

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/2018, FY'19

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 03102

Federal ID # 20315693 State Registration # 6268

Website Address: 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.

Chief Executive:	Joseph Pepe	6036636552	JoePepe@cmc-nh.org
Board Chair:	John G Cronin	6036636552	Carrie.Perry@cmc-nh.org
Community Benefits			
Plan Contact:	Timothy Soucy	6036638709	Timothy.Soucy@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 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

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 Auburn, Bedford, Candia, Deerfield, Dunbarton, Goffstown, Hooksett, Londonderry, Manchester, and New Boston. In addition, Catholic Medical Center includes the towns of Amherst, Bow, Chester, Derry, Allenstown 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 collaborations, education programs, nurse/professional consultations, Health 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, Women's Wellness & Fertility Center, Emergency Room, Behavioral Health services and the Breast & Cervical Cancer Screening Program. In addition, Catholic Medical Center has the Roots for Recovery Program and 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, 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), including 1,968 in the 2018-2019 school year.

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 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.

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?

2019 *(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	501
5	121
6	102
7	300
8	520
9	600

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	420
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 4 A	\$776,919.00	\$784,688.00
<i>Community-based Clinical Services</i>	3 9 --	\$7,423.00	\$7,497.00
<i>Health Care Support Services</i>	9 4 8	\$813,093.00	\$821,224.00
<i>Other:</i>	-- -- --	\$0.00	\$0.00

<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>	7 4 E	\$448,867.00	\$453,356.00
<i>Intern/Residency Education</i>	7 4 E	\$675,419.00	\$682,173.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --	\$0.00	\$0.00
<i>Other:</i>	-- -- --	\$0.00	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: Hospital Outpatient Services</i>	5 3 7	\$3,933,564.00	\$3,972,900.00
<i>Type of Service: Women's & Childrens</i>	3 8 1	\$616,616.00	\$622,782.00
<i>Type of Service: Health Care for the Homeless</i>	6 7 3	\$480,142.00	\$484,943.00
<i>Type of Service: Continuing Care</i>	2 1 --	\$481,811.00	\$486,629.00
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	B 7 --	\$22,301.00	\$22,524.00
<i>Community Health Research</i>	-- -- --	\$0.00	\$0.00
<i>Other:</i>	-- -- --	\$0.00	\$0.00

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	2 E 5	\$26,435.00	\$26,699.00
<i>Grants</i>	-- -- --	\$0.00	\$0.00
<i>In-Kind Assistance</i>	8 9 --	\$5,675.00	\$5,732.00
<i>Resource Development Assistance</i>	3 1 5	\$400,019.00	\$404,019.00

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	8 -- --	\$300.00	\$303.00
<i>Economic Development</i>	8 -- --	\$8,366.00	\$8,450.00
<i>Support Systems Enhancement</i>	8 -- --	\$80,518.00	\$81,323.00
<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 8	\$63,638.00	64274.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	-- -- --	\$39,781.00	\$40,179.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$78,595.00	\$79,381.00
<i>Other Operations</i>	-- -- --	\$15,681.00	\$15,838.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	3 7 --	\$5,271,458.00	\$5,324,173.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	4 7 9	\$34,009,204.00	\$34,349,296.00
<i>Medicaid Costs exceeding reimbursement</i>	3 7 9	\$20,907,626.00	\$21,116,702.00
<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>	\$1,401,201,813.00
<i>Net Revenue from Patient Services</i>	\$428,511,924.00
<i>Total Operating Expenses</i>	\$429,879,512.00
<i>Net Medicare Revenue</i>	\$109,038,722.00
<i>Medicare Costs</i>	\$143,047,926.00
<i>Net Medicaid Revenue</i>	\$40,853,339.00
<i>Medicaid Costs</i>	\$61,760,965.00
<i>Unreimbursed Charity Care Expenses</i>	\$5,271,458.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$8,975,163.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$69,163,451.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$1,787,650.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$70,951,101.00

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 Association/HCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) CMC Senior Leadership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) The Mental Health Center of Greater Manchester	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) New Horizons of New Hampshire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5) Comprehensive NH Cancer Collaboration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Dartmouth Hitchcock Clinic	<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 District	<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 checked="" 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 Leader Interview (Auburn, Bedford, Deerfield, Goffstown, New Boston, Manchester).	<input checked="" type="checkbox"/>	<input 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):

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
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