

APPENDIX M-2

Listening Session Transcript

MASCOMA COMMUNITY HEALTHCARE, INC.

REPORT OF LISTENING SESSION– APRIL 1, 2023, 9:00 A.M.

A public Listening Session was held on Saturday, April 1, 2023, 9:00 a.m., at Mascoma Community Health Center, 18 Roberts Road, Canaan, New Hampshire. The purpose of this session was to inform community members in their service area of plans to collaborate with HealthFirst Family Care Centers, Inc. (HealthFirst), a non-profit primary medical care corporation, operating facilities in Franklin and Laconia, New Hampshire. Whereas each of HealthFirst's centers operate as a Federally Qualified Health Center (FQHC) and Mascoma Community Healthcare, Inc. (MCH) desires to become a FQHC, this collaboration will bring many enhanced medical services to the residents of the Mascoma River Valley.

The Listening Session began at 9:08 a.m., with both in-person and ZOOM participants attending. The start was delayed by the loss of ZOOM audio transmission. MCH Board Chair, Sandra Hayden, opened the session by welcoming all attendees and thanking the community for their support and generous donations totaling over \$1.5 million, which made the Canaan primary care center a success. With over 5,500 patients in just 5-1/2 years, overwhelming demand from members of Canaan and surrounding communities made MCH a medical and dental care success. Ms. Hayden stated that the purpose of this session was to review MCH's plans to collaborate with HealthFirst and to gather input and questions from the community at large. She advised that in accordance with rules of the New Hampshire Charitable Trust Foundation attendees were asked to register by signing their names and giving their address and that the format would include a presentation followed by a question/answer session to gain community insights.

Ms. Hayden stated that MCH was fortunate to have a multi-talented Board of Directors from diverse backgrounds, several of whom had been involved from concept, to planning and construction of the Canaan facility over the past 10 years. She asked the Board members to stand, introduce themselves and share some of their backgrounds with the audience. She then turned to the ZOOM attendees and introduced Russell Keene, CEO of HealthFirst and Ted Bolognani, CFO of HealthFirst. They were asked to say a few words and both spoke

enthusiastically about the planned collaboration with MCH and the process that was underway.

Mr. Keene, CEO, noted that HealthFirst's community-centric Mission is in tune with MCH's Mission. He assured the group that in order for the Canaan service to retain its input into local services, area residents would have representation on HealthFirst's Board of Directors as a result of the collaboration. He noted that, as with MCH, HealthFirst requires 51% of its Board members to be patients.

Mr. Bolognani, CFO, shared that as an FQHC Mascoma would have many advantages which it currently does not enjoy. Federal sponsorship and enhanced reimbursement rates allow for a much-improved balance sheet.

Ms. Hayden introduced MCH's Medical Director, Ben Gardner, M.D., who in turn introduced Sonja Blair and Sarah Patria, employees of MCH assisting with the logistics of the Listening Session. Following Dr. Gardner, Ms. Hayden introduced Dale Barney, a previous MCH Board member, who was the Moderator for ZOOM questions during this session.

Chuck Townsend, MCH Board Secretary, was introduced on ZOOM, and he mentioned that Alice Ely, of Public Health Services, was joining us as well. Ms. Hayden asked Corinne Morse, State Representative for the Canaan service area, to stand and be recognized.

Ms. Hayden turned to Mike Samson, MCH Interim CEO until collaboration is completed.

Mr. Samson reviewed the process being pursued with HealthFirst. (Please see attached Annual Report and the Summary of Mascoma Community Healthcare's plan for the future of becoming a FQHC. Mascoma Healthcare sent out 16,000 notices via advertisement, social media, listservs, flash emails to patients, as well as residents of towns in MCH's service area. He mentioned that an Employee Listening Session had previously been conducted by him for MCH office and clinical staff on March 29. He reiterated the need for names and contact information from attendees at this session for Probate Court and Department of Justice regulatory purposes. He reviewed the current MCH situation statement, the needs of MCH, prior attempts to meet the care needs in a sustainable

manner, other options considered, future plans for collaboration, as well as the impacts on MCH and HealthFirst.

