

COMMUNITY BENEFITS PLAN – REPORTING FORM

Pursuant to RSA 7:32-c – I

FOR FISCAL YEAR BEGINNING JULY 1, 2006

To be filed with:

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

www.state.nh.us/nhdoj/CHARITABLE/char.html

ORGANIZATION NAME: White Mountain Community Health Center
STREET ADDRESS: 298 White Mountain Highway, PO Box 2800,
Conway, New Hampshire 03818
FEDERAL TAX ID NUMBER: 020358715
STATE REGISTRATION NUMBER: 1438

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

Yes No

If Yes, has any of the initial filing information changed since the date of submission?

Yes No

If Yes, please attach the updated information.

Section 1 – Community Benefits Contact Person:

- Name and Title: Patricia McMurry, Executive Director
- Address: 298 White Mountain Highway
P. O. Box 2800, Conway, NH 03818
- Telephone Number: 603-447-8900

Section 2 – Mission Statement:

Statutory reference: RSA 7:32-e I.

The health care charitable trust must provide its most recent mission statement and the date it was adopted. The mission statement must describe the purpose of the health care charitable trust and delineate how the mission statement related to the community benefits reported. The mission statement must be reaffirmed on an annual basis.

1. What is your mission statement?

The mission of the White Mountain Community Health Center is to provide high quality primary health care, public health services and related support services, in response to the health status needs of the community.

Services will be provided without restricting their availability or compromising the quality of care given on any basis including race, creed, gender, national origin, handicap, age, sexual orientation, or ability to pay.

2. When it was last reaffirmed? (Mission statement must be reaffirmed by the trust annually.)

January 2007

Section 3 – Miscellaneous:

Is this plan available on your web site? Yes No

If yes, may we include a link to the plan on the CTU web site?

Yes Web Address: www.whitemountainhealth.org

Please check here if you are an area agency that reports to the Department of Health and Human Services.

Please check here if this report is filed for two or more healthcare charitable trusts. (This report is filed with The Memorial Hospital's Community Benefits Plan – Reporting Form for FY2002.)

Section 4 – Definition of Community and Population Served (RSA 7:32-d, II)

What community do you serve? (The community may be defined in terms of geographic boundaries, special populations, community groups, demographic characteristics, health status, health resources, healthcare utilization data, etc.)

White Mountain Community Health Center serves a geographic region that includes the ten towns of Northern Carroll County, and a population that falls generally between 100% and 250% of poverty level.

Albany	Tamworth	Ossipee
Conway	Freedom	
Chatham	Eaton	
Bartlett	Jackson	
Madison	Effingham	

Section 5 – Community Needs Assessment Information (RSA 7:32-f)

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

White Mountain Community Health Center conducted a Community Needs Assessment in conjunction with the healthcare charitable trusts that comprise the Memorial Development Foundation. In addition to The Memorial Hospital, this includes Carroll County Health & Home Care Services and Visiting Nurse & Hospice Care Services.

The study involved 10 local agencies and all area primary care providers; it used many methodologies to collect information and solicit input from the community. The same basic tools have been used since then to update components of the assessment, most recently in 2002. The following information and community input vehicles make up the basis for ongoing community benefit activities:

- Available data concerning Northern Carroll County was compiled from national, state, and local sources, specifically concerning Health Status Indicators, income levels, community demographics, and resource availability and accessibility. This information was originally presented at a public community forum in June 1996. In 2002, available health status indicator data was updated. A format was developed to evaluate the Northern Carroll County health status compared with the state of New Hampshire, all rural HSAs, and Southern Carroll County. The White Mountain Community Health Center came under the Foundation umbrella in 2001. *The Center did not meet the threshold for filing a report until 2002.*

2. If you conducted your own assessment, please answer the following questions: **N/A**

a. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)

b. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)

c. If your assessment was conducted or updated this year, please attach a copy.

3. If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions:

a. Identify the healthcare charitable trust designated by the group to file the community needs assessment with the Charitable Trusts Unit.

The Memorial Hospital

b. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.)

June 2002, with updates in 2003.

4. If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, please answer the following questions: **N/A**

a. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)

b. If the group's assessment was conducted or updated this year, please attach a copy.

Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-l)

Describe in detail the cost of the community benefits planned by the health care charitable trust and the methodology for estimating the cost. The plan shall include an estimate of the cost of each activity expected to be undertaken or

supported in the ensuing year and a report on the unreimbursed cost of each activity undertaken in the preceding year. For each quantifiable benefit, the trust should provide an economic valuation which identifies the unreimbursed cost to the trust of providing the benefit and the method for calculating that cost. Nonquantifiable benefits should be identified separately and described in narrative form.

