

Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPH-3HF2-MG67Z, version 1)

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Details

Alternate Identifier Catholic Medical Center

Submission ID HPH-3HF2-MG67Z

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2020

Organization Name

Catholic Medical Center

Street Address

100 McGregor Street
Manchester, NH 03102

Federal ID #

020315693

State Registration #

6268

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

<http://www.catholicmedicalcenter.org>

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

Yes

Chief Executive

First Name **Last Name**

Alex Walker

Phone Type **Number** **Extension**

Business 603 663 6552

Email

carrie.perry@cmc-nh.org

Board Chair

First Name **Last Name**

John Cronin

Phone Type **Number** **Extension**

Business 603 663 6552

Email

carrie.perry@cmc-nh.org

Community Benefits Plan Contact

First Name	Last Name	
Timothy	Soucy	
Title		
Senior Executive Director, Community Health & Mission		
Phone Type	Number	Extension
Business	603 663 8709	
Email		
Timothy.soucy@cmc-nh.org		

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served

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.

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.

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 aging and becoming more diverse, with residents reflecting a variety of nationalities, languages and ideologies. The 65+ population within the HSA is projected to realize a 22% growth through 2019. Unlike the increase in the 65+ population, the pediatric population within 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, as the city has nearly 86% of the minority population of the HSA residing within its boundaries. The City of Manchester also has a significantly higher percent of individuals and children living below poverty, 14.9% and 21.4%, respectively, 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

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)

2019

Please attach a copy of the needs assessment if completed in the past year

[GreaterManchesterCommunityNeedsHealthAssessment_2019.pdf - 04/21/2022 08:16 AM](#)

Comment

None Provided

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

Yes

Section 3.2: Community Needs Assessment (1 of 9)

Area of Community Need / Concern

24. Substance Use

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (2 of 9)

Area of Community Need / Concern

22. Access to Mental Health Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

C7: Subsidized Continuing Care

E1: Cash Donations

F7: Community Health Advocacy

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

None Provided

Section 3.2: Community Needs Assessment (3 of 9)

Area of Community Need / Concern

16. Aging Population / Senior Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (4 of 9)

Area of Community Need / Concern

4. Oral Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (5 of 9)

Area of Community Need / Concern

6. Heart Disease and Stroke

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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
- 2.3: Medicare

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

None Provided

Section 3.2: Community Needs Assessment (6 of 9)

Area of Community Need / Concern

30. Cultural / Language Barriers to Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (7 of 9)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

General Community Support

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (8 of 9)

Area of Community Need / Concern

32. Economic Development / Poverty

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

None Provided

Section 3.2: Community Needs Assessment (9 of 9)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A3: Health Care Support Services

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 (\$)

438684695

(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	4536863	0.00	4536863	1%	4604916

(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	61809311	43708521	18100790	4.1%	18372302

(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	66346174	43708521	22637653	5.2%	22977218

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	1784536	81261	1703275	0.4%	1728824

(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	1167342	0	1167342	0.3%	1184852

(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	9402892	3564073	5838819	1.3%	5926401

(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	9743	1719	8024	0%	8144

(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	591302	182290	409012	0.1%	415147

(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	12955815	3829343	9126472	2.1%	9263368

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	79301989	47537864	31764125	7.2%	\$32240586

Section 5: Community Building Activities**Total expense (\$; entered at top of Section 4)**

438684695

(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	0.00	0.00	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	2479	0.00	2479	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	28808	0.00	28808	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	0.00	0.00	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	0.00	0.00	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	0.00	0.00	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	40770	0.00	40770	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	2717	0.00	2717	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	0.00	0.00	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	74774	0	74774	0%

Section 6: Medicare**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

104489294

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

142636939

Medicare surplus (shortfall)

\$-38147645

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

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

Gross Receipts from Operations (\$)

1517392288

Net operating costs (\$)

438684695

Ratio of gross receipts from operations to net operating costs

3.459

Unreimbursed Community Benefit Costs

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

22637653

Other Community Benefit Costs (\$)

9126472

Community Building Activities (\$)

74774

Total Unreimbursed Community Benefit Expenses (\$)

31838899

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

7.26%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

5037357

Medicare Shortfall (\$)

\$-38147645

Section 8: Community Engagement in the Community Benefits Process

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 Senior Leadership	Yes	Yes	Yes	Yes

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
Mental Health Center of Greater Manchester	Yes	Yes	Yes	No
New Horizons of New Hampshire	Yes	Yes	Yes	Yes
NH Cancer Collaborative	Yes	No	No	No
Dartmouth Hitchcock	Yes	Yes	No	No
NH DHHS	Yes	Yes	Yes	No
Easter Seals	Yes	No	No	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
IIINH	Yes	Yes	No	No
Manchester City Welfare Department	Yes	No	No	No
Amoskeag Health	Yes	Yes	Yes	No
Community Leader Interviews	Yes	No	No	No
Resident Leader Interviews	Yes	No	No	No
Waypoint	Yes	Yes	No	No
Neighborworks	Yes	Yes	No	No

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

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Timothy

Last Name

Soucy

Title

Senior Executive Director, Community Health & Mission

Email

Timothy.soucy@cmc-nh.org

NHCT-31 (December 2020)