Mr. Samson explained that it is critical for MCH to obtain the enhanced Medicaid and Medicare reimbursements, especially since 40% of MCH's patients are insured by those two coverages. Currently, Mascoma is reimbursed only one-third of the cost for services rendered to these patients. However, FQHCs receive the full reimbursement of costs. Annually, this would equate to between \$400,000 and \$500,000 under a FQHC program.

In the past several years, Mr. Samson explained that MCH had explored the possibility of an affiliation with Springfield Medical, Ammonoosuc Health, Mid-State Health and HealthFirst in hopes of becoming an FQHC. MCH considers HealthFirst the best fit.

He noted the advantages of such collaboration as providing long-term sustainability for the Canaan site, noting that there have been over 57,000 patient visits to MCH over the last six years. Mr. Samson said that MCH gains 50-60 new patients per month and is one of the very few primary care centers accepting new patients. He stated that MCH was forced to close its primary dental care program in July, 2020, when their dentist left and there was a lack of dental candidates for recruitment. At that time, there were 100 unfilled vacant positions for dentists according to the New Hampshire Dental Society. He hopes to reinstate dental services in the near future; hopefully, by September.

He also mentioned that HealthFirst is anxious to offer dental services in Franklin and Laconia, with MCH assisting with start-up of the project. In addition, MCH will hope to gain low-cost pharmacy services for low-income patients under a FQHC umbrella.

Mr. Samson mentioned that MCH is accountable to the community, with 51% of its Board members required to be patients. Mascoma treats all patients regardless of insurance coverage, maintains a sliding fee scale for needy patients and offers small employer plan discounts of 25% for services rendered. He corrected Ms. Hayden by stating that actually \$1.8 million – not \$1.5 million - had been raised in donations to MCH over the past ten years. The major benefactor prior to MCH's start-up was Mrs. Dorothy Byrne, who gave \$1 million. An additional 220 community members donated the remaining amount of money,

ranging from \$5 to \$200,000. At the community forums prior to opening, the public was asked what they would like to see in their health center. Mr. Samson believes that MCH has delivered on everything the community asked for initially, with the exception of behavioral health and pharmacy services. He noted that MCH does not write sufficient number of prescriptions to be able to provide a pharmacy in-house.

After the planned collaboration with HealthFirst, Mr. Samson stated that MCH will continue to own the building and equipment, leasing them to HealthFirst. He mentioned that collaboration will yield behavioral health, expanded patient educational programs, dietary and nutrition counseling, medically-assisted substance abuse treatment, and 340 (b) prescription plans for low-income patients. Since MCH and HealthFirst have similar missions, they will both maintain local accountability to patients in the Mascoma River Valley. He shared that providing care is likened to a 3-legged stool consisting of providers, patients and payors (typically employer group plans).

A dentist, Dr. Tom Duplinsky, who was affiliated with the Yale-New Haven University Dental School, recently relocated to Canaan. He reached out to Mr. Samson and has pledged to assist with the recruiting a dentist and helping to reinstate MCH's dental services. MCH will facilitate the opening of a dental practice in HealthFirst's two centers in Franklin and Laconia. Dr. Duplinsky stated that MCH's dental suite was the best public health dental suites he has seen and hopes to eventually see the facility add two additional dental chairs. That will mean hiring four new dental staff.

Mr. Samson addressed the impact of affiliation with HealthFirst, noting that they will immediately gain 5,500 new patients from MCH. HealthFirst recognizes the need for quality primary medical and dental care in a very needy area such as the Mascoma Valley. Also, Mr. Samson stated how staggeringly emotional it was for the MCH service area towns to have the advantage of dental cleaning, which many of the residents had never experienced. Adding dental primary care will be a huge benefit to HealthFirst's current Franklin and Laconia area communities, as well.

