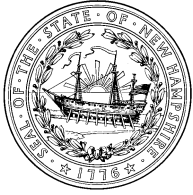


55A - 7/8/26



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544

Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Lori A. Weaver
Commissioner

Katja S. Fox
Director

June 29, 2026

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a **Sole Source** amendment to an existing contract with Mary Hitchcock Memorial Hospital (VC#177160-B016), Lebanon, NH to continue operating a single point of entry Doorway for individuals seeking access to substance use-related services and supports, by exercising a contract renewal option by increasing the total price limitation by \$7,109,915 from \$7,659,742 to \$14,769,657, which includes increasing the individual price limitation by \$2,670,931 from \$2,396,742 to \$5,067,673 and increasing the shared price limitation by \$4,438,984, from \$5,263,000 to \$9,701,984 for unmet and flexible needs funding among all nine (9) Doorway Contractors and extending the completion date from September 29, 2026 to September 29, 2027, effective upon Governor and Council approval. 92.26% Federal Funds. 7.74% General Funds.

The original contract was approved by Governor and Council on May 21, 2025, Item #162.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Year 2028, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because MOP 150 requires all amendments to agreements originally approved as sole source to be identified as sole source. The Contractor serves as a long-standing critical access point for substance use disorder services and related health supports within the region. They have established effective partnerships with key community-based providers, possess the administrative and operational infrastructure necessary to meet the Department's expectations for Doorway services, and are positioned to provide these services without interruption. Transitioning these responsibilities to another entity would cause significant disruption to service delivery, jeopardize continuity of care for individuals seeking treatment and support, and reduce coordination across the provider network.

The Contractor will continue to provide the resources and supports necessary to strengthen existing prevention, treatment, and recovery services. This includes promoting sustained engagement in the recovery process and ensuring individuals have timely access and referral to critical services that reduce substance use disorders, opioid- and stimulant-related

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

harms, overdoses, and deaths. The Contractor will also continue delivering immediate screening and assessment services to determine the appropriate level of care; maintaining mechanisms for the rapid transport of individuals to safe interim housing when treatment is not immediately available; and administering facilitated referrals and case management to help individuals navigate the prevention, treatment, and recovery system. Third-party billing will continue to be used whenever allowable, while grant funds will remain the payor of last resort to support non-billable but essential services.

Shared pool funding will continue to address and remove barriers that often prevent individuals from accessing needed care. This funding supports emergent needs such as resources for individuals awaiting treatment or recovery services when capacity is limited; peer recovery support services; expenses associated with securing or maintaining safe housing; childcare that enables parents and caregivers to participate in treatment and recovery programming; and coordination of transportation to and from recovery-related medical appointments. These supports are critical to maintaining continuity of care and ensuring individuals can fully engage in treatment and recovery services.

Approximately 275 individuals will be served annually.

The Department will monitor services through the review of monthly data reports and federal reporting requirements submitted by the Contractor, and through regularly scheduled meetings with the Contractor to ensure deliverables are being met and to determine quality improvement needs.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the original agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the five (5) years available.

Should the Governor and Council not authorize this request individuals seeking substance-use-related supports and services may experience difficulty navigating the complex treatment and recovery system, may not receive the needed supports and services, and may experience delays in receiving care.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.788, FAIN H79TI087843.

Respectfully submitted,



For:

Lori A. Weaver
Commissioner

Fiscal Details

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	074-500589	Welfare Assistance	92057070	\$1,238,383.00	\$0	\$1,238,383.00
2026	074-500589	Welfare Assistance	92057070	\$413,359.00	\$0	\$413,359.00
2026	074-500589	Welfare Assistance	92057076	\$670,000.00	\$0.00	\$670,000.00
2027	074-500589	Welfare Assistance	92057076	\$75,000.00	\$362,555.00	\$437,555.00
2027	074-500589	Welfare Assistance	92057072	\$0	\$50,000.00	\$50,000.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$1,606,450.00	\$1,606,450.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$651,926.00	\$651,926.00
			Subtotal	\$2,396,742.00	\$2,670,931.00	\$5,067,673.00

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:DIV FOR BEHAVIORAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	102-500731	Contracts for Prog Svc	92058501	\$413,000.00	\$0	\$413,000.00
2026	102-500731	Contracts for Prog Svc	92058501	\$162,000.00	\$0	\$162,000.00
2026	102-500731	Contracts for Prog Svc	92058501	\$488,000.00	\$0	\$488,000.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$137,500.00	\$137,500.00
2027	102-500731	Contracts for Prog Svc	92058511	\$0	\$412,500.00	\$412,500.00
			Subtotal	\$1,063,000.00	\$550,000.00	\$1,613,000.00

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF DRUG AND ALCOHOL SERVICES, SOR GRANT (100% Federal Funds)

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2025	074-500589	Welfare Assistance	92057066	\$200,000.00	\$0	\$200,000.00
2025	074-500589	Welfare Assistance	92057070	\$1,500,000.00	\$0	\$1,500,000.00
2026	074-500589	Welfare Assistance	92057070	\$500,000.00	\$0	\$500,000.00
2026	074-500589	Welfare Assistance	92057076	\$1,500,000.00	\$0	\$1,500,000.00
2027	074-500589	Welfare Assistance	92057076	\$500,000.00	\$444,492.00	\$944,492.00
2027	074-500589	Welfare Assistance	TBD	\$0	\$2,583,369.00	\$2,583,369.00
2028	074-500589	Welfare Assistance	TBD	\$0	\$861,123.00	\$861,123.00
			Subtotal	\$4,200,000.00	\$3,888,984.00	\$8,088,984.00

Overall Total	\$7,659,742.00	\$7,109,915.00	\$14,769,657.00
----------------------	-----------------------	-----------------------	------------------------

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Doorway for Substance Use-Related Supports and Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 21, 2025 (Item #162), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
September 29, 2027
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$14,769,657
3. Modify Exhibit A - Revisions to Standard Provisions, by adding Subsection 1.7., to read:
1.7 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
6.1. In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services, Section 1.1.3. through Section 1.1.5., to read:
1.1.3. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA;
1.1.4. American Society of Addiction Medicine (ASAM) Criteria. The Contractor must:
1.1.4.1. Transition from ASAM Criteria, 3rd Edition to ASAM Criteria, 4th Edition and ensure services are provided in accordance with ASAM Criteria, 4th Edition no later than January 1, 2026; and
1.1.4.2. Transition to, and ensure services are, provided in accordance with updated ASAM Criteria Editions within timeframes as specified and notified by the Department.
1.1.5. Reserved;
5. Modify Exhibit B, Scope of Services, Section 1.2.2., to read:
1.2.2. A minimum of one (1) physical location for individuals to receive face-to-face services, ensuring any request for a change in location is submitted to the Department for approval, no later than 30 business days prior to the requested move. The Contractor may:

1.2.2.1. Operate additional physical locations, as approved by the Department, based on demand for services and community need. The operation of additional physical location must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.

6. Modify Exhibit B, Scope of Services, Section 1.4.2.3., to read:

1.4.2.3. Treatment options, including same day access to medications for substance use disorders. The Contractor may:

1.4.2.3.1. Implement and operate a Recovery Enhancement Program (REP) to enhance current outpatient Substance Use Disorder (SUD) treatment services; with the goal of reducing substance use and improving engagement in treatment, as approved by the Department, based on demand for services and community need. The operation of a REP must be within the price limitation as identified on Form P-37, General Provisions, Block 1.8.

7. Modify Exhibit B, Scope of Services, Section 1.4.2.11.4., to read:

1.4.2.11.4. Ongoing follow-up and support of individuals engaged in services, in collaboration or consultation with the individual's external service provider(s), until a discharge SUPRT interview, detailed in Section 1.24 is completed;

8. Modify Exhibit B, Scope of Services, Section 1.4.3.1., to read:

1.4.3.1. Is person-centered, based on the clinical evaluation identified above, meets the specific needs of individuals described in Section 1.3., and is written in simple, easy to understand language.

9. Modify Exhibit B, Scope of Services, Section 1.25., to read:

1.25. SAMHSA Unified Performance Reporting Tool (SUPRT), or other reporting tool as identified and required by SAMHSA

1.25.1. The Contractor must administer or coordinate the completion of SUPRT A and C baseline tool entries and associated re-assessments at six (6) months, one year, and discharge for all individuals receiving program services.

1.25.2. The Contractor must provide individuals served with clear guidance about the uses and disclosures of the information provided to complete the SUPRT, the tools required to complete the SUPRT-C, and the use and disclosure of the Part 2 information or other PHI required in order to complete the SUPRT. The Contractor must also provide staff training regarding the confidentiality of the identifiable information included in the SUPRT.

1.25.3. The Contractor must ensure the SUPRT reporting tools are attempted at a minimum of the following intervals:

1.25.3.1. Baseline: Within 30 days of initial grant-covered service;

1.25.3.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;

1.25.3.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and

1.25.3.4. Closeout: Upon discharge from the initially referred service.

^{DS}
EJM

1.25.4. The Contractor must ensure completed SUPRT data is entered into the Department-approved system, at a minimum of the following intervals:

- 1.25.4.1. Baseline: Within 30 days of initial grant-covered service;
- 1.25.4.2. Six Month Re-assessment: Six months post baseline. The window for this tool entry opens five (5) months after the baseline tool entry and closes seven (7) months after the baseline for individuals still receiving services;
- 1.25.4.3. Annual Re-Assessment: One year post baseline. The window for this tool entry opens eleven (11) months after the baseline tool entry and closes thirteen (13) months after the baseline for individuals still receiving services; and
- 1.25.4.4. Closeout: Upon discharge from the initially referred service. The Contractor must document any loss of contact with participants in the Department-approved system using the appropriate process and protocols as defined by SAMHSA and through technical assistance provided under the SOR grant.

10. Modify Exhibit B, Scope of Services, Section 1.26.8., to read:

1.26.8. The Contractor must collaborate with the Department and other SOR funded vendors, as requested and directed by the Department, to improve SUPRT data collection.

11. Modify Exhibit C, Payment Terms; Section 1., to read:

1. This Agreement is funded by:

- 1.1. 89.08% Federal funds, Federal funds, State Opioid Response (SOR), awarded by the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA), ALN 93.788, as awarded on:
 - 1.1.1. September 24, 2024, FAIN H79TI087843.
 - 1.1.2. September 29, 2024, FAIN H79TI085759.
 - 1.1.3. September 20, 2025, FAIN H79TI087843.
 - 1.1.4. Date TBD, FAIN H79TI087843.
- 1.2. 7.20% Other funds (Governor's Commission).
- 1.3. 3.72% General funds

12. Modify Exhibit C, Payment Terms, Section 3., to read:

3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Doorway Services Budget through Exhibit C-4, Doorway Services Budget – Amendment #1.

13. Modify Exhibit C, Payment Terms, Section 5. through Section 5.1.2. only, to read:

5. The Contractor may be eligible to receive reimbursement for expenses incurred in the fulfillment of this Agreement and in accordance with Exhibit B, Scope of Services, Sections 1.9., 1.10., and 1.11. This Agreement is one of multiple individual Agreements with Contractors providing Doorway services with a total shared price limitation that shall not exceed \$9,701,984. No maximum or minimum funding amount per Contractor is guaranteed.

5.1. The statewide total shared price limitation across all individual Doorway Agreements is:
5.1.1. \$8,088,984 Flexible Needs Funds, as funded by SOR. SOR funding is available

DS
EJM

only for individuals with a history, current diagnosis, or who are at risk of developing an opioid and/or stimulant use disorder (O/StimUD), as follows:

5.1.1.1. \$2,200,000 from September 30, 2024 through September 29, 2025;

5.1.1.2. \$2,444,492 from September 30, 2025 through September 29, 2026; and

5.1.1.3. \$3,444,492 from September 30, 2026 through September 29, 2027; and

5.1.2. \$1,613,000 Unmet Needs Funds, as funded by the Governor's Commission on Addiction, Treatment, and Prevention, are available only for individuals with a history, current diagnosis, or who are at risk of developing substance use disorders, including alcohol use disorder, and excluding O/StimUD and is not available for services otherwise covered through SOR federal grant funding administered through SAMHSA, as follows:

5.1.2.1. \$575,000 from September 30, 2024 through September 29, 2025;

5.1.2.2. \$625,500 from September 30, 2025 through September 29, 2026; and

5.1.2.3. \$412,500 from September 30, 2026 through June 30, 2027.

14. Modify Exhibit C-1, Doorway Services Budget, by replacing it in its entirety with Exhibit C-1, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

15. Add Exhibit C-4, Doorway Services Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/29/2026

Date

DocuSigned by:

Katja S. Fox

Name: Katja S. Fox

Title: Director

Mary Hitchcock Memorial Hospital

6/29/2026

Date

DocuSigned by:

Edward J. Merrens, MD

Name: Edward J. Merrens, MD

Title: Chief Clinical Officer

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/29/2026

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services												
Contractor Name: <i>Mary Hitchcock Memorial Hospital</i>												
DOORWAY SERVICES: <i>September 20, 2024 through September 29, 2026</i>												
Budget Request for: <i>September 29, 2026</i>												
Indirect Cost Rate (if applicable) <i>15.00%</i>												
Line Item	9/30/24-6/30/25			7/1/25-9/29/25			9/30/25-6/30/26			7/1/26-9/29/26		
	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$182,422	\$31,453	\$150,969	\$61,299	\$10,484	\$50,815	\$276,331	\$31,453	\$244,878	\$198,494	\$11,924	\$186,570
2. Fringe Benefits	\$48,557	\$0	\$48,557	\$16,344	\$0	\$16,344	\$73,967	\$0	\$73,967	\$52,182	\$0	\$52,182
3. Consultants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$10,000	\$0	\$10,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$1	\$0	\$1	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$11,467	\$0	\$11,467	\$2,413	\$0	\$2,413	\$948	\$0	\$948	\$746	\$0	\$746
5.(d) Supplies - Medical	\$1	\$0	\$1	\$1,800	\$0	\$1,800	\$0	\$0	\$0	\$0	\$0	\$0
5.(e) Supplies - Office	\$3,000	\$0	\$3,000	\$1	\$0	\$1	\$4,000	\$0	\$4,000	\$0	\$0	\$0
6. Travel	\$12,820	\$0	\$12,820	\$6,380	\$0	\$6,380	\$820	\$0	\$820	\$380	\$0	\$380
7. Software	\$1	\$0	\$1	\$1	\$0	\$1	\$2,017	\$0	\$2,017	\$30,615	\$0	\$30,615
8. (a) Other - Marketing/Communications	\$2,998	\$0	\$2,998	\$1	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0
8. (b) Other - Education and Training	\$8,000	\$0	\$8,000	\$4,000	\$0	\$4,000	\$0	\$0	\$0	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i> <i>Clinic Cell Phones</i>	\$2,000	\$0	\$2,000	\$650	\$0	\$650	\$3,000	\$0	\$3,000	\$1,000	\$0	\$1,000
<i>Billing consultant</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50,000	\$0	\$50,000
<i>Other (please specify) - Occupancy</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$32,321	\$0	\$32,321
<i>Provider Insurance</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,930	\$0	\$4,930
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$281,268	\$31,453	\$249,815	\$92,891	\$10,484	\$82,407	\$361,083	\$31,453	\$329,630	\$370,667	\$11,924	\$358,743
Total Indirect Costs	\$83,935	\$0	\$83,935	\$28,843	\$0	\$28,843	\$126,379	\$0	\$115,370	\$55,600	\$0	\$53,812
Subtotals	\$365,203	\$31,453	\$333,750	\$121,734	\$10,484	\$111,250	\$487,462	\$31,453	\$445,000	\$426,267	\$11,924	\$412,555
TOTAL											\$1,302,555	

DS
EJM

Contractor Initials:

