

Form NHCT-31: Community Benefits Plan Report



Submission HQ4-N1GC-846F4 Revision 1 Form Version 1.7

Review

This step allows you to review the form to confirm the form is populated completely and accurately, prior to certification and submission.

Please note: Any work you perform filling out a form will not be accessible by the State of New Hampshire staff. In order to complete the submission of the form, you will need to click the 'Certify & Submit' button at the bottom of the page. At the time of submission, it will be securely transmitted to the State of New Hampshire agency that manages the form.

SECTION 1: ENTITY INFORMATION

Entity Name

Catholic Medical Center

State Registration #

6268

Federal ID #

020315693

Fiscal Year Beginning

10/01/2022

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
Alex	Walker

Phone Type	Phone Number	Ext.
Business	6036636552	<i>None Specified</i>

Email
eleanor.laliberte@cmc-nh.org

Board Chair (first, last name)

First Name	Last Name
Timothy	Riley

Phone Type	Phone Number	Ext.
Business	6036636552	<i>None Specified</i>

Email
eleanor.laliberte@cmc-nh.org

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Timothy	Soucy

Title
Vice President, Mission Integratioin

Phone Type	Phone Number	Ext.
Business	603 663 8709	<i>None Specified</i>

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)?

No

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-1)?

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 HAS is aging and becoming more diverse, with residents reflecting a variety of nationalities, languages and ideologies. Unlike the increases in 65+ aging population, the pediatric population with the HSA is projected to realize a slight decline over the next five years. The majority of racial diversity in the HSA is within the City of Manchester.. The City of Manchester also has a significantly higher percent of individuals and children living below poverty, than other towns in the HSA. Poverty is associated with increased health risk behaviors, low educational attainment, unemployment, a lower self-reported quality of life, higher hospital admission rates, lower utilization of preventive 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

Confidential

No

Comment

None Specified

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

Yes

SECTION 3.2: COMMUNITY NEEDS ASSESSMENT

Please use this section of the report to indicate community needs and concerns identified by your community needs assessment or by other methods. For each area of need, please indicate if it is addressed in your community benefit plan. If so, please select the applicable community benefit category or categories.

Community benefit categories are organized according to the topic list below. The drop down box displays subcategory options within most of these higher level categories. Please refer to the Community Benefit Reporting Guide for additional description of these categories and subcategories. You may also choose to provide a brief narrative description of each community benefit activity.

For each additional area of need, select either ?Add New Section? or ?Duplicate Section? at the bottom to create additional rows for entering information on that need. Continue in this manner until complete.

Community Benefit Categories

Category 1: Financial Assistance

Category 2: Government Sponsored Health Care

Category 3: Community Benefit Services

A. Community Health Improvement Services and Community Benefit Operations

B. Health Professions Education

C. Subsidized Health Services

D. Research

E. Financial Contributions

F. Community Building Activities

1

Section 3.2: Community Needs Assessment

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

F7: Community Health Advocacy

C7: Subsidized Continuing Care

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

None Provided

2

Section 3.2: Community Needs Assessment

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

C5: Women's and Children's Services

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

None Provided

3

Section 3.2: Community Needs Assessment

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.

C5: Women's and Children's Services

E1: Cash Donations

C3: Hospital Outpatient Services

E4: Resource Development Assistance

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

None Provided

4

Section 3.2: Community Needs Assessment

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

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Section 3.2: Community Needs Assessment

3. Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

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

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

None Provided

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Section 3.2: Community Needs Assessment

3. Area of Community Need / Concern

33. Affordable Housing

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.

F7: Community Health Advocacy

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

None Specified

Section 3.2: Community Needs Assessment

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

8

Section 3.2: Community Needs Assessment

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

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

None Provided

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Section 3.2: Community Needs Assessment

Loading Content

Section 3.2: Community Needs Assessment

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Section 3.2: Community Needs Assessment

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Section 3.2: Community Needs Assessment

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.

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 (\$)

515914267

(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 (\$)
0	0	5802267	0.00	5802267	1.1%	5889301

(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 (\$)
0	0	68068366	42100006	25968360	5%	26357885

(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 (\$)
0	0	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	73870633	42100006	31770627	6.2%	32247186

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 (\$)
0	0	1876539	75778	1800761	0.3%	1827772

(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 (\$)
0	0	1230581	0	1230581	0.2%	1249040

(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 (\$)
0	0	8954271	4884899	4069372	0.8%	4130413

(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 (\$)
0	0	6964	488	6476	0%	653

(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 (\$)
0	0	608636	9867	598769	0.1%	607751

(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	12676991	4971032	7705959	1.5%	7815629

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	86547624	47071038	39476586	7.7%	\$40062815

SECTION 5: COMMUNITY BUILDING ACTIVITIES

Complete this table if the organization conducted community building activities during the reporting year. Information provided on this table should align with the information provided in Section 3.2: Community Needs Assessment with respect to Community Benefit Subcategories F1 to F7 (Community Building Activities).

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

515914267

(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 (%)
0	0	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 (%)
0	0	5720	0	5720	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 (%)
0	0	52312	0	52312	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 (%)
0	0	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 (%)
0	0	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 (%)
0	0	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 (%)
0	0	31505	0	31505	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 (%)
0	0	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 (%)
0	0	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	89537	0	89537	0%

SECTION 6: MEDICARE

This section is optional. Medicare shortfall is generally not counted in the total Community Benefit.

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

97736107

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

147172424

3. Medicare surplus (shortfall)

\$-49436317

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

Financial Information for Most Recent Fiscal Year

1. Gross Receipts from Operations (\$)

1797040453

2. Net operating costs (\$)

515914267

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

3.483

Unreimbursed Community Benefit Costs

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

31770627

5. Other Community Benefit Costs (\$)

7705959

6. Community Building Activities (\$)

89537

7. Total Unreimbursed Community Benefit Expenses (\$)

39566123

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

7.67%

Other Community Benefits (optional)

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

2499450

2. Medicare Shortfall (\$)

\$-49436317

SECTION 8: COMMUNITY ENGAGEMENT IN THE COMMUNITY BENEFITS PROCESS

Please list the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community needs assessment and community benefit planning process. Use the check boxes to indicate the role of each in the process. Select "Add Row" to complete additional entries as needed.

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
The Mental Health Center of Greater Manchester	Yes	Yes	Yes	No
New Horizons of NH Inc	Yes	Yes	Yes	Yes
Dartmouth Hitchcock	Yes	Yes	No	No
NHDHHS	Yes	Yes	Yes	No
Easter Seals	Yes	No	No	No
Granite United Way	Yes	Yes	No	No
City of Manchester Welfare Department	Yes	No	No	No
Amoskeag Health	Yes	Yes	Yes	Yes
Community Leader Interviews	Yes	No	No	No
Resident Leader Interviews	Yes	No	No	No
Waypoint	Yes	Yes	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

Please provide information on the charity care policies and procedures of your organization according to the following characteristics.

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

I hereby certify that the information above is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 341:8.

Please note: You will have an opportunity to review and print your complete report in the next section. You will then have an opportunity to make any necessary edits before the final submission step in the last section.

Electronic Signature

First Name **Last Name**

Timothy Soucy

Title

Vice President - Mission Integration

Email

timothy.soucy@cmc-nh.org

NHCT-31 (September 2022)

Submission Complete

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