As for the impact to MCH of HealthFirst's collaboration, the many benefits of becoming a FQHC have been previously stated. In addition, the back-up of

professional expertise from HealthFirst clinicians, increased access to information technology, educational opportunities for rural health and wellness and long-term financial stability are valuable resources.

Mascoma Community Healthcare Inc.'s Vision Beyond 2023 includes ensuring the long-term continuity of care in MCH's service area and continued public advocacy. MCH will continue as a non-profit, seek local charitable gifts for support of programs in Mascoma Community Health Center, but on a reduced scale. Mascoma Community Healthcare will be able to create a capital reserve fund for future building needs and work for long-term collaboration with a well-established FQHC in HealthFirst.

Mr. Samson explained that the day-to-day operations of the facility will be handled by HealthFirst, although MCH will retain ownership of the building and equipment. He noted that previous attempts to become a FQHC had been thwarted: first, politics created a denial of MCH's first application and the COVID-19 pandemic prohibited an initial attempt to collaborate with HealthFirst in the following year. This third attempt at becoming a FQHC is hoped to bring collaboration with HealthFirst this summer.

QUESTION & ANSWER SESSION

53:48:22 (CLOCK TIME ON VIDEO) Dr. Dave Beaufait Question: This is a major change. Are there any risks? Are there any strings attached by the federal government when MCH becomes a FQHC?

Answer (Mike Samson): There is risk down the road if HealthFirst decides not to continue the MCH operation. If so, our health center must survive, so we've agreed in our leases with HealthFirst that we would take back the building and equipment. We would then look for another FQHC partner. But we wouldn't automatically become a FQHC. We may have to survive another year with losses until we can join with another FQHC. Finally, if the government decides to discontinue Medicare and Social Security, there is a huge risk.

57:43 18 Elizabeth McGean - Question: I see this as a non-profit start-up and with collaboration taking it to the next level and becoming strong. There is a large underserved population in our area, and I would like to get involved with this organization.

Answer (Mike Samson): Yes, and in my first meeting with Dr. Duplinsky, a local resident who recently semi-retired from Connecticut, that took four hours, he said that there was no rehabilitative pediatric dentistry in the area and that MCH should get involved with that – reach out to the schools. The difference in appearance that good dentistry can make in young people’s lives is rewarding. Children with decaying teeth or missing teeth have a definite stigma, which leads to problems with studies, social interactions, etc. The dream never changes – MCH strives to provide quality medical and dental care in our area. All of us should work in a symbiotic relationship to deliver such care. Many of the people who crowd the emergency rooms have no insurance or are underinsured.

1:02:22 Dr. David Beaufait - Question: The HealthFirst CEO mentioned regulation and the CFO mentioned financial matters. Would you talk more about the regulations.

Answer (Mike Samson): We must have the approval of the building lease, equipment lease and Operations Transition Agreement. These agreements must all be completed soon and we hope to have them done next week. In early May our collaboration proposal goes to the Governor’s Executive Council, which must approve guarantees for a backstop of \$500,000 for losses in the first year of operating MCH. Then, HRSA must approve the collaboration. We tried to become a fully approved FQHC in 2000 but the federal DHHS changed rules, and only one FQHC was approved in the Northeast. The second attempt was to become a new access point with HealthFirst, but Covid hit and the process stopped. Now, HealthFirst will seek approval from HRSA for a “Change of Scope” to allow HealthFirst to operate this facility as a FQHC. The USDA and several other approvals – other smaller creditors – are also required. In addition, the Probate Court and New Hampshire Charitable Trust must approve the collaboration. We hope to secure all of these approvals and anticipate an August 1st to September 1st start. Both MCH and HealthFirst have been consistently spending 20 to 30 hours per week in pursuit of the collaboration.

1:08:44 Alice Ely – Question: I was wondering if the opportunity to explore becoming a FQHC independently and splitting off eventually from HealthFirst is a possibility and can that be considered.

Answer (Mike Samson): MCH have always wanted to become an independent FQHC. That hasn't worked financially and the HealthFirst model does work. We don't want to undercut HealthFirst – we want to be supportive. Multiple health centers operating under one organization, such as North Star Health in Vermont, is an accepted model. – and could control the assets of MCH.

