

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-8T4W-C829P, version 1)

Details

Submitted 11/30/2021 (0 days ago) by Irene Lidia Godin

Alternate Identifier Southern New Hampshire Health System

Submission ID HPC-8T4W-C829P

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

7/1/2020

Organization Name

Southern New Hampshire Health System

Street Address

8 Prospect St

Nashua, NH 03060

Federal ID #

02-0509221

State Registration #

6282

Website address (must have a prefix such as "http://www.")

<https://www.snhhealth.org>

Is the organization's community benefit plan on the organization's website?

Yes

Chief Executive

First Name	Last Name
Thomas	Wilhelmsen

Phone Type	Number	Extension
Business	603-281-8482	

Email

[REDACTED]

Board Chair

First Name	Last Name	
Rache	Rowe	
Phone Type	Number	Extension
Business	603-281-8482	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Irene	Godin	
Title	<i>Sr. Reimbursement/Budget Analyst</i>	
Phone Type	Number	Extension
Business	6032819287	
Email	[REDACTED]	

Does this report include community benefit information for affiliated or subsidiary organizations?

Yes

Affiliated or Subsidiary Organizations

Organization Name	Federal ID #	State Registration #
Southern New Hampshire Medical Center	02-0483054	6282
Foundation Medical Partners	02-0456218	6282
The Surgery Center of Greater Nashua	46-1084049	668728

Section 2: Mission & Community Served**Mission Statement**

Southern New Hampshire Health System (SNHHS) is committed to improve, maintain and preserve the overall health and well-being of individuals living in the greater Nashua area by providing information, education and access to exceptional health and medical care services.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-I)?

Yes

Service Area

Community may be defined as a geographic service area comprised of the locations from which most service recipients come (primary service area) or a subset of the general population that share certain characteristics such as age range, health condition, or socioeconomic resources. For some trusts, the definition of community may be a combination of geographic service area and a subset of the population within that area. Please include information from the drop-down lists and narrative field as applicable to sufficiently describe the community served.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

NONE PROVIDED

Please select service area municipalities (NH), if applicable

NONE PROVIDED

Service Population Description

SNHHS's service area consists of nineteen New Hampshire and four Massachusetts towns. The service area is divided into a Primary Service Area (PSA) of twelve New Hampshire towns (Amherst, Brookline, Hois, Hudson, Litchfield, Lyndeborough, Merrimack, Milford, Mont Vernon, Nashua, Peppere, and Winton), a Secondary Service Area (SSA) of seven New Hampshire towns (Derry, Greenfield, Londonderry, New Boston, New Ipswich, Salem and Windham) and a Massachusetts Service Area (MSA) of four neighboring Massachusetts towns (Dunstable, Peppere, Townsend and Tyngsboro).

SNHHS's PSA and SSA include all towns, which are designated as being part of the greater Nashua region by the New Hampshire Office of State Planning, the New Hampshire Department of Health and Human Services, and the Nashua Regional Planning Commission. The MSA towns were designated because of patient volume from those towns to Southern New Hampshire Medical Center.

Section 3.1: Community Needs Assessment

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2021

Please attach a copy of the needs assessment if completed in the past year

[SNHHS CHNA Narrative 2021.pdf - 10/06/2021 10:27 AM](#)

[SNHHS CHNA Implementation 2021.pdf - 10/06/2021 10:27 AM](#)

Comment

The primary source of our CHNA is the 2020 Interactive Data Dashboard (the Assessment) published January 2021 by the City of Nashua Division of Public Health & Community Services (DPHCS) as its Community Health Assessment. As the chief public health strategist for the Greater Nashua Region, and the first accredited health department in New Hampshire, the Division opted to utilize an interactive web-based application to share information about the health status of the community. This collaborative platform provides data from community level to national data. Tables and figures can be customized by age, gender, race/ethnicity, geographic location, etc. to explore different trends and patterns. It is expected to serve as a powerful launch point for data-driven conversations. Information can be found at: <https://insight.ivestories.com/s/v2/community-health-assessment-home-page/493790d2-caed-4265-9706-1d00800fdd9e>

Was the assessment conducted in conjunction with other health care charitable trusts in your community?

Yes

Section 3.2: Community Needs Assessment (1 of 11)

Area of Community Need / Concern

22. Access to Mental Health Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

C10: Other Subsidized Health Services

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (2 of 11)

Area of Community Need / Concern

11. Obesity

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A1: Community Health Education

E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (3 of 11)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (4 of 11)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (5 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Healthy Moms and Babies

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

B1: Provision of Clinical Setting for Undergraduate Education

A1: Community Health Education

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (6 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Environmental Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

B1: Provision of Clinical Setting for Undergraduate Education

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (7 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Chronic Disease and Cancer

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (8 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Communicable Disease

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A1: Community Health Education

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (9 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Public Health Emergency Preparedness

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

F3: Support Systems Enhancement

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (10 of 11)

Area of Community Need / Concern

35. Other Social Determinants of Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (11 of 11)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Safety

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

Brief description of major strategies or activities to address this need (optional)

Please refer to implementation strategy.

Section 4: Community Benefit Activities

Optional Section 4 completion tool

An optional MS Excel tool can be used to aid completion of this Section offline. Please click on the "Community Benefits Reporting Tool" link below, this will download the file to a suitable location. Once opened, refer to the "Worksheets" sheet at the bottom of the form. Numbers/dollar amounts can be calculated and will automatically populate into the appropriate fields of the "Section 4" sheet. These numbers can then be entered manually by you in the appropriate fields of this Section 4, below.

[Community Benefits Reporting Worksheets](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

406265099

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	2920121	0	2920121	0.7%	3000000

(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	24881748	0	24881748	6.1%	25000000

(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

(4) Total Financial Assistance and Means-Tested Government Programs

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	27801869	0	27801869	6.8%	28000000

Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	281571	0	281571	0.1%	282000

(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	3066672	146350	2920322	0.7%	3000000

(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	1660834	0	1660834	0.4%	1700000

(8) Research (if using the optional Excel tool, refer to Worksheet 7)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	41402	0	41402	0%	42000

(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	590710	0	590710	0.1%	590710

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	5641189	146350	5494839	1.4%	5614710

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	33443058	146350	33296708	8.2%	\$33614710

Section 5: Community Building Activities

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

406265099

(1) Physical improvements and housing

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(2) Economic development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(3) Community support

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	220184	0	220184	0.1%

(4) Environmental improvements

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(5) Leadership development and training for community members

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(6) Coalition building

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(7) Community health improvement advocacy

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	3312	0	3312	0%

(8) Workforce development

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

(9) Other

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

Total**(10) Totals**

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
0	0	223496	0	223496	0.1%

Section 6: Medicare**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

100836209

Enter Medicare allowable costs of care relating to payments specified above (\$)

141757239

Medicare surplus (shortfall)

-\$40921030

Describe the extent to which any shortfall reported above should be treated as community benefit. Please also describe the costing methodology or source used to determine the amount reported above.

There are service areas where government programs such as Medicare and Medicaid do not reimburse the organization adequate amounts to cover the costs to provide those services. Southern New Hampshire Medical Center must provide those services regardless of the financial shortfall. The ratio of cost to charge methodology was used to determine costs, consistently with the 990 filings.

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

Cost to charge ratio

Section 7: Summary Financial Measures**Gross Receipts from Operations (\$)**

391972574

Net operating costs (\$)

406265099

Ratio of gross receipts from operations to net operating costs

0.965

Unreimbursed Community Benefit Costs**Financial Assistance and Means-Tested Government Programs (\$)**

27801869

Other Community Benefit Costs (\$)

5494839

Community Building Activities (\$)

223496

Total Unreimbursed Community Benefit Expenses (\$)

33520204

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

8.25%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$-40921030

Section 8: Community Engagement in the Community Benefits Process

Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
City of Nashua Department of Pub ic Hea th	Yes	Yes	No	No

Please provide a description of the methods used to solicit community input on community needs:

Southern NH Hea th co aborated with the Nashua Department of Pub ic Hea th to conduct the Community Needs Assessment. The research conducted by the Nashua Department of Pub ic Hea th inc uded a community based research project to assess the extent to which substance use occurs in Nashua to estimate the preva ence and define the degree of substance use disorder in the Greater Nashua Pub ic Hea th Region. Data for this research was co ected in 2019 and ana yzed in 2020 and inc uded both an on ine survey (222 participants) and in-person interviews (50 participants) with peop e that were active y using, in recovery, or had never used substances.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Ye

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

Notice of the charity care policy is given to recipients who are served in their home.

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Irene

Last Name

Godin

Title

Sr. Reimbursement/Budget Analyst

Email

[REDACTED]

Attachments

Date	Attachment Name	Context	Confidential?	User
10/6/2021 10:27 AM	SNHH CHNA_Implementation 2021.pdf	Attachment	No	Irene Godin
10/6/2021 10:27 AM	SNHHS CHNA Narrative 2021.pdf	Attachment	No	Irene Godin