



# Community *Benefit* Report

2016 OVERVIEW OF HOSPITAL ACTIVITIES





IN 2015, NH NON-PROFIT COMMUNITY HOSPITALS PROVIDED **OVER \$540 MILLION** **DOLLARS** IN COMMUNITY BENEFITS.

# EXECUTIVE SUMMARY



Every day, New Hampshire hospitals go above and beyond their mission of delivering high quality, affordable healthcare to their patients.

As the healthcare delivery system changes to a model that focuses on population health, hospitals are expanding their community benefit strategies to address the social determinants of health and investing in broader community health initiatives so that they can better meet the needs of their patients, either inside the hospital or even beyond the walls of their institutions.

Hospitals support their communities by delivering high quality healthcare, serving as economic engines, and by providing health education, resources and programs to keep their communities healthy. To do this successfully, hospitals work collaboratively with a variety of partners to assess the health of their community, identify the most pressing health needs, and develop community benefit implementation plans to address those needs.

To their communities, the Blue and White H promises health, healing and hope when it's needed most, and New Hampshire hospitals remain committed to caring for their communities and ensuring access to quality, compassionate care. Through their uncompensated care, health education, and community programs and services, New Hampshire hospitals provided more than \$540 million in community benefits in 2015 to improve the health and well-being of their communities.

This report provides a statewide summary of the community health needs identified and community benefit activities conducted by New Hampshire hospitals as reported to the NH Attorney General's Division of Charitable Trusts and the US Internal Revenue Service (IRS 990, Schedule H) in 2016. We thank them for the tremendous dedication and service they provide to the patients and communities who depend on them.

## NH NON-PROFIT HOSPITALS

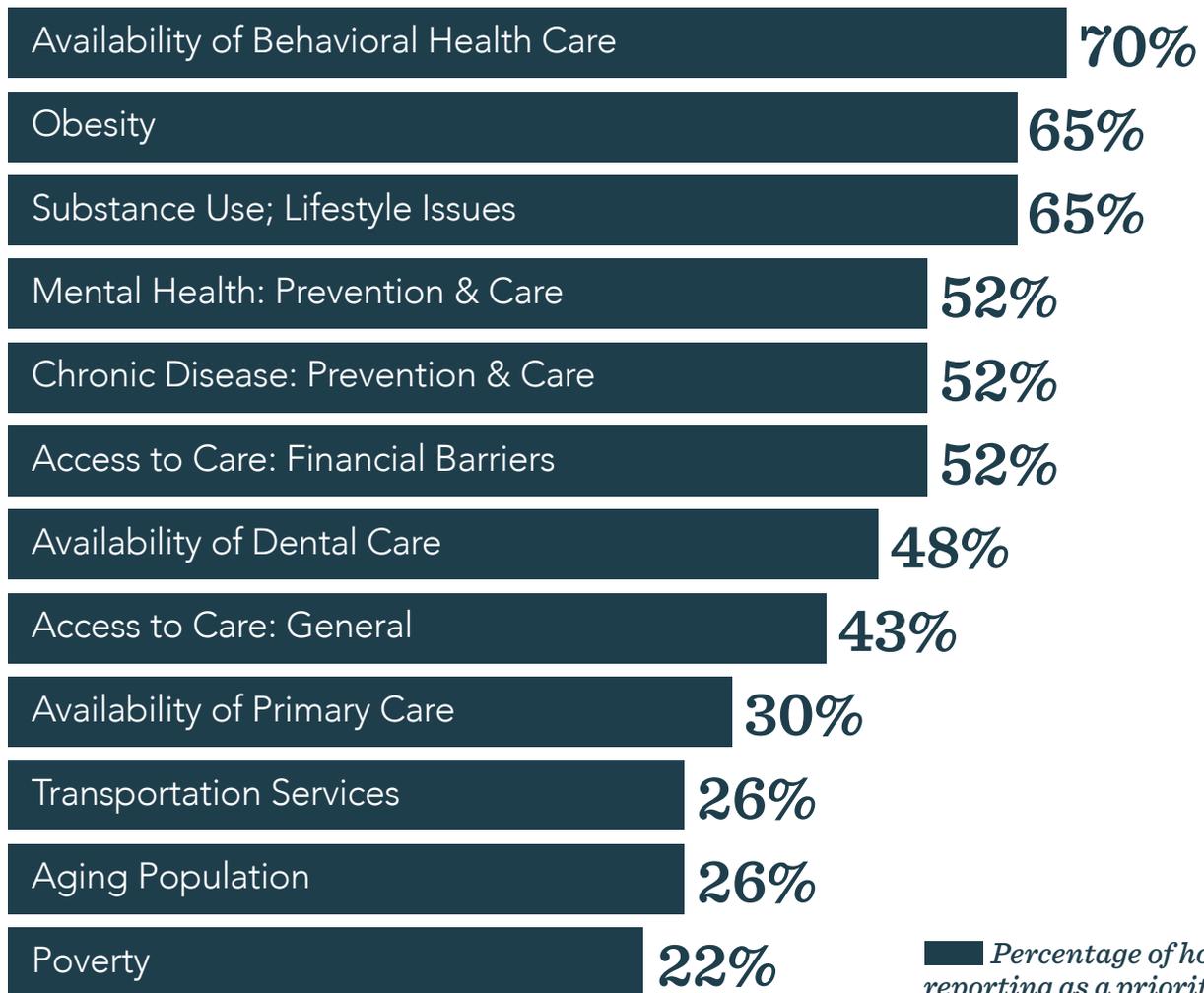
- ALICE PECK DAY MEMORIAL HOSPITAL
- ANDROSCOGGIN VALLEY HOSPITAL
- CATHOLIC MEDICAL CENTER
- CHESHIRE MEDICAL CENTER
- CONCORD HOSPITAL
- COTTAGE HOSPITAL
- ELLIOT HOSPITAL
- EXETER HOSPITAL
- FRANKLIN REGIONAL HOSPITAL
- FRISBIE MEMORIAL HOSPITAL
- HUGGINS HOSPITAL
- LAKES REGION GENERAL HOSPITAL
- LITTLETON REGIONAL HOSPITAL
- DARTMOUTH-HITCHCOCK MEDICAL CENTER/  
MARY HITCHCOCK MEMORIAL HOSPITAL
- MEMORIAL HOSPITAL
- MONADNOCK COMMUNITY HOSPITAL
- NEW LONDON HOSPITAL
- SOUTHERN NH MEDICAL CENTER
- SPEARE MEMORIAL HOSPITAL
- ST. JOSEPH HOSPITAL
- UPPER CONNECTICUT VALLEY HOSPITAL
- VALLEY REGIONAL HOSPITAL
- WEEKS MEDICAL CENTER
- WENTWORTH-DOUGLASS HOSPITAL

