

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2015, FY 2016

*to be filed with:*

Office of the Attorney General  
Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-6397  
603-271-3591

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name Catholic Medical Center**

**Street Address 100 McGregor Street**

**City Manchester County 06 - Hillsborough State NH Zip Code 3102**

**Federal ID # 20315693 State Registration # 6268**

**Website Address: [www.catholicmedicalcenter.org](http://www.catholicmedicalcenter.org)**

Is the organization's community benefit plan on the organization's website? Yes

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

No IF YES, please attach the updated information.

<b>Chief Executive:</b>	Joseph Pepe, President & CEO	6036636552	
	Joe.Pepe@CMC-NH.org		
<b>Board Chair:</b>	Maria C. Mongan	6036636552	Dorothy.Welsh@CMC-
			NH.org
<b>Community Benefits Plan Contact:</b>	Paul Mertzic	6036638709	Paul.Mertzic@CMC-
			NH.org

Is this report being filed on behalf of more than one health care charitable trust? No

**IF YES**, please complete a copy of this page for each individual organization included in this filing.

## **Section 2: MISSION & COMMUNITY SERVED**

Mission Statement: The heart of Catholic Medical Center is to provide health, healing and hope in a manner that offers innovative high quality services, compassion, and respect for the human dignity of every individual who seeks or needs our care as part of Christ's healing ministry through the Catholic Church.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

Catholic Medical Center defines its primary service area as the towns and cities of Allenstown, Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Manchester, and New Boston. In addition, Catholic Medical Center includes the towns of Amherst, Bow, Chester, Derry, Londonderry, Merrimack, Raymond and Weare in its secondary service area.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Catholic Medical Center is a not for profit, tax exempt licensed 330 bed full service hospital with an affiliated medical staff of approximately 500 physicians serving the residents of the greater Manchester area and throughout New Hampshire. We serve as a sophisticated acute care hospital providing high-quality, cost-effective services, delivered in a caring and personal manner. Along with the sophisticated clinical quality and leading edge medical technology, Catholic Medical Center provides vital programs and services to meet the needs of our community's most vulnerable, and the health needs of our region overall.

Catholic Medical Center has a lengthy heritage of services and programs that are of benefit to the community, with a particular emphasis on those most in need. Catholic Medical Center's programs are designed to improve the health status of community residents through community education programs, nurse consultations, screenings, and wellness programs. It is the home of Poisson Dental Facility, The Pregnancy Care Center; Healthcare for the Homeless, the Parish Nurse Program, Medication Assistance Program, Natural Family Planning, Emergency Room services and the Breast & Cervical Cancer Screening Program. In addition, Catholic Medical Center has the Special Care Nursery which is a state-of-the-art neonatal facility designed to meet the distinct needs of our babies and their families. Catholic Medical Center is a long-time supporter and provider of community based programs designed to care for the uninsured, the disenfranchised and the poor.

The population of the Greater Manchester HSA is changing. The HSA is aging and becoming a more diverse population, with residents reflecting a variety of nationalities, languages, ethnic traditions, religious beliefs, and ideologies.

The 65+ population within the HSA is projected to realize a 22% growth through 2019, and many other towns within the HSA will experience over 30% growth in the 65+ age group. Unlike the increase in the 65+ population, the pediatric population (ages 0-17) within the

Greater Manchester HSA (excluding the City of Manchester) is projected to realize a slight decline over the next five years. In contrast to the HSA, the City of Manchester's pediatric population is projected to realize an increase of about 2%.

As stated above, the HSA is becoming a more diverse population, with residents reflecting a variety of nationalities, languages, ethnic traditions, religious beliefs, and ideologies. Manchester continues to welcome refugees into the city. Since 2008, Manchester has welcomed over 1,500 refugees. The majority of racial diversity in the Greater Manchester HSA is within the city of Manchester, as the city has nearly 86% of the minority population of the HSA residing within its boundaries.

One outcome of the increase in refugees over the past seven years is that 80 languages are now spoken in the Manchester school system. Over the past five years an average of 1,800 students in the Manchester school system are considered to have Limited English Proficiency (LEP).

The City of Manchester also has a significantly higher percent of individuals and families living below poverty, 14.3% and 10.8%, respectively, than other towns in the HSA and the state. Since poverty is highly associated with increased health risk behaviors, low educational attainment, poor health status, unemployment, and a lower self-reported quality of life, this is important to understanding the community we serve.

Low socioeconomic status for youth is associated with higher hospital admission rates, lower utilization of preventive services, and higher rates of chronic disease. A measurement to assess youth poverty is the number of students enrolled in free or reduced meal plans in schools. Fifty-seven percent(7,300) of Manchester students are enrolled in the free and reduced meal plans. This is significantly higher than the state of New Hampshire.

Homeless children have a higher risk of health conditions than those with a stable home. During the 2011–2012 school years the Manchester School District identified 1,115 students who were homeless, representing more than 7% of the total student population.

**Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2016 *(Please attach a copy of the needs assessment if completed in the past year)*

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

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	400
2	122
3	503
4	600
5	102
6	520
7	420
8	501
9	121

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	300
B	330
C	305
D	340
E	321
F	
G	

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	7 6 A	\$746,945.00	\$769,353.00
<i>Community-based Clinical Services</i>	3 4 --	\$397,310.00	\$409,229.00
<i>Health Care Support Services</i>	4 6 A	\$945,575.00	\$973,942.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	A 8 E	\$398,505.00	\$410,460.00
<i>Intern/Residency Education</i>	A 8 E	\$866,209.00	\$892,195.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		\$0.00
<i>Other:</i>	-- -- --		\$0.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Outpatient Svcs</i>	9 3 A	\$2,517,696.00	\$2,593,227.00
<i>Type of Service: Women's &amp; Children's Svcs</i>	3 6 1	\$1,325,692.00	\$1,365,463.00
<i>Type of Service: Homelessness</i>	-- -- --	\$0.00	\$0.00
<i>Type of Service: WSNHC</i>	-- -- --	\$206,762.00	\$0.00
<i>Type of Service:</i>	2 1 --	\$386,778.00	\$398,381.00

<i>Continuing Care BH Svcs</i>			
--------------------------------	--	--	--

<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	B 3 --	\$49,143.00	\$50,617.00
<i>Community Health Research</i>	-- -- --	\$0.00	\$0.00
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	2 E 9	\$65,123.00	\$67,077.00
<i>Grants</i>	-- -- --	\$0.00	\$0.00
<i>In-Kind Assistance</i>	4 -- --	\$38,693.00	\$39,854.00
<i>Resource Development Assistance</i>	3 1 9	\$450,684.00	\$464,205.00

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	6 -- --	\$7,435.00	\$7,658.00
<i>Economic Development</i>	-- -- --	\$0.00	\$0.00
<i>Support Systems Enhancement</i>	6 -- --	\$55,843.00	\$57,518.00
<i>Environmental Improvements</i>	-- -- --	\$0.00	\$0.00
<i>Leadership Development; Training for Community Members</i>	-- -- --	\$0.00	\$0.00
<i>Coalition Building</i>	-- -- --	\$0.00	\$0.00
<i>Community Health Advocacy</i>	2 1 6	\$71,487.00	\$73,632.00

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	-- -- --	\$58,412.00	\$60,164.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$30,273.00	\$31,181.00
<i>Other Operations</i>	-- -- --	\$5,697.00	\$5,868.00

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	3 A --	\$3,600,559.00	\$3,708,576.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	8 A 4	\$32,242,871.00	\$33,210,157.00
<i>Medicaid Costs exceeding reimbursement</i>	3 A 4	\$19,900,859.00	\$20,497,885.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --	\$0.00	\$0.00

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$1,057,880,936.00
<i>Net Revenue from Patient Services</i>	\$355,008,107.00
<i>Total Operating Expenses</i>	\$333,838,484.00
<i>Net Medicare Revenue</i>	\$110,450,185.00
<i>Medicare Costs</i>	\$142,693,056.00
<i>Net Medicaid Revenue</i>	\$29,141,879.00
<i>Medicaid Costs</i>	\$49,042,738.00
<i>Unreimbursed Charity Care Expenses</i>	\$3,600,559.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$8,624,262.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$64,368,551.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$1,575,628.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$65,944,179.00

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Bi-State Primary Care Association/HCH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) CMC Senior Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) Mental Health Center of Greater Manchester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) New Horizons for New Hampshire/Angie's Shelter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Comprehensive NH Cancer Collaborative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Dartmouth Hitchcock Manchester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) NH Department of Health & Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Easter Seals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Elliot Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Families in Transition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Granite United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Foundations for Healthy Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Manchester School Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Homeless Advisory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15) International Institute of New Hampshire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16) Manchester City Welfare Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Manchester Community Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Manchester Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19) Community Leaders Interviews (Auburn, Bedford, Deerfield, Goffstown, Hooksett, New Boston, Manchester)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): Interviews

**Section 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### **List of Potential Community Needs for Use on Section 3**

#### *100 - Access to Care; General*

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

#### *200 - Maternal & Child Health; General*

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

#### *300 - Chronic Disease – Prevention and Care; General*

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

#### *360 - Infectious Disease – Prevention and Care; General*

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

*370 - Mental Health/Psychiatric Disorders – Prevention and Care; General*

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

*400 - Substance Use; Lifestyle Issues*

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

*500 – Socioeconomic Issues; General*

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

*520 - Community Safety & Injury; General*

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality  
534 - Water Quality

*600 - Community Supports; General*

601 - Transportation Services  
602 - Information & Referral Services  
603 - Senior Services  
604 - Prescription Assistance  
605 - Medical Interpretation  
606 - Services for Physical & Developmental Disabilities  
607 - Housing Assistance  
608 - Fuel Assistance  
609 - Food Assistance  
610 - Child Care Assistance  
611 - Respite Care

999 – Other Community Need