Date: 6/29/2026

New Hampshire Department of Health and Human Services						
Contractor Name: <i>Mary Hitchcock Memorial Hospital</i>						
Budget Request for: <i>DOORWAY SERVICES: September 30, 2026 - September 29, 2027</i>						
Indirect Cost Rate (if applicable) 15.00%						
	9/30/26-6/30/27			7/1/27-9/29/27		
Line Item	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS	Total Program Cost	Program Cost - Contractor Share/ Match	Program Cost - Funded by DHHS
1. Salary & Wages	\$955,342	\$150,000	\$805,342	\$395,022	\$35,000	\$360,022
2. Fringe Benefits	\$259,826	\$0	\$259,826	\$107,260	\$0	\$107,260
3. Consultants	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$37,804	\$0	\$37,804	\$3,000	\$0	\$3,000
5.(d) Supplies - Medical	\$2,000	\$0	\$2,000	\$1,000	\$0	\$1,000
5.(e) Supplies - Office	\$15,000	\$0	\$15,000	\$5,000	\$0	\$5,000
6. Travel	\$20,000	\$0	\$20,000	\$10,000	\$0	\$10,000
7. Software	\$71,111	\$0	\$71,111	\$2,000	\$0	\$2,000
8. (a) Other - Marketing/Communications	\$10,000	\$0	\$10,000	\$3,000	\$0	\$3,000
8. (b) Other - Education and Training	\$10,000	\$0	\$10,000	\$5,000	\$0	\$5,000
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other- Staff Cell Phones</i>	\$5,000	\$0	\$5,000	\$2,000	\$0	\$2,000
<i>Other- Purchased Service</i>	\$3,000	\$0	\$3,000	\$1,000	\$0	\$1,000
<i>Other - (please specify) - Occupancy</i>	\$142,299	\$0	\$142,299	\$62,434	\$0	\$62,434
<i>Other - (please specify) Provider Insurance</i>	\$15,531	\$0	\$15,531	\$5,177	\$0	\$5,177
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
<i>Other (please specify)</i>	\$0	\$0	\$0	\$0	\$0	\$0
9. Subrecipient Contracts-	\$0	\$0	\$0	\$0	\$0	\$0
0	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Costs	\$1,546,913	\$150,000	\$1,396,913	\$601,892	\$35,000	\$566,892
Total Indirect Costs	\$232,037	\$0	\$209,537	\$90,284	\$0	\$85,034
Subtotals	\$1,778,950	\$150,000	\$1,606,450	\$692,176	\$35,000	\$651,926
TOTAL					\$	2,258,376

EJM

Contractor Initials:

Date: 6/29/2026

State of New Hampshire

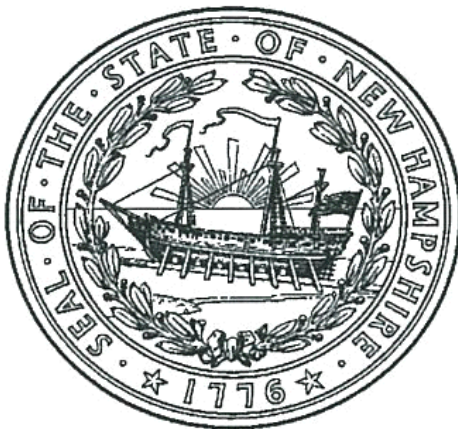
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **68517**

Certificate Number: **0007804280**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of February A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State



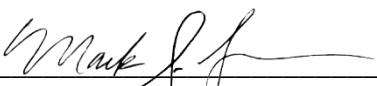
Dartmouth-Hitchcock
Boards of Trustees

CERTIFICATE OF VOTE/AUTHORITY

I, Mark S. Speers, MBA, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
 - a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets.** As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Officer, Edward Merrens, MD, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 29th day of June, 2026.



Mark S. Speers, MBA, Board Chair

CERTIFICATE OF INSURANCE

COMPANY AFFORDING COVERAGE

Hamden Assurance Risk Retention Group, Inc.
 P.O. Box 1687
 30 Main Street, Suite 330
 Burlington, VT 05401

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Mary Hitchcock Memorial Hospital
 One Medical Center Drive
 Lebanon, NH 03756
 (603)653-6850

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
X	CLAIMS MADE				EACH OCCURRENCE	\$1,000,000
					DAMAGE TO RENTED PREMISES	\$1,000,000
					MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$3,000,000
					PRODUCTS-COMP/OP AGG	\$1,000,000
OTHER						
X	CLAIMS MADE				EACH CLAIM	\$1,000,000
					ANNUAL AGGREGATE	\$3,000,000
					OTHER	
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
 Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of NH
 Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301-3857

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

NONPROFIT COVER SHEET


A. Entity Name: Mary Hitchcock Memorial Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic

B. Entity's Contact Information:

1 Medical Center Drive
Lebanon, NH 03756-1000

Person responsible for Accuracy and Completeness of information provided:

Name: Edward J. Merrens, MD, MHCDS Title: Chief Clinical Officer

Signature: _____  _____
8ACA3CFCA0CC438..

Additional Contact:

Name / Phone / Email: Theresa Alvarez, 603-650-1801, awards@hitchcock.org _____

C. List Board of Directors and Affiliations

<u>Name (Identify any additional role(s) in Parentheses)</u>	<u>Affiliations</u>
Mark W. Begor, MBA	Chief Executive Officer, Equifax
Joanne M. Conroy, MD	Retired Chief Investment Officer, AllianceBernstein
Thomas P. Glynn, PhD	Retired Adjunct Lecturer, Harvard Kennedy School of Government
Patrick J. Lanier, BA	President of the Health Management Academy (HMA)
Maria D. Padin, MD, FACOG	Chief Medical Officer, Southern Region/Community Group Practices (CGPs), Dartmouth-Hitchcock
Richard J. Powell, MD	Section Chief, Vascular Surgery; Professor of Surgery and Radiology
Thomas Raffio, MBA, FLMI	President & CEO, Northeast Delta Dental
Edward Howe Stansfield, III, MA	Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch
Paul A. Taheri, MD, MBA	Clinical Partner - Welsh Carson Anderson and Stowe
Pamela Austin Thompson, MS, RN, FAAN	Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)

D. List Key Personnel (Resumes should be attached for each key personnel listed)

<u>Name</u>	<u>Role</u>	<u>Annual Salary</u>	<u>Amount Paid From This Contract</u>
Luke Archibald, MD	PD/PI	\$320,314	\$48,048 (15% FTE)
Heather Davis	Program Manager	\$90,189	\$90,189 (100% FTE)

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>

15266	Mary Gale Foundation, Inc.	22 Concord Street	Manchester	NH	03101	6	5/15/2026
6278	Mary Hitchcock Memorial Hospital	1 Medical Center Drive	Lebanon	NH	03756	6	5/15/2026

FINANCIAL DISCLOSURES

G. Check one the following (and attach applicable financial documentation):

- [x] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are attached. **OR**
- [] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- [] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization’s most recently completed fiscal year:

1. INCOME STATEMENT

	<u>Revenue</u>		<u>Expenses</u>
<i>Grants</i>	\$	<i>Compensation of officers, directors, and key personnel</i>	\$
<i>Donations</i>	\$		
<i>Program Services Revenue</i>	\$	<i>Other salaries & wages</i>	\$
<i>Interest & Dividends</i>	\$	<i>Payroll taxes & employee benefits</i>	\$
<i>All other Revenue</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<u>Total Revenue</u>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
		<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

FINANCIAL DISCLOSURES (cont.)

2. BALANCE SHEET

<u>Assets</u>		<u>Liabilities</u>	
<i>Cash & Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property & Equipment (less any depreciation)</i>	\$	<u>Total Liabilities</u>	\$
<i>Pledges, grants, accounts receivable</i>	\$		
<i>All other assets</i>	\$		
<u>Total Assets</u>	\$		



Dartmouth Hitchcock Medical Center
Dartmouth Hitchcock Clinics

About Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics

Dartmouth Hitchcock Medical Center and Clinics—members of Dartmouth Health (<https://www.dartmouth-health.org>)—include Dartmouth Hitchcock Medical Center, the state's only academic medical center, and Dartmouth Hitchcock Clinics, which provide primary and specialty care throughout New Hampshire and Vermont.

Our physicians and researchers collaborate with Geisel School of Medicine scientists and faculty as well as other leading healthcare organizations to develop new treatments at the cutting edge of medical practice bringing the latest medical discoveries to the patient.

Who are Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics?

Dartmouth Hitchcock Medical Center



Dartmouth Hitchcock Medical Center is the state's only academic medical center and the only Level I Adult and Level II Pediatric Trauma Center in New Hampshire. The Dartmouth Hitchcock Advanced Response Team (DHART), based in Lebanon and Manchester, provides ground and air medical transportation to communities throughout northern New England. In 2024, Dartmouth Hitchcock Medical Center was named New Hampshire's best hospital in the *U.S. News & World Report Best Hospitals 2024-25* (<https://health.usnews.com/best-hospitals/area/nh/dartmouth-hitchcock-medical-center-6120170>) rankings, recognized as high-performing in 11 common adult procedures and conditions. We also are recognized for high-performing Maternity Care/Uncomplicated Pregnancy, which was part of the Best Maternity Hospitals survey.

Dartmouth Hitchcock Clinics



Dartmouth Hitchcock Clinics provide primary and specialty care throughout New Hampshire and Vermont, with major community group practices in Lebanon, Concord, Manchester, Nashua, and Keene, New Hampshire, and Bennington, Vermont.

Children's Hospital at Dartmouth Hitchcock Medical Center

Children's Hospital at Dartmouth Hitchcock Medical Center (<https://childrens.dartmouth-health.org/locations-directions/lebanon-region>) is New Hampshire's only children's hospital and a member of the Children's Hospital Association, providing advanced pediatric inpatient, outpatient and surgical services at Dartmouth Hitchcock Medical Center.



Norris Cotton Cancer Care Pavilion Lebanon

Norris Cotton Cancer Care Pavilion Lebanon (<https://cancer.dartmouth.edu/locations-directions/norris-cotton-cancer-care-pavilion-lebanon>), one of only 57 NCI-designated Comprehensive Cancer Centers in the nation, is one of the premier facilities for cancer treatment, research, prevention, and education.

Our mission, vision, and values

Our mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Our values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Copyright © 2025 Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics. All rights reserved.

Also of interest

Learn About Clinical Trials & Research (<https://www.dartmouth-hitchcock.org/research/learn-about-clinical-trials-research>)

Dartmouth Hitchcock Medical Center and... (<https://www.dartmouth-hitchcock.org/about/history>)

Collaborations (<https://www.dartmouth-hitchcock.org/about/collaborations>)

**Dartmouth-Hitchcock Health (d/b/a
Dartmouth Health) and Subsidiaries**
Consolidated Financial Statements
June 30, 2024 and 2023

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Index

June 30, 2024 and 2023

	Page(s)
Report of Independent Auditors	1–2
Consolidated Financial Statements	
Balance Sheets	3
Statements of Operations and Changes in Net Assets	4–5
Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7–45
Consolidating Supplemental Information	
Balance Sheets	47–50
Statements of Operations and Changes in Net Assets without Donor Restrictions	51–54
Note to the Supplemental Consolidating Information	55



Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and subsidiaries

Opinion

We have audited the accompanying Consolidated Financial Statements of Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and its subsidiaries (the Dartmouth Health System), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "Consolidated Financial Statements").

In our opinion, the accompanying Consolidated Financial Statements present fairly, in all material respects, the financial position of Dartmouth Health as of June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Dartmouth Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the Consolidated Financial Statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of Consolidated Financial Statements that are free from material misstatement, whether due to fraud or error.

In preparing the Consolidated Financial Statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dartmouth Health System's ability to continue as a going concern for one year after the date the Consolidated Financial Statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the Consolidated Financial Statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Consolidated Financial Statements.



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Consolidated Financial Statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the Consolidated Financial Statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Dartmouth Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the Consolidated Financial Statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Dartmouth Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the Consolidated Financial Statements taken as a whole. The accompanying consolidating balance sheets and consolidating statements of operations and changes in net assets without donor restrictions as of and for the years ended June 30, 2024 and 2023 (the "supplemental information") is presented for purposes of additional analysis and is not a required part of the Consolidated Financial Statements. The consolidating information is not intended to present, and we do not express an opinion on, the financial position, results of operations and cash flows of the individual companies. The supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Consolidated Financial Statements. The supplemental information has been subjected to the auditing procedures applied in the audit of the Consolidated Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Consolidated Financial Statements or to the Consolidated Financial Statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the Consolidated Financial Statements taken as a whole.

A handwritten signature in cursive script, appearing to read "PricewaterhouseCoopers LLP".

Boston, Massachusetts
October 31, 2024

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Balance Sheets

June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 257,903	\$ 115,996
Patient accounts receivable, net (Note 4)	287,317	289,787
Prepaid expenses and other current assets	186,729	184,104
Total current assets	731,949	589,887
Assets limited as to use (Notes 5 and 7)	1,234,156	1,071,462
Other investments for restricted activities (Notes 5 and 7)	229,626	182,224
Property, plant, and equipment, net (Note 6)	921,320	811,622
Right-of-use assets, net (Note 16)	53,103	55,528
Other assets	251,713	193,333
Total assets	\$ 3,421,867	\$ 2,904,056
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	\$ 22,426	\$ 15,236
Current portion of right-of-use obligations (Note 16)	10,142	11,334
Line of credit (Note 13)	41,950	40,000
Accounts payable and accrued expenses	138,466	146,747
Accrued compensation and related benefits	168,855	140,853
Estimated third-party settlements (Note 4)	82,668	64,360
Total current liabilities	464,507	418,530
Long-term debt, excluding current portion (Note 10)	1,199,925	1,098,962
Right-of-use obligations, excluding current portion (Note 16)	45,807	45,671
Insurance deposits and related liabilities (Note 12)	98,397	91,349
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	211,760	206,305
Other liabilities	199,091	173,918
Total liabilities	2,219,487	2,034,735
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	923,697	658,988
Net assets with donor restrictions (Notes 8 and 9)	278,683	210,333
Total net assets	1,202,380	869,321
Total liabilities and net assets	\$ 3,421,867	\$ 2,904,056

The accompanying notes are an integral part of these Consolidated Financial Statements.

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating revenue and other support		
Net patient service revenue (Note 4)	\$ 2,791,314	\$ 2,397,157
Contracted revenue	20,721	84,346
Other operating revenue (Note 4)	780,986	608,875
Net assets released from restrictions	<u>18,126</u>	<u>14,843</u>
Total operating revenue and other support	3,611,147	3,105,221
Operating expenses		
Salaries	1,581,480	1,423,091
Employee benefits	391,708	332,386
Medications and medical supplies	841,277	725,480
Purchased services and other	521,219	458,901
Medicaid enhancement and provider tax (Note 4)	102,727	85,715
Depreciation and amortization (Note 7)	89,985	90,457
Interest (Note 10)	<u>40,869</u>	<u>34,515</u>
Total operating expenses	<u>3,569,265</u>	<u>3,150,545</u>
Operating gain (loss)	41,882	(45,324)
Non-operating gains (losses)		
Investment gains, net (Note 5)	124,724	58,119
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	(22,702)	(17,691)
Other losses, net	(22,088)	(8,530)
Pension termination settlement charge (Note 12)	(13,287)	-
Contribution from acquisition (Note 3)	<u>129,689</u>	<u>-</u>
Total non-operating gains, net	<u>196,336</u>	<u>31,898</u>
Excess (deficiency) of revenue over expenses	<u>\$ 238,218</u>	<u>\$ (13,426)</u>

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

The accompanying notes are an integral part of these Consolidated Financial Statements.

