

Exhibit 26

Community Benefits Report (July 31, 2023) - Catholic
Medical Center

Submission Complete

Form NHCT-31: Community Benefits Plan Report

Submission HPV-RSF6-XVG56 Revision 1 Form Version 1.6

Table of Contents

Table of Contents	1
Form NHCT-31: Community Benefits Plan Report	2
(Submission #: HPV-RSF6-XVG56, version 1)	2
Details	2
Form Input	2
Section 1: Entity Information	2
Section 2: Mission & Community Served	3
Section 3.1: Community Needs Assessment	4
Section 3.2: Community Needs Assessment (1 of 10)	4
Section 3.2: Community Needs Assessment (2 of 10)	4
Section 3.2: Community Needs Assessment (3 of 10)	5
Section 3.2: Community Needs Assessment (4 of 10)	5
Section 3.2: Community Needs Assessment (5 of 10)	5
Section 3.2: Community Needs Assessment (6 of 10)	6
Section 3.2: Community Needs Assessment (7 of 10)	6
Section 3.2: Community Needs Assessment (8 of 10)	7
Section 3.2: Community Needs Assessment (9 of 10)	7
Section 3.2: Community Needs Assessment (10 of 10)	7
Section 4: Community Benefit Activities	7
Section 5: Community Building Activities	9
Section 6: Medicare	11
Section 7: Summary Financial Measures	11
Section 8: Community Engagement in the Community Benefits Process	12
Section 9: Charity Care Compliance	12
Section 10: Certification	13
Attachments	13
Status History	13
Processing Steps	13

Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPV-RSF6-XVG56, version 1)

Details

Originally Started By Rossana Goding
Submitted 7/31/2023 (0 days ago) by Timothy Soucy
Submission ID HPV-RSF6-XVG56
Status Submitted

Form Input

Section 1: Entity Information

Entity Name
Catholic Medical Center

State Registration #
6268

Federal ID #
020315693

Fiscal Year Beginning
10/01/2021

Entity Address
100 McGregor Street
Manchester, NH 03102

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

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Alex	Walker	Business	6036636552	
Email carrie.perry@cmc-nh.org				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Timothy	Riley	Business	6036636552	
Email carrie.perry@cmc-nh.org				

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Timothy	Soucy	
Title		
Vice President, Mission Integration		
Phone Type	Number	Extension
Business	6036638709	
Email		
Timothy.soucy@cmc-nh.org		

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

The heart of Catholic Medical Center is to carry out Christ's healing ministry by offering health, healing, and hope to every individual who seeks our care.

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 field 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

Hillsborough
Merrimack
Rockingham

Please select service area municipalities (NH), if applicable

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

Service Population Description

The Greater Manchester HSA is again and increasing in diversity. While the 65+ age population continues to grow, the pediatric population will realize a slight decline over the next 5 years. The majority of racial diversity in the HSA is within the City of Manchester and the City of Manchester has a significantly higher percent of individuals and children living in poverty compared to the rest of the HSA. Poverty is associated with increased health risk behaviors, low educational attainment, unemployment, a lower self-reported quality of life, higher hospital admissions, lower use of preventative services and higher rates of chronic disease.

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 - 06/29/2023 02:27 PM](#)

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 10)

3. Area of Community Need / Concern

24. Substance Use

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.

C5: Women's and Children's Services

C7: Subsidized Continuing Care

E4: Resource Development Assistance

F7: Community Health Advocacy

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

None Provided

Section 3.2: Community Needs Assessment (2 of 10)

3. Area of Community Need / Concern

22. Access to Mental Health 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.

C7: Subsidized Continuing Care

F7: Community Health Advocacy

E1: Cash Donations

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

None Provided

Section 3.2: Community Needs Assessment (3 of 10)

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.

