

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 07/01/2019

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Southern New Hampshire Health System

Street Address 8 Prospect Street

City Nashua

County 06 - Hillsborough **State** NH **Zip Code** 03060

Federal ID # '02-0509221

State Registration # 6282

Website Address: www.snhhs.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive:	Michael Rose	6032818482	Michael.Rose@snhhs.org
Board Chair:	Timothy Whitaker	6032818482	Holly.Hudon@snhhs.org
Community Benefits Plan Contact:	Irene Godin	6032819287	Irene.Godin@snhhs.org

Is this report being filed on behalf of more than one health care charitable trust? Yes

IF YES, please complete a copy of this page for each individual organization included in this filing.

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Southern New Hampshire Medical Center as a part of Southern New Hampshire Health System

Street Address 8 Prospect Street

City Nashua **County** 06 - Hillsborough **State** NH **Zip Code** 03060

Federal ID # '020483054 **State Registration #** 6282

Website Address: www.snhhs.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive:	Michael Rose	6032818482	Michael.Rose@snhhs.org
Board Chair:	Timothy Whitaker	6032818482	Holly.Hudon@snhhs.org
Community Benefits Plan Contact:	Irene Godin	6032819287	Irene.Godin@snhhs.org

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Section 1: ORGANIZATIONAL INFORMATION

Organization Name Foundation Medical Partners as a part of Southern New Hampshire Health System

Street Address 8 Prospect Street

City Nashua **County** 06 - Hillsborough **State** NH **Zip Code** 03060

Federal ID # '020456218 **State Registration #** 6282

Website Address: www.snhhs.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive:	Susan DeSocio	6032818483	Susan.DeSocio@snhhs.org
Board Chair:	Timothy Whitaker	6032818482	Holly.Hudon@snhhs.org
Community Benefits Plan Contact:	Irene Godin	6032819287	Irene.Godin@snhhs.org

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IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: Southern New Hampshire Health System (SNHHS) is committed to improve, maintain and preserve the overall health and well-being of individuals living in the greater Nashua area by providing information, education and access to exceptional health and medical care services.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):
SNHHS's service area consists of nineteen New Hampshire and four Massachusetts towns. The service area is divided into a Primary Service Area (PSA) of twelve New Hampshire towns (Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Merrimack, Milford, Mont Vernon, Nashua, Pelham and Wilton), a Secondary Service Area (SSA) of seven New Hampshire towns (Derry, Greenville, Londonderry, New Boston, New Ipswich, Salem and Windham) and a Massachusetts Service Area (MSA) of four neighboring Massachusetts towns (Dunstable, Pepperell, Townsend and Tyngsboro).

SNHHS's PSA and SSA include all towns, which are designated as being part of the greater Nashua region by the New Hampshire Office of State Planning, the New Hampshire Department of Health and Human Services, and the Nashua Regional Planning Commission. The MSA towns were designated because of patient volume from those towns to Southern New Hampshire Medical Center.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Serves the General Population

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2018 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	122 Availability of Behavioral Health Care
2	420 Obesity
3	100 Access to Care; General
4	400 Substance Use; Lifestyle Issues
5	200 Maternal + Child Health; General
6	528 Lead Poisoning
7	321 Coronary Heart Disease
8	330 Diabetes
9	300 Chronic Disease - Prevention + Care; General

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	507 Educational Attainment
B	600 Community Supports; General
C	500 Socioeconomic Issues; General
D	128 Availability of Prescription Medications
E	999 Other Community Need
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. Attach additional pages if necessary:

Community Board Involvement, Advocacy and Health Related Groups, Institutional Review Board, etc..

