COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-l
FOR FISCAL YEAR 2016-2017 (beginning 10.1.2016)

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: **Upper Connecticut Valley Hospital**

Street Address: **181 Corliss Lane**

City- County- State NH Zip Code: **Colebrook – Coos – NH – 03576**

Federal ID #: **02-0276210** State Registration # **6289**

Website Address: **www.ucvh.org**

Is the organization's community benefit plan on the organization's website? **Yes on the UCVH Web site at www.ucvh.org.**

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:	**Scott Colby**	**603-388-4110**	**scolby@ucvh.org**
Board Chair:	**Greg Placy**	**603-237-5196**	**gregplacy@gmail.com**
Community Benefits Plan Contact:	**Celeste Pitts**	**603-788-5321**	**celeste.pitts@weeksmedical.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 (and Vision) Statement:

"Upper Connecticut Valley Hospital strives to improve the well-being of the rural communities it serves by promoting health and assuring access to quality care."

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

Upper Connecticut Valley Hospital is a non-profit, critical access hospital that serves approximately 8,500 residents in 20 towns. UCVH was incorporated as a tax-exempt organization in 1970; since then it has provided both emergency and non-emergency care to the community it serves, regardless of ability to pay.

Through the Fiscal Year 2017 Upper Connecticut Valley Hospital continued to pursue its mission assuring access to quality care. We define quality care as: safe, effective, patient centered, timely, efficient and equitable. Thus, safety is the cornerstone of UCVH's quality care. We believe that serving patient needs is best accomplished within a healthy, welcoming and thriving community; therefore, we serve our community by a coordinated effort with members of local organizations, community agencies and governing authorities to improve and promote health, and our employees and volunteers by encouraging professional growth and supporting the achievement of their personal goals.

The Upper Connecticut Valley Hospital Community Benefit Program is engaged in many efforts to enhance the overall health and vibrancy of the community in which it operates. The program includes a range of activities such as:

- Preventive Care: Free preventive health screenings for cholesterol, blood pressure, and glucose test.
- Health Education: Health lectures to educate and inform our community about nutrition and early detection of disease.
- Advocacy: Support to groups and counseling services for substance abuse, weight management, diabetes program, and seniors' education.
- Emergency Management Planning: Integration of the hospital with community wide emergency preparedness efforts.
- Leadership and Community Service: Senior Leaders are actively involved in community management, relations and collaboration to build an effective and capable community.

Service Area (Identify Towns or Region describing the trust's primary service area):

The name Upper Connecticut Valley Hospital refers to the headwaters of the Connecticut River that is part of the 850 square-mile service area of the hospital, which includes 20 towns: Colebrook, Columbia, Dixville Notch, Errol, Millsfield, Stratford, Stewartstown, West Stewartstown, Pittsburg, Clarksville and Wentworth Location in New Hampshire; Canaan,

Averill, Norton, Bloomfield, Brunswick, Lemington, Beecher Falls in Vermont; and Upton, Wilsons Mills and Magalloway in Maine. The Regional Health Profile assessed our population at approximately 8,500 covering 850 square miles.

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

From a demographic standpoint, the greatest number of people residing in our service area are over the age of 45. Coos County Health Status Statistics demonstrate that we serve a population which has the greatest number of people who smoke, die of cancer, and have heart disease and diabetes. Furthermore, the high ratio of low-income population to primary care physician is undoubtedly a major contributing factor to the poor health outcomes, high incidence of chronic conditions and limited access to primary health care that residents of the North Country experience. These challenges motivate us to be the best healthcare resource they can turn to for help.

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? 2016 *(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?

	Code	Comment
1	503	Poverty
2	404	Adult Drug Use
3	504	Unemployment
4	420	Obesity
5	406	Adult Tobacco Use
6	402	Adult Alcohol Use

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)?

	Code	Comment
A	122	Availability of Behavioral Health Care
B	330	Diabetes
C	422	Nutrition Education
D	421	Physical Activity

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

Code 999 Activities (as they relate to Section 4) are as follows:

- Coalition Building – North Country Health Consortium, 45th Parallel EMS, North Country Healthcare Affiliation
- Community Health Advocacy – Accountable Care organization development for furthering the health of the residents in our community

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the Community Benefit Activities and Services provided in the preceding year and planned for the upcoming year. For each activity, indicate the community need (refer to number or letter ranks on previous page) that is addressed by the activity. For each activity, also indicate the past and/or projected unreimbursed costs.