A1: Community Health Education

A3: Health Care Support Services

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

2.1: Medicaid

2.2: Other means-tested government programs

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

None Provided

Section 3.2: Community Needs Assessment (4 of 10)

3. Area of Community Need / Concern

4. Oral 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.

C3: Hospital Outpatient Services

C5: Women's and Children's Services

E1: Cash Donations

E4: Resource Development Assistance

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

None Provided

Section 3.2: Community Needs Assessment (5 of 10)

3. Area of Community Need / Concern

6. Heart Disease and Stroke

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
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- C3: Hospital Outpatient Services
- D1: Clinical Research
- 1: Financial Assistance
- 2.1: Medicaid
- 2.2: Other means-tested government programs

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

None Provided

Section 3.2: Community Needs Assessment (6 of 10)

3. Area of Community Need / Concern

30. Cultural / Language Barriers to 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.

- A3: Health Care Support Services
- C5: Women's and Children's Services
- 1: Financial Assistance
- F2: Economic development
- F3: Support Systems Enhancement
- F7: Community Health Advocacy

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

None Provided

Section 3.2: Community Needs Assessment (7 of 10)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

General Community Support

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.

- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- 1: Financial Assistance
- 2.1: Medicaid
- 2.3: Medicare

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

None Provided

Section 3.2: Community Needs Assessment (8 of 10)

3. Area of Community Need / Concern

32. Economic Development / Poverty

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.

A2: Community-Based Clinical Services

C3: Hospital Outpatient Services

C5: Women's and Children's Services

E4: Resource Development Assistance

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

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

None Provided

Section 3.2: Community Needs Assessment (9 of 10)

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.

A3: Health Care Support Services

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

None Provided

Section 3.2: Community Needs Assessment (10 of 10)

3. Area of Community Need / Concern

22. Access to Mental Health 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.

C7: Subsidized Continuing Care

F7: Community Health Advocacy

E1: Cash Donations

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

None Provided

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 (\$)

506241155

(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	4280038	0	4280038	0.8%	4344239

(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	70521592	40719224	29802368	5.9%	30249404

(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	74801630	40719224	34082406	6.7%	34593643

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	1740431	102019	1638412	0.3%	1662988

(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	1150337	0	1150337	0.2%	1167592

(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	6851410	3530746	3320664	0.7%	3370474

(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	6624	488	6136	0%	6228

(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	718855	0	718855	0.1%	729638

(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	NaN	10467657	3633253	6834404	1.4%	6936920

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	NaN	85269287	44352477	40916810	8.1%	\$41530563

Section 5: Community Building Activities

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

506241155

(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	595	0	595	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	42979	0	42979	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	37391	0	37391	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	NaN	80965	0	80965	0%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)
106380385

2. Medicare allowable costs of care relating to payments specified above (\$)
149838814

3. Medicare surplus (shortfall)
\$-43458429

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 (\$)
1638537930

2. Net operating costs (\$)
506241155

3. Ratio of gross receipts from operations to net operating costs
3.237

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs (\$)
34082406

5. Other Community Benefit Costs (\$)
6834404

6. Community Building Activities (\$)
80965

7. Total Unreimbursed Community Benefit Expenses (\$)
40997775

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

8.1%

Other Community Benefits (optional)

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

4031135

2. Medicare Shortfall (\$)

\$-43458429

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
BiState	Yes	No	No	No
CMC Leadership	Yes	Yes	Yes	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	No
NH Cancer Collaborative	Yes	No	No	No
NHDHHS	Yes	Yes	Yes	No
Granite United Way	Yes	Yes	No	No
Foundation for Healthy Communities	Yes	No	No	No
Manchester School District	Yes	Yes	No	No
Health Care for the Homeless	Yes	Yes	Yes	No
Manchester City Welfare Department	Yes	No	No	No
Amoskeag Family Health	Yes	Yes	Yes	No
Waypoint	Yes	Yes	No	No
Community Leader Interviews	Yes	No	No	No
Resident Leader Interviews	Yes	No	No	No

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

The report utilizes various data elements as tracked and monitored by the Manchester Health Department, as well as other national data points. Focus groups were held to solicit information from residents and key leader interviews and were conducted with those in the public sector, community and health care sector.

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	Last Name
Timothy	Soucy
Title	
Vice President -Mission Integration	
Email	
timothy.soucy@cmc-nh.org	

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
6/29/2023 2:27 PM	Manchester-Community-Health-Needs-Assessment-2022.pdf	Attachment	No	Rossana Goding

Status History

	User	Processing Status
6/29/2023 2:08:13 PM	Rossana Goding	Draft
7/31/2023 3:54:09 PM	Timothy Soucy	Submitting
7/31/2023 3:54:21 PM	Timothy Soucy	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Timothy Soucy	7/31/2023 3:54:21 PM