

December 27, 2019

Office of the Attorney General  
Charitable Trust Unit  
33 Capitol Street  
Concord, NH 03301-6307

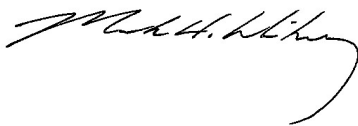
To Whom It May Concern:

On behalf of the operating affiliates of Exeter Health Resources, we do hereby submit three Community Benefit Reports for Fiscal Year 2018/2019 for Exeter Hospital, Core Physicians and Rockingham Visiting Nurse Association & Hospice. These three affiliates are separate charitable trusts within the Exeter Health Resources healthcare system.

Each of the Community Benefit Reports reflects the tremendous effort the organizations, their employees and our collaborators have put forth to improve the health of the communities served.

If you should have any questions or need greater detail, please contact me directly at 603.580.7437.

Sincerely,



Mark Whitney, Vice President Strategy, Community Relations and Development  
Exeter Health Resources, Inc.

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 10/01/2019

*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 Exeter Hospital, Inc.**

**Street Address : 5 Alumni Drive**

**City : Exeter                      County 08 - Rockingham    State NH   Zip Code 0 3833**

**Federal ID # 22-2674014                      State Registration # 6273**

**Website Address: <http://www.exeterhospital.com/>**

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.

<b>Chief Executive:</b>	Kevin Callahan	(603) 580-6691	kcallahan@ehr.org
<b>Board Chair:</b>	William Schleyer	(603) 531-3075	wtschleyer@comcast.net
<b>Community Benefits Plan Contact:</b>	Mark Whitney	(603) 580-7437	mwhitney@ehr.org

Is this report being filed on behalf of more than one health care charitable trust? No

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

**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-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):

Exeter Hospital

Atkinson	Hampstead	Nottingham
Barrington	Hampton	Plaistow
Brentwood	Hampton Falls	Portsmouth
Candia	Kensington	Raymond
Chester	Kingston	Rye
Danville	Lee	Rye Beach
Deerfield	Madbury	Sandown
Durham	New Castle	Seabrook
East Hampstead	Newfields	Somersworth
East Kingston	Newmarket	South Hampton
Epping	Newton	Stratham
Exeter	Newton Junction	West Nottingham
Fremont	North Hampton	
Greenland	Northwood	

Total Area Population: 241,926  
(Source: U.S. Department of Commerce, United States Census Bureau - projected to 2019)

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?

2019 *(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 trust 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	<i>101-Access to Care Financial Barriers*</i>
2	<i>400- Substance Abuse; Life Style Issues</i>
3	<i>370- Mental Health/Psychiatric Disorders-Prevention and Care;General</i>
4	<i>371- Suicide Prevention</i>
5	<i>601- Transportation</i>
6	<i>509 – Housing Adequacy</i>
7	<i>505 – Homelessness</i>
8	<i>501 – Aging Population</i>
9	

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	<i>100 – Access to Care; General</i>
B	<i>360 – Infectious Disease – Prevention and Care, General</i>
C	<i>520 – Community Safety and Injury; General</i>
D	<i>604 – Prescription Assistance</i>
E	<i>430 – Family/Parent Support Services</i>
F	<i>300 – Chronic Disease – Prevention and Care; General</i>
G	<i>999 – Other Community Need</i>

\*Any individual within the service area can apply for charity care.

- (1) The community NEEDS identified here represent those identified in the 2016 Community Health Needs Assessment Report and not the 2019 assessment. The community benefit spending included in this report directly relates to the 2016 identified needs. The 2020 filing will reflect spending for those NEEDS identified in the 2019 assessment.

**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* community needs that are addressed by these activities by referring to the applicable number or 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>	B F G	\$537,183.00	\$553,298.00
<i>Community-based Clinical Services</i>	B F G	\$30,493.00	\$31,407.00
<i>Health Care Support Services</i>	1 5 A	\$506,683.00	\$521,884.00
<i>Other:</i>	-- -- --		

<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>	A -- --	\$1,896,111.00	\$1,952,995.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	G -- --	\$7,000.00	\$7,210.00
<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: Diabetes</i>	F -- --	\$1,210,466.00	\$1,246,780.00
<i>Type of Service: Paramedicine</i>	C -- --	\$1,755,578.00	\$1,808,245.00
<i>Type of Service: Mental Health</i>	3 2 4	\$459,525.00	\$473,310.00
<i>Type of Service: Women &amp; Children</i>	A -- --	\$161,112.00	\$165,946.00
<i>Type of Service:</i>	-- -- --		