A. Community Health Services	***Community Need Addressed (code)***	***Unreimbursed Costs (Fiscal 2017)***	***Unreimbursed Costs (Fiscal 2018)***
Community Health Education	***220, 330, 603, 602***	***15,183***	***33,728***
Community-based Clinical Services	***363, 521***	***1,357,841***	***1,582,807***
Health Care Support Services	***420, 522, 525***	***5,442***	***5,446***
Other:	***101, 602***	***288,363***	***289,424***

B. Health Professions Education	***Community Need Addressed (code)***	***Unreimbursed Costs (Fiscal 2017)***	***Unreimbursed Costs (Fiscal 2018)***
Provision of Clinical Settings for Undergraduate Training	***507***	***159,410***	***159,410***
Intern/Residency Education			
Scholarships/Funding for Health Professions Ed.			
Other:			

C. Subsidized Health Services	***Community Need Addressed (code)***	***Unreimbursed Costs (Fiscal 2017)***	***Unreimbursed Costs (Fiscal 2018)***
Type of Service: ***Specialty Clinics***	***123***	***552,878***	***477,086***
Type of Service: ***Family Planning***	***204***	***1,746***	***1,746***

D. Research	***Community Need Addressed (code)***	***Unreimbursed Costs (Fiscal 2017)***	***Unreimbursed Costs (Fiscal 2018)***
Clinical Research			
Community Health Research			
Other:			

E. Financial Contributions	*Community Need Addressed (code)*	*Unreimbursed Costs (Fiscal 2017)*	*Unreimbursed Costs (Fiscal 2018)*
Cash Donations	***124***	***124,934***	***50,000***
Grants			
In-Kind Assistance	***609, 999***	***987***	***987***
Resource Development Assistance			

F. Community Building Activities	*Community Need Addressed (code)*	*Unreimbursed Costs (Fiscal 2017)*	*Unreimbursed Costs (Fiscal 2018)*
Physical Infrastructure Improvement			
Economic Development			
Support Systems Enhancement			
Environmental Improvements			
Leadership Development; Training for Community Members			
Coalition Building	***999***	***14,169***	***14,391***
Community Health Advocacy	***999***	***3,526***	***3,566***

G. Community Benefit Operations	*Community Need Addressed (code)*	*Unreimbursed Costs (Fiscal 2017)*	*Unreimbursed Costs (Fiscal 2018)*
Dedicated Staff Costs			
Community Needs/Asset Assessment			
Other Operations			

H. Charity Care	*Community Need Addressed (code)*	*Unreimbursed Costs (Fiscal 2017)*	*Unreimbursed Costs (Fiscal 2018)*
Free & Discounted Health Care Services	***101***	***213,237***	***323,829***

I. Government-Sponsored Health Care	*Community Need Addressed (code)*	*Unreimbursed Costs (Fiscal 2017)*	*Unreimbursed Costs (Fiscal 2018)*
Medicare Costs exceeding reimbursement	***101***	***84,508***	***85,274***
Medicaid Costs exceeding reimbursement	***101***	***787,929***	***1,099,269***
Other Publicly-funded health care costs exceeding reimbursement			

Total Reportable Community Benefit Costs		***3,610,154***	***4,126,962***

Section 5: SUMMARY FINANCIAL MEASURES 2015-2016

Financial Information for Most Recent Fiscal Year	***Dollar Amount***
Gross Receipts from Operations	***29,204,120***
Net Revenue from Patient Services	***16,428,987***
Total Operating Expenses	***15,799,778***
Net Medicare Revenue	***8,366,251***
Medicare Costs (actual)	***8,450,759***
Net Medicaid Revenue	***1,623,829***
Medicaid Costs(actual)	***2,411,758***
Unreimbursed Charity Care Expenses	***213,237***
Unreimbursed Expenses of Other Community Benefits (A thru I)	***3,396,917***
Total Unreimbursed Community Benefit Expenses	***3,610,154***
Leveraged Revenue for Community Benefit Activities (comm. health centers)	
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	***3,610,154***

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. ***Check box = √***	***Identification of Need***	***Prioritization of Need***	***Development of the Plan***	***Commented on Proposed Plan***
1) Staff	√	√	√	√
2) Assembly of Overseers	√	√		
3) Volunteers	√	√		
4) Community Members	√	√		
5) School District Employees	√	√		
6) Mental Health Services	√	√		
7) Health and Human Service Organizations	√	√		
8) Area Business and Economic development Leaders	√	√		
9) Municipal Government	√	√		

10) Health and Human Service Providers	√	√		
11) Board of Trustees (community representatives)	√	√	√	√

Please provide a description of the methods used to solicit community input on community needs (Attach additional pages if necessary):

Section 7: CHARITY CARE COMPLIANCE

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