*Community needs identified by all 24 non-profit NH community hospitals in 2016 and reported to the State of NH Attorney General's Division of Charitable Trusts. It does not include information from all health care trusts (e.g. community health centers, visiting nurse agencies, nursing homes, etc.).*

# COMMUNITY HEALTH NEEDS IN NH



TOP 12 **PRIORITY COMMUNITY NEEDS** IDENTIFIED BY NEW HAMPSHIRE NON-PROFIT HOSPITALS



■ Percentage of hospitals reporting as a priority need.

# VALUE OF COMMUNITY BENEFITS



TOTAL VALUE OF COMMUNITY BENEFITS REPORTED FOR 2015:

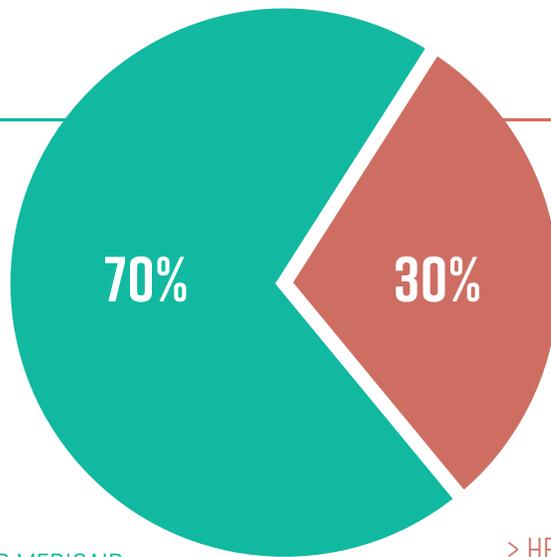
## \$540.2 MILLION

**\$377,302,662**

FINANCIAL ASSISTANCE TO ACCESS CARE

**\$162,975,728**

OTHER COMMUNITY BENEFITS



**INCLUDES:**

- \$318,986,575 > UNREIMBURSED MEDICAID
- \$57,734,942 > FINANCIAL ASSISTANCE AT COST
- \$581,145 > COSTS OF OTHER GOVERNMENT HEALTH PROGRAMS

**INCLUDES:**

- > COMMUNITY HEALTH IMPROVEMENT SERVICES
- > HEALTH PROFESSIONS EDUCATION
- > SUBSIDIZED HEALTH SERVICES
- > RESEARCH
- > CASH AND IN-KIND CONTRIBUTIONS

**Financial assistance to access care** (Unreimbursed Medicaid; Financial Assistance; Costs of Other Government Health Programs) accounted for \$377.3 million (70%) of total community benefits. Examining financial access to health care more closely identified nearly \$319 million in unreimbursed Medicaid costs and \$57.7 million

in direct financial assistance (e.g., charity care) at cost to low income persons. Costs of other government health programs for which patients qualify based on their income totaled just over \$581,000.

**Other community benefits** (Community Health Improvement Services; Health Professions

Education; Subsidized Health Services; Research; Cash and In-Kind Contributions) accounted for \$162.9 million (30%) provided in community benefits. Examples of expenditures include mobile medical vans; scholarships for health careers; cash grants to community agencies for work that supports community health, etc.



