

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPD-5AM4-P99FH, version 1)

Details

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Alternate Identifier Exeter Hospital, Inc.

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Status Issued

NOTE (CREATED)

Received

Thank you for filing the Exeter Hospital's community benefits report.
Created on 12/27/2021 10:37 AM by **Audrey Blodgett**

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/1/2020

Organization Name

Exeter Hospital, Inc.

Street Address

5 Alumni Drive

Exeter, NH 03833

Federal ID #

22-2674014

State Registration #

6273

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

http://www.exeterhospital.com/

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

Yes

Chief Executive**First Name** **Last Name**Kevin *Callahan***Phone Type** **Number** **Extension**

Business 603 580 6691

Email

kcallahan@ehr.org

Board Chair**First Name** **Last Name**Rob *Eberle***Phone Type** **Number** **Extension**

Business 603 380 0913

Email

reberle@bottomline.com

Community Benefits Plan Contact**First Name** **Last Name**Mark *Whitney***Title***VP Strategy***Phone Type** **Number** **Extension**

Business 603 580 7437

Email

mwhitney@ehr.org

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

No

Section 2: Mission & Community Served**Mission Statement**

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

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

NONE PROVIDED

Please select service area municipalities (NH), if applicable

ATKINSON
BARRINGTON
BRENTWOOD
CANDIA
CHESTER
DANVILLE
DEERFIELD
DURHAM
EAST KINGSTON
EPPING
EXETER
FREMONT
GREENLAND
HAMPSTEAD
HAMPTON
HAMPTON FALLS
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

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

NONE PROVIDED

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 10)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

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.

1: Financial Assistance

2.3: Medicare

2.1: Medicaid

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 MCR and MCD programs below the cost of care or existing market rates.

Section 3.2: Community Needs Assessment (2 of 10)

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.

E1: Cash Donations

C10: Other Subsidized Health Services

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

Evaluation of grant opportunities in next grant cycle and funding of education in support of Youth Suicide initiative. Support of Zero Left disposal bag distribution. Initiating internal opioid task force ('19)

Section 3.2: Community Needs Assessment (3 of 10)

Area of Community Need / Concern

20. Mental 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.

A3: Health Care Support Services

A2: Community-Based Clinical Services

E1: Cash Donations

E2: Grants

C10: Other Subsidized Health Services

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

Subsidized ED access program with Seacoast Mental Health. Inclusion in Youth Suicide Grant Programs. Support for expansion of access and local support services in concert with Seacoast Mental Health and IDN.

Section 3.2: Community Needs Assessment (4 of 10)

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

C1: Emergency and Trauma Services

A4: Other Community Health Improvement Services

E1: Cash Donations

E2: Grants

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

Evaluating support of Seacoast Village project

Grants to Rockingham Meals on Wheels; Community Toolbox, Society of St. Vincent de Paul; NH Hospice & Palliative Care; Gather

Section 3.2: Community Needs Assessment (5 of 10)

Area of Community Need / Concern

31. Transportation Services

Is the need identified in the Community Needs Assessment?

Yes

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

No

Please 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

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

Hospital supported limited subsidized transportation program via taxi voucher program.

Ongoing support for Lamprey transportation services. Support for TASC Taxi voucher program with SCMh

Section 3.2: Community Needs Assessment (6 of 10)

Area of Community Need / Concern

21. Suicide Prevention

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.

C10: Other Subsidized Health Services

E1: Cash Donations

E2: Grants

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

Hospital sponsored education and awareness campaign.

Continuation of Zero Suicide programming across affiliates.

Continuation of major new grant program including broadening the support for education and training. On-going community outreach and social media support. Active participation with NAMI and Governors Council on Suicide Prevention

Section 3.2: Community Needs Assessment (7 of 10)**Area of Community Need / Concern**

25. Access to Substance Use Disorder 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.

E1: Cash Donations

E2: Grants

A5: Dedicated Staff costs

C10: Other Subsidized Health Services

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

Support of Zero Left disposal bag distribution.

Initiating internal opioid task force ('19)

Evaluation of grant opportunities in next grant cycle.

Funding of education in support of Youth Suicide initiative.

Section 3.2: Community Needs Assessment (8 of 10)**Area of Community Need / Concern**

7. Diabetes

Is the need identified in the Community Needs Assessment?

No

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

No

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

C7: Subsidized Continuing Care

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 (9 of 10)**Area of Community Need / Concern**

12. Family/Parent Support Services

Is the need identified in the Community Needs Assessment?

No

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

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, and assess all of our newborn babies

Section 3.2: Community Needs Assessment (10 of 10)**Area of Community Need / Concern**

34. Education / Job Training

Is the need identified in the Community Needs Assessment?

