

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPX-8GZX-YBPPS, version 1)

## Details

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**Submitted** 12/27/2023 (0 days ago) by Rhonda Bernstein

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Amoskeag Health

**State Registration #**

809655

**Federal ID #**

02-0458174

**Fiscal Year Beginning**

07/01/2022

**Entity Address**

145 Hollis Street

Manchester, New Hampshire 03101

**Entity Website (must have a prefix such as "http://www.")**

<https://www.amoskeaghealth.org/>

**Chief Executive Officer (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Kris	<i>McCracken</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-626-9500	
<b>Email</b>		
kmccracken@amoskeaghealth.org		

**Board Chair (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Christian	<i>Scott</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-560-5318	
<b>Email</b>		
christianscott@kw.com		

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Diane	<i>Maheux</i>	
<b>Title</b>		
<i>Chief Financial Officer</i>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-626-9500	
<b>Email</b>		
dmaheux@amoskeaghealth.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

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all. We envision a healthy and vibrant community with strong families and a tight social fabric that ensures everyone has the tools they need to thrive and succeed. We believe in: 1) Promoting wellness and empowering patients through education; 2) Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy; 3) Providing exceptional, evidence-based and patient-centered care; and 4) removing barriers so that our patients achieve and maintain their best possible health.

### 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

### Please select service area municipalities (NH), if applicable

MANCHESTER

### Service Population Description

Amoskeag Health serves the general population.

## 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

2022 Greater Manchester Community Health Needs Assessment.pdf - 09/18/2023 11:32

AM

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 1)**

**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.**

A2: Community-Based Clinical Services

A1: Community Health Education

A3: Health Care Support Services

A4: Other Community Health Improvement Services

B2: Intern/Residency Education

C8: Behavioral Health Services

E1: Cash Donations

E3: In-Kind Assistance

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

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

As a community health center, we work across 5 physical locations, in 60+ languages, delivering integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, patients who are homebound, and children exposed to trauma. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff and volunteers and by developing partnerships with other organizations to ensure accessibility, availability, and affordability for all needs of our clients.

## **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**

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**Total Functional Expenses for the Reporting Year (\$)**

25589071

**(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	2604024	300000	2304024	9%	2000000

**(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	14421252	7087819	7333433	28.7%	7500000

**(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
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 (\$)
NONE PROVIDED	NONE PROVIDED	17025276	7387819	9637457	37.7%	9500000

### Community Benefit Services

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**(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	0	0	0	0%	0

**(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	9523	0	9523	0%	9000

**(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(8) Research (if using the optional Excel tool, refer to Worksheet 7)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	9523	0	9523	0%	9000

**Total**

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**(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 (\$)
NONE PROVIDED	NONE PROVIDED	17034799	7387819	9646980	37.7%	\$9509000

**Section 5: Community Building Activities**

**Total expense (\$; entered at top of Section 4)**  
25589071

**(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**



<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(3) Community support**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(4) Environmental improvements**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(5) Leadership development and training for community members**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(6) Coalition building**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	18236	0	18236	0.1%

**(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	20424	0	20424	0.1%

**(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**

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**(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 (%)
NONE PROVIDED	NONE PROVIDED	38660	0	38660	0.2%

**Section 6: Medicare**

**1. Total revenue received from Medicare (\$ -- including DSH and IME)**  
473333

**2. Medicare allowable costs of care relating to payments specified above (\$)**  
1247605

**3. Medicare surplus (shortfall)**

\$-774272

**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 (\$)**

15340085

**2. Net operating costs (\$)**

25589071

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

0.599

### **Unreimbursed Community Benefit Costs**

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

9637457

**5. Other Community Benefit Costs (\$)**

9523

**6. Community Building Activities (\$)**

38660

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

9685640

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

37.85%

### **Other Community Benefits (optional)**

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

NONE PROVIDED

**2. Medicare Shortfall (\$)**

\$-774272

## Section 8: Community Engagement in the Community Benefits Process

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### 1. Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Amoskeag Health	Yes	Yes	Yes	Yes
Catholic Medical Center	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes
NeighborWorks Southern NH	Yes	Yes	Yes	Yes
Dartmouth Health	Yes	Yes	Yes	Yes
Families in Transition	Yes	Yes	Yes	Yes
City of Manchester Health Department	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	Yes	Yes
Elliot Health Systems	Yes	Yes	Yes	Yes
City of Manchester, Office of Mayor Joyce Craig	Yes	Yes	Yes	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	Yes	Yes
Solutions Health	Yes	Yes	Yes	Yes

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

Amoskeag Health takes an active role in the Greater Manchester Regional Public Health Network. For the 2022 Greater Manchester Community Health Needs Assessment, Amoskeag Health worked in collaboration with the City of Manchester Health Department to assist in the distribution of questionnaires to our patients to solicit feedback on the needs demonstrated in our service area. Amoskeag Health also uses quarterly patient satisfaction surveys to gather patient feedback on a variety of questions and sends a post-visit survey to patients for which they can provide open ended feedback. This has greatly assisted our ability to understand the needs that our patients are experiencing. We also regularly complete individual patient assessments in the areas of social determinants of health which help us to better understand the challenge areas of our patients.

**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**  
Kris                      *McCracken*

**Title**  
*President/CEO*

**Email**  
kmccracken@amoskeaghealth.org

NHCT-31 (September 2022)

## Attachments

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Date	Attachment Name	Context	Confidential?	User
9/18/2023 11:32 AM	2022 Greater Manchester Community Health Needs Assessment.pdf	Attachment	No	Rhonda Bernstein

## Status History

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	User	Processing Status
8/29/2023 8:03:40 AM	Rhonda Bernstein	Draft
12/27/2023 3:49:32 PM	Rhonda Bernstein	Submitting
12/27/2023 3:49:48 PM	Rhonda Bernstein	Submitted

## Processing Steps

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Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Rhonda Bernstein	12/27/2023 3:49:48 PM