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	\$ 238,218	\$ (13,426)
Net assets released from restrictions for capital	15,150	3,229
Change in funded status of pension and other postretirement benefits (Note 11)	11,393	34,901
Other changes in net assets	<u>(52)</u>	<u>(13)</u>
Increase in net assets without donor restrictions	264,709	24,691
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	63,289	23,637
Investment gains, net	14,287	5,846
Net assets released from restrictions	(33,980)	(18,653)
Contribution of assets with donor restrictions acquisition (Note 3)	<u>24,754</u>	<u>-</u>
Increase in net assets with donor restrictions	68,350	10,830
Change in net assets	333,059	35,521
Net assets		
Beginning of year	<u>869,321</u>	<u>833,800</u>
End of year	<u>\$ 1,202,380</u>	<u>\$ 869,321</u>

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended June 30, 2024 and 2023

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ 333,059	\$ 35,521
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Effects of acquisition	(154,443)	-
Depreciation and amortization	90,601	90,806
Amortization of bond premium, discount, and issuance cost, net	(2,745)	(2,779)
Amortization of right-of-use asset	8,830	9,242
Payments on right-of-use lease obligations - operating	(8,489)	(9,162)
Change in funded status of pension and other postretirement benefits	(11,393)	(34,901)
Loss (gain) on disposal of fixed assets	2,212	(883)
Net realized gains and change in net unrealized gains on investments	(138,812)	(79,799)
Restricted contributions and investment earnings	(21,449)	(8,208)
Proceeds from sales of donated securities	9,715	3,818
Changes in assets and liabilities, excluding the effects of acquisition		
Patient accounts receivable, net	19,588	(38,537)
Prepaid expenses and other current assets	57	1,984
Other assets, net	(43,375)	(21,688)
Accounts payable and accrued expenses	(10,788)	(31,082)
Accrued compensation and related benefits	19,422	(53,093)
Estimated third-party settlements	14,470	(71,907)
Insurance deposits and related liabilities	7,048	12,958
Liability for pension and other postretirement benefits	16,848	12,486
Other liabilities	17,492	21,191
Net cash provided by (used in) operating activities	147,848	(164,033)
Cash flows from investing activities		
Purchase of property, plant, and equipment	(132,454)	(129,321)
Proceeds from sale of property, plant, and equipment	20	1,214
Purchases of investments	(19,641)	(71,410)
Proceeds from maturities and sales of investments	52,606	249,684
Cash received through acquisition	5,794	-
Net cash provided by (used in) investing activities	(93,675)	50,167
Cash flows from financing activities		
Proceeds from line of credit	1,583,500	979,500
Payments on line of credit	(1,595,250)	(939,500)
Repayment of long-term debt	(17,206)	(81,907)
Proceeds from issuance of debt	100,137	75,000
Repayment of finance leases	(4,635)	(3,599)
Payment of debt issuance costs	(189)	-
Restricted contributions and investment earnings	21,449	8,208
Net cash provided by (used in) financing activities	87,806	37,702
Increase (decrease) in cash and cash equivalents	141,979	(76,164)
Cash and cash equivalents, beginning of year	117,321	193,485
Cash and cash equivalents, end of year	\$ 259,300	\$ 117,321
Supplemental cash flow information		
Interest paid	\$ 49,133	\$ 44,362
Construction in progress included in accounts payable and accrued expenses	11,315	5,105
Donated securities	9,715	3,818

The following table reconciles cash and cash equivalents on the Consolidated Balance Sheets to cash, cash equivalents and restricted cash on the Consolidated Statements of Cash Flows.

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 257,903	\$ 115,996
Restricted cash and cash equivalents included in other investments for restricted activities	1,397	1,325
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	\$ 259,300	\$ 117,321

The accompanying notes are an integral part of these Consolidated Financial Statements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health), its members, and their Subsidiaries (collectively referred to as “the Dartmouth Health System”) is a system of hospitals, clinics, and other healthcare service providers across New Hampshire (NH) and Vermont (VT). The Dartmouth Health System advances health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Dartmouth Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Dartmouth Health System’s expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth Health serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, Visiting Nurse Association and Hospice of Vermont and New Hampshire (VNH) and Subsidiaries, and Southwestern Vermont Health Care Corporation and Subsidiaries (SVHC). SVHC became a subsidiary of Dartmouth Health on July 3, 2023.

The Dartmouth Health System currently operates one tertiary, one community, and three acute care (critical access) hospitals in NH and VT. One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Dartmouth Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Dartmouth Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

Dartmouth Health, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC, VNH, and SVHC are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

Community Benefits

The Dartmouth Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient’s ability to pay. The Dartmouth Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Dartmouth Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. Certain members of the Dartmouth Health System provide significant support for academic and research programs, as components of an integrated academic medical center.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Certain member hospitals of the Dartmouth Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *The Uncompensated Cost of Care for Medicaid* patients is the unreimbursed cost of providing care to Medicaid patients by the System. The System uses filed Community Benefits Reports, where available, and also tax filings, where necessary, to calculate this amount. The 2024 Community Benefits Reports are expected to be filed in February 2025.
- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals
- *Subsidized Health Services* are services provided by the Dartmouth Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.
- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.
- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).
- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Dartmouth Health System.
- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.
- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The following table summarizes the value of the community benefit initiatives outlined for the year ended June 30, 2023:

(in thousands of dollars)

Uncompensated cost of care for Medicaid	\$	209,213
Health professional education		44,268
Subsidized health services		26,617
Charity care		15,719
Community health improvement services		14,567
Research		18,796
Cash and in-kind contributions		4,320
Community building activities		1,493
Total community benefit value	\$	<u><u>334,993</u></u>

In fiscal years 2024 and 2023, funds received to offset or subsidize charity care costs provided were \$365,000 and \$439,000, respectively.

In fiscal years 2024 and 2023, Medicaid and Medicare costs exceeding reimbursement totaled \$916,423,000, and \$797,604,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Consolidated Financial Statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the Consolidated Financial Statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the dates of the Consolidated Financial Statements, and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Excess/(Deficiency) of Revenue over Expenses

The Consolidated Statements of Operations and Changes in Net Assets include the excess/(deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income (loss) on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess/(deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care

The Dartmouth Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Dartmouth Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Dartmouth Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue

The Dartmouth Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Dartmouth Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue

The Dartmouth Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Dartmouth Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other Revenue

The Dartmouth Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Dartmouth Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Provider Relief Funds from the Department of Health and Human Services (HHS), CARES Act Employee Retention Credit Funds, Federal Emergency Management Agency assistance, grant revenue, cafeteria sales, and other support service revenue (Note 4).

Cash Equivalents

Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Dartmouth Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment Income (Loss)

Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Dartmouth Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

Certain members of the Dartmouth Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Dartmouth Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Fair Value Measurement of Financial Instruments

The Dartmouth Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

- | | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities. |
| Level 2 | Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement. |
| Level 3 | Prices or valuation techniques that are both significant to the fair value measurement and unobservable. |

The carrying amounts of patient accounts receivable, prepaid and other current assets, and accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment

Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Dartmouth Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method, at rates which are intended to amortize the cost of assets over their estimated useful lives. Estimated useful lives range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of capital assets such as land, buildings, or equipment are reported as support, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs

Bond issuance costs, classified on the Consolidated Balance Sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the Consolidated Statements of Operations and Changes in Net Assets using the straight-line method, which approximates the effective interest method.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Intangible Assets and Goodwill

The Dartmouth Health System records goodwill and intangible assets, such as trade names and leases-in-place, within other assets on the Consolidated Balance Sheets. The Dartmouth Health System considers goodwill and trade names to be indefinite-lived assets, assesses them at least annually for impairment, or more frequently if certain events or circumstances warrant, and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Dartmouth Health System has recorded \$10,509,000 and \$8,367,000 as intangible assets as of June 30, 2024 and 2023, respectively.

Gifts

Gifts without donor restrictions are recorded as operating income. Conditional promises to give and indications of intentions to give to the Dartmouth Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the Consolidated Statements of Operations and Changes in Net Assets as net assets released from restrictions.

3. Acquisitions

Effective July 3, 2023, SVHC became an affiliate of the Dartmouth Health System when Dartmouth Health became the sole corporate member of SVHC through an affiliation agreement. SVHC is a not-for-profit corporation providing a continuum of patient care services to residents of southwestern Vermont, northwestern Massachusetts, and parts of New York. SVHC has a fiscal year end of September 30.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Dartmouth Health System recorded contribution income of approximately \$154,443,000, reflecting the fair value of the contributed net assets of SVHC as of the transaction date. Of this amount, \$129,689,000, representing total net assets less donor-restricted net assets, is included as nonoperating gains in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Donor restricted net assets totaling \$24,754,000 were recorded within donor restricted net assets in the accompanying Consolidated Statements of Operations and Changes in Net Assets. No consideration was exchanged for the net assets contributed, and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by SVHC at July 3, 2023 were as follows:

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(in thousands of dollars)

Assets	
Cash and cash equivalents	\$ 5,794
Patient accounts receivable, net	17,118
Prepaid expenses and other current assets	9,129
Property, plant, and equipment, net	70,946
Assets limited as to use	92,856
Other assets	<u>38,724</u>
Total assets acquired	\$ 234,567
Liabilities	
Accounts payable and accrued expenses	\$ 15,173
Accrued compensation and related benefits	8,580
Line of credit	13,700
Long-term debt	28,156
Estimated third-party settlements	3,838
Other liabilities	<u>10,677</u>
Total liabilities assumed	80,124
Net Assets	
Without donor restrictions	129,689
With donor restrictions	<u>24,754</u>
Total net assets	<u>154,443</u>
Total liabilities and net assets	<u><u>\$ 234,567</u></u>

A summary of the financial results of SVHC included in the Consolidated Statement of Operations and Changes in Net Assets for the period from the date of acquisition, July 3, 2023, through June 30, 2024 is as follows:

(in thousands of dollars)

Total operating revenues	\$ 216,946
Total operating expenses	<u>219,902</u>
Operating loss	(2,956)
Nonoperating gains	<u>7,020</u>
Excess of expenses over revenue	4,064
Net assets released from restriction used for capital purposes	5,083
Net assets transferred from affiliate	<u>129,689</u>
Increase in net assets	<u><u>\$ 138,836</u></u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

A summary of the consolidated financial results of the Dartmouth Health System for the years ended 2023, as if the transactions had occurred on July 1, 2022, are as follows (unaudited):

(in thousands of dollars)

Total operating revenues	\$ 3,308,114
Total operating expenses	<u>3,359,808</u>
Operating loss	(51,694)
Nonoperating gains	<u>38,970</u>
Deficiency of revenues over expenses	(12,724)
Net assets released from restriction used for capital purchases	7,644
Change in funded status of pension and other post retirement benefits	33,535
Change in fair value on interest rate swaps	<u>(13)</u>
Increase in net assets without donor restrictions	<u><u>\$ 28,442</u></u>

4. Net Patient Service Revenue and Accounts Receivable

The Dartmouth Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Dartmouth Health System bills patients and third-party payors several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts, by providing healthcare services to patients.

The Dartmouth Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred, in relation to total expected charges, as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Dartmouth Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Dartmouth Health System has elected

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

to apply the optional exemption provided in ASC 606-10-50-14a and, as such, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Dartmouth Health System's Consolidated Statements of Operations and Changes in Net Assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions

Revenues for the Dartmouth Health System under the traditional fee-for-service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Dartmouth Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.
- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.
- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.
- The Dartmouth Health System's cost-based services to Medicare and Medicaid are reimbursed during the year, based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.
- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for-service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments, in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Dartmouth Health System is not aware of any claims, disputes, or unsettled matters with any payor, that would materially affect its revenues, for which it has not adequately provided in the accompanying Consolidated Financial Statements.

The Dartmouth Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Dartmouth Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, they are not reported in net patient service revenue.

For fiscal year 2023, VT imposed a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue, as determined by the State of VT. As of July 1, 2023, the tax was sunset in the Vermont legislation. Accordingly, in fiscal years 2024 and 2023, home health provider taxes paid were \$0 and \$579,000, respectively.

Implicit Price Concessions

Generally, patients who are covered by third-party payor contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Dartmouth Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Dartmouth Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured, based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Dartmouth Health System expects to collect, based on collection history with similar patients. Although outcomes vary, the Dartmouth Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Dartmouth Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations.

For the years ended June 30, 2024 and 2023, additional increases in revenue of \$6,694,000 and \$24,098,000, respectively, were recognized, due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans, as well as patients covered under the Dartmouth Health System's uninsured discount and charity care programs.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The table below shows the Dartmouth Health System’s sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2024 and 2023.

	2024		
<i>(in thousands of dollars)</i>	PPS	CAH	Total
Hospital			
Medicare	\$ 655,092	\$ 113,586	\$ 768,678
Medicaid	189,864	25,680	215,544
Commercial	1,199,567	85,726	1,285,293
Self-pay	8,569	3,108	11,677
Subtotal	2,053,092	228,100	2,281,192
Professional	461,294	37,310	498,604
Subtotal	2,514,386	265,410	2,779,796
Home based care			11,518
Total net patient service revenue			\$ 2,791,314
	2023		
<i>(in thousands of dollars)</i>	PPS	CAH	Total
Hospital			
Medicare	\$ 587,377	\$ 106,370	\$ 693,747
Medicaid	168,410	18,824	187,234
Commercial	862,502	88,492	950,994
Self-pay	11,307	802	12,109
Subtotal	1,629,596	214,488	1,844,084
Professional	504,370	35,578	539,948
Subtotal	2,133,966	250,066	2,384,032
Home based care			13,125
Total net patient service revenue			\$ 2,397,157

Medicaid Enhancement Tax & Disproportionate Share Hospital

On May 22, 2018, the State of NH and all NH hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State of NH committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2021 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System received DSH payments of \$96,411,000 and \$85,853,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2024 and 2023, the Dartmouth Health System recognized as revenue DSH receipts of \$111,740,000 and \$83,582,000, respectively.

During the years ended June 30, 2024 and 2023, the Dartmouth Health System paid and recorded \$102,727,000 and \$85,715,000, respectively, of NH MET and VT provider taxes. The taxes are calculated at 5.4%, for NH, and 6.0%, for VT, of certain patient service revenues. The NH MET and VT provider taxes are included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets. The agreement with the State of NH expired at the end of fiscal year 2024. NH hospitals are actively seeking a new agreement with the State of NH.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Medicare	39%	36%
Medicaid	12%	12%
Commercial	37%	41%
Self Pay	12%	11%
Total	<u>100%</u>	<u>100%</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

5. Investments

The composition of investments at June 30, 2024 and 2023 is set forth in the following table:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	\$ 11,172	\$ 6,988
U.S. government securities	90,786	80,595
Domestic corporate debt securities	314,744	271,321
Global debt securities	32,198	37,092
Domestic equities	250,418	205,200
International equities	95,732	75,199
Emerging markets equities	47,031	37,080
Global equities	91,609	77,479
Real Estate Investment Trust	104	2
Private equity funds	159,387	141,808
Hedge funds	59,185	44,558
Other	<u>77</u>	<u>-</u>
Subtotal	1,152,443	977,322
Investments held by captive insurance companies (Note 12)		
U.S. government securities	39,420	30,366
Domestic corporate debt securities	11,001	13,918
Global debt securities	13,025	13,180
Domestic equities	11,118	13,994
International equities	<u>6,372</u>	<u>5,372</u>
Subtotal	80,936	76,830
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	<u>777</u>	<u>17,310</u>
Total assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities		
Cash and short-term investments	6,673	21,243
U.S. government securities	33,784	27,323
Domestic corporate debt securities	60,369	45,864
Global debt securities	4,924	5,282
Domestic equities	46,721	30,754
International equities	17,716	11,054
Emerging markets equities	8,397	5,187
Global equities	14,904	10,281
Real Estate Investment Trust	19	18
Private equity funds	25,930	18,816
Hedge funds	10,135	6,368
Other	<u>54</u>	<u>34</u>
Total other investments for restricted activities	229,626	182,224
Total investments	<u>\$ 1,463,782</u>	<u>\$ 1,253,686</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case-by-case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize investments by the accounting method utilized as of June 30, 2024 and 2023. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

<i>(in thousands of dollars)</i>	2024		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
Cash and short-term investments	\$ 18,622	\$ -	\$ 18,622
U.S. government securities	163,990	-	163,990
Domestic corporate debt securities	153,782	232,332	386,114
Global debt securities	50,147	-	50,147
Domestic equities	256,605	51,652	308,257
International equities	83,754	36,066	119,820
Emerging markets equities	7,451	47,977	55,428
Global equities	-	106,513	106,513
Real Estate Investment Trust	123	-	123
Private equity funds	-	185,317	185,317
Hedge funds	507	68,813	69,320
Other	131	-	131
Total investments	<u>\$ 735,112</u>	<u>\$ 728,670</u>	<u>\$ 1,463,782</u>

<i>(in thousands of dollars)</i>	2023		
	<u>Fair Value</u>	<u>Equity</u>	<u>Total</u>
Cash and short-term investments	\$ 45,541	\$ -	\$ 45,541
U.S. government securities	138,284	-	138,284
Domestic corporate debt securities	122,320	208,783	331,103
Global debt securities	55,554	-	55,554
Domestic equities	204,541	45,407	249,948
International equities	57,221	34,404	91,625
Emerging markets equities	267	42,000	42,267
Global equities	-	87,760	87,760
Real Estate Investment Trust	20	-	20
Private equity funds	-	160,624	160,624
Hedge funds	456	50,470	50,926
Other	34	-	34
Total investments	<u>\$ 624,238</u>	<u>\$ 629,448</u>	<u>\$ 1,253,686</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

For the years ended June 30, 2024 and 2023, investment income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately \$830,000 and \$905,000, respectively, and as non-operating gains of approximately \$124,724,000 and \$58,119,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Dartmouth Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Dartmouth Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2024 and 2023, the Dartmouth Health System has outstanding commitments of \$97,410,000 and \$79,753,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Land	\$ 57,684	\$ 40,749
Construction in progress	48,001	43,117
Land improvements	62,121	52,054
Buildings and improvements	1,290,315	1,166,776
Equipment	<u>1,159,947</u>	<u>1,101,410</u>
Subtotal property, plant, and equipment	2,618,068	2,404,106
Less accumulated depreciation	<u>(1,696,748)</u>	<u>(1,592,484)</u>
Total property, plant, and equipment, net	<u>\$ 921,320</u>	<u>\$ 811,622</u>

As of June 30, 2024, construction in progress primarily consists of three projects; the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, the ambulatory expansion project in Manchester, NH, and the lab software upgrade to the Lebanon, Cheshire, New London, and Alice Peck Day locations. The estimated cost to complete the construction in progress is approximately \$18,900,000.

