

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQA-29DW-B4V05, version 2)

Details

Submitted 2/4/2025 (0 days ago) by Kelli Rafferty
Submission ID HQA-29DW-B4V05
Status Submitted

Form Input

Section 1: Entity Information

Entity Name
Elliot Health System

State Registration #
14126

Federal ID #
02-0512229

Fiscal Year Beginning
07/01/2023

Entity Address
1 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		
Email		

Board Chair (first, last name)

First Name	Last Name	
James J.	Tenn, Jr	
Phone Type	Number	Extension
Business		
Email		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Kelli	Rafferty	
Title		
Executive Director of Philanthropy & Community Benefits		
Phone Type	Number	Extension
Business		
Email		

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, 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	2924
VNA Personal Services, Inc	02-0395295	2929

Section 2: Mission & Community Served**1. Mission Statement**

Elliot Health System Mission

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

ALLENSTOWN
AMHERST
AUBURN
BEDFORD
BOW
CANDIA
DERRY
GOFFSTOWN
LITCHFIELD
LONDONDERRY
MANCHESTER
MERRIMACK
NEW BOSTON
RAYMOND

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 - 01/31/2025 06:37 PM](#)

Comment

NONE PROVIDED

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.

1: Financial Assistance
2.1: Medicaid
2.2: Other means-tested government programs
2.3: Medicare
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
B3: Scholarships/Funding for Health Professions Education
B4: Other Health Professions Education Support
C1: Emergency and Trauma Services
C2: Neonatal Intensive Care (if subsidized)
C3: Hospital Outpatient Services
C4: Burn Units
C5: Women's and Children's Services
C8: Behavioral Health Services
C9: Palliative Care
C10: Other Subsidized Health Services
D1: Clinical Research
E1: Cash Donations
E2: Grants
E3: In-Kind Assistance
E4: Resource Development Assistance
F3: Support Systems Enhancement
F8: Workforce Development

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

The Elliot has a focus on access to care, trauma care, NICU and maternal health, SUD programs, including Drug Court and behavioral health programs, addressing food insecurity, lead exposure in children and workforce development.

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 (\$)

803818057

(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	12197454	0	12197454	1.5%	12197454

(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	126251412	64050721	62200691	7.7%	62200691

(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	138448866	64050721	74398145	9.3%	74398145

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	515080	0	515080	0.1%	515080

(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	879301	0	879301	0.1%	879301

(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	61824216	16708626	45115590	5.6%	46000000

(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	117827	0	117827	0%	117827

(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	1141199	0	1141199	0.1%	1141199

(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	64477623	16708626	47768997	5.9%	48653407

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	202926489	80759347	122167142	15.2%	\$123051552

Section 5: Community Building Activities

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

803818057

(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 (%)
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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	142610	0	142610	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	39510	0	39510	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	182120	0	182120	0%

Section 6: Medicare

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

64050721

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

126251412

3. Medicare surplus (shortfall)

\$-62200691

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 (\$)

2101408761

2. Net operating costs (\$)

803818057

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

2.614

Unreimbursed Community Benefit Costs

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

74398145

5. Other Community Benefit Costs (\$)

47768997

6. Community Building Activities (\$)

182120

7. Total Unreimbursed Community Benefit Expenses (\$)

122349262

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

15.22%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-62200691

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
City of Manchester Health Department	Yes	Yes	Yes	Yes
Dartmouth Health	Yes	Yes	Yes	Yes
Catholic Medical Center	Yes	Yes	Yes	Yes
Amoskeag Health	Yes	Yes	Yes	Yes
City of Manchester School Department	Yes	Yes	Yes	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	Yes	No
Manchester Fire Department	Yes	Yes	Yes	No

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

The 2022 CHNA 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.

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.

Yes

Section 10: Certification

Electronic Signature

First Name

Kelli

Last Name

Rafferty

Title

Executive Director of Philanthropy & Community Benefits

Email

[REDACTED]

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
1/31/2025 6:37 PM	Manchester Community Health Needs Assessment 2022.pdf	Attachment	No	Kelli Rafferty