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Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQD-ZNAQ-QXN8F, version 1)

Details

Submitted	10/31/2025 (0 days ago) by Rhonda Bernstein
Submission ID	HQD-ZNAQ-QXN8F
Status	Submitted

Form Input

Section 1: Entity Information

Entity Name
Amoskeag Health

State Registration #
809655

Federal ID #
02-0458174

Fiscal Year Beginning
07/01/2024

Entity Address

145 Hollis Street

Manchester, New Hampshire 03101-1235

Entity Website (must have a prefix such as "http://www.")
http://www.amoskeaghealth.org

Chief Executive Officer (first, last name)

First Name	Last Name	
Kris	McCracken	
Phone Type	**Number**	**Extension**
Business	6036269500	

Email
kmccracken@amoskeaghealth.org

Board Chair (first, last name)

First Name	Last Name	
Thom	Lavoie	
Phone Type	**Number**	**Extension**
Business	6037165414	

Email
Tlavoie@CGI-PC.com

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Kris	McCracken

Title
President

Phone Type	Number	Extension
Business	6036269500	

Email
kmccracken@amoskeaghealth.org

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)?
N/A

Section 2: Mission & Community Served

1. Mission Statement
Amoskeag Health's mission is to improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all. We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed. We believe in:
1) Promoting wellness and empowering patients through education
2) Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy
3) Providing exceptional, evidence-based and patient-centered care
4) Removing barriers so that our patients achieve and maintain their best possible health

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

Please select service area municipalities (NH), if applicable
MANCHESTER

Service Population Description
Amoskeag Health services 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
2022 Greater Manchester Community Health Needs Assessment.pdf - 07/10/2025 08:20 AM
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
2.3: Medicare
A1: Community Health Education
A2: Community-Based Clinical Services
A3: Health Care Support Services
A4: Other Community Health Improvement Services
B2: Intern/Residency Education
C8: Behavioral Health Services
E3: In-Kind Assistance

7. Brief description of major strategies or activities to address this need (optional)
As a community health center and FQHC, Amoskeag Health works across 4 physical locations in Manchester to deliver integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, patients who are homebound, and children exposed to trauma. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff, and volunteers and by
developing partnerships with other organizations to ensure accessibility, availability, and affordability for all needs of our clients.

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 ($)
23851502

(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*	1605619	0	1605619	6.7%	1669843

(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*	6713980	6269519	444461	1.9%	6982540

(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*	8319599	6269519	2050080	8.6%	8652383

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*	1387498	1372052	15446	0.1%	1442998

(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*	0	0	0	0%	0

(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*	0	0	0	0%	0

(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*	0	0	0	0%	0

(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*	12005	0	12005	0.1%	12485

(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*	1399503	1372052	27451	0.1%	1455483

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*	9719102	7641571	2077531	8.7%	$10107866

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
23851502

(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 (%)
NONE PROVIDED	*NONE PROVIDED*	0	0	0	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*	0	0	0	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*	0	0	0	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
235382

2. Medicare allowable costs of care relating to payments specified above ($)
567130

3. Medicare surplus (shortfall)
$-331748

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.
All shortfall should be treated as community benefit because the mission of Amoskeag Health is to improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:
Cost to charge ratio

Section 7: Summary Financial Measures

1. Gross Receipts from Operations ($)
24663389

2. Net operating costs ($)
23851502

3. Ratio of gross receipts from operations to net operating costs
1.034

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
2050080

5. Other Community Benefit Costs ($)
27451

6. Community Building Activities ($)
0

7. Total Unreimbursed Community Benefit Expenses ($)
2077531

8. Net community benefit costs as a percent of net operating costs (%)
8.71%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

2. Medicare Shortfall ($)
$-331748

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Amoskeag Health	Yes	Yes	Yes	Yes
Catholic Medical Center	Yes	Yes	Yes	Yes
Granite United Way	Yes	Yes	Yes	Yes
NeighborWorks southern NH	Yes	Yes	Yes	Yes
Dartmouth Health	Yes	Yes	Yes	Yes
Families in Transition	Yes	Yes	Yes	Yes
City of Manchester Health Department	Yes	Yes	Yes	Yes
Waypoint	Yes	Yes	Yes	Yes
Elliot Health Systems	Yes	Yes	Yes	Yes
City of Manchester, Office of the Mayor	Yes	Yes	Yes	Yes
Mental Health Center of Greater Manchester	Yes	Yes	Yes	Yes
Manchester Police Department	Yes	Yes	Yes	Yes
Solutions Health	Yes	Yes	Yes	Yes

2. Please provide a description of the methods used to solicit community input on community needs:
Amoskeag Health takes an active role in the Greater Manchester Regional Public Health Network. For the 2022 Greater Manchester Community Health Needs Assessment, Amoskeag Health worked in collaboration with the City of Manchester Health Department to assist in the distribution of questionnaires to our patients to solicit feedback on the needs demonstrated in our service area. Amoskeag Health also uses quarterly patient satisfaction surveys to gather patient feedback on a variety of questions and sends a post-visit survey to patients on which they can provide open ended feedback comments. This has greatly assisted our ability to understand the needs that our patients are experiencing. We also regularly complete individual patient assessments in the areas of social determinants of health which help us to better understand the challenge areas of our patients.

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 Kris
Last Name McCracken
Title
President/CEO
Email
kmccracken@amoskeaghealth.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
7/10/2025 8:20 AM	2022 Greater Manchester Community Health Needs Assessment.pdf	Attachment	No	Rhonda Bernstein

Status History

	User	Processing Status
7/10/2025 8:09:56 AM	Rhonda Bernstein	Draft
10/31/2025 1:41:35 PM	Rhonda Bernstein	Submitting
10/31/2025 1:41:48 PM	Rhonda Bernstein	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Rhonda Bernstein	10/31/2025 1:41:48 PM