**\$92.7 MILLION**

HOSPITALS REPORTED \$92.7 MILLION  
IN SUBSIDIZED HEALTH SERVICES



These are expenditures to maintain essential community health services (subsidies to primary care practices in medically underserved areas, psychiatric services, etc.) that are not counted as direct financial assistance (e.g., charity care) or shortfalls from government insurance programs.



**\$1.5 BILLION**

MEDICARE COSTS TOTALED ALMOST \$1.5 BILLION  
AMONG THE 24 HOSPITALS IN THIS REPORT AND  
MEDICARE REVENUES ALMOST \$1.2 BILLION—  
RESULTING IN \$255 MILLION IN UNREIMBURSED  
MEDICARE COSTS.



Almost all hospitals reported a Medicare shortfall and these ranged from \$20,629 to \$54.4 million. The six hospitals who did not report a Medicare shortfall are designated as a Critical Access Hospitals.



# FIVE YEAR TRENDS 2011- 2015



**↑43%**

FINANCIAL ASSISTANCE FOR ACCESS TO HEALTH CARE INCREASED BY \$114 MILLION OR 43%.



**↑15%**

TOTAL OTHER COMMUNITY BENEFITS INCREASED \$21.3 MILLION OR 15%.



**↑33%**

TOTAL OVERALL VALUE OF ALL COMMUNITY BENEFITS INCREASED BY 33% TOTALING \$135.3 MILLION.



**↑26%**

MEDICARE SHORTFALLS (UNREIMBURSED MEDICARE COSTS) HAVE INCREASED BY 26% OR \$53 MILLION.

**+\$300 MILLION**

UNREIMBURSED MEDICAID COSTS INCREASED TO OVER \$300 MILLION IN 2015, DOUBLING SINCE 2011.

According to the American Hospital Association, New Hampshire has consistently ranked as having one of the lowest Medicaid reimbursement rates in the country.

# THIS RESOURCE



## ABOUT THE REPORT

Every year, the Foundation for Healthy Communities creates a statewide summary of the community benefit activities conducted by New Hampshire hospitals through their uncompensated care, health education and community programs and services. The Foundation for Healthy Communities is affiliated with the New Hampshire Hospital Association.

Since 2000, non-profit hospitals and other health care charitable trusts in NH are required to identify the priority health needs and concerns of their community based on a needs assessment and community engagement process. Hospitals in NH are required to conduct a Community Health Needs Assessment (CHNA) and report the results to the State of NH Office of the Attorney General Charitable Trusts Unit every five years (RSA 7:32-f). In addition, non-profit hospitals develop an implementation plan and file a Community Benefits Report annually that outlines how they have addressed these needs. The reporting form is based upon requirements of RSA 7:32c-l which requires health care charitable trusts to make their community benefits plan and report publicly available.

At the federal level, the Patient Protection and Affordable Care Act (ACA) initiated a new requirement in 2012 that requires non-profit hospitals to conduct a community health needs assessment every three years (Section 9007. IRS Code, 501r) and report to the Federal Government. Annually, NH non-profit hospitals are required to report community benefits on IRS Forms 990 and Schedule H.

The community benefits reported by the hospitals to both the State and Federal Governments are required to be in alignment with the community needs identified in the community health needs assessments. It is intended that the results of the community health needs assessment guide the hospitals in determining the activities to be included in their community benefits plans and implemented to improve the health of the community.

### State and Federal Requirements for Community Benefit Reporting:

#### > Community Health Needs Assessment (CHNA)

**State:** Every 5 years<sup>1</sup>; Needs identified made publicly available  
**Federal:** Every 3 years<sup>2</sup>; CHNA made widely available

#### > Development of an Implementation Plan based on CHNA

**State:** Annually; Plan made publicly available  
**Federal:** Annually; Plan made widely available

#### > Community Benefits Reporting

**State:** Annually to the State of NH Office of the Attorney General, Charitable Trusts Unit using the NH Community Benefits Reporting Form<sup>3</sup>; Report made publicly available  
**Federal:** Annually to the US Department of Treasury's Internal Revenue Service (IRS) using Form 990-Schedule H; Report made widely available

## ABOUT THE DATA

The Community Health Needs Assessment data in this 2016 Report includes the information submitted to the State of NH Office of the Attorney General Charitable Trusts Unit in 2016 by all 24 non-profit community hospitals as part of their Community Benefit Reporting requirement (*Franklin Regional Hospital and Lakes Region General Hospital are reported together in the Community Benefit Report by LRGHealthcare*). Since for-profit corporations are not subject to this State law, Portsmouth Regional Hospital and Parkland Medical Center (Derry) are not included in this report. The community benefit financial information included in this report was obtained from the US Department of Treasury's Internal Revenue Service (IRS) 990 and Schedule H forms for 2015.

## ABOUT US

The mission of the Foundation for Healthy Communities is to improve health and health care in communities through partnerships that engage individuals and organizations, and is an affiliated organization of the New Hampshire Hospital Association.

The New Hampshire Hospital Association provides leadership through advocacy, education and information in support of its member hospitals and health care delivery systems in delivering high quality health care to the patients and communities they serve.



Foundation *for*  
Healthy Communities