<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	F A --	\$478,762.00	\$493,125.00
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	7 2 G	\$167,133.00	\$172,147.00
<i>Grants</i>	1 4 G	\$1,115,408.00	\$1,148,870.00
<i>In-Kind Assistance</i>	B F A	\$18,794.00	\$19,358.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	A C G	\$40,516.00	\$41,732.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	A G --	\$172,745.00	\$177,927.00
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	G -- --	\$9,508.00	\$9,794.00

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 -- --	\$1,024,845.00	\$1,035,093.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	1 -- --	\$21,606,893.00	\$22,255,100.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$17,390,216.00	\$17,911,923.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --	\$2,177,188.00	\$2,242,504.00

\* The cost related to Exchange Plans is not counted as a Community Benefit and the cost figure of \$2,177,188 is not included in the Total Unreimbursed Community Benefit Expense line item in Section 5 – Summary of Financial Measures.

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$284,995,529.00
<i>Net Revenue from Patient Services</i>	\$276,765,622.00
<i>Total Operating Expenses</i>	\$251,817,218.00
<i>Net Medicare Revenue</i>	\$88,811,169.00
<i>Medicare Costs</i>	\$110,418,062.00
<i>Net Medicaid Revenue</i>	\$11,249,139.00
<i>Medicaid Costs</i>	\$28,639,355.00
<i>Unreimbursed Charity Care Expenses</i>	\$1,024,845.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$47,564,126.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$48,588,971.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$48,588,971.00



**Section 6: COMMUNITY ENGAGEMENT** in the Community Benefits Process

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.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Exeter Area YMCA	X	X	X	X
2) Easter Seals NH	X	X	X	X
3) Lamprey Health Care	X	X	X	X
4) Families First Health and Support Center	X	X	X	X
5) Richie-McFarland Children's Center	X	X	X	X
6) Seacoast Mental Health Center	X	X	X	X
7) United Way of the Greater Seacoast	X	X	X	X
8) Bobbie Williams, Seacoast YMCA	X			
9) Celeste Clark, Raymond Youth Coalition	X			
10) Chris Munns, CEO, One Sky Community Services	X			
11) Cindy Shanley, Social Worker	X			
12) Cleo Castonguay, St Vincent DePaul	X			
13) Daisy Wojowoda, Director Military & Veterans Services	X			
14) Debra Bartley, Director of Transportation Services, Lamprey Health Care	X			
15) Ellen Tully, Welfare Administrator, City of Portsmouth	X			
16) Joyce Kimball, Raymond Community Action	X			
17) Maria Gagnon, Child and Family Services	X			
18) Susan Turner Susan Turner, Director, Community Resource Network	X			
19) Tory Jennison, Seacoast Public Health Network, Community Facilitator	X			
20) Dr. Kevin McBride, Raymond Baptist Church	X			
21) Morey Goodman, President Seacoast Family Y	X			
22) Newmarket Superintendent of Schools	X			
23) Sheri Riffle, Town of Exeter Welfare Office	X			
24) Mary Cook, Coordinator for Emergency Preparedness Seacoast Public Network	X			
25) Scott Bogle, Senior Transportation Planner, Rockingham Planning Commission	X			
26) Randi Talent, Developmental Specialist	X			
27) Kim Mary Cardinal, Licensed Mental Health Counselor, Lamprey Health Care	X			
28) Dr. Paul Friedrichs, Family Practice Physician	X			
29) David Salois, Police Chief, Town of Raymond, NH	X			
30) Senior Helpers	X	X		
31) Marilyn Kellogg, With Open Minds	X			
32) Chris Mazzone, Principal Newmarket Jr./Sr. High School	X			
33) Matt Foster, Assistant Principal Newmarket Jr./Sr. High School	X			
34) Jennifer Wheeler, Leadership Seacoast	X			
35) Public Online via Survey Monkey	X	X		

Please provide a description of the methods used to solicit community input regarding community needs (attach additional pages if necessary): See Attached.