As of June 30, 2023, construction in progress primarily consisted of four projects; the Family and Community Care Clinic located in Keene, NH, the renovation of inpatient wings as part of the Pavilion backfill project located in Lebanon, NH, and two lab software upgrades to the Lebanon campus.

Capitalized interest of \$0 and \$59,000 is included in construction in progress as of June 30, 2024 and 2023, respectively.

Depreciation expense included in operating activities was \$87,732,000 and \$87,029,000 for 2024 and 2023, respectively.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

- *Cash and Short-Term Investments* consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.
- *Domestic, Emerging Markets and International Equities* consist of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).
- *U.S. Government Securities, Domestic Corporate and Global Debt Securities* consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third-party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2024 and 2023:

(in thousands of dollars)	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Investments				
Cash and short term investments	\$ 18,622	\$ -	\$ -	\$ 18,622
U.S. government securities	163,990	-	-	163,990
Domestic corporate debt securities	78,164	75,618	-	153,782
Global debt securities	24,925	25,222	-	50,147
Domestic equities	234,107	22,498	-	256,605
International equities	23,810	59,944	-	83,754
Emerging market equities	7,451	-	-	7,451
Real estate investment trust	123	-	-	123
Hedge funds	507	-	-	507
Other	96	35	-	131
	<u>551,795</u>	<u>183,317</u>	<u>-</u>	<u>735,112</u>
Total fair value investments				735,112

(continued)

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(continued)

Deferred compensation plan assets				
Cash and short-term investments	14,463	-	-	14,463
Domestic corporate debt securities	9,519	-	-	9,519
Domestic equities	54,140	-	-	54,140
International equities	7,042	-	-	7,042
Multi strategy fund	66,984	-	-	66,984
Total deferred compensation plan assets	152,148	-	-	152,148
Beneficial interest in trusts	-	-	19,466	19,466
Total assets	\$ 703,943	\$ 183,317	\$ 19,466	\$ 906,726

2023

(in thousands of dollars)

	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	\$ 45,541	\$ -	\$ -	\$ 45,541
U.S. government securities	138,284	-	-	138,284
Domestic corporate debt securities	41,351	80,969	-	122,320
Global debt securities	24,429	31,125	-	55,554
Domestic equities	200,252	4,289	-	204,541
International equities	57,221	-	-	57,221
Emerging market equities	267	-	-	267
Real estate investment trust	20	-	-	20
Hedge funds	456	-	-	456
Other	-	34	-	34
Total fair value investments	507,821	116,417	-	624,238
Deferred compensation plan assets				
Cash and short-term investments	11,893	-	-	11,893
U.S. government securities	40	-	-	40
Domestic corporate debt securities	10,453	-	-	10,453
Global debt securities	16	-	-	16
Domestic equities	41,841	-	-	41,841
International equities	5,874	-	-	5,874
Emerging market equities	21	-	-	21
Real estate	14	-	-	14
Multi strategy fund	62,689	-	-	62,689
Total deferred compensation plan assets	132,841	-	-	132,841
Beneficial interest in trusts	-	-	14,875	14,875
Total assets	\$ 640,662	\$ 116,417	\$ 14,875	\$ 771,954

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

There were no liquidations of Level 3 measurements during the years ended June 30, 2024 and 2023.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Investments held in perpetuity	\$ 109,649	\$ 88,926
Healthcare services	68,660	38,596
Research	30,663	28,176
Health education	23,708	27,374
Other	18,006	10,825
Charity care	14,241	12,486
Purchase of equipment	<u>13,756</u>	<u>3,950</u>
Total net assets with donor restrictions	<u>\$ 278,683</u>	<u>\$ 210,333</u>

9. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Dartmouth Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Dartmouth Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Dartmouth Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Dartmouth Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Dartmouth Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Dartmouth Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Dartmouth Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2024 and 2023.

Endowment net asset composition by type of fund consists of the following at June 30, 2024 and 2023:

	2024		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 139,933	\$ 139,933
Board-designated endowment funds	30,085	-	30,085
Total endowed net assets	<u>\$ 30,085</u>	<u>\$ 139,933</u>	<u>\$ 170,018</u>

	2023		
	Without Donor Restrictions	With Donor Restrictions	Total
<i>(in thousands of dollars)</i>			
Donor-restricted endowment funds	\$ -	\$ 111,843	\$ 111,843
Board-designated endowment funds	28,688	-	28,688
Total endowed net assets	<u>\$ 28,688</u>	<u>\$ 111,843</u>	<u>\$ 140,531</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

securing the Cheshire bonds, will remain outstanding and therefore constitute a continuing joint and several obligation of the DHOG.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

A summary of long-term debt at June 30, 2024 and 2023 is as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Variable rate issues		
New Hampshire Health and Education Facilities		
Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	\$ 81,040	\$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities		
Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	109,800
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	98,750	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	22,035	22,860
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	20,800	21,715
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in varying annual amounts through 2035 (9)	125,000	125,000
Note payable to a financial institution due in varying annual amounts through 2035 (10)	100,000	-
Total obligated group debt	\$ 1,122,827	\$ 1,037,932

(continued)

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(continued)

Other

2021 Series B Hospital Bonds, including monthly payments of \$227,000, including interest of 2.68%, maturing in December, 2031.

	\$	20,365	\$	-
--	----	--------	----	---

2021 Series A Hospital Bonds, including monthly payments ranging from \$23,333 to \$227,000, including interest of 2.75%, maturing in December, 2031.

	5,557		-	
--	-------	--	---	--

Mortgage note payable to the US Dept of Agriculture including monthly payments of \$10,892, including interest of 2.375%, maturing in November, 2046.

	2,267		2,343	
--	-------	--	-------	--

Note payable to a financial institution, with principal balance due in full in June, 2034; collateralized by land and building. The note payable is interest free.

	341		232	
--	-----	--	-----	--

Note payable to a financial institution, payable in interest free monthly installments through December 2024; collateralized by associated equipment.

	-		32	
--	---	--	----	--

Note payable to the Town of Bennington, VT, with a fixed interest rate of 3.000%. Payment of principal and interest are deferred until March 1, 2025, at which time annual payments will be made.

	511		-	
--	-----	--	---	--

	29,041		2,607	
--	--------	--	-------	--

	1,151,868		1,040,539	
--	-----------	--	-----------	--

	76,975		80,112	
--	--------	--	--------	--

	(22,426)		(15,236)	
--	----------	--	----------	--

	(6,492)		(6,453)	
--	---------	--	---------	--

	\$ 1,199,925		\$ 1,098,962	
--	--------------	--	--------------	--

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014B Revenue Bonds

The DHOG issued Series 2014B NHHEFA Revenue in August 2014. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the 2014B revenue bonds were used partially to refund the Series 2009 revenue bonds and to cover cost of issuance. Interest on Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B, in July 2016, through a private placement with a financial institution. The Series 2016B revenue bonds mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(9) 2020 note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital, as needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

(10) 2023 note payable to financial institution

The DHOG issued a note payable to TD Bank in the amount of \$100,000,000. The note matures at various dates through 2033 and is fixed, with an interest rate of 6.17%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2024 and 2023 is approximately \$1,122,827,000 and \$1,037,932,000, respectively.

Aggregate annual principal payments of total long-term debt for the next five years ending June 30 and thereafter are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>
2025	\$ 22,426
2026	23,293
2027	25,509
2028	26,170
2029	27,114
Thereafter	<u>1,027,356</u>
Total	\$ 1,151,868

The Dartmouth Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately \$777,000 and \$17,310,000 at June 30, 2024 and 2023, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately \$48,000 and \$46,000 at June 30, 2024 and 2023, respectively, are classified as other current assets in the accompanying Consolidated Balance Sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2024 and 2023.

For the years ended June 30, 2024 and 2023, interest expense on the Dartmouth Health System's long-term debt is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as operating expenses of \$40,869,000 and \$34,515,000, respectively, and other non-operating losses of \$8,203,000 and \$3,782,000, respectively, net of amounts capitalized.

11. Employee Benefits

Eligible employees of the Dartmouth Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

A summary of the liability for postretirement and other postretirement plan benefits reported in the Consolidated Balance Sheets at June 30 are as follows:

	<u>2024</u>	<u>2023</u>
Current portion of liability for postretirement medical and life benefits*	\$ <u>(3,241)</u>	\$ <u>(3,386)</u>
Current portion of liability for pension and other postretirement plan benefits	\$ (3,241)	\$ (3,386)
Long-term portion of liability for pension	\$ (184,288)	\$ (177,006)
Long-term portion of liability for postretirement medical and life benefits	<u>(27,472)</u>	<u>(29,299)</u>
Liability for pension and other postretirement plan benefits, excluding current portion	\$ <u>(211,760)</u>	\$ <u>(206,305)</u>
Total liability for pension and other postretirement plan benefits	\$ <u><u>(215,001)</u></u>	\$ <u><u>(209,691)</u></u>

* Included within accrued compensation and related benefits on the Consolidated and Consolidating Balance Sheets.

Defined Benefit Plans

The Dartmouth Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Dartmouth Health System's defined benefit plans.

Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Interest cost on projected benefit obligation	\$ 46,921	\$ 45,924
Expected return on plan assets	(41,321)	(46,071)
Net loss amortization	15,248	15,820
Settlement	<u>13,287</u>	<u>-</u>
Total net periodic pension expense	\$ <u><u>34,135</u></u>	\$ <u><u>15,673</u></u>

The following assumptions were used to determine net periodic pension expense as of June 30, 2024 and 2023:

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Discount rates	4.85 - 5.90%	4.40% - 5.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates of return on plan assets	4.85 - 7.25%	4.40% - 7.25%

The following table sets forth the funded status and amounts recognized in the Dartmouth Health System's Consolidated Financial Statements for the defined benefit pension plans at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 866,750	\$ 938,886
Interest cost	46,921	45,924
Benefits paid	(59,301)	(58,580)
Experience loss	(1,809)	-
Actuarial gain/(loss)	2,643	(59,480)
Settlements	<u>(61,442)</u>	<u>-</u>
Benefit obligation, end of year	793,762	866,750
Change in plan assets		
Fair value of plan assets, beginning of year	689,744	747,095
Actual return on plan assets	23,005	1,229
Benefits paid	(59,301)	(58,580)
Employer contributions	17,468	-
Settlements	<u>(61,442)</u>	<u>-</u>
Fair value of plan assets, end of year	<u>609,474</u>	<u>689,744</u>
Funded status of the plans	\$ (184,288)	\$ (177,006)
Current portion of liability for pension	\$ -	\$ -
Long-term portion of liability for pension	<u>(184,288)</u>	<u>(177,006)</u>
Liability for pension	<u>\$ (184,288)</u>	<u>\$ (177,006)</u>

As of June 30, 2024 and 2023, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include \$480,101,000 and \$489,486,000 of net actuarial loss as of June 30, 2024 and 2023, respectively.

The amounts amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2024 for net actuarial losses was \$15,248,000.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount rates	6.00%	4.85 - 5.90%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Dartmouth Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of June 30, 2024, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2023, the expected LDI hedge was approximately 70%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	<u>Range of Target Allocations</u>	<u>Target Allocations</u>
Cash and short-term investments	0-5%	2%
U.S. government securities	0-20	16
Domestic debt securities	20-58	40
Global debt securities	0-26	0
Domestic equities	5-35	15
International equities	5-15	6
Emerging market equities	3-13	4
Global Equities	0-10	7
Real estate investment trust funds	0-5	0
Private equity funds	0-5	0
Hedge funds	5-18	10

To the extent an asset class falls outside of its target range on a quarterly basis, the Dartmouth Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The Boards of Trustees of the Dartmouth Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Dartmouth Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient.

The following table sets forth the Dartmouth Health System's pension plans' investments that were accounted for at fair value as of June 30, 2024 and 2023:

2024						
<i>(in thousands of dollars)</i>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	<u>Redemption or Liquidation</u>	<u>Days' Notice</u>
Investments						
Cash and short-term investments	\$ -	\$ 9,846	\$ -	\$ 9,846	Daily	1
U.S. government securities	45,202	-	-	45,202	Daily-Monthly	1-15
Domestic debt securities	64,075	200,343	-	264,418	Daily-Monthly	1-15
Domestic equities	66,717	28,921	-	95,638	Daily-Monthly	1-10
International equities	-	37,727	-	37,727	Daily-Monthly	1-11
Emerging market equities	-	26,530	-	26,530	Daily-Monthly	1-17
Global equities	-	48,690	-	48,690	Daily-Monthly	1-17
Total investments	<u>\$ 175,994</u>	<u>\$ 352,057</u>	<u>\$ -</u>	<u>\$ 528,051</u>		
2023						
<i>(in thousands of dollars)</i>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>	<u>Redemption or Liquidation</u>	<u>Days' Notice</u>
Investments						
Cash and short-term investments	\$ -	\$ 10,667	\$ -	\$ 10,667	Daily	1
U.S. government securities	22,919	-	-	22,919	Daily-Monthly	1-15
Domestic debt securities	96,004	250,964	-	346,968	Daily-Monthly	1-15
Domestic equities	89,391	26,849	-	116,240	Daily-Monthly	1-10
International equities	18,912	22,361	-	41,273	Daily-Monthly	1-11
Emerging market equities	-	26,743	-	26,743	Daily-Monthly	1-17
Global equities	-	52,461	-	52,461	Daily-Monthly	1-17
Total investments	<u>\$ 227,226</u>	<u>\$ 390,045</u>	<u>\$ -</u>	<u>\$ 617,271</u>		

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Additionally, private equity and hedge funds, valued at NAV, totaled \$81,423,000 and \$72,473,000 as of June 30, 2024 and 2023, respectively. Private equity and hedge funds, maintained in the pension plans' investments, have redemption terms that vary between quarterly and annually, and generally require between 60-96 days' notice.

There were no transfers into or out of Level 1, 2, or 3 measurements due to changes in valuation methodologies during the years ended June 30, 2024 and 2023.

The weighted average asset allocation, by asset category, for the Dartmouth Health System's pension plans is as follows at June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash and short-term investments	2 %	3 %
U.S. government securities	16	5
Domestic debt securities	40	42
Global debt securities	0	4
Domestic equities	15	17
International equities	6	7
Emerging market equities	4	4
Global equities	7	6
Hedge funds	10	12
Total	<u>100 %</u>	<u>100 %</u>

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.25% per annum.

The Dartmouth Health System is expected to contribute approximately \$30,000,000 to the Plans in 2025, however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)

2025	\$ 59,584
2026	61,036
2027	61,996
2028	62,867
2029	63,495
2030 - 2034	316,610

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Defined Contribution Plans

The Dartmouth Health System has employer-sponsored plans for certain of its members, under which the employer makes contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of \$74,481,000 and \$71,152,000 in 2024 and 2023, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Postretirement Medical and Life Insurance Benefits

The Dartmouth Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit cost is comprised of the components listed below for the years ended June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Service cost	\$ 225	\$ 357
Interest cost	1,856	1,956
Net (income) loss amortization	<u>(2)</u>	<u>62</u>
Total	<u>\$ 2,079</u>	<u>\$ 2,375</u>

The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Dartmouth Health System's Consolidated Financial Statements at June 30, 2024 and 2023:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	\$ 32,685	\$ 40,315
Service cost	225	357
Interest cost	1,856	1,956
Benefits paid	(3,486)	(3,588)
Actuarial income	<u>(567)</u>	<u>(6,355)</u>
Accumulated benefit obligation, end of year	<u>30,713</u>	<u>32,685</u>
Current portion of liability for postretirement medical and life benefits	\$ (3,241)	\$ (3,386)
Long-term portion of liability for postretirement medical and life benefits	<u>(27,472)</u>	<u>(29,299)</u>
Funded status of the plans and liability for postretirement medical and life benefits	<u>\$ (30,713)</u>	<u>\$ (32,685)</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

As of June 30, 2024 and 2023, the liability for postretirement medical and life insurance benefits is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Net actuarial income	\$ <u>(2,535)</u>	\$ <u>(1,970)</u>
Total	\$ <u><u>(2,535)</u></u>	\$ <u><u>(1,970)</u></u>

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2024 and thereafter:

<i>(in thousands of dollars)</i>	
2025	\$ 3,338
2026	3,366
2027	3,360
2028	3,188
2029	3,069
2030-2034	14,095

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Dartmouth Health System used discount rates of 6.10 - 6.60% in 2024, and assumed healthcare cost trend rates of 6.25 – 6.50%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company.

RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2024 and 2023, are summarized as follows:

	<u>2024</u>		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 100,066	\$ 2,628	\$ 102,694
Shareholders' equity	13,620	50	13,670
	<u>2023</u>		
	<u>HAC</u>	<u>RRG</u>	<u>Total</u>
<i>(in thousands of dollars)</i>			
Assets	\$ 93,777	\$ 2,372	\$ 96,149
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation

The Dartmouth Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. It is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Dartmouth Health System.

Lines of Credit

The Dartmouth Health System has entered into loan agreements with financial institutions, establishing access to revolving lines of credit up to \$120,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index, the Wall Street Journal Prime Rate, or the Secured Overnight Financing Rate. The loan agreements are due to expire October 3, 2025 and January 31, 2025. The outstanding balances on the lines of credit totaled \$41,950,000 and \$40,000,000 as of June 30, 2024 and 2023, respectively. Interest expense was approximately \$4,367,000 and \$1,200,000 for the years ended June 30, 2024 and 2023, respectively, and is included in the Consolidated Statements of Operations and Changes in Net Assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Dartmouth Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Dartmouth Health System by functional and natural basis are as follows for the years ended June 30, 2024 and 2023, respectively:

	2024			
<i>(in thousands of dollars)</i>	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	\$ 1,356,800	\$ 222,603	\$ 2,077	\$ 1,581,480
Employee benefits	341,483	49,747	478	391,708
Medical supplies and medications	833,657	7,614	6	841,277
Purchased services and other	361,683	152,130	7,406	521,219
Medicaid enhancement tax	102,727	-	-	102,727
Depreciation and amortization	46,069	43,873	43	89,985
Interest	8,293	32,569	7	40,869
Total operating	<u>\$ 3,050,712</u>	<u>\$ 508,536</u>	<u>\$ 10,017</u>	<u>\$ 3,569,265</u>
Non-operating				
Employee benefits	\$ 31,706	\$ 4,200	\$ 83	\$ 35,989
Interest	-	8,203	-	8,203
Development	-	-	10,203	10,203
Total non-operating	<u>\$ 31,706</u>	<u>\$ 12,403</u>	<u>\$ 10,286</u>	<u>\$ 54,395</u>
	2023			
<i>(in thousands of dollars)</i>	Program Services	Management and General	Fundraising	Total
Operating				
Salaries	\$ 1,238,158	\$ 183,063	\$ 1,870	\$ 1,423,091
Employee benefits	293,359	38,778	249	332,386
Medical supplies and medications	722,957	2,517	6	725,480
Purchased services and other	305,192	148,439	5,270	458,901
Medicaid enhancement tax	85,715	-	-	85,715
Depreciation and amortization	45,702	44,707	48	90,457
Interest	8,470	26,037	8	34,515
Total operating	<u>\$ 2,699,553</u>	<u>\$ 443,541</u>	<u>\$ 7,451</u>	<u>\$ 3,150,545</u>
Non-operating				
Employee benefits	\$ 15,606	\$ 2,077	\$ 8	\$ 17,691
Interest	-	3,782	-	3,782
Development	-	-	8,799	8,799
Total non-operating	<u>\$ 15,606</u>	<u>\$ 5,859</u>	<u>\$ 8,807</u>	<u>\$ 30,272</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

15. Liquidity

The Dartmouth Health System is substantially supported by cash generated from operations. In addition, the Dartmouth Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheets may not be available for general expenditure within one year of the balance sheet date.

The Dartmouth Health System's financial assets available at June 30, 2024 and 2023 to meet cash needs for general expenditures within one year of June 30, 2024 and 2023, respectively, are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 257,903	\$ 115,996
Patient accounts receivable	287,317	289,787
Assets limited as to use	1,234,156	1,071,462
Other investments for restricted activities	<u>229,626</u>	<u>182,224</u>
Total financial assets	2,009,002	1,659,469
Less those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	(80,936)	(76,830)
Investments for restricted activities	(229,626)	(182,224)
Bond proceeds held for capital projects	(777)	(17,310)
Other investments with liquidity horizons greater than one year	<u>(159,491)</u>	<u>(141,810)</u>
Total financial assets available within one year	<u>\$ 1,538,172</u>	<u>\$ 1,241,295</u>

The Dartmouth Health System used cash flow from operations of approximately \$147,848,000 and (\$164,033,000) for the years ended June 30, 2024 and June 30, 2023, respectively. In addition, the Dartmouth Health System's liquidity management plan includes investing excess daily cash in intermediate or long-term investments based on anticipated liquidity needs. The Dartmouth Health System has available lines of credit of up to \$120,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the lines of credit.

16. Lease Commitments

Dartmouth Health determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Dartmouth Health System uses the implicit rate noted within the contract. If not readily available, the Dartmouth Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Dartmouth Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 3 to 8 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at the Dartmouth Health System's sole discretion. When determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Dartmouth Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statements of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheets. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the years ended June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating lease cost	\$ 8,444	\$ 9,590
Variable and short term lease cost (a)	<u>10,866</u>	<u>10,608</u>
Total lease and rental expense	<u>\$ 19,310</u>	<u>\$ 20,198</u>
Finance lease cost:		
Depreciation of property under finance lease	\$ 4,793	\$ 3,778
Interest on debt of property under finance lease	<u>1,321</u>	<u>546</u>
Total finance lease cost	<u>\$ 6,114</u>	<u>\$ 4,324</u>

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the years ended June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 9,450	\$ 10,067
Operating cash flows from finance leases	1,376	546
Financing cash flows from finance leases	<u>4,635</u>	<u>3,599</u>
Total	<u>\$ 15,461</u>	<u>\$ 14,212</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Supplemental balance sheet information related to leases as of June 30, 2024 and 2023 are as follows:

<i>(in thousands of dollars)</i>	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use assets - operating leases	\$ 57,999	59,258
Accumulated amortization	<u>(30,834)</u>	<u>(26,731)</u>
Right-of-use assets - operating leases, net	<u>27,165</u>	<u>32,527</u>
Current portion of right-of-use obligations	5,987	7,799
Long-term right-of-use obligations, excluding current portion	<u>25,817</u>	<u>25,386</u>
Total operating lease liabilities	<u>31,804</u>	<u>33,185</u>
Finance Leases		
Right-of-use assets - finance leases	39,965	32,837
Accumulated depreciation	<u>(14,027)</u>	<u>(9,836)</u>
Right-of-use assets - finance leases, net	<u>25,938</u>	<u>23,001</u>
Current portion of right-of-use obligations	4,155	3,535
Long-term right-of-use obligations, excluding current portion	<u>19,990</u>	<u>20,285</u>
Total finance lease liabilities	<u>\$ 24,145</u>	<u>23,820</u>
Weighted Average remaining lease term, years		
Operating leases	4.02	7.54
Finance leases	14.96	15.73
Weighted Average discount rate		
Operating leases	3.72%	2.36%
Finance leases	6.60%	3.46%

The Dartmouth Health System obtained \$3.2 million and \$7.8 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2024.

The Dartmouth Health System obtained \$3.6 million and \$9.2 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2023.

**Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and
Subsidiaries**
Notes to Consolidated Financial Statements
June 30, 2024 and 2023

Future maturities of lease liabilities as of June 30, 2024 are as follows:

<i>(in thousands of dollars)</i>	Operating <u>Leases</u>	Finance <u>Leases</u>
Year ending June 30:		
2025	\$ 6,783	\$ 5,404
2026	5,264	4,905
2027	4,118	3,647
2028	3,001	2,646
2029	2,493	1,794
Thereafter	<u>9,332</u>	<u>18,621</u>
Total lease payments	30,991	37,017
Less imputed interest	<u>(2,959)</u>	<u>(9,099)</u>
Total lease obligations	<u>\$ 28,032</u>	<u>\$ 27,918</u>

17. Subsequent Events

The Dartmouth Health System has assessed the impact of subsequent events through October 31, 2024, the date the audited Consolidated Financial Statements were issued, and has concluded that there were no such events that require adjustment to the audited Consolidated Financial Statements or disclosure in the notes to the audited Consolidated Financial Statements other than as noted below.

On July 31, 2024, Valley Regional Healthcare, Inc. (VRHC) and its subsidiary, Valley Regional Hospital (a critical access hospital located in Claremont, NH) and affiliates (VRH), became subsidiaries of the Dartmouth Health System.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2024

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock</u>	<u>Alice Peck Day Memorial</u>	<u>Mt. Ascutney Hospital and Health Center</u>	<u>New London Hospital Association</u>	<u>Eliminations</u>	<u>DH Obligated Group Subtotal</u>	<u>All Other Non- Oblig Group Affiliates</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Assets										
Current assets										
Cash and cash equivalents	\$ 111,792	\$ -	\$ 54,156	\$ 13,327	\$ 39,000	\$ -	\$ 218,275	\$ 39,628	\$ -	\$ 257,903
Patient accounts receivable, net	-	221,992	9,307	9,343	9,922	-	250,564	36,753	-	287,317
Prepaid expenses and other current assets	45,504	233,689	(33)	511	1,470	(78,104)	203,037	17,888	(34,196)	186,729
Total current assets	157,296	455,681	63,430	23,181	50,392	(78,104)	671,876	94,269	(34,196)	731,949
Assets limited as to use										
Notes receivable, related party	115,784	898,272	16,106	26,862	19,973	(227)	1,076,770	157,386	-	1,234,156
Other investments for restricted activities	838,175	11,126	366	-	-	(828,172)	21,495	(366)	(21,129)	-
Property, plant, and equipment, net	41	136,366	7,004	8,058	3,534	-	155,003	74,623	-	229,626
Right-of-use assets, net	-	656,781	27,646	18,120	44,979	-	747,526	173,794	-	921,320
Other assets	140	27,499	14,076	4,572	1,452	-	47,739	5,364	-	53,103
Total assets	\$ 1,118,497	\$ 2,374,177	\$ 144,784	\$ 85,873	\$ 127,318	\$ (906,503)	\$ 2,944,146	\$ 533,046	\$ (55,325)	\$ 3,421,867
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 17,435	\$ -	\$ 890	\$ 24	\$ -	\$ -	\$ 18,349	\$ 4,077	\$ -	\$ 22,426
Current portion of right-of-use obligations	140	7,533	789	438	220	-	9,120	1,022	-	10,142
Line of credit	-	29,000	-	-	-	-	29,000	12,950	-	41,950
Accounts payable and accrued expenses	51,894	134,987	3,815	7,271	3,694	(78,331)	123,330	49,332	(34,196)	138,466
Accrued compensation and related benefits	-	138,621	4,657	4,374	3,746	-	151,398	17,457	-	168,855
Estimated third-party settlements	-	44,357	12,208	999	17,472	-	75,036	7,632	-	82,668
Total current liabilities	69,469	354,498	22,359	13,106	25,132	(78,331)	406,233	92,470	(34,196)	464,507
Notes payable, related party	-	784,427	-	17,570	26,175	(828,172)	-	21,129	(21,129)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,077	(23)	-	-	1,154,432	45,493	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	13,986	4,331	1,266	-	40,337	5,470	-	45,807
Insurance deposits and related liabilities	-	96,918	368	206	262	-	97,754	643	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	306	-	-	211,760	-	-	211,760
Other liabilities	-	165,236	3,059	-	2,416	-	170,711	28,380	-	199,091
Total liabilities	1,177,707	1,658,427	60,849	35,496	55,251	(906,503)	2,081,227	193,585	(55,325)	2,219,487
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	563,096	76,931	40,601	66,958	-	688,376	235,281	40	923,697
Net assets with donor restrictions	-	152,654	7,004	9,776	5,109	-	174,543	104,180	(40)	278,683
Total net assets	(59,210)	715,750	83,935	50,377	72,067	-	862,919	339,461	-	1,202,380
Total liabilities and net assets	\$ 1,118,497	\$ 2,374,177	\$ 144,784	\$ 85,873	\$ 127,318	\$ (906,503)	\$ 2,944,146	\$ 533,046	\$ (55,325)	\$ 3,421,867

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2024

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock and Subsidiaries	Alice Peck Day and Subsidiary	Cheshire Medical and Subsidiaries	Mt. Ascutney and Subsidiaries	New London Hospital Association	Southwestern VT Health Care Corp and Subs	Visiting Nurse Assoc. and Subsidiaries	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	\$ 111,792	\$ 1,264	\$ 64,114	\$ 22,417	\$ 13,508	\$ 39,000	\$ 4,634	\$ 1,174	\$ -	\$ 257,903
Patient accounts receivable, net	-	221,992	9,307	14,344	9,526	9,922	21,303	923	-	287,317
Prepaid expenses and other current assets	45,504	234,013	(210)	6,809	503	1,470	10,172	768	(112,300)	186,729
Total current assets	157,296	457,269	73,211	43,570	23,537	50,392	36,109	2,865	(112,300)	731,949
Assets limited as to use										
Notes receivable, related party	838,175	11,126	-	-	-	-	-	-	(849,301)	-
Other investments for restricted activities	41	144,920	7,240	42,535	8,058	3,534	23,203	95	-	229,626
Property, plant, and equipment, net	-	659,456	43,744	71,253	19,423	44,979	77,316	5,149	-	921,320
Right-of-use assets, net	140	27,499	14,104	1,442	4,572	1,452	3,851	43	-	53,103
Other assets	7,061	188,628	8,321	25,624	2,619	6,988	11,999	473	-	251,713
Total assets	<u>\$ 1,118,497</u>	<u>\$ 2,418,920</u>	<u>\$ 162,726</u>	<u>\$ 194,917</u>	<u>\$ 86,497</u>	<u>\$ 127,318</u>	<u>\$ 249,064</u>	<u>\$ 25,756</u>	<u>\$ (961,828)</u>	<u>\$ 3,421,867</u>
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 17,435	\$ -	\$ 890	\$ 945	\$ 28	\$ -	\$ 3,050	\$ 78	\$ -	22,426
Current portion of right-of-use obligations	140	7,533	796	384	438	220	621	10	-	10,142
Line of credit	-	29,000	-	-	-	-	12,950	-	-	41,950
Accounts payable and accrued expenses	51,894	135,488	4,601	24,622	7,425	3,694	22,619	650	(112,527)	138,466
Accrued compensation and related benefits	-	138,621	5,207	6,623	4,377	3,746	9,550	731	-	168,855
Estimated third-party settlements	-	44,357	12,208	6,402	999	17,472	1,230	-	-	82,668
Total current liabilities	69,469	354,999	23,702	38,976	13,267	25,132	50,020	1,469	(112,527)	464,507
Notes payable, related party	-	784,427	-	21,129	17,570	26,175	-	-	(849,301)	-
Long-term debt, excluding current portion	1,108,238	25,140	21,035	19,942	212	-	23,169	2,189	-	1,199,925
Right-of-use obligations, excluding current portion	-	20,754	14,006	1,151	4,331	1,266	4,265	34	-	45,807
Insurance deposits and related liabilities	-	96,918	368	621	206	262	-	22	-	98,397
Liability for pension and other postretirement plan benefits, excluding current portion	-	211,454	-	-	306	-	-	-	-	211,760
Other liabilities	-	165,236	23,921	2,311	-	2,416	5,207	-	-	199,091
Total liabilities	<u>1,177,707</u>	<u>1,658,928</u>	<u>83,032</u>	<u>84,130</u>	<u>35,892</u>	<u>55,251</u>	<u>82,661</u>	<u>3,714</u>	<u>(961,828)</u>	<u>2,219,487</u>
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(59,210)	598,613	72,454	43,703	40,829	66,958	138,836	21,474	40	923,697
Net assets with donor restrictions	-	161,379	7,240	67,084	9,776	5,109	27,567	568	(40)	278,683
Total net assets	<u>(59,210)</u>	<u>759,992</u>	<u>79,694</u>	<u>110,787</u>	<u>50,605</u>	<u>72,067</u>	<u>166,403</u>	<u>22,042</u>	<u>-</u>	<u>1,202,380</u>
Total liabilities and net assets	<u>\$ 1,118,497</u>	<u>\$ 2,418,920</u>	<u>\$ 162,726</u>	<u>\$ 194,917</u>	<u>\$ 86,497</u>	<u>\$ 127,318</u>	<u>\$ 249,064</u>	<u>\$ 25,756</u>	<u>\$ (961,828)</u>	<u>\$ 3,421,867</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2023

