Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPZ-XGB1-G5ZD2, version 1)

Details

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Form Input

Section 1: Entity Information

Entity Name
Exeter Hospital, Inc.

State Registration #
6273

Federal ID #
22-2674014

Fiscal Year Beginning
10/01/2022

Entity Address

5 Alumni Drive
Exeter, NH 03833

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

Chief Executive Officer (first, last name)

First Name	Last Name
Debra	*Cresta*

Phone Type	Number	Extension
Business	[redacted]	

Email
[redacted]

Board Chair (first, last name)

First Name	Last Name
Rob	*Eberle*

Phone Type	Number	Extension
Business	[redacted]	

Email
[redacted]

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Mark	*Whitney*

Title
VP Strategy

Phone Type	Number	Extension
Business	[redacted]	

Email
[redacted]

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 mission of Exeter Hospital is to improve the health of the community. This mission will be accomplished without compromising Exeter Hospital's sustainability principally by the provision of health services and information to the community in collaboration with Exeter Health Resources' other affiliates which share this mission.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?
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
NONE PROVIDED

Please select service area municipalities (NH), if applicable
ATKINSON
BRENTWOOD
BARRINGTON
CANDIA
CHESTER
DANVILLE
DEERFIELD
DURHAM
EAST KINGSTON
EPPING
EXETER
FREMONT
GREENLAND
HAMPTON
HAMPTON FALLS
HAMPSTEAD
KENSINGTON
KINGSTON
LEE
MADBURY
NEW CASTLE
NEWFIELDS
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PLAISTOW
PORTSMOUTH
RAYMOND
RYE
SANDOWN
SEABROOK
SOMERSWORTH
SOUTH HAMPTON
STRATHAM

Service Population Description
Exeter Hospital is a 100-bed, community-based hospital serving New Hampshire's Seacoast Region. The hospital's scope of care includes comprehensive medical and surgical health care services including, but not limited to: breast health, maternal/child and reproductive medicine, cardiovascular, gastroenterology, sleep medicine, occupational and employee health, oncology, orthopedics and emergency care services.

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
NONE PROVIDED
Comment
Was supplied in 2022, file is too large to attach.

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 8)

3. Area of Community Need / Concern
1. Financial Barriers to Care; Cost of Care / Insurance

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.
1: Financial Assistance
2.3: Medicare
2.1: Medicaid

7. Brief description of major strategies or activities to address this need (optional)
Continuance of existing Financial Assistance Plan including catastrophic coverage at EH.
Participation in broad spectrum of Medicare and Medicaid programs below the cost of care or existing market rates.

Section 3.2: Community Needs Assessment (2 of 8)

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
C1: Emergency and Trauma Services
A4: Other Community Health Improvement Services

7. Brief description of major strategies or activities to address this need (optional)
Ongoing Community Calls and outreach to support organizations involved with addressing gaps in aging population.

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern
31. Transportation 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.
1: Financial Assistance
A6: Community Needs/Asset Assessment
A3: Health Care Support Services

7. Brief description of major strategies or activities to address this need (optional)
Hospital supported limited subsidized transportation program via taxi voucher program.
Support for TASC Taxi voucher program with Seacoast Mental Health Center. Community Calls and outreach to support organizations involved with addressing gaps in transportation.

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern
20. Mental 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.
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Continuation of Zero Suicide programming across affiliates. On-going community outreach and social media support. Active participation with NAMI and Governors Council on Suicide Prevention

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern
25. Access to Substance Use Disorder 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.
A5: Dedicated Staff costs
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Community Calls and outreach support organizations involved with addressing gaps in substance misuse.

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern
7. Diabetes

4. Is the need identified in the Community Needs Assessment?
No

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C7: Subsidized Continuing Care

7. Brief description of major strategies or activities to address this need (optional)
Comprehensive, convenient diabetes education and training is provided through individual consultations, group education classes, insulin pump and continuous glucose monitoring programs, the diabetes fitness program, and community education.

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern
12. Family/Parent Support Services

4. Is the need identified in the Community Needs Assessment?
No

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C5: Women&#65533;s and Children&#65533;s Services

7. Brief description of major strategies or activities to address this need (optional)
The Family Center offers the very best in pediatric care for newborns and pediatric inpatients through a clinical collaboration with MassGeneral for Children, a nationally recognized leader in pediatric services. Pediatricians from MassGeneral for Children are available 24/7 at Exeter Hospital to provide care to both pediatric inpatient as well as in the emergency department.