COMMUNITY BENEFITS REPORTING FORM  
EXETER HOSPITAL, INC.  
FISCAL YEAR 2016

Section 6: COMMUNITY ENGAGEMENT continued:

In 2016, 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 2016 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. Raymond Baptist Church
  - c. Vic Geary Senior Center
  - 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 7: CHARITY CARE COMPLIANCE**

<b>Please characterize the charity care policies and procedures of your organization according to the following:</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>
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"/>

\*Any Individual within the service area can apply for charity care.

### **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

## COMMUNITY ADVOCACY 2019

Exeter Health Resources' team of managers and directors carry on its mission to improve the health of the community by committing many hours to various outside organizations and agencies that promote the health and wellness of the community. Exeter Health Resources and its affiliates encourage this participation and are pleased to present that information here for public knowledge.

Name, Position, Organization	Board, Committee, Service Organization
Kirby, Tracie Patient Accounts Manager Exeter Hospital, Inc.	New Hampshire Health Access Network
Gaylord, Tamara Patient Accounts Supervisor Exeter Hospital, Inc.	New Hampshire Health Access Network
Karakostas, Lisa Manager of Employee Communication Exeter Hospital, Inc.	ElderPet, Advisory Board New England Society of Healthcare Communicators Exeter Hospital United in Wellness Advisory Board
Savoie, Michelle Family Center Manager Exeter Hospital, Inc.	Association of Women's Health Obstetrics and Neonatal Nurses Coordinating Team Northern New England Perinatal Quality Improvement Network Institute for Healthcare Improvement Better Maternal Outcomes
Chopelas, Laura Paramedicine Manager Exeter Hospital, Inc.	Region III EMS Council NH EMS Coordinators National Association of Emergency Medical Technicians American Psychological Association NH Paramedic Association
Leblanc, Ray Director Safety & Emergency Management Exeter Hospital, Inc.	Granite State Health Care Coalition NH Hospital Association Emergency Preparedness Coordinators Seacoast Public Health Region InfraGard New Hampshire Chapter National Emergency Management Association International Association Of Emergency Managers HICS National Advisory Committee
Creem, DR Jennifer Core Pediatric Dentist Core Physicians LLC	NH Academy of Pediatric Dentistry - Member Supervising dentist, Lamprey school-based dental program
Decker, Lindsay Core Pediatric Dentist Core Physicians LLC	NH Academy of Pediatric Dentistry - Member
DeMaria, Brenda Registered Nurse Rockingham Visiting Nurse Assn. & Hospice	Community Diabetes Support Group - Salem, NH and Exeter, NH



## COMMUNITY ADVOCACY 2019

<p>Revak, Karen Registered Nurse Rockingham Visiting Nurse Assn. &amp; Hospice</p>	<p>Community Diabetes Support Group - Exeter, NH</p>
<p>Parise, Joan Registered Nurse Rockingham Visiting Nurse Assn. &amp; Hospice</p>	<p>Seacoast Senior Provider Network Elderwrap, Seacoast NH Community Care Team Portsmouth Community Care Transitions Community Resource Network (CRN)</p>
<p>Garrett, Cathy Community Relations Specialist Rockingham Visiting Nurse Assn. &amp; Hospice</p>	<p>Elderwrap, Derry NH Service Link Advisory - Board Member Care Transitions Southern NH Human Service Council Falls Prevention Program - Derry Fire Department Network Breakfast Group, West Territory</p>
<p>Michel, Karen Executive Director Rockingham Visiting Nurse Assn. &amp; Hospice</p>	<p>Home Care Assn of NH Health Reach Diabetes Advisory Committee VNA Health System of Northern New England - CEO rep.</p>
<p>Fittro, Dave Lean Leader Exeter Health Resources, Inc.</p>	<p>Exeter Area Chamber of Commerce - Board of Directors</p>
<p>Mary Godfrey Director of HealthReach Diabetes &amp; HealthReach Community Education Lean Leader Exeter Hospital, Inc.</p>	<p>HealthReach Advisory Board - member</p>
<p>Lucille Marvin Program Manager - HealthReach Diabetes Edu Exeter Hospital, Inc.</p>	<p>HealthReach Diabetes Advisory Board Quality Coordinator - DSMES 2018 - President for of Granite State Diabetes 2019 -Past-President for of Granite State Diabetes Educators (GSDE)</p>
<p>Whitney, Mark Vice President of Strategy Exeter Health Resources, Inc.</p>	<p>United Way of the Greater Seacoast - Regional Council United Way of Massachusetts Bay - Board Member</p>
<p>Vasapolli, Debra Director, Marketing and Community Relations Exeter Health Resources, Inc.</p>	<p>NH Governors Council for Suicide Prevention - member</p>

## **Addendum**

### **The Operating Affiliates of Exeter Health Resources Narrative Report of Community Benefits, FY2019**

The mission of Exeter Health Resources and its affiliates is to improve the health of the community. This mission will be principally accomplished without compromising Exeter Health Resources' sustainability by supporting the provision of health services and information to the community by the affiliated companies of Exeter Health Resources.