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non- Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Assets										
Current assets										
Cash and cash equivalents	\$ 2,375	\$ 202	\$ 40,750	\$ 11,462	\$ 32,082	\$ -	\$ 86,871	\$ 29,125	\$ -	\$ 115,996
Patient accounts receivable, net	-	241,747	10,868	7,607	11,022	-	271,244	18,543	-	289,787
Prepaid expenses and other current assets	19,552	210,275	2,374	2,009	2,449	(36,789)	199,870	2,619	(18,385)	184,104
Total current assets	21,927	452,224	53,992	21,078	45,553	(36,789)	557,985	50,287	(18,385)	589,887
Assets limited as to use	136,937	832,895	13,089	25,786	17,990	(16,760)	1,009,937	61,525	-	1,071,462
Notes receivable, related party	843,946	14,308	588	-	-	(844,777)	14,065	(588)	(13,477)	-
Other investments for restricted activities	5	126,671	2,632	7,208	3,206	-	139,722	42,502	-	182,224
Property, plant, and equipment, net	-	624,394	27,724	16,260	44,547	-	712,925	98,697	-	811,622
Right-of-use assets, net	344	32,819	14,967	4,897	286	-	53,313	2,215	-	55,528
Other assets	1,943	168,736	13,798	4,688	6,622	-	195,787	(2,454)	-	193,333
Total assets	<u>\$ 1,005,102</u>	<u>\$ 2,252,047</u>	<u>\$ 126,790</u>	<u>\$ 79,917</u>	<u>\$ 118,204</u>	<u>\$ (898,326)</u>	<u>\$ 2,683,734</u>	<u>\$ 252,184</u>	<u>\$ (31,862)</u>	<u>\$ 2,904,056</u>
Liabilities and Net Assets										
Current liabilities										
Current portion of long-term debt	\$ 13,365	\$ -	\$ 825	\$ 11	\$ 21	\$ -	\$ 14,222	\$ 1,014	\$ -	\$ 15,236
Current portion of right-of-use obligations	204	9,136	759	422	49	-	10,570	764	-	11,334
Line of credit	-	40,000	-	-	-	-	40,000	-	-	40,000
Accounts payable and accrued expenses	23,590	151,473	5,300	8,173	3,975	(53,549)	138,962	26,170	(18,385)	146,747
Accrued compensation and related benefits	-	123,104	3,549	4,491	3,192	-	134,336	6,517	-	140,853
Estimated third-party settlements	-	28,560	12,588	-	18,245	-	59,393	4,967	-	64,360
Total current liabilities	37,159	352,273	23,021	13,097	25,482	(53,549)	397,483	39,432	(18,385)	418,530
Notes payable, related party	-	800,163	-	17,570	27,044	(844,777)	-	13,477	(13,477)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,956	(105)	11	-	1,075,641	23,321	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	4,635	243	-	44,137	1,534	-	45,671
Insurance deposits and related liabilities	-	89,947	322	283	253	-	90,805	544	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	368	-	-	197,417	8,888	-	206,305
Other liabilities	-	148,553	366	-	2,065	-	150,984	22,934	-	173,918
Total liabilities	<u>1,065,965</u>	<u>1,637,431</u>	<u>60,451</u>	<u>35,848</u>	<u>55,098</u>	<u>(898,326)</u>	<u>1,956,467</u>	<u>110,130</u>	<u>(31,862)</u>	<u>2,034,735</u>
Commitments and contingencies										
Net assets										
Net assets without donor restrictions	(60,873)	476,653	63,708	35,455	58,347	-	573,290	85,658	40	658,988
Net assets with donor restrictions	10	137,963	2,631	8,614	4,759	-	153,977	56,396	(40)	210,333
Total net assets	<u>(60,863)</u>	<u>614,616</u>	<u>66,339</u>	<u>44,069</u>	<u>63,106</u>	<u>-</u>	<u>727,267</u>	<u>142,054</u>	<u>-</u>	<u>869,321</u>
Total liabilities and net assets	<u>\$ 1,005,102</u>	<u>\$ 2,252,047</u>	<u>\$ 126,790</u>	<u>\$ 79,917</u>	<u>\$ 118,204</u>	<u>\$ (898,326)</u>	<u>\$ 2,683,734</u>	<u>\$ 252,184</u>	<u>\$ (31,862)</u>	<u>\$ 2,904,056</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Balance Sheets

June 30, 2023

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock and Subsidiaries</u>	<u>Alice Peck Day and Subsidiary</u>	<u>Cheshire Medical and Subsidiaries</u>	<u>Mt. Ascutney and Subsidiaries</u>	<u>New London Hospital Association</u>	<u>Visiting Nurse Assoc. and Subsidiaries</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Assets									
Current assets									
Cash and cash equivalents	\$ 2,375	\$ 1,470	\$ 50,139	\$ 15,911	\$ 11,691	\$ 32,082	\$ 2,328	\$ -	\$ 115,996
Patient accounts receivable, net	-	241,747	10,868	17,253	7,799	11,022	1,098	-	289,787
Prepaid expenses and other current assets	19,552	210,708	2,284	1,504	1,992	2,449	789	(55,174)	184,104
Total current assets	21,927	453,925	63,291	34,668	21,482	45,553	4,215	(55,174)	589,887
Assets limited as to use	136,937	860,436	13,089	13,376	27,090	17,990	19,304	(16,760)	1,071,462
Notes receivable, related party	843,946	14,308	-	-	-	-	-	(858,254)	-
Other investments for restricted activities	5	134,091	2,911	34,711	7,209	3,206	91	-	182,224
Property, plant, and equipment, net	-	627,070	44,435	72,289	17,593	44,547	5,688	-	811,622
Right-of-use assets, net	344	32,819	14,967	2,145	4,898	286	69	-	55,528
Other assets	1,943	168,902	6,505	7,130	2,231	6,622	-	-	193,333
Total assets	<u>\$ 1,005,102</u>	<u>\$ 2,291,551</u>	<u>\$ 145,198</u>	<u>\$ 164,319</u>	<u>\$ 80,503</u>	<u>\$ 118,204</u>	<u>\$ 29,367</u>	<u>\$ (930,188)</u>	<u>\$ 2,904,056</u>
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	\$ 13,365	\$ -	\$ 825	\$ 915	\$ 36	\$ 21	\$ 74	\$ -	\$ 15,236
Current portion of right-of-use obligations	204	9,136	759	735	423	49	28	-	11,334
Line of credit	-	40,000	-	-	-	-	-	-	40,000
Accounts payable and accrued expenses	23,590	152,515	5,990	22,818	8,312	3,975	1,481	(71,934)	146,747
Accrued compensation and related benefits	-	123,104	3,907	5,406	4,564	3,192	680	-	140,853
Estimated third-party settlements	-	28,560	12,588	4,928	-	18,245	39	-	64,360
Total current liabilities	37,159	353,315	24,069	34,802	13,335	25,482	2,302	(71,934)	418,530
Notes payable, related party	-	800,163	-	10,477	17,570	27,044	3,000	(858,254)	-
Long-term debt, excluding current portion	1,028,666	25,113	21,907	20,907	89	11	2,269	-	1,098,962
Right-of-use obligations, excluding current portion	140	24,333	14,786	1,493	4,635	243	41	-	45,671
Insurance deposits and related liabilities	-	89,947	322	500	283	253	44	-	91,349
Liability for pension and other postretirement plan benefits, excluding current portion	-	197,049	-	8,888	368	-	-	-	206,305
Other liabilities	-	148,553	21,800	1,500	-	2,065	-	-	173,918
Total liabilities	<u>1,065,965</u>	<u>1,638,473</u>	<u>82,884</u>	<u>78,567</u>	<u>36,280</u>	<u>55,098</u>	<u>7,656</u>	<u>(930,188)</u>	<u>2,034,735</u>
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(60,873)	507,534	59,404	37,307	35,609	58,347	21,620	40	658,988
Net assets with donor restrictions	10	145,544	2,910	48,445	8,614	4,759	91	(40)	210,333
Total net assets	<u>(60,863)</u>	<u>653,078</u>	<u>62,314</u>	<u>85,752</u>	<u>44,223</u>	<u>63,106</u>	<u>21,711</u>	<u>-</u>	<u>869,321</u>
Total liabilities and net assets	<u>\$ 1,005,102</u>	<u>\$ 2,291,551</u>	<u>\$ 145,198</u>	<u>\$ 164,319</u>	<u>\$ 80,503</u>	<u>\$ 118,204</u>	<u>\$ 29,367</u>	<u>\$ (930,188)</u>	<u>\$ 2,904,056</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions Year Ended June 30, 2024

<i>(in thousands of dollars)</i>	Dartmouth- Hitchcock Health	Dartmouth- Hitchcock	Alice Peck Day Memorial	Mt. Ascutney Hospital and Health Center	New London Hospital Association	Eliminations	DH Obligated Group Subtotal	All Other Non- Oblig Group Affiliates	Eliminations	Dartmouth Health Consolidated
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 2,071,131	\$ 108,263	\$ 65,362	\$ 91,783	\$ -	\$ 2,336,539	\$ 454,775	\$ -	\$ 2,791,314
Contracted revenue	-	124,354	275	3,592	163	(485)	127,899	132	(107,310)	20,721
Other operating revenue	36,381	686,348	6,084	3,734	6,830	(47,705)	691,672	92,363	(3,049)	780,986
Net assets released from restrictions	-	15,568	130	311	131	-	16,140	1,986	-	18,126
Total operating revenue and other support	<u>36,381</u>	<u>2,897,401</u>	<u>114,752</u>	<u>72,999</u>	<u>98,907</u>	<u>(48,190)</u>	<u>3,172,250</u>	<u>549,256</u>	<u>(110,359)</u>	<u>3,611,147</u>
Operating expenses										
Salaries	-	1,258,760	52,917	30,657	49,683	468	1,392,485	277,941	(88,946)	1,581,480
Employee benefits	-	307,857	14,261	8,935	11,044	1,735	343,832	57,929	(10,053)	391,708
Medications and medical supplies	-	725,220	4,420	12,888	12,888	-	755,140	86,138	(1)	841,277
Purchased services and other	21,355	387,056	15,882	23,191	10,631	(22,732)	435,383	95,870	(10,034)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	2,331	3,583	-	81,440	21,287	-	102,727
Depreciation and amortization	-	59,643	3,420	2,504	4,745	-	70,312	19,673	-	89,985
Interest	32,181	32,046	779	480	1,133	(29,021)	37,598	3,919	(648)	40,869
Total operating expenses	<u>53,536</u>	<u>2,841,744</u>	<u>104,235</u>	<u>72,518</u>	<u>93,707</u>	<u>(49,550)</u>	<u>3,116,190</u>	<u>562,757</u>	<u>(109,682)</u>	<u>3,569,265</u>
Operating margin (loss)	<u>(17,155)</u>	<u>55,657</u>	<u>10,517</u>	<u>481</u>	<u>5,200</u>	<u>1,360</u>	<u>56,060</u>	<u>(13,501)</u>	<u>(677)</u>	<u>41,882</u>
Non-operating gains (losses)										
Investment gains, net	9,456	88,440	1,834	3,266	2,118	(206)	104,908	20,009	(193)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	-	-	-	(22,096)	(606)	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	141	1,029	(1,154)	(18,624)	(4,334)	870	(22,088)
Pension termination settlement charge	-	-	-	-	-	-	-	(13,287)	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	129,689	-	-	129,689
Total non-operating gains, net	<u>122,582</u>	<u>64,259</u>	<u>1,842</u>	<u>3,407</u>	<u>3,147</u>	<u>(1,360)</u>	<u>193,877</u>	<u>1,782</u>	<u>677</u>	<u>196,336</u>
Excess (deficiency) of revenue over expenses	105,427	119,916	12,359	3,888	8,347	-	249,937	(11,719)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	550	93	239	174	-	1,056	14,094	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	27	-	-	(902)	12,295	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,074)	791	992	90	-	(134,965)	134,965	-	-
Other changes in net assets	-	(20)	(20)	-	-	-	(40)	(12)	-	(52)
Increase in net assets without donor restrictions	<u>\$ 1,663</u>	<u>\$ 86,443</u>	<u>\$ 13,223</u>	<u>\$ 5,146</u>	<u>\$ 8,611</u>	<u>\$ -</u>	<u>\$ 115,086</u>	<u>\$ 149,623</u>	<u>\$ -</u>	<u>\$ 264,709</u>

Dartmouth-Hitchcock Health (d/b/a/Dartmouth Health) and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2024

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock and Subsidiaries</u>	<u>Alice Peck Day and Subsidiary</u>	<u>Cheshire Medical and Subsidiaries</u>	<u>Mt. Ascutney and Subsidiaries</u>	<u>New London Hospital Association</u>	<u>Southwestern VT Health Care Corp and Subs</u>	<u>Visiting Nurse Assoc. and Subsidiaries</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 2,071,131	\$ 108,263	\$ 271,783	\$ 65,362	\$ 91,783	\$ 171,474	\$ 11,518	\$ -	\$ 2,791,314
Contracted revenue	-	124,384	275	102	3,592	163	-	-	(107,795)	20,721
Other operating revenue	36,381	689,357	17,415	28,942	5,681	6,830	45,058	2,076	(50,754)	780,986
Net assets released from restrictions	-	16,310	193	766	311	131	414	1	-	18,126
Total operating revenue and other support	<u>36,381</u>	<u>2,901,182</u>	<u>126,146</u>	<u>301,593</u>	<u>74,946</u>	<u>98,907</u>	<u>216,946</u>	<u>13,595</u>	<u>(158,549)</u>	<u>3,611,147</u>
Operating expenses										
Salaries	-	1,258,760	57,805	147,443	31,528	49,683	115,634	9,105	(88,478)	1,581,480
Employee benefits	-	307,857	15,304	34,941	9,113	11,044	19,894	1,873	(8,318)	391,708
Medications and medical supplies	-	725,220	12,627	54,458	4,427	12,888	31,059	599	(1)	841,277
Purchased services and other	21,355	390,297	19,643	51,328	24,021	10,631	32,983	3,727	(32,766)	521,219
Medicaid enhancement and provider tax	-	71,162	4,364	10,045	2,331	3,583	11,242	-	-	102,727
Depreciation and amortization	-	59,643	5,341	10,103	2,614	4,745	6,999	540	-	89,985
Interest	32,181	32,046	1,066	1,319	480	1,133	2,091	222	(29,669)	40,869
Total operating expenses	<u>53,536</u>	<u>2,844,985</u>	<u>116,150</u>	<u>309,637</u>	<u>74,514</u>	<u>93,707</u>	<u>219,902</u>	<u>16,066</u>	<u>(159,232)</u>	<u>3,569,265</u>
Operating margin (loss)	<u>(17,155)</u>	<u>56,197</u>	<u>9,996</u>	<u>(8,044)</u>	<u>432</u>	<u>5,200</u>	<u>(2,956)</u>	<u>(2,471)</u>	<u>683</u>	<u>41,882</u>
Non-operating gains (losses)										
Investment gains, net	9,456	92,397	2,182	2,971	3,387	2,118	10,474	2,138	(399)	124,724
Other components of net periodic pension and post retirement benefit income	-	(22,096)	-	(587)	(19)	-	-	-	-	(22,702)
Other income (losses), net	(16,563)	(2,085)	8	(908)	162	1,029	(3,454)	7	(284)	(22,088)
Pension termination settlement charge	-	-	-	(13,287)	-	-	-	-	-	(13,287)
Contribution revenue from acquisition	129,689	-	-	-	-	-	-	-	-	129,689
Total non-operating gains (losses), net	<u>122,582</u>	<u>68,216</u>	<u>2,190</u>	<u>(11,811)</u>	<u>3,530</u>	<u>3,147</u>	<u>7,020</u>	<u>2,145</u>	<u>(683)</u>	<u>196,336</u>
Excess (deficiency) of revenue over expenses	105,427	124,413	12,186	(19,855)	3,962	8,347	4,064	(326)	-	238,218
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	665	93	8,896	239	174	5,083	-	-	15,150
Change in funded status of pension and other postretirement benefits	-	(929)	-	12,295	27	-	-	-	-	11,393
Net assets transferred to (from) affiliates	(103,764)	(33,050)	791	5,072	992	90	129,689	180	-	-
Other changes in net assets	-	(20)	(20)	(12)	-	-	-	-	-	(52)
Increase (decrease) in net assets without donor restrictions	<u>\$ 1,663</u>	<u>\$ 91,079</u>	<u>\$ 13,050</u>	<u>\$ 6,396</u>	<u>\$ 5,220</u>	<u>\$ 8,611</u>	<u>\$ 138,836</u>	<u>\$ (146)</u>	<u>\$ -</u>	<u>\$ 264,709</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2023