PLEASE NOTE: RSA 7:32-I allows healthcare charitable trusts to file community benefit plans individually or in a combination with others. If you are filing a report on behalf of two or more entities, the following additional requirements must be met:

- **The collaborating entities must choose a single date which is identified as the fiscal year beginning date for the plan. Please specify the date so selected.**
- **Please copy and complete page 1 (Sections 1-3) of this form for each member of the group.**
- **Please answer Section 6, questions 2 through 8, for each member of the group.**

1. Please identify the health care needs that were considered in development of this plan.

The health care needs that were considered arose from the community needs assessment conducted by the Memorial Foundation group.

If this report is filed on behalf of two or more healthcare charitable trusts, questions 2 through 8 in this section must be answered for each member of the group. Please use additional pages/space as necessary. This information may be identified within the plan itself or submitted as an addendum to the plan.

2. Please identify all activities the trust or group expects to undertake or support during the next year which address the needs determined through the community needs assessment. Please include the estimated cost of each activity.

See Attachment A

3. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group expects to undertake or support during the next year. Please include the estimated cost of each activity.

See Attachment A

4. Please identify all charity care the trust or group expects to provide during the next year. Please include the estimated cost of each activity.

See Attachment A

5. Please identify all activities the trust or group undertook or supported during the past year which addressed the needs determined through the community needs assessment and the outcomes achieved. Please include the estimated cost of each activity.

See Attachment B

6. Please identify additional community benefits or benefit activities, not specifically identified in the community needs assessment, the trust or group undertook or supported during the past year and the outcomes achieved. Please include the estimated cost of each activity.

See Attachment B

7. Please identify all charity care the trust or group provided during the past year and the outcomes achieved. Please include the estimated cost of each activity.

See Attachment B

NOTE: Bad debt may not be included as an element of charity care (RSA 7:32-h I.)

8. Please indicate the ratio of gross receipts from operations to net operating costs for the trust.

.89

9. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness. (The report shall include the means used to solicit the views of the community served by the trust, identification of community groups, members of the public and local government officials consulted on the development of the plan, and an evaluation of the plan's effectiveness. The process for development of the plan shall include an opportunity for members of the public in the trust's service area to provide input into the development of the plan and comment on the trust's proposed plan.)

From the community needs assessment.

Section 7 – Public Notice:

How your plan/report is made known and available to the public?

It is posted to our joint website with the hospital, distributed in our Annual Reports, and publicly made available to each town at annual budget hearings for funding requests for agency.

Question #2-3-4

White Mountain Community Health Center

Attachment A

The community needs assessment highlighted the need for a Federally Qualified Health Center (FQHC) in Carroll County. WMCHC applied for federally qualified status in December of 2005, and actively engaged in creating an organization whose breadth of services would have increased. The application was unsuccessful and the Board of WMCHC voted not to reapply.

Currently we provide medical services in the areas of primary care, family planning and reproductive health, child health, immunizations, prenatal care and adolescent health. We also provide social work services in the prenatal and pediatric clinics, and assist with applications for Medicaid and the Healthy Kids plans of New Hampshire. Social work services are available to adults as well.

In 2006 the Center began a dental program to provide services to children at the Center as well as in the Conway schools. The funding for this program came from grants as well as from in kind contributions. The community benefit is the provision of services to children who, despite having Medicaid, were not receiving services. In 2007 we completed the buildout of an on-site dental suite and added a part time dentist and increased our hygienist time to 3 days a week to address the needs of the area's children.

The community benefit projected for FY07 of \$283,754 in free care for medical and dental services.

Question #5 & 6

White Mountain Community Health Center **Community Benefits Report**

Attachment B

WMCHC handled 13,271 visits of adults, adolescents and children for a variety of medical services including prenatal, family planning, child health, dental hygiene, immunizations, and primary care for a population whose incomes range within the 100% to 250% of poverty level.

The gross income generated from these visits is about 50% Medicaid and 30% self payors (uninsured or underinsured), with 20% being Medicare and commercial insurers.

WMCHC operates on a sliding fee scale for self payors who are uninsured or underinsured. The amount of the sliding scale and free care provided to self paying patients during FY07 created a community benefit value of \$283,754.

Additionally, WMCHC operates a self funded in house prescription assistance program which last year purchased \$1,267.15 worth of medications to provide for the immediate medication needs of our patients. The Medication Bridge program operated by the Center provided \$210,343 worth of medications to the uninsured and under-insured population.

For those patients who require services at a specialist office, the Center refers the patient and pays the bill for certain services. The community benefit value of this in FY07 was \$3,813.

**White Mountain Community Health Center Community
Benefits**

Attachment C

Operating Income	\$ 16,280
Contributed Services	(\$141,300)
Pro Forma Operating Loss	\$125,020

Without the Community Benefits provided by The Memorial Hospital to the White Mountain Community Health Center, the Center would have experienced a loss of \$120,020 for the last fiscal year.

FY07

White Mountain Community Health Center

2008 Budget

Net Income from Operations:	\$125,982
Contributed Benefits/Services:	\$ 139,508
Bad Debt	\$ 16,636
Free Care	\$382,810

Without Community Benefits from The Memorial Hospital, the Center projects a loss of \$133,956.