Throughout the past year Exeter Hospital, Core Physicians and Rockingham VNA & Hospice have continued the pursuit of this mission. During FY 2019, the affiliates provided \$78,346,360 in subsidized support for Medicare and Medicaid, charity care and other community benefit programs and services to communities in the areas served.

**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. Exeter Hospital is accredited by DNV Healthcare, Inc., and is a Magnet-recognized hospital. Magnet designation from the American Nurses Credentialing Center is the most prestigious distinction a health care organization can receive for nursing excellence and high quality patient care.

**Core Physicians** is a community-based, multi-specialty group practice affiliated with Exeter Health Resources that provides comprehensive primary, specialty and pediatric dental care throughout the greater Seacoast Region. Over 160 providers in over 30 locations pursue exceptional patient satisfaction through clinical competence and professional office administration.

**Rockingham Visiting Nurse Association & Hospice** is a community-based, home health and hospice agency providing individuals and families with the highest quality home care, hospice and community outreach programs within Rockingham County and the surrounding towns of Barrington, Lee, Dover and Durham.

This addendum includes an overview of *some* of the affiliates' many community benefit services and programs that help to address needs identified in the 2016 Community Health Needs Assessment. The final assessment can be found at: <https://www.exeterhospital.com/About-Us/Community-Benefits>.

The operating affiliates of Exeter Health Resources work collaboratively with numerous community agencies towards meeting the needs of the community. These relationships include, but are not limited to, those referenced in this addendum.

#### **Financial Assistance:**

**Exeter Hospital** provided \$1,024,845 (calculated at cost) in charity care during FY 2019 which served 824 people. Exeter Hospital has three components to its healthcare access program:

##### **Uninsured Care Discount/Hospital Access Plus Program**

Patients who are uninsured will not be charged more than amounts generally billed to people who have insurance covering the same care. Exeter Hospital, prior to billing the patient, applies a discount towards gross charges for patients who are uninsured. This discount is not valid for patients who have health insurance coverage, including but not limited to: Medicare, Medicaid, MedPay, third party liability, or any other state or federal programs.

### **Financial Assistance Program (FAP)**

Exeter Hospital's community-based Financial Assistance Program is available to uninsured and under-insured patients who meet income and asset guidelines, and who live in our service area. To qualify, patients must first have applied for all other sources of coverage, including through the Healthcare Exchange and the New Hampshire Health Protection Program.

### **Catastrophic Care Discount**

Exeter's Catastrophic Care Program provides financial relief for those patients who do not qualify for the Financial Assistance Program, but who are faced with a substantial debt due to a serious illness or injury. This program is calculated based on a percentage of the patient's gross income.

Additional information can be found by visiting <https://www.exeterhospital.com/patients-and-visitors/Financial-Assistance>

**Core Physicians** offers a financial assistance program for patients who meet certain geographic and financial criteria. In FY 2019 Core provided \$145,768 (calculated at cost) in charity care which served 539 people.

**Rockingham VNA & Hospice** provided \$7,532 (calculated at cost) in charity care during FY 2019 which served 14 people.

The operating affiliates actively promote these programs through direct patient education, paid advertising and community partnerships.

### **Additional Directly Provided Community Benefit Programs and Services**

**Mental Health Care Access:** Exeter Hospital partners with Seacoast Mental Health to offer services to patients and their caregivers in the Emergency Department and the Center for Cancer Care. In FY 2019 Exeter helped to underwrite mental healthcare services in the amount of \$459,525 serving 700 people.

**Community Health Services:** The operating affiliates of Exeter Health Resources continue to provide various support programs and services to improve the health and wellness of the community. These include but are not limited to:

**Community Education Programs:** Exeter Hospital provided community education services at an expense of \$348,020 serving 2,695 people.

**Diabetes Support Programs:** During FY 2019, Exeter Hospital served 644 people in its cancer and diabetes programs at an expense of \$1,210,466.