<i>(in thousands of dollars)</i>	<u>Dartmouth- Hitchcock Health</u>	<u>Dartmouth- Hitchcock</u>	<u>Alice Peck Day Memorial</u>	<u>Mt. Ascutney Hospital and Health Center</u>	<u>New London Hospital Association</u>	<u>Eliminations</u>	<u>DH Obligated Group Subtotal</u>	<u>All Other Non- Oblig Group Affiliates</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Operating revenue and other support										
Net patient service revenue	\$ -	\$ 1,888,079	\$ 98,605	\$ 63,606	\$ 87,855	\$ -	\$ 2,138,145	\$ 259,012	\$ -	\$ 2,397,157
Contracted revenue	3,834	141,562	149	3,657	51	(799)	148,454	336	(64,444)	84,346
Other operating revenue	36,756	578,965	4,264	2,134	6,485	(43,983)	584,621	31,811	(7,557)	608,875
Net assets released from restrictions	-	12,763	100	284	316	-	13,463	1,380	-	14,843
Total operating revenue and other support	<u>40,590</u>	<u>2,621,369</u>	<u>103,118</u>	<u>69,681</u>	<u>94,707</u>	<u>(44,782)</u>	<u>2,884,683</u>	<u>292,539</u>	<u>(72,001)</u>	<u>3,105,221</u>
Operating expenses										
Salaries	-	1,183,341	49,062	28,947	46,198	486	1,308,034	162,896	(47,839)	1,423,091
Employee benefits	-	276,506	9,020	8,278	8,321	1,697	303,822	36,910	(8,346)	332,386
Medications and medical supplies	-	650,157	13,130	4,379	11,852	-	679,518	45,962	-	725,480
Purchased services and other	20,277	366,903	15,821	21,278	11,834	(18,642)	417,471	56,691	(15,261)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	2,273	3,366	-	75,870	9,845	-	85,715
Depreciation and amortization	1	68,566	3,372	2,311	4,775	-	79,025	11,432	-	90,457
Interest	33,194	28,101	805	479	1,064	(30,386)	33,257	1,544	(286)	34,515
Total operating expenses	<u>53,472</u>	<u>2,639,379</u>	<u>95,636</u>	<u>67,945</u>	<u>87,410</u>	<u>(46,845)</u>	<u>2,896,997</u>	<u>325,280</u>	<u>(71,732)</u>	<u>3,150,545</u>
Operating margin (loss)	<u>(12,882)</u>	<u>(18,010)</u>	<u>7,482</u>	<u>1,736</u>	<u>7,297</u>	<u>2,063</u>	<u>(12,314)</u>	<u>(32,741)</u>	<u>(269)</u>	<u>(45,324)</u>
Non-operating gains (losses)										
Investment gains, net	1,373	48,094	881	915	1,113	(252)	52,124	6,067	(72)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	-	-	-	(16,269)	(1,422)	-	(17,691)
Other income (losses), net	(10,643)	250	-	387	509	(1,811)	(11,308)	2,437	341	(8,530)
Total non-operating gains (losses), net	<u>(9,270)</u>	<u>32,075</u>	<u>881</u>	<u>1,302</u>	<u>1,622</u>	<u>(2,063)</u>	<u>24,547</u>	<u>7,082</u>	<u>269</u>	<u>31,898</u>
Excess (deficiency) of revenue over expenses	<u>(22,152)</u>	<u>14,065</u>	<u>8,363</u>	<u>3,038</u>	<u>8,919</u>	<u>-</u>	<u>12,233</u>	<u>(25,659)</u>	<u>-</u>	<u>(13,426)</u>
Net assets without donor restrictions										
Net assets released from restrictions for capital	-	2,139	56	233	26	-	2,454	775	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	114	-	-	37,436	(2,535)	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,881	703	992	428	-	(6,079)	6,079	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	(13)	-	-	(13)
Increase (decrease) in net assets without donor restrictions	<u>\$ (35,235)</u>	<u>\$ 58,398</u>	<u>\$ 9,118</u>	<u>\$ 4,377</u>	<u>\$ 9,373</u>	<u>\$ -</u>	<u>\$ 46,031</u>	<u>\$ (21,340)</u>	<u>\$ -</u>	<u>\$ 24,691</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions

Year Ended June 30, 2023

<i>(in thousands of dollars)</i>	<u>Dartmouth-Hitchcock Health</u>	<u>Dartmouth-Hitchcock and Subsidiaries</u>	<u>Alice Peck Day and Subsidiary</u>	<u>Cheshire and Subsidiaries</u>	<u>Mt. Ascutney and Subsidiaries</u>	<u>New London Hospital Association</u>	<u>Visiting Nurse Assoc. and Subsidiaries</u>	<u>Eliminations</u>	<u>Dartmouth Health Consolidated</u>
Operating revenue and other support									
Net patient service revenue	\$ -	\$ 1,888,079	\$ 98,605	\$ 245,887	\$ 63,606	\$ 87,855	\$ 13,125	\$ -	\$ 2,397,157
Contracted revenue	3,834	141,815	149	84	3,656	51	-	(65,243)	84,346
Other operating revenue	36,756	581,102	14,641	15,548	3,974	6,485	1,909	(51,540)	608,875
Net assets released from restrictions	-	13,358	129	747	293	316	-	-	14,843
Total operating revenue and other support	<u>40,590</u>	<u>2,624,354</u>	<u>113,524</u>	<u>262,266</u>	<u>71,529</u>	<u>94,707</u>	<u>15,034</u>	<u>(116,783)</u>	<u>3,105,221</u>
Operating expenses									
Salaries	-	1,183,341	53,203	144,785	29,820	46,198	13,097	(47,353)	1,423,091
Employee benefits	-	276,506	10,002	33,677	8,435	8,321	2,095	(6,650)	332,386
Medications and medical supplies	-	650,157	13,149	45,073	4,382	11,852	872	(5)	725,480
Purchased services and other	20,277	369,991	19,196	44,961	22,074	11,834	4,471	(33,903)	458,901
Medicaid enhancement and provider tax	-	65,805	4,426	9,844	2,274	3,366	-	-	85,715
Depreciation and amortization	1	68,566	5,203	8,945	2,425	4,775	542	-	90,457
Interest	33,194	28,101	1,115	1,031	480	1,064	201	(30,671)	34,515
Total operating expenses	<u>53,472</u>	<u>2,642,467</u>	<u>106,294</u>	<u>288,316</u>	<u>69,890</u>	<u>87,410</u>	<u>21,278</u>	<u>(118,582)</u>	<u>3,150,545</u>
Operating margin (loss)	<u>(12,882)</u>	<u>(18,113)</u>	<u>7,230</u>	<u>(26,050)</u>	<u>1,639</u>	<u>7,297</u>	<u>(6,244)</u>	<u>1,799</u>	<u>(45,324)</u>
Non-operating gains (losses)									
Investment gains, net	1,373	50,245	1,111	2,389	997	1,113	1,220	(329)	58,119
Other components of net periodic pension and post retirement benefit income	-	(16,269)	-	(1,422)	-	-	-	-	(17,691)
Other income (losses), net	(10,643)	250	-	2,361	403	509	60	(1,470)	(8,530)
Total non-operating gains (losses), net	<u>(9,270)</u>	<u>34,226</u>	<u>1,111</u>	<u>3,328</u>	<u>1,400</u>	<u>1,622</u>	<u>1,280</u>	<u>(1,799)</u>	<u>31,898</u>
Excess (deficiency) of revenue over expenses	<u>(22,152)</u>	<u>16,113</u>	<u>8,341</u>	<u>(22,722)</u>	<u>3,039</u>	<u>8,919</u>	<u>(4,964)</u>	<u>-</u>	<u>(13,426)</u>
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	2,223	56	691	233	26	-	-	3,229
Change in funded status of pension and other postretirement benefits	-	37,322	-	(2,535)	114	-	-	-	34,901
Net assets transferred to (from) affiliates	(13,083)	4,872	703	5,199	992	428	889	-	-
Other changes in net assets	-	(9)	(4)	-	-	-	-	-	(13)
Increase (decrease) in net assets without donor restrictions	<u>\$ (35,235)</u>	<u>\$ 60,521</u>	<u>\$ 9,096</u>	<u>\$ (19,367)</u>	<u>\$ 4,378</u>	<u>\$ 9,373</u>	<u>\$ (4,075)</u>	<u>\$ -</u>	<u>\$ 24,691</u>

Dartmouth-Hitchcock Health (d/b/a Dartmouth Health) and Subsidiaries

Note to Supplemental Consolidating Information

June 30, 2024 and 2023

1. Basis of Presentation

The accompanying supplemental consolidating information includes the Consolidating Balance Sheets and the Consolidating Statements of Operations and Changes in Net Assets Without Donor Restrictions of Dartmouth Health and its subsidiaries. All significant intercompany accounts and transactions between Dartmouth Health and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, consistent with the Consolidated Financial Statements. The consolidating information is presented for purposes of additional analysis of the Consolidated Financial Statements and is not required as part of the basic financial statements.

Curriculum Vitae

Luke J Archibald, M.D.

████████████████████
████████████████████

Date Prepared: 1/14/2025

Education

- 8/2005 – 5/2009 M.D., Columbia University College of Physicians and Surgeons
New York, NY
- 8/1998 – 5/2002 Bachelor of Science in Chemistry, University of Notre Dame
Notre Dame, IN

Postdoctoral Training

- 7/2013 – 6/2014 Addiction Psychiatry Fellow
New York University School of Medicine
- 7/2012 – 6/2013 Chief Resident in Psychiatry
New York University School of Medicine
- 7/2009 – 6/2012 Resident in Psychiatry
New York University School of Medicine

Academic Appointments

- 6/2020 – current Program Director, Addiction Psychiatry fellowship
Geisel School of Medicine at Dartmouth
- 11/2018 – current Assistant Professor of Psychiatry
Geisel School of Medicine at Dartmouth
- 7/2014 – 10/2018 Clinical Assistant Professor of Psychiatry
New York University School of Medicine

Institutional Leadership Roles

- 11/2018 – current Director of Addiction Services
Department of Psychiatry
Dartmouth-Hitchcock Medical Center, Lebanon, NH

1/2017 – 10/2018 Director, Division of Alcoholism and Drug Abuse
Department of Psychiatry
Bellevue Hospital, New York, NY

7/2015 – 8/2018 Unit Chief, 20 East Dual Diagnosis
Department of Psychiatry
Bellevue Hospital, New York, NY

Licensure and Certification

2018 – current State of New Hampshire Board of Medicine, License #19180
2022 – current Vermont Board of Medical Practice, License #042.0015762-COM
2010 – 2021 State of New York License in Medicine, Registration #258530 (status
inactive as of 2021 secondary to relocation)

Board Certification

9/2014 – current Addiction Psychiatry (certificate #2224)
American Board of Psychiatry and Neurology

9/2013 – current Psychiatry (certificate #66177)
American Board of Psychiatry and Neurology

Hospital or Health System Appointments

11/2018 – current Director of Addiction Services
Department of Psychiatry
Dartmouth-Hitchcock Medical Center, Lebanon, NH

1/2017 – 10/2018 Director, Division of Alcoholism and Drug Abuse
Department of Psychiatry
Bellevue Hospital, New York, NY

7/2015 – 8/2018 Unit Chief, 20 East Dual Diagnosis
Department of Psychiatry
Bellevue Hospital, New York, NY

7/2014 – 6/2015 Attending Psychiatrist
Comprehensive Psychiatric Emergency Room (CPEP)
Bellevue Hospital, New York, NY

7/2011 – 6/2013 Psychiatry Moonlighter
North Shore/LIJ Lenox Hill Hospital, New York, NY

Other Professional Positions

7/2013 – 10/2018 Private Psychiatric Practice
New York, NY

6/2002 – 8/2005 Actuarial Analyst, Mercer Consulting (Marsh & McLennan)
New York, NY

Professional Development Activities

8/2021 – 10/2021 Participant, Leading at Dartmouth-Hitchcock Health (D-HH) Term 3

Teaching Activities

- A. Undergraduate teaching (“college” students)
- B. Undergraduate Medical Education (UME; “med student”) *Classroom* teaching
- C. Undergraduate Medical Education (UME; “med student”) *Clerkship or other Clinical* (e.g., On-doctoring) teaching

Medical Student Clerkship in Psychiatry

7/2015-8/2018

NYU School of Medicine

Inpatient clinical preceptor

200 hours/year; 16 students/year

Medical Student Pre-Clinical Psychiatry Interviewing Seminar

9/2012 – 11/2012

NYU School of Medicine

Group preceptor

12 hours/year; 8 students/year

- D. Graduate Medical Education (GME) teaching: Inclusive of instruction of residents and fellows during clinical practice

Internal Medicine Health Disparities Curriculum

2/2024

Geisel School of Medicine at Dartmouth

Lecturer

2 hours; 30 residents

Addiction Psychiatry Fellowship Didactics

7/2020 – current

Geisel School of Medicine at Dartmouth

Course Instructor and Lecturer

30 hours/year; 2 fellows/year

Psychiatry Resident (PGY2) Didactics – Substance Use Disorders

7/2020 – current

Geisel School of Medicine at Dartmouth

Lecturer

4 hours/year; 8 residents/year

Internal Medicine Resident Supervision

7/2020 – 7/2022

Geisel School of Medicine at Dartmouth

Clinical Supervisor, Substance Abuse Clinic, Ambulatory Internal Medicine block

20 hours/year; 5 residents/year

Pain Medicine Fellow Supervision

7/2020 – 6/2021

Geisel School of Medicine at Dartmouth

Clinical Supervisor, Addiction Treatment Program

20 hours/year; 4 fellows/year

Addiction Psychiatry Fellow Supervision

11/2018 – current

Geisel School of Medicine at Dartmouth

Clinical Supervisor, Addiction Treatment Program

100 hours/year; 2 fellows/year

Psychiatry Resident (PGY1) Didactics – “Intern Crash Course”

7/2019 – current

Geisel School of Medicine at Dartmouth

Lecturer

2 hours/year; 8 residents/year

Psychiatry Resident (PGY3) Supervision

7/2014 – 10/2018

NYU School of Medicine

Outpatient Supervisor

40 hours/year; 1 resident/year

Addiction Psychiatry Fellow Supervision

7/2015 – 8/2018

NYU School of Medicine

Supervisor, 20 East Dual Diagnosis Unit rotation

100 hours/year; 5 fellows/year

Addiction Psychiatry Fellowship Didactics

7/2016 – 6/2018

NYU School of Medicine

Lecturer

2 hours/year; 5 fellows/year

Psychiatry Resident (PGY1) Didactics: Introduction to Psychiatry

7/2016 – 6/2018

NYU School of Medicine

Lecturer

3 hours/year; 12 residents/year

Psychiatry Resident (PGY1) Supervision

7/2014 – 6/2015

NYU School of Medicine

Supervisor, Comprehensive Psychiatric Emergency Room (CPEP)

100 hours/year; 12 residents/year

E. Other clinical education programs (e.g., PA programs)

F. Graduate teaching (post-college students enrolled in advance degree-granting programs, e.g., MS, MPH, PhD)

Psychology Extern Didactics

7/2015 – 6/2018

Bellevue Hospital, New York, NY

Lecturer

1 hour/year; 10 externs/year

G. Other professional/academic programs (e.g., teaching in courses at MBL or Cold Spring Harbor)

Medication for Treating Substance Use Disorders in People with Mental Illness

6/2023 – 3/2024

Sponsoring Organization: NH BMHS in collaboration with Dartmouth Health

Course Organizer and Presenter

5 hours/year, 15 participants/session

Project ECHO: New Hampshire Project Echo for the Judiciary

5/2022 – 8/2022

Sponsoring Organization: Judicial Opioid Initiative / National Center for State Courts