No

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

No

Please 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

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 (\$)

268401342

(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	559048	0	559048	0.2%	564638

(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	19469074	0	19469074	7.3%	20053146

(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	20028122	0	20028122	7.5%	20617784

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	1158913	4706	1154207	0.4%	1188833

(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	1719131	0	1719131	0.6%	1770705

(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	6717710	405422	6312288	2.4%	6501657

(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	546392	34810	511582	0.2%	526929

(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 (\$)

(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	440570	0	440570	0.2%	453787

(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	10582716	444938	10137778	3.8%	10441911

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	30610838	444938	30165900	11.2%	\$31059695

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
268401342

(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 (%)
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(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	78829	0	78829	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 (%)
0	0	78829	0	78829	0%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)

97209799

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

123927674

Medicare surplus (shortfall)

\$-26717875

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

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

Gross Receipts from Operations (\$)

310711414

Net operating costs (\$)

268401342

Ratio of gross receipts from operations to net operating costs

1.158

Unreimbursed Community Benefit Costs

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

20028122

Other Community Benefit Costs (\$)

10137778

Community Building Activities (\$)

78829

Total Unreimbursed Community Benefit Expenses (\$)

30244729

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

11.27%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

0

Medicare Shortfall (\$)

\$-26717875

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
Exeter Area YMCA	Yes	Yes	Yes	Yes
Society of St. Vincent de Paul Exeter	Yes	Yes	Yes	Yes
Lamprey Health Care	Yes	Yes	Yes	Yes
Families First Health and Support Center	Yes	Yes	Yes	Yes
Richie-McFarland Children's Center	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes
Seacoast Public Health Network	Yes	Yes	Yes	Yes
Foundation for Seacoast Health	Yes	Yes	Yes	Yes
Goodwin Community Health	Yes	Yes	Yes	Yes
Michael Guidi, DO, Core Physicians	Yes	No	No	No
Janine Richards, Director of Student Wellness, SAU 90	Yes	No	No	No
Jon Morgan, Senator, NH	Yes	No	No	No
Tom Sherman, Senator, NH	Yes	No	No	No
Gaby Grossman, Representative Exeter	Yes	No	No	No

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
Liz McConnell, Representative Brentwood	Yes	No	No	No
Tanisha Johnson, Associate Branch Director, Exeter Area YMCA	Yes	No	No	No
Kristyn LaFleur, Exe Dir, Key Collect, Womenade of Gtr Squamscott Brd Pre	Yes	No	No	No
Kristina Currier, Art Instructor, Timberlane High School, SAU 55	Yes	No	No	No
Russ Dean, Town Manager, Exeter	Yes	No	No	No
Nikki Hill, Assistant Treasurer, Womenade of Greater Squamscott	Yes	No	No	No
Katy Lilly MD, Medical Director, Philips Exeter Academy	Yes	No	No	No
Travis Harker MD, Medical Director, Appledore Medical Group	Yes	No	No	No
Greg Burwood, Executive Director, Connections Peer Support Center	Yes	No	No	No
Molly Zirillo, Executive Director, Society of St. Vincent de Paul Exeter	Yes	No	No	No
Tony Teixeira, Executive Director, Exeter Housing Authority	Yes	No	No	No
Carol Gulla, Executive Director, TASC	Yes	No	No	No

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
Maria Kenney, Administrative Director, Seacoast Youth Services	Yes	No	No	No
David O'Connor, Principal, Hampton Academy	Yes	No	No	No
Patti MacKenzie, Volunteer Exe Dir, Hampton Community Coalition Services	Yes	No	No	No
Nita Niemczyk , Volunteer, Hampton Community Coalition Services	Yes	No	No	No
Lois Costa, Principal, Marston School	Yes	No	No	No
John Reagan, Senator NH	Yes	No	No	No
Michael Cahill, State Representative NH	Yes	No	No	No
Public Online via Survey Monkey	Yes	Yes	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No

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

In 2019, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA and Hospice, along with their community partners, conducted a Community Needs Assessment which focused on priority health needs that were identified in the 2019 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:

1. University of New Hampshire (UNH) Survey Center Household Telephone Survey
2. Community Forums
 - a. Exeter Hospital, Inc.
 - b. Epping Regional Health Center
 - c. Tuscan Kitchen
 - d. Seabrook Public Library
3. On Line Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Exeter Hospital with community partners released an online health needs survey to the public
5. Key Leader Interviews
6. Multiple Secondary Research Sources

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.

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name **Last Name**

Ryan Cullen

Title

Senior Cost Accountant

Email

rcullen@ehr.org

Status History

	User	Processing Status
11/11/2021 3:51:30 PM	Ryan Cullen	Draft
12/23/2021 4:43:01 PM	Ryan Cullen	Submitting
12/23/2021 4:43:17 PM	Ryan Cullen	Submitted
12/27/2021 10:37:45 AM	Audrey Blodgett	Issued

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Ryan Cullen	12/23/2021 4:43:16 PM