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern
34. Education / Job Training

4. Is the need identified in the Community Needs Assessment?
No

5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
B1: Provision of Clinical Setting for Undergraduate Education

7. 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 ($)
307059838

(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	588467	0	588467	0.2%	594352

(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	25174178	0	25174178	8.2%	26181145

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	NONE PROVIDED	25762645	0	25762645	8.4%	26775497

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	669877	17905	651972	0.2%	678051

(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	1880452	0	1880452	0.6%	1955670

(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	6268392	526325	5742067	1.9%	5971750

(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	272079	15903	256176	0.1%	266423

(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	583814	0	583814	0.2%	607167

(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	9674614	560133	9114481	3%	9479061

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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	NONE PROVIDED	35437259	560133	34877126	11.4%	$36254558

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
307059838

(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

(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%

(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	10387	0	10387	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	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 (%)
NONE PROVIDED	NONE PROVIDED	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 (%)
NONE PROVIDED	NONE PROVIDED	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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	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	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

(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	10387	0	10387	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
102018836

2. Medicare allowable costs of care relating to payments specified above ($)
151077842

3. Medicare surplus (shortfall)
$-49059006

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.
Net Medicare Revenue - Medicare Costs = Net Loss

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 accounting system

Section 7: Summary Financial Measures

1. Gross Receipts from Operations ($)
315649943

2. Net operating costs ($)
307059838

3. Ratio of gross receipts from operations to net operating costs
1.028

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
25762645

5. Other Community Benefit Costs ($)
9114481

6. Community Building Activities ($)
10387

7. Total Unreimbursed Community Benefit Expenses ($)
34887513

8. Net community benefit costs as a percent of net operating costs (%)
11.36%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
0

2. Medicare Shortfall ($)
$-49059006

Section 8: Community Engagement in the Community Benefits Process

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
Gather	Yes	No	No	No
Seacoast Family Promise	Yes	Yes	Yes	Yes

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 Plaistow Community YMCA	Yes	No	No	No
Transportation Assistance for Seacoast Citizens	Yes	Yes	Yes	Yes
UNH Extension	Yes	Yes	Yes	Yes
Racial Unity Team	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes
Southern District YMCA	No	No	No	No
Lamprey Health Care	Yes	No	No	No
Waypoint at The Richie McFarland Children&#65533;s Center	Yes	No	No	No
Leadership Seacoast	No	No	No	No
Rotary Club of Exeter New Hampshire	Yes	Yes	Yes	Yes
Society of St. Vincent de Paul Exeter	Yes	Yes	Yes	Yes
Matt Chapman, Housing Partnership	Yes	No	No	No
Ellen Faulconer, Town of Kingston	Yes	No	No	No
Russell Dean, Town of Exeter	Yes	No	No	No
Drew Olick, Exeter Hospital	Yes	No	No	No
Susan Turner, Families First Health and Support Center	Yes	No	No	No
Shamera Simpson, AFSP	Yes	No	No	No
Sonya Robicheau, Exeter Police Department	No	No	No	No
Pam McElroy, Exeter Town Welfare	No	No	No	No
Hershey Hirschkop, Seacoast Outright	Yes	No	No	No
Kristen Welch, NAMI-NH	Yes	No	No	No
Peggy Small-Porter, Waypoint NH	Yes	No	No	No
Beth Wheeler, Foundation for Healthy Communities	Yes	No	No	No
Carol Gulla, TASC	Yes	Yes	Yes	Yes
Charlotte Scott, SoRock	Yes	No	No	No
Jeff Donald, COAST	Yes	No	No	No
Jen Hubbell, GOTR NH	Yes	No	No	No
Jennifer Wheeler, Exeter Area Chamber of Commerce	No	No	No	No
Ken Mendis, Racial Unity Team	No	No	No	No
Molly Zirillo, Society of St Vincent de Paul	Yes	No	No	No
Sarah Gould, Connor&#65533;s Climb Foundation	Yes	No	No	No
Sarah Shanahan, HAVEN	Yes	No	No	No
Seneca Bernard, Gather	Yes	No	No	No
Mark Lefebrve, Pinetree Institute	Yes	No	No	No
Maria Reyes, Seacoast Public Health Network	No	No	No	No
Justin Pizon, Exeter Fire Department	No	No	No	No
Talley Westerberg , Winnacunett High School	No	No	No	No
Darren A. Guy, DO, Core Physicians, LLC	No	No	No	No

2. Please provide a description of the methods used to solicit community input on community needs:
In 2022, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA & Hospice, along with their community partners, conducted a Community Needs Assessment. The purpose of the Assessment was to engage actual community members and to reach out to support agencies to determine the local area health needs.
Methods:
- Community Forums
- Community Health Survey
- Key Leader Interviews
- Exeter Hospital Community Call

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.
N/A

Section 10: Certification

Electronic Signature

First Name Ryan
Last Name *Cullen*
Title
Senior Accountant
Email
[redacted]

NHCT-31 (September 2022)