Course Organizer and Presenter

8 hours/year, 10 participants/session

Project ECHO: Mental Health and Substance Use

Dates: 1/14/2020, 3/10/2020

Dartmouth-Hitchcock Knowledge Map

Expert Discussant

2 hours/year, 20 participants/session

Primary Research Advising

Advising/Mentoring (other)

Dates: 4/2024 - current

Project title: Bias and Uncertainty-Aware Predictions of the Opioid Epidemic

Role: Project Advisor

Principal Investigator: Wesley Marrero, PhD

Sponsoring agency: Center for Technology and Behavioral Health (CTBH) (funded through the National Institute on Drug Abuse (NIDA). Project Title: Technology-based Treatments for Substance Use Disorders. PI Lisa Marsch. Grant number: P30DA029926)

Engagement, Community Service/Education

Headrest Professional Advisory Board Member
3/2020 – 3/2021
Member
6 hours/year

Research Activities

A. Sponsored Activity (grants and contracts)

Dates: 1/2025 – 6/30/2026
Project title and award number: Substance Use Disorder (SUD) New Contract (GC11110)
Role: PI
Percent effort: estimated 0.01 FTE
Sponsoring agency: Foundation for Healthy Communities.
Annual direct costs of the award: \$ 58,600

Dates: 11/2023 – 9/30/2025
Project title and award number: NHJB State Contract for the Sullivan County Family Treatment Court (GC10967; 177160 – B003) (C)
Role: PI
Percent effort: estimated 0.01 FTE
Sponsoring agency: State of New Hampshire Judicial Branch. Sponsor Award#: 177160 – B003
Annual direct costs of the award: \$131,844

Dates: 7/2021 - current
Project title and award number: CTN-0100: Optimizing Retention, Duration, and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (GC10658; 23-A0-S2-003671) (C)
Role: site PI
Percent effort: 0.05 FTE
Sponsoring agency: National Institute on Drug Abuse (NIDA; prime sponsor); New York University School of Medicine (direct sponsor).
Annual direct costs of the award: \$332,000 (\$1,021,688 Current Total Award Amount to Date)

Dates: 3/1/2020 – 1/31/2024
Project title and award number: Doorway Alcohol Services (GC10784; Doorway: Dartmouth-Hitchcock (DHMC))
Role: PI
Percent effort: 0.00 FTE
Sponsoring agency: Foundation for Healthy Communities
Annual direct costs of the award: \$23,000 (\$94,975 Total Award Amount)

Dates: 12/5/2018 - current

Project title and award number: State Opioid Response New Hampshire Spoke (GC10174; RFP-2019-BDAS-05-MEDIC-04 / SS-2019-BDAS-05-ACCES-04)

Role: PI

Percent effort: 0.10 FTE

Sponsoring agency: Substance Abuse and Mental Health Services Administration (SAMHSA; prime sponsor); State of New Hampshire DHHS (direct sponsor)

Annual direct costs of the award: \$230,000 (\$1,293,805 Total Award Amount to Date)

Dates: 10/31/2018 - current

Project title and award number: State Opioid Response New Hampshire Access Hub (GC10137; SS 2019-BDAS-05-ACCES-04)

Role: PI

Percent effort: 0.20-0.40 FTE (current 0.10 FTE)

Sponsoring agency: Prime sponsor: Substance Abuse and Mental Health Services Administration (SAMHSA); Direct sponsor: State of New Hampshire DHHS

Annual direct costs of the award: \$1,630,000 (\$9,015,096 Total Award Amount to Date)

B. Pending Submissions

C. Clinical Faculty: Activities for which you have been provided protected time (but not funding), please provide

Dates: 2/2022 - current

Project title and award number: AudioCare. Sharing meaningful moments from psychotherapy in the treatment of substance use and co-occurring disorders (P30DA02996)

Role: co-investigator. Co-investigators: Lisa Mistler, Nicholas Jacobson, Robert Brady, Paul Barr.

Percent effort: 0.00 FTE

Sponsoring agency: Center for Technology and Behavioral Health (CTBH) Pilot Core (funded through the NIH/NIDA Technology-based Treatments for Substance Use Disorders. PI Lisa Marsch)

Dates: 3/1/2020-2/29/2032

Project title and award number: Northeast Node of the National Drug Abuse Treatment Clinical Trials Network; 1UG1DA040309

Role: Co-Investigator

Sponsoring agency: NIH/NIDA

Description: The Northeast Node reflects a research partnership in which NIDA, researchers, and community-based providers develop, evaluate, and disseminate new prevention and treatment options for substance use disorders in community-based medical settings in Maine, New Hampshire, and Vermont.

Program Development

NYC Health and Hospitals: Consult for Addiction Treatment and Care in Hospitals (CATCH)
 Program Type: clinical and research
 Program Goal: establish addiction consult teams at six New York City public hospitals to address the opioid epidemic by increasing MAT prescribing for hospitalized patients
 Role: project leader for implementation, Bellevue Hospital
 Dates: 7/2017 – 10/2018
 Measurement of impact: stepped-wedge cluster randomized trial led by Dr. Jennifer McNeely

Entrepreneurial Activities

Major Committee Assignments, Inclusive of Professional Studies

A. National

- 11/2024 ABPN Addiction Psychiatry Examination Standard Setting Meeting
Deerfield, IL
Member
- 7/2019 – current Publication Committee (PC)
Reviewer for CTN-088, CTN-0130, and CTN-0131
Clinical Trials Network (CTN)

B. Regional

- 1/2021 – current New Hampshire Drug Overdose Fatality Review Commission
Member
New Hampshire Senate Meetings Statutory Commission

C. Institutional

- 7/2020 – current Addiction Psychiatry Fellowship Clinical Competency Committee (CCC)
Member
Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital
- 7/2020 – current Addiction Psychiatry Fellowship Program Evaluation Committee (PEC)
Member
Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital
- 4/2019 – 4/2020 Therapeutic Cannabis Guidance
Member, Core Workgroup
Dartmouth-Hitchcock
- 1/2017 – 10/2018 Psychiatry Executive Committee, Department of Psychiatry
Member
Bellevue Hospital

10/2012 – 1/2018	Psychiatry Residency Selection Committee Member New York University School of Medicine
7/2012 – 6/2013	Psychiatry Residency Education Committee Member New York University School of Medicine
9/2001 – 5/2002	Department of Chemistry Ethics Committee Student Member University of Notre Dame

Institutional Center or Program Affiliations

Editorial Boards

Journal Referee Activity

Awards and Honors

2002	Magna Cum Laude, University of Notre Dame
2002	Merck Index Award for Excellence in Chemistry, University of Notre Dame
2012-2013	Chief Resident in Psychiatry, NYU School of Medicine

Invited Presentations

- A. International
- B. National
- C. Regional/local

T32 Research Seminar * ^

Date: 3/21/2024

Topic: Clinical and Research Questions in the Management of Medication for Opioid Use Disorder (MOUD): Review of the RDD Trial

Sponsoring Organization: Dartmouth College and the Center for Technology and Behavioral Health (CTBH)

Location: Lebanon, NH

Psychiatry Grand Rounds * ^

Date: 2/6/2024

Topic: Everything You Always Wanted to Know About the DHMC Addiction Treatment Program

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Medication for Treating Substance Use Disorders in People with Mental Illness* ^

Date: 1/16/2024

Topic: Stimulant Use Disorders

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Medication for Treating Substance Use Disorders in People with Mental Illness* ^

Date: 6/20/2023

Topic: Medication for Alcohol Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

New Hampshire Psychiatric Society Annual Meeting* ^

Date: 5/5/2023

Topic: Injectable Medications for Opioid Use Disorder

Sponsoring Organization: New Hampshire Psychiatric Society

Location: Concord, NH

Substance Use and Serious Illness Consortium Lunch and Learn* ^

Date: 3/7/2023

Topic: Stimulants and Stimulant Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Vermont MAT Learning Sessions (Advanced OUD X-Waiver Team Learning Collaborative) * ^

Date: 3/31/2022

Topic: Anxiety Medication Management in MAT

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

NH Project ECHO for the Judiciary * ^

Date: 7/26/2022

Topic: Other Commonly Used Substances: Alcohol, Cannabis, and Methamphetamine

Sponsoring Organization: Dartmouth-Hitchcock Knowledge Map

Location: Lebanon, NH

Behavioral Health Research Seminar * ^

Date: 1/21/2022

Topic: Study in progress: Optimizing Retention, Duration and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD)

Sponsoring Organization: Dartmouth Center for Technology and Behavioral Health

Location: Lebanon, NH

Surgery In-Service * ^

Date: 1/7/2022

Topic: Substance Use Disorders: Overview of Substances

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Surgery Grand Rounds * ^

Date: 6/19/2020

Topic: Perioperative Management of Pain and Addiction in Patients with Opioid Use Disorder

Sponsoring Organization: Dartmouth-Hitchcock Medical Center

Location: Lebanon, NH

Project ECHO: Mental Health and Substance Use * ^

Date: 1/28/2020

Topic: Screening, Assessment, and Diagnosis of Alcohol and Substance Use Disorders

Sponsoring Organization: Dartmouth-Hitchcock Knowledge Map

Location: Lebanon, NH

Bibliography

A. Peer-reviewed publications in print or other media

1. Hybki B, **Archibald L**, Broglio K. Managing Pain with Opioids in the Setting of Substance Use Disorder. *Current Addiction Reports*. 2024 Sep 26:1-9.
2. **Archibald L**, Brunette M, Wallin D, Green A. Alcohol Use Disorder (AUD) and Schizophrenia or Schizoaffective Disorder. In: Alcohol Use Disorder and Co-Occurring Mental Health Conditions. *Alcohol Research: Current Reviews*. 2019;40(1). PMID: 31886105.
3. Kwon J, **Archibald L**, Deringer E (2016) Substance Abuse: Intoxication and Withdrawal. In Maloy K. (Ed), *A Case-Based Approach to Emergency Psychiatry*. Oxford University Press.
4. **Archibald L**. (2018) Twelve-Step Programs and the Dually Diagnosed. In Avery J, Barnhill J. (Ed), *Co-Occurring Mental Illness and Substance Use Disorders: A Guide to Diagnosis and Treatment*. American Psychiatric Association Publishing.

B. Other scholarly work in print or other media

1. Dartmouth-Hitchcock video. Heads Up: A Year-long Mental Health Awareness Journey. *Webinar 9: Mental Health in the Workplace*. **Archibald L**, Cole S, Fowler R. Published 1/31/2023 at: ([17](#)) [Mental health in the workplace - YouTube](#)
2. **Archibald L**. *Telemedicine for opioid addiction saves lives. Let's make sure it continues*. Association of American Medical Colleges (AAMC). Published 12/20/2022. [Telemedicine for opioid addiction saves lives. Let's make sure it continues | AAMC](#).

Related press: [New law could improve access to medication-assisted treatment in NH | New Hampshire Public Radio \(nhpr.org\)](#)

C. Abstracts

Name: Luke Archibald

Mistler L, Jacobson N, **Archibald L**, Brady R, Bratches R, Budney A, Ganoe C, Oh L, Fowler R, Barr P. *AudioCare: The Feasibility and Acceptability of Audio Recording Psychotherapy Sessions*. Vermont Nurse Practitioners Annual Meeting; Jan 2023; Stowe, VT.

Personal Statement

I joined Dartmouth-Hitchcock as the Director of Addiction Services in the Department of Psychiatry in November 2018 and am the medical director of the Dartmouth-Hitchcock Addiction Treatment Program (ATP). In addition, I assumed the role of program director for the Dartmouth-Hitchcock Addiction Psychiatry fellowship in June 2020. Our clinical services include an Intensive Outpatient Program (IOP), medical visits for hundreds of individuals with substance use disorder (predominantly Opioid Use Disorder and Alcohol Use Disorder), and a Perinatal Addiction Treatment Program (PATP), and it is the site of the regional hub for the New Hampshire State Opioid Response (SOR) Doorway project. In April 2022, our site was activated for the NIDA CTN-0100 RDD trial, for which I am site PI.

Previously, I worked in the NYU School of Medicine, serving as the Director of the Addiction Division in the Department of Psychiatry at Bellevue Hospital. In that role, I oversaw three clinical programs: the Chemical Dependency Outpatient Program (CDOP), the inpatient detoxification and stabilization unit, and the Opioid Treatment Program (OTP). Other direct clinical responsibilities included the role of unit chief of Bellevue's inpatient dual diagnosis service. Advancing treatment for substance use disorders through carefully conducted research has been an important mission in all of these sites.

I care deeply about providing the highest quality, most compassionate, and easily accessible treatment for individuals with substance use disorders and other mental health conditions, both directly and through developing and advancing clinical programs and teaching.

HEATHER N. DAVIS

EDUCATION

UNIVERSITY OF MASSACHUSETTS LOWELL, Lowell, MA

Master's in Public Health, Concentration in Healthcare Management/Administration (GPA 4.0)

May 2019

- Related courses: Operations Analysis and Quality Improvement, Healthcare Management, Social and Behavioral Determinants of Health, Health Policy and Management, Healthcare Finance, Leadership and Management in Public Health

EXPERIENCE

Dartmouth Hitchcock, The Doorway, Addiction Treatment Program Lebanon, NH

December 2021 – Present

State Opioid Response (SOR) Program Manager

Develops processes for program development and growth to serve the substance use disorder population at DH. In collaboration with the Medical Director of the SOR Grant programs, oversees the development of a seamless clinic structure designed to make screening, evaluation, and care coordination services more centralized, available, and accessible. Responsible for defining program goals and objectives. Develops partnerships throughout the community and coordinates services as required. Responsible for quality control metrics and measuring outcomes for program success and continued improvement. Collects and evaluates data to measure the success of SOR Grant programs and reports results to local and State leaders. Interacts with various members of the care team to identify highest priority needs for improvement and facilitates required initiatives. Assumes leadership responsibility for the operational and informational management systems. Develops and carries out a full range of financial management activities of the SOR grant programs. Prepares the contract budget, monitors program performance in relation to budget, and develops strategies for improvement and/or correction of deviations from the budget. Provides leadership and direction for the program in maximizing revenues and minimizing operating costs. Assists in assuring adherence to institutional policies and procedures related to human resources, billing, scheduling, etc. Performs contract management activities from proposal, execution, and amendments, requiring coordination with ORO, DHHS, and other outside organizations. Ensures adherence to institutional policies and federal/state privacy regulations and coordinates needed agreements for information sharing. Provides administrative oversight and leadership to staff allocated to the grants in coordination with direct supervisors. Serves as liaison between DHMC and DHHS on SOR grant programs.

Vermont Department of Health, Alcohol & Drug Abuse Programs Springfield, VT *February 2020 – December 2021*

Prevention Consultant

Provided and supported various services to key stakeholders to increase the local community's capacity to lead and carry out effective substance misuse prevention initiatives, aimed at reducing substance misuse and improving the community's overall health. Collaborated and consulted with various community groups including schools, hospitals, parent and youth groups, law enforcement, and more. Delivered and facilitated services to these groups including: community organizing, program planning and consultation, presentations and training, community grants information and guidance, and attaining information or referrals.

Department of Public Health, UMass Lowell, Lowell, MA

September 2018 – May 2019

Graduate Research Coordinator

Coordinated research logistics for an evaluation research project of an adult alternatives diversion project for individuals involved in the community justice system who have substance use disorders. Conducted interviews and assessments with key informants from the community justice system and program participants. Created dataset in SPSS and a corresponding data dictionary for quantitative data analysis from de-identified intake and disenrollment data. Performed data entry and analysis of key informant and focus group interviews using NVivo for qualitative analysis. Established connections and facilitated conversations with other court systems for partnerships in a future study. Products include preliminary briefs of quantitative and qualitative findings.

NFI, Structured Outpatient Addictions Program (SOAP), Haverhill, MA

December 2016 – December 2018

Outreach Manager

Managed and coordinated the care of clients through case management, care coordination, management of treatment plans, advocacy, crisis intervention, and community outreach. Managed outreach projects and led community events for prevention education to disseminate information on community resources. Collaborated on the Mayor's Haverhill Opioid Prevention and Education Task Force; co-led monthly meetings, coordinated with other agencies and organizations on Task Force activities and events, and assisted with management of Task Force projects.