Answer (Peter Thurber, MCH Board): Mascoma couldn't move forward until after HealthFirst had abandoned MCH. We can't simultaneously apply for independent FQHC status once we are operating under a HealthFirst FQHC umbrella.

Answer (Louis Shelzi, Vice Chair, MCH Board): To meet FQHC status Mascoma Community Healthcare, Inc. would need to be in much better financial shape and we would likely not be able to consider applying on our own.

Answer (Mike Samson): We would need to find a new FQHC operator.

1:12:10 Comment from Dr. Ben Gardner, MCH Medical Director: The advantages of joining a larger organization such as HealthFirst are clear. Economies of scale in the area of purchasing equipment and supplies, financial stability, administrative support, professional collaboration, etc., are evident. If you call an organization such as Dartmouth Health, they never answer the phone! HealthFirst offers an outstanding opportunity to serve our patients better.

*Moderator recognizes Russell Keene, HealthFirst CEO...*Our objective is to assume MCH operations, moving in a seamless manner to allow MCHC to become a FQHC, with patients having no concerns. We offer stability financially and clinically and assume nothing will change in patient care. HealthFirst has a great sensitivity to its patients and to the culture of our service areas.

Moderator recognizes Ted Bolognani, HealthFirst CFO... I am going into my 12th year as CFO. When I joined HealthFirst, they were struggling with poor financial health. We took advantage of the 340 (b) drug plan and were able to purchase extremely low-cost drugs, dispensed to patients and reimbursed to HealthFirst. This was extremely beneficial and enabled increased cash flow and increased services to patients. As a FQHC, we were able to integrate other services such as psychotherapy, medically assisted addiction treatment, behavioral health, nutrition services beyond primary care services. It built up our balance sheet and

was very good for us financially. Our audit report is available if anyone wants to review it – just let Mike or Sandra know. We will bring all of this strength to MCH.

Mike Samson: I will post on our website MCH's Form 990s and our recent Audit report for full transparency.

1:18:13 Question – Karen Wolk: Can MCH patients visit the Franklin and Laconia facilities and will their health records be synchronized?

Answer – Russel Keene, HealthFirst CEO: We will reach an agreement on health records for MCH patients and re-establish MCH patients as HealthFirst patients. And, yes, MCH patients may visit either our Franklin or our Laconia locations also.

1:21:20 Question – Dr. David Beaufait: What computerized records are used at HealthFirst?

Answer – Ted Bolognani, HealthFirst CFO: We use Athena Health and are in the process of transferring to an upgraded Athena Health EMR (Electronic Medical Record) which will be used in our system.

1:22:03 Question – Robert West: I appreciate the Board and the staff at MCH, where I have received exceptional care. Thanks to Dr. Gardner and everyone in the facility. Is your billing outsourced? I have experienced delays in receipt of bills and wondered.

Answer – Mike Samson MCH Interim CEO: Our old billing was done by us in house and had better local communication. We now use Practice Management, which is the same billing firm used by HealthFirst. Prior to Practice Management, we experienced some huge delays in billings from another outsourced company. This was due to the lack of communication between the billing company and insurance companies. Granted, MCH has also had some problems but we believe they are all straightened out now.

Question – Dr. Stuart Lewis: It sounds like the MCH building is currently used by community groups. Who will schedule and control use of rooms in the future?

Answer – Mike Samson, MCH Interim CEO: Those decisions will be up to HealthFirst. Potential conflicts will be where that space could be better utilized to provide health services.

Moderator indicated that time was up.

Closing words by Mike Samson. On behalf of the Board, I want to thank the community members. Before we opened, we had upwards to 125 people gathered in meetinghouses to plan for our health center. This is the largest group we have had attend a meeting since we've been opened. Thank you to all for your questions and comments. 1:29:02.

Sandra Hayden thanked all who attended and those who were on Zoom and unable to attend in person.

The Listening Session ended at approximately 10:55 a.m.