**Community Based Clinical Services:** In FY 2019, Rockingham VNA & Hospice contributed \$42,696 towards serving 781 people with community based clinical services.

**Research:** The Center for Cancer Care at Exeter Hospital participates in several national research groups sponsored by the National Cancer Institute, which enables the Center to offer clinical trials to patients undergoing treatment at Exeter Hospital. These offerings allow patients to voluntarily take part in leading edge research that does not necessitate travel outside of the Seacoast area. During FY 2019, Exeter Hospital provided \$478,762 for clinical trials and research that served 1,138 patients.

**Health Education:** Through the Health Education Program, students in various stages of their academic careers benefit from the experience of working with professional clinical staff. In FY 2019 over 249 students in nursing and allied health related careers from over 30 educational facilities were given the opportunity to work alongside the excellent clinical staff of Exeter Hospital, Core Physicians and Rockingham VNA & Hospice at a total cost value of \$2,157,279.

**Telehealth Services:** During FY 2019, Exeter Hospital provided \$449,406 in Telehealth community support serving 9,782 people.

**Transportation:** Exeter Hospital's transportation program is an important health care support service provided in response to an identified community need. Each year the program enhances access for hundreds of patients who otherwise would not be able to obtain needed healthcare and health related support services. During FY 2019, Exeter Hospital provided transports at a cost of \$53,802.

**Community Grant Programs:** During FY 2019, Exeter Hospital issued \$1,115,408 in grants to other area not-for-profits to help support their mission and address needs identified in the 2016 Community Health Needs Assessment including but not limited to:

**Access Related Community Grants:** During FY 2019, Exeter Hospital continued its financial support of Lamprey Health Care with a community benefit grant in the amount of \$285,000.

Lamprey Health Care is the region's Federally Qualified Health Center ("FQHC") provides high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay. As New Hampshire's oldest community health center care it provides services at three centers located in Newmarket, Raymond and Nashua.

### **Youth Suicide/ Substance Misuse Prevention**

**HAVEN:** In FY 2019, Exeter Hospital provided support in the amount of \$35,000 to Haven in alignment with its suicide prevention efforts. HAVEN is the largest violence prevention and support services agency in NH.

HAVEN is dedicated to addressing public health through violence prevention and improving the well-being of children and families. Preventing abuse and providing support for those impacted by domestic and sexual violence can lead to healthier and more secure children and adults.

**Connors Climb:** In FY 2019, Exeter Hospital provided support in the amount of \$37,500 to Connor's Climb. The Connor's Climb Foundation is dedicated to preventing youth suicide. The nonprofit raises funds locally to support suicide prevention and education programs in New Hampshire. All of the funds raised directly impact programs for suicide awareness, education and prevention in the N.H. community.

**Art In Reach:** In FY 2019, Exeter Hospital contributed financial support to Arts in Reach in the amount of \$31,000.

Arts In Reach provides teenage girls in the Greater Seacoast of New Hampshire a platform to develop both their creative freedom and power of voice in a positive, supportive setting. Their vision is to build a community in which all young women are respected, supported, and enriched throughout their teenage years. Through innovative teaching and mentoring techniques, young women thrive as they express their own authentic identities.

**NAMI NH:** In FY 2019, Exeter Hospital provided support to NAMI NH in the amount of \$10,000.

NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education and advocacy for people affected by mental illness and suicide. Comprised of a network of affiliate chapters and support groups, staff and volunteers, NAMI NH provides information, education and support to all families and communities affected by mental illness and suicide

**Womenade of Greater Squamscott:** In FY 2019, Exeter Hospital provided \$46,000 to Womenade of the Greater Seacoast.

Womenade of Greater Squamscott is a non-profit 501c3, organized in 2005 to provide local residents with short-term financial assistance not readily available through other resources. Anonymous requests are received from community validators such as school nurses, guidance counselors, doctor's offices, clergy, social service organizations, hospice and more.

**The Chase Home for Children:** In FY 2019, Exeter Hospital provided support to the Chase Home for Children in the amount of \$32,000. During this time, the Chase home served 75 residential and 140 community youth and families. The home also provided another 60 diversion interventions.

The Chase Home in Portsmouth is one of the oldest nonprofit entities in New Hampshire and has been committed to helping at-risk children in dire circumstances live happier and healthier lives for more than 140 years.