

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-1161-TSKRB, version 1)

Details

Submitted 1/11/2023 (22 days ago) by Ke i Rafferty

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Form Input

Section 1: Entity Information

Entity Name

E iot Hea th System

State Registration #

14126

Federal ID #

02-0512229

Fiscal Year Beginning

07/01/2021

Entity Address

One E iot Way

Manchester, NH 03103

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

<http://www.eiothospita.org>

Chief Executive Officer (first, last name)

First Name	Last Name
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W. Gregory	Baxter
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Phone Type	Number	Extension
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Business	[REDACTED]	
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Email

[REDACTED]

Board Chair (first, last name)

First Name	Last Name
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Dan	Monfried
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Phone Type	Number	Extension
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Business	[REDACTED]	
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Email

[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Ke i	Rafferty	
Title		
Executive Director of Philanthropy & Community Engagement		
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)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
E iot Hospita	02-0232673	2927
E iot Professiona Services Network, Inc	33-1003630	11426
E iot Physician Network	02-0509589	12402
Mary & John E iot Charitab e Foundation	02-0512229	12351
VNA of Manchester & Southern NH, Inc	02-0395296	2924
VNA Home Hea th & Hospice, Inc	02-0222241	2927
VNA Persona Services, Inc	02-0395295	2929

Section 2: Mission & Community Served

1. Mission Statement

E iot Hea th System strives to: INSPIRE we ness, HEAL our patients and SERVE with compassion in every interaction.

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 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 inc ude information from the drop down lists and narrative fie d as app icab e 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

- Hi sborough
- Merrimack
- Rockingham

Please select service area municipalities (NH), if applicable

AMHERST
AUBURN
ALLENSTOWN
BEDFORD
CANDIA
DEERFIELD
DERRY
LONDONDERRY
DUNBARTON
GOFFSTOWN
HOOKSETT
LITCHFIELD
MANCHESTER
MERRIMACK
NEW BOSTON
RAYMOND
WEARE

Service Population Description

<Serve the general population>

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

[Manchester-Community-Health-Needs-Assessment-2022.pdf - 12/18/2022 10:43 AM](#)

Comment

This is the newest 2022 released on November 2022. This new assessment will inform work FY23, FY24 and FY25

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 1)

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.

- A1: Community Health Education
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A6: Community Needs/Asset Assessment
- A7: Other Community Benefit Operations
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- C1: Emergency and Trauma Services
- C2: Neonatal Intensive Care (if subsidized)
- C3: Hospital Outpatient Services
- C4: Burn Units
- C5: Women's and Children's Services
- C8: Behavioral Health Services
- C9: Palliative Care
- C10: Other Subsidized Health Services
- D1: Clinical Research
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F3: Support Systems Enhancement

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

Key clinical services to support the complex health needs of greater Manchester, strong focus on SUD and Behavioral Health services, advanced Trauma and NICU services, community support and partnerships to addressing key SoDH in southern NH. Focus on addressing food security within the community and specifically within Eliot at our cancer center.

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 (\$)

682452773

(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	41366093	239416120	-198050027	-29%	372416120

(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	261070337	59532930	201537407	29.5%	201537407

(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	302436430	298949050	3487380	0.5%	573953527

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	12434	233548	8068	225480	0%	225480

(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	276065	0	276065	0%	276065

(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	52713380	14866160	37847220	5.5%	37847220

(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	24875	0	24875	0%	24875

(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	2937451	0	2937451	0.4%	3000000

(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	12434	56185319	14874228	41311091	6.1%	41373640

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	12434	358621749	313823278	44798471	6.6%	\$615327167

Section 5: Community Building Activities

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

682452773

(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	123012	0	123012	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	123012	0	123012	0%

Section 6: Medicare

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

179883190

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

248514210

3. Medicare surplus (shortfall)

\$-68631020

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:

NONE PROVIDED

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

1778641002

2. Net operating costs (\$)

682452773

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

2.606

Unreimbursed Community Benefit Costs

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

3487380

5. Other Community Benefit Costs (\$)

41311091

6. Community Building Activities (\$)

123012

7. Total Unreimbursed Community Benefit Expenses (\$)

44921483

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

6.58%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

-\$68631020

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
Amoskeag Health	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	No	Yes
Catholic Medical Center	Yes	Yes	Yes	Yes
Families in Transition (FIT)	Yes	Yes	No	Yes
Dartmouth Health	Yes	Yes	Yes	Yes
City of Manchester - Manchester Public School	Yes	Yes	Yes	Yes
City of Manchester - Office of Mayor	Yes	Yes	Yes	Yes
Elliot Health System	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	No	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	Yes	Yes
City of Manchester - Public Health Department	Yes	Yes	Yes	Yes
Neighborworks of Southern NH	Yes	Yes	Yes	Yes
Makin' It Happen	Yes	Yes	Yes	Yes

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

Data are drawn from national, state, and local sources, each offering different levels of geographic comparison. When possible, the data are drilled down to the neighborhood level using census tract maps.

This report was developed by the City of Manchester Health Department, which serves as the chief strategist for health-and- wellness-related issues for the Greater Manchester Public Health Region, in partnership with Catholic Medical Center, Dartmouth Health, and Elliot Health System.

This report was produced with funding from the three health systems. Technical assistance was provided by JSI Research and Training Institute (JSI) in Bow, New Hampshire, in the collection and summary of Key Informant Interviews and Resident Surveys to provide resident input on major issues facing the Greater Manchester Region.

Twenty (20) readers and 204 residents provided their perspectives on health and wellness in Manchester.

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.

Yes

Section 10: Certification

Electronic Signature

First Name

Kei

Last Name

Rafferty

Title

Executive Director of Philanthropy and Community Engagement

Email

[Redacted]

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
12/18/2022 10:43 AM	Manchester-Community-Health-Needs-Assessment-2022.pdf	Attachment	No	Kei Rafferty