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	9 8 B	\$66,009.00	\$90,000.00
<i>Community-based Clinical Services</i>	9 3 B	\$4,672.00	\$6,000.00
<i>Health Care Support Services</i>	-- -- --	\$0.00	\$0.00
<i>Other:</i>	-- -- --		\$0.00

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	3 A B	\$3,781,326.00	\$4,000,000.00
<i>Intern/Residency Education</i>	3 A B	\$853,153.00	\$1,000,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --	\$0.00	\$0.00
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Behavioral Health</i>	1 4 3	\$1,769,887.00	\$2,000,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --	\$0.00	\$0.00
<i>Community Health Research</i>	-- -- --	\$0.00	\$0.00
<i>Other: IRB</i>	3 9 E	\$14,877.00	\$20,000.00

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	3 C B	\$429,958.00	\$573,000.00
<i>Grants</i>	-- -- --	\$0.00	\$0.00
<i>In-Kind Assistance</i>	B D 2	\$72,887.00	\$97,000.00
<i>Resource Development Assistance</i>	-- -- --	\$0.00	\$0.00

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --	\$0.00	\$0.00
<i>Economic Development</i>	-- -- --	\$0.00	\$0.00
<i>Support Systems Enhancement</i>	B C --	\$28,779.00	\$38,000.00
<i>Environmental Improvements</i>	-- -- --	\$0.00	\$0.00
<i>Leadership Development; Training for Community Members</i>	-- -- --	\$0.00	\$
<i>Coalition Building</i>	-- -- --	\$0.00	\$
<i>Community Health Advocacy</i>	B -- --	\$14,134.00	\$19,000.00

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	E -- --	\$3,963.00	\$5,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$0.00	\$0.00
<i>Other Operations</i>	-- -- --	\$0.00	\$0.00

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	C 3 1	\$3,024,317.00	\$4,000,000.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	3 9 7	\$23,137,518.00	\$30,850,000.00
<i>Medicaid Costs exceeding reimbursement</i>	3 C 5	\$17,911,026.00	\$24,000,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --	\$0.00	\$0.00

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$283,520,239.00
<i>Net Revenue from Patient Services</i>	\$264,766,956.00
<i>Total Operating Expenses</i>	\$274,908,778.00
<i>Net Medicare Revenue</i>	\$78,107,326.00
<i>Medicare Costs</i>	\$101,244,845.00
<i>Net Medicaid Revenue</i>	\$19,415,389.00
<i>Medicaid Costs</i>	\$37,326,415.00
<i>Unreimbursed Charity Care Expenses</i>	\$3,024,317.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$48,088,189.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$51,112,506.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$51,112,506.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Jacqueline Aguilar, City of Nashua DHPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Bobbie D. Bagley, City of Nashua DHPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Rene Beaudoin, City of Nashua DHPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Jennifer Bernier, Lamprey Health Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Katie Bush, NH DHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Karen Collins, H.E.A.R.T.S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Ashley Conley, City of Nashua, DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Kathleen Cowette, St. Joseph Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Justin Kates, City of Nashua Emergency Mgt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Patti LaLiberte, Dartmouth Hitchcock Nashua	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Ken Lewis, H.E.A.R.T.S Peer Support of Nashua	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Bob Mack, Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Angelo Marino, City of Nashua GIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Tim Roache, Nashua Regional Planning Commission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Erin Schwartz, City of Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Chelsea St George, City of Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Lisa Vasquez, City of Nashua DPHCS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Dr. Stephanie Wolf-Rosenblum, SNHHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) SNHHS Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The information contained in this response was obtained from the 2018 Southern New Hampshire Health System Community Health Needs Assessment available at www.snhhealth.org.

The individuals listed above were members of the City of Nashua Community Health Assessment Data Subcommittee.

This Assessment reflects results of a survey of area residents, conducted by the City of Nashua Department of Public Health, and based on the Centers for Disease Control and Prevention’s Community Assessment for Public Health Emergency Response (CASPER). The survey process consisted of a two-stage random cluster sampling technique, with one-on-one interviews

conducted by survey volunteers: the first stage consisted of interviews with individuals from 7 randomly selected households from each of 30 random census block groups. The second stage, responsive to low completion rates from stage 1, allowed volunteers to seek participation from every third house in each census tract. All participants were asked for answers to 41 health-related questions.

The Assessment also draws from additional resources, including Emergency Department and Inpatient Hospitalizations Database, New Hampshire Behavioral Risk Factor Surveillance System, New Hampshire Youth Risk Behavioral System, New Hampshire Environmental Public Health Tracking Program/Environmental Health Data Integration Network, NH Trauma and Emergency Medical Services Information Systems, and data from the U.S. Census Bureau. Additional secondary data sources are listed on page I-5 in the introduction section of the Assessment.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - *Community Supports; General*
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 - Other Community Need