

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-W6YV-8CHAK, version 1)

## Details

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**Submitted** 1/25/2024 (4 days ago) by Kelli Rafferty

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Elliot Health System

**State Registration #**

14126

**Federal ID #**

02-0512229

**Fiscal Year Beginning**

07/01/2022

**Entity Address**

One Elliot Way

Manchester, NH 03103

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

<http://www.elliorthospital.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name
W. Gregory	Baxter

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

[REDACTED]

**Board Chair (first, last name)**

First Name	Last Name
James J.	Tenn, JR

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

[REDACTED]

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Kelli	Rafferty	
<b>Title</b>		
Executive Dir. of Philanthropy & Community Benefit		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>		
[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)?**

Yes

**Affiliated or Subsidiary Organizations (complete table below)**

Entity Name	Federal Employer Identification Number	State Registration Number
Elliot Hospital	02-0232673	2927
Elliot Professional Services Network, Inc	33-1003630	11426
Elliot Physicians Network	02-0509589	12402
Mary & John Elliot Charitable Foundation	02-0512229	12351
VNA of Manchester & Southern NH, Inc	02-0395296	2924
VNA Home Health & Hospice, Inc	02-0222241	2927
VNA Personal Services, Inc	02-0395295	2929

**Section 2: Mission & Community Served**

**1. Mission Statement**

Elliot Health System strives to Inspire Wellness, Heal our Patients and Serve with compassion in every interaction.

**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**

- Hillsborough
- Merrimack
- Rockingham

**Please select service area municipalities (NH), if applicable**

AMHERST  
AUBURN  
ALLENSTOWN  
BEDFORD  
CANDIA  
DEERFIELD  
DERRY  
LONDONDERRY  
DUNBARTON  
GOFFSTOWN  
HOOKSETT  
MANCHESTER  
MERRIMACK  
NEW BOSTON  
RAYMOND  
WEARE

**Service Population Description**

<Serve the general population>

### **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**

[Manchester-Community-Health-Needs-Assessment-2022.pdf - 01/23/2024 01:02 PM](#)

**Comment**

also available on our website

**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 1)**

**3. Area of Community Need / Concern**

3. Access to Primary Care

**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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A6: Community Needs/Asset Assessment
- A7: Other Community Benefit Operations
- B1: Provision of Clinical Setting for Undergraduate Education
- B2: Intern/Residency Education
- C1: Emergency and Trauma Services
- B4: Other Health Professions Education Support
- C2: Neonatal Intensive Care (if subsidized)
- C4: Burn Units
- C3: Hospital Outpatient Services
- C10: Other Subsidized Health Services
- C5: Women's and Children's Services
- C8: Behavioral Health Services
- C9: Palliative Care
- D1: Clinical Research
- D2: Community / Population Health Research
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- F3: Support Systems Enhancement
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development

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

Key clinical services to support the complex Health needs of greater Manchester, addressing the life expectancy differences with Manchester proper. Focus on SUD, behavioral health services, food insecurity, advanced Trauma and NICU services, community support and partnerships to address SoDH in southern NH.

**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 (\$)**

566932629

**(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	10803670	0	10803670	1.9%	10900000

**(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	124801448	57122812	67678636	11.9%	67000000

**(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	135605118	57122812	78482306	13.8%	77900000

**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	177960	37252	140708	0%	140000

**(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	402275	0	402275	0.1%	403000

**(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	63010745	20379332	42631413	7.5%	43000000

**(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	36290	0	36290	0%	36000

**(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	1680923	0	1680923	0.3%	1700000

**(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	65308193	20416584	44891609	7.9%	45279000

**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	200913311	77539396	123373915	21.8%	\$123179000

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

566932629

**(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	126379	0	126379	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	6074	0	6074	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	132453	0	132453	0%

**Section 6: Medicare**

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

NONE PROVIDED

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

NONE PROVIDED

**3. Medicare surplus (shortfall)**

\$undefined

**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:**

NONE PROVIDED

**Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

1909024839

**2. Net operating costs (\$)**

566932629

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

3.367

**Unreimbursed Community Benefit Costs**

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

78482306

**5. Other Community Benefit Costs (\$)**

44891609

**6. Community Building Activities (\$)**

132453

**7. Total Unreimbursed Community Benefit Expenses (\$)**

123506368

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

21.79%

**Other Community Benefits (optional)**

**1. Leveraged Revenue for Community Benefit Activities (\$)**

NONE PROVIDED

**2. Medicare Shortfall (\$)**

\$undefined

**Section 8: Community Engagement in the Community Benefits Process**

**1. 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
Amoskeag Health	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	No	Yes

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Catholic Medical Center	Yes	Yes	Yes	Yes
Families in Transition	Yes	Yes	No	Yes
Dartmouth Health	Yes	Yes	Yes	Yes
City of Manchester - Health Department	Yes	Yes	Yes	Yes
City of Manchester - Manchester Public Schools	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	No	Yes
Mental Health Center of Greater Manchester	No	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	No	Yes

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

The report was developed by the City of Manchester Health Department, which serves as the chief strategist for the health and wellness related issues for the Greater Manchester Public Health Region, in partnership with The Elliot, CMC and Dartmouth Health. The CHNA was produced by JSI Research and Training Institute in Bow, NH and funded by the 3 hospital systems listed. Community leaders and residents were interviewed and weighed in on critical health issues.

**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.**

N/A

**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.**

Yes

**Section 10: Certification**

**Electronic Signature**

**First Name**

Kelli

**Last Name**

Rafferty

**Title**

Executive Dir. of Philanthropy & Community Benefit

**Email**

[REDACTED]

**NHCT-31 (September 2022)**

# Attachments

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Date	Attachment Name	Context	Confidential?	User
1/23/2024 1:02 PM	Manchester-Community-Health-Needs-Assessment-2022.pdf	Attachment	No	Kelli Rafferty