

# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPP-0VR9-449C2, version 1)

## Details

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**Submitted** 2/28/2023 (2 days ago) by Magdalynn Graul

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## Form Input

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### Section 1: Entity Information

**Entity Name**

Cheshire Medical Center

**State Registration #**

6269

**Federal ID #**

203545-9

**Fiscal Year Beginning**

07/01/2021

**Entity Address**

580-90 Court Street

Kenne, NH 03431

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

<http://www.cheshiremed.com>

**Chief Executive Officer (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Don	Caruso, MD MPH	Business	[REDACTED]	
<b>Email</b>				
[REDACTED]				

**Board Chair (first, last name)**

First Name	Last Name	Phone Type	Number	Extension
Susan	Abert	Business	[REDACTED]	
<b>Email</b>				
[REDACTED]				

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Shawn	La France, MS MPH	
<b>Title</b>		
Vice President for Population Health		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business		
<b>Email</b>		

**1. Is the entity's community benefits plan on the organization's website?**

Yes

**2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?**

No

**Section 2: Mission & Community Served**

**1. Mission Statement**

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

**2. 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.

**1. Did the primary service area cover ALL of New Hampshire?**

No

**Please select service area Counties (NH), if applicable**

Cheshire

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

ACWORTH  
ALSTEAD  
CHESTERFIELD  
FITZWILLIAM  
GILSUM  
HARRISVILLE  
KEENE  
MARLBOROUGH  
MARLOW  
NELSON  
RICHMOND  
ROXBURY  
STODDARD  
SULLIVAN  
SURRY  
SWANZEY  
TROY  
WALPOLE  
WESTMORELAND  
WINCHESTER

**Service Population Description**

We serve the general population.

## **Section 3.1: Community Needs Assessment**

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

2019

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

NONE PROVIDED

**Comment**

2019 CHNA can be found on Cheshire Medical Center's website here: <https://www.cheshiremed.org/about/community-benefits-reporting>

Cheshire Medical Center is working on the next CHNA which will be available in early 2023

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

Yes

## **Section 3.2: Community Needs Assessment (1 of 13)**

**3. Area of Community Need / Concern**

3. Access to Primary Care

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

B4: Other Health Professions Education Support

D2: Community / Population Health Research

E1: Cash Donations

F3: Support Systems Enhancement

1: Financial Assistance

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 13)**

**3. Area of Community Need / Concern**

22. Access to Mental Health Services

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

B4: Other Health Professions Education Support

C1: Emergency and Trauma Services

C8: Behavioral Health Services

C10: Other Subsidized Health Services

E3: In-Kind Assistance

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (3 of 13)**

**3. Area of Community Need / Concern**

11. Obesity

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

E2: Grants

F6: Coalition Building

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (4 of 13)**

**3. Area of Community Need / Concern**

26. Tobacco Use

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

F3: Support Systems Enhancement

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (5 of 13)**

**3. Area of Community Need / Concern**

31. Transportation Services

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

E3: In-Kind Assistance

F6: Coalition Building

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (6 of 13)**

### **3. Area of Community Need / Concern**

20. Mental Health

### **4. Is the need identified in the Community Needs Assessment?**

Yes

### **5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A3: Health Care Support Services

B4: Other Health Professions Education Support

C8: Behavioral Health Services

C10: Other Subsidized Health Services

### **7. Brief description of major strategies or activities to address this need (optional)**

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (7 of 13)**

### **3. Area of Community Need / Concern**

24. Substance Use

### **4. Is the need identified in the Community Needs Assessment?**

Yes

### **5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

C8: Behavioral Health Services

C10: Other Subsidized Health Services

### **7. Brief description of major strategies or activities to address this need (optional)**

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (8 of 13)**

### **3. Area of Community Need / Concern**

13. Injury Prevention / Safety

### **4. Is the need identified in the Community Needs Assessment?**

Yes

### **5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

D2: Community / Population Health Research

E3: In-Kind Assistance

### **7. Brief description of major strategies or activities to address this need (optional)**

Local emergency readiness and response

## **Section 3.2: Community Needs Assessment (9 of 13)**

**3. Area of Community Need / Concern**

28. Physical Activity / Active Living

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

F6: Coalition Building

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (10 of 13)**

**3. Area of Community Need / Concern**

16. Aging Population / Senior Services

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

A4: Other Community Health Improvement Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (11 of 13)**

**3. Area of Community Need / Concern**

7. Diabetes

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (12 of 13)**

**3. Area of Community Need / Concern**

34. Education / Job Training

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

E2: Grants

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (13 of 13)**

**3. Area of Community Need / Concern**

2. Access to Prescription Medications / Prescription Assistance

**4. Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A3: Health Care Support Services

A4: Other Community Health Improvement Services

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

NONE PROVIDED

**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 (\$)**

239728736

**(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	2277204.00	0.00	2277204	0.9%	2277204.00

**(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	31706168.00	17352224.00	14353944	6%	31706168.00

**(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	0.00	0.00	0	0%	0.00

**(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	33983372	17352224	16631148	6.9%	33983372

**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 (\$)
11	1161	1320329.00	43362.00	1276967	0.5%	1320329.00

**(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 (\$)
4	159	2117361.00	0.00	2117361	0.9%	2117361.00

**(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 (\$)
5	425	2094302.00	553189.00	1541113	0.6%	2094302.00

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	0.00	0.00	0	0%	0.00

**(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 (\$)
4	893	444169.00	0.00	444169	0.2%	444169.00

**(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 (\$)
24	2638	5976161	596551	5379610	2.2%	5976161

**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 (\$)
24	2638	39959533	17948775	22010758	9.2%	\$39959533

**Section 5: Community Building Activities**

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

239728736

**(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	0.00	0.00	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	0.00	0.00	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 (%)
1	0	310037.00	290132.00	19905	0%

**(4) Environmental improvements**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0.00	0.00	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	0.00	0.00	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 (%)
2	85	1135720.00	0.00	1135720	0.5%

**(7) Community health improvement advocacy**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0.00	0.00	0	0%

**(8) Workforce development**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	0.00	0.00	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	0.00	0.00	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 (%)
3	85	1445757	290132	1155625	0.5%

**Section 6: Medicare**

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

NONE PROVIDED

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

NONE PROVIDED

**3. Medicare surplus (shortfall)**

\$NaN

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

NONE PROVIDED

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

NONE PROVIDED

## Section 7: Summary Financial Measures

### 1. Gross Receipts from Operations (\$)

262376003.00

### 2. Net operating costs (\$)

239728736

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

1.094

## Unreimbursed Community Benefit Costs

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

16631148

### 5. Other Community Benefit Costs (\$)

5379610

### 6. Community Building Activities (\$)

1155625

### 7. Total Unreimbursed Community Benefit Expenses (\$)

23166383

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

9.66%

## Other Community Benefits (optional)

### 1. Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

### 2. Medicare Shortfall (\$)

\$NaN

## Section 8: Community Engagement in the Community Benefits Process

### 1. 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
Dartmouth Hitchcock	Yes	Yes	Yes	No
Home Healthcare Hospice and Community Services	Yes	Yes	Yes	No
Southwest Regional Planning Commission	Yes	Yes	Yes	No
Monadnock United Way	Yes	Yes	Yes	No
Monadnock Community Hospital	Yes	Yes	Yes	No
Leadership Council for a Healthy Monadnock (Community Leaders)	Yes	Yes	Yes	Yes
Southwestern Community Services	Yes	Yes	Yes	Yes
Greater Monadnock Public Health Network	Yes	No	No	Yes

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
New Hampshire Department of Health and Human Services	Yes	Yes	Yes	No
New Hampshire Hospital Association- Foundation for Healthy Communities	Yes	No	No	Yes
Cheshire County Government	Yes	Yes	Yes	No
Cheshire Health Foundation	Yes	Yes	Yes	Yes
Cheshire County Conservation District	No	No	No	Yes

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

The members of the Community Health Needs Assessment (CHNA) Leadership Team represent the 33 towns within the Greater Monadnock Public Health region/ The 2019 CHNA report summarize the work of the Leadership Council for a Healthy Monadnock and the collaborative efforts of other local groups to assess the needs within the region. The CHNA Leadership Team reviewed health and social well-being information from existing data sources, recent assessments, and neighboring service area CHNAs. They identified secondary data to review and then prioritized needs using a nominal group voting process. The results revealed five priority areas: Behavioral Health, Protective Factors and Risk Factors, Healthcare Access, Food Access and Active Living, and Emergency Preparedness. The need to address the social determinants of health, as well as health equity, is the focus of the Implementation Strategy that is embedded within each of these priority areas.

**Section 9: Charity Care Compliance**

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

Yes

**2. A written charity care policy is available to the public.**

Yes

**3. Any individual can apply for charity care.**

Yes

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

Yes

**5. Notice of the charity care policy is posted in lobbies.**

Yes

**6. Notice of the policy is posted in waiting rooms.**

Yes

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

Yes

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

N/A

**Section 10: Certification**

**Electronic Signature**

**First Name**

Magdalynn

**Last Name**

Graul

**Title**

Population Health Epidemiologist at Cheshire Medical Center

**Email**

[Redacted]

**NHCT-31 (September 2022)**

