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Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQH-RX45-4YZ1C, version 1)

Details

Submission ID HQH-RX45-4YZ1C

Form Input

Section 1: Entity Information

Entity Name
Exeter Hospital

State Registration #
6273

Federal ID #
22-2674014

Fiscal Year Beginning
10/01/2024

Entity Address

5 Alumni Drive
Exeter, NH 03833

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

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
Robert	Torres

Title
Director of Community Benefits and Community Relations

Phone Type	Number	Extension
Business	6035807647	

Email
robert.torres@bilh.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)?
No

Section 2: Mission & Community Served

1. Mission Statement
Guided by Purpose, Driven by Values
We create healthier communities ◆ one person at a time ◆ through seamless care and ground-breaking science, and we are driven by excellence, innovation and equity.

Misson
We positively impact the lives of those who entrust us with their health.

Vision
To be the most innovative and vibrant community healthcare organization in our region, leading with the highest quality care.

Values
We put our values into action every day ◆ together, WE CARE through:

Wellbeing. We provide a health-focused workplace and support a healthy work-life balance.

Empathy. We do our best to understand others◆ feelings, needs, and perspectives.
Collaboration. We work together to achieve extraordinary results.

Accountability. We hold ourselves and each other to behaviors necessary to achieve our collective goals.

Respect. We value diversity and treat all members of our community with dignity and inclusiveness.

Equity. Everyone has the opportunity to attain their full potential in our workplace and through the care we provide.

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
NONE PROVIDED

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

Service Population Description
Exeter Hospital (Exeter) is a 100-bed community hospital providing New Hampshire's Seacoast Region with comprehensive services in cancer care, orthopedics, cardiology, maternal and reproductive care, breast health, digestive health and emergency care. Exeter Hospital partners with Core Physicians, a multi specialty group practice caring for nearly 80,000 patients annually. Exeter has over 2,200 employees and 390+ clinicians on active medical staff.

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
exeter-hospital-chna-report-2022.pdf - 12/12/2025 11:55 AM
Comment
NONE PROVIDED

2. Was the assessment conducted in conjunction with other health care charitable trusts in your community?
No

Section 3.2: Community Needs Assessment (1 of 9)

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?
No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
1: Financial Assistance
2.1 : Medicaid
2.3: Medicare

7. Brief description of major strategies or activities to address this need (optional)
Continuance of existing Financial Assistance Plan including catastrophic coverage at Exeter Hospital. 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 9)

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)
Exeter Hospital provided grant funding to the Exeter Parks and Recreation Department to support a variety of popular programs for older adults, at little to no cost. Programs include senior luncheons, health, wellness & fitness classes and senior trips.

Section 3.2: Community Needs Assessment (3 of 9)

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
A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)
Active participation with NAMI and Governors Council on Suicide Prevention. On-going community outreach and social media support. In FY25, Exeter Hospital provided grants funding to several organizations to enhance and expand mental health services. Organizations that received funding to support mental health initiatives includes Austin17 House, NAMI NH, Arts in Reach, Chase House, Haven, Big Brothers Big Sisters New Hampshire, Girls on the Run, Key Collective, Connors Climb, Waypoint, Seacoast Mental Health, and SOS Recovery Community Organizations.

Section 3.2: Community Needs Assessment (4 of 9)

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)
Exeter Hospital provided grant funding to SOS Recovery Community Organizations to expand access to recovery support services, Additionally, Exeter Hospital collaborates to support organizations involved with addressing gaps in substance misuse.

Section 3.2: Community Needs Assessment (5 of 9)

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 (6 of 9)

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 and is a nationally recognized leader in pediatric services. Pediatricians are available 24/7 at Exeter Hospital to provide care to both the pediatric inpatient and the emergency departments.

Section 3.2: Community Needs Assessment (7 of 9)

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 3.2: Community Needs Assessment (8 of 9)

3. Area of Community Need / Concern
35. Other Social Determinants of 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.
E1: Cash Donations

7. Brief description of major strategies or activities to address this need (optional)
Grant funding was provided to Society of St. Vincent de Paul, Cross Roads House, and Granite United Way, to support greater access to food and affordable housing.

Section 3.2: Community Needs Assessment (9 of 9)

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)
Exeter Hospital supported people in need of transportation to access medical services through their taxi voucher program, and by funding local organizations. Grant funding was provided to Transportation Assistance for Seacoast Citizens (TASC), and the Cooperative Alliance for Seacoast Transportation (COAST). Exeter Hospital also participates in community efforts to support organizations involved with addressing gaps in transportation.

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 ($)
295073055

(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	388167	0	388167	0.1%	392049

(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	17707314	0	17707314	6%	18415607

(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	18095481	0	18095481	6.1%	18807656

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	352166	17521	334645	0.1%	351496

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)

(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	915538	0	915538	0.3%	952160

(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	4704284	99216	4605068	1.6%	4789271

(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	272799	34282	238517	0.1%	248058

(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	1530315	0	1530315	0.5%	1591528

(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	7775102	151019	7624083	2.6%	7932513

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	25870583	151019	25719564	8.7%	$26740169

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
295073055

(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	9367	0	9367	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*	9367	0	9367	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
106201493

2. Medicare allowable costs of care relating to payments specified above ($)
148412022

3. Medicare surplus (shortfall)
$-42210529

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 accounting system

Section 7: Summary Financial Measures

1. Gross Receipts from Operations ($)
333216259

2. Net operating costs ($)
295073055

3. Ratio of gross receipts from operations to net operating costs
1.129

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
18095481

5. Other Community Benefit Costs ($)
7624083

6. Community Building Activities ($)
9367

7. Total Unreimbursed Community Benefit Expenses ($)
25728931

8. Net community benefit costs as a percent of net operating costs (%)
8.72%

Other Community Benefits (optional)

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

2. Medicare Shortfall ($)
$-42210529

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
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's Center	Yes	No	No	No
Rotary Club of Exeter NH	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
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	Yes	No	No	No
Sarah Gould, Connor'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

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 Health Needs Assessment. The purpose of the Assessment was to identify emerging health needs by engaging community members in collaboration with local agencies to determine 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
Robert

Last Name
Torres

Title
Director of Community Benefits and Community Relations

Email
robert.torres@bilh.org

NHCT-31 (September 2022)