

# Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPS-1FK0-YCBS2, version 1)

## Details

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**Submitted** 8/14/2023 (0 days ago) by Melissa Lund

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Cottage Hospital

**State Registration #**

1770

**Federal ID #**

02-0223321

**Fiscal Year Beginning**

10/01/2021

**Entity Address**

90 Swiftwater Road  
Woodsville, NH 03785

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

<http://www.cottagehospital.org>

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

First Name	Last Name
Holly	McCormack

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

[REDACTED]

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

First Name	Last Name
Mark	Gleicher

Phone Type	Number	Extension
Home	[REDACTED]	

**Email**

[REDACTED]

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

<b>First Name</b>	<b>Last Name</b>	
Missy	Lund	
<b>Title</b>		
Executive Assistant		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>		
[REDACTED]		

**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 strengthen the health of our community by providing accessible, compassionate, quality healthcare.

**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**

- Grafton
- Coos

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

- BATH
- BENTON
- HAVERHILL
- LISBON
- MONROE
- PIERMONT
- LANDAFF
- LITTLETON
- ORFORD
- RUMNEY
- WARREN
- WENTWORTH

**Service Population Description**

Serves the General Population

**Section 3.1: Community Needs Assessment**

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

2022

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

NNHR 2022 CHNA\_Cottage\_Final.pdf - 03/10/2023 10:44 AM

**Comment**

NONE PROVIDED

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

Yes

### **Section 3.2: Community Needs Assessment (1 of 9)**

**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?**

No

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

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (2 of 9)**

**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.**

Not Applicable

B1: Provision of Clinical Setting for Undergraduate Education

B3: Scholarships/Funding for Health Professions Education

B4: Other Health Professions Education Support

E4: Resource Development Assistance

F2: Economic development

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (3 of 9)**

**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?**

No

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

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 9)**

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

33. Affordable Housing

**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?**

No

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

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (5 of 9)**

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

36. Other Community Health Need

**If "Other" please describe here:**

Poverty

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

No

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

No

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

Not Applicable

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (6 of 9)**

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

25. Access to Substance Use Disorder 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?**

No

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

Not Applicable

**7. Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (7 of 9)**

**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.**

E1: Cash Donations

E4: Resource Development Assistance

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (8 of 9)**

**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.**

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 (9 of 9)**

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

23. Dementia, including Alzheimer's Disease

**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?**

No

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

Not Applicable

**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 (\$)**

40491066

**(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	256719	0	256719	0.6%	272122

**(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	1469897	0	1469897	3.6%	1000000

**(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	140657	0	140657	0.3%	149096

**(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	1867273	0	1867273	4.6%	1421218

**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	169079	0	169079	0.4%	179224

**(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	637688	0	637688	1.6%	676049

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

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

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

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

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

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
NONE PROVIDED	NONE PROVIDED	51460	0	51460	0.1%	68010

**(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	NaN	858227	0	858227	2.1%	923283

**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	NaN	2725500	0	2725500	6.7%	\$2344501

**Section 5: Community Building Activities**

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

40491066

**(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	50135	0	50135	0.1%

**(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	46446	0	46446	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	22490	0	22490	0.1%

**(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	260420	0	260420	0.6%

**(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	3000	0	3000	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	3000	0	3000	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	56070	0	56070	0.1%

**Total**

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**(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	NaN	441561	0	441561	1%

**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)**

\$undefined

**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 (\$)**

70262157

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

40491066

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

1.735

**Unreimbursed Community Benefit Costs**

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

1867273

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

858227

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

441561

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

3167061

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

7.82%

### Other Community Benefits (optional)

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

NONE PROVIDED

#### 2. Medicare Shortfall (\$)

\$undefined

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

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### 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
Holly McCormack, CEO, Cottage Hospital	Yes	Yes	No	Yes
Ann Duffy, CFO, Cottage Hospital	Yes	Yes	No	Yes
Natalie Kennett, CNO, Cottage Hospital	Yes	Yes	No	Yes
Jeff Walburger, Senior Director, Cottage Hospital	Yes	Yