0807914

Fiscal Year Beginning

10/01/2021

Entity Address

7 Ho and Way

Exeter, NH 03833

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

<http://www.corephysicians.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Me anie	Lanier

Phone Type	Number	Extension
Business	[REDACTED]	

Email

[REDACTED]

Board Chair (first, last name)

First Name	Last Name
Michae	Pangan

Phone Type	Number	Extension
Business	[REDACTED]	

Email

[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Mark	Whitney	
Title		
V.P. Strategy		
Phone Type	Number	Extension
Business	[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)?

No

Section 2: Mission & Community Served

1. 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 Exeter Health Resources' other affiliates which share this mission.

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

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop down lists and narrative filed as applicable to sufficiently describe the community served.

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

No

Please select service area Counties (NH), if applicable

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

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)

2022

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

NONE PROVIDED

Comment

The community NEEDS identified here represent those identified in the 2019 Community Health Needs Assessment Report and not the 2022 assessment. The community benefit spending included in this report directly relates to the 2019 identified needs. The 2023 filing will reflect spending for those NEEDS identified in the 2022 assessment.

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 4)

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

7. 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 Medicare and Medicaid below the cost of care or existing market rates.

Section 3.2: Community Needs Assessment (2 of 4)

3. Area of Community Need / Concern

13. Injury Prevention / Safety

4. Is the need identified in the Community Needs Assessment?

No

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

No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A2: Community-Based Clinical Services

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

IMPAC concussion screening

Section 3.2: Community Needs Assessment (3 of 4)

3. Area of Community Need / Concern

34. Education / Job Training

4. Is the need identified in the Community Needs Assessment?

No

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

No

6. 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

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

health profession education

Section 3.2: Community Needs Assessment (4 of 4)

3. Area of Community Need / Concern

3. Access to Primary Care

4. Is the need identified in the Community Needs Assessment?

No

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

No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

C7: Subsidized Continuing Care

7. 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 (\$)

129943815

(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	61930	0	61930	0%	62549

(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	6784051	0	6784051	5.2%	7055413

(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	6845981	0	6845981	5.3%	7117962

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	13553	0	13553	0%	14095

(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	112643	0	112643	0.1%	117149

(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	7519565	3857472	3662093	2.8%	3808577

(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	7645761	3857472	3788289	2.9%	3939821

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	14491742	3857472	10634270	8.2%	\$11057783

Section 5: Community Building Activities

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

129943815

(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

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

21411786

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

47559436

3. Medicare surplus (shortfall)

\$-26147650

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.

Net Medicare Revenue - Medicare Cost = Net Loss

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 (\$)

95226453

2. Net operating costs (\$)

129943815

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

0.733

Unreimbursed Community Benefit Costs

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

6845981

5. Other Community Benefit Costs (\$)

3788289

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

10634270

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

8.18%

Other Community Benefits (optional)

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

0

2. Medicare Shortfall (\$)

\$-26147650

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
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, Exe Dir, Key Collective, Womenade Gtr Squamscott Brd Pre	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

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
Nikki Hi , Assistant Treasurer, Womenade of Greater Squamscott	Yes	No	No	No
Katy Li y MD, Medica Director, Phi ips Exeter Academy	Yes	No	No	No
Travis Harker MD, Medica Director, App edore Medica Group	Yes	No	No	No
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 O?Connor, Principa , Hampton Academy	Yes	No	No	No
Patti MacKenzie, Vo unteer Exe Dir, Hampton Community Coa ition Services	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
Pub ic On ine via Survey Monkey	Yes	Yes	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No

2. 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. Epping Regional Health Center
 - c. Tuscan Kitchen
 - d. Seabrook Public Library
3. Online 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

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

Yes

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

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

N/A

Section 10: Certification

Electronic Signature

First Name **Last Name**

Ryan *Cullen*

Title

Senior Accountant

Email

██████████

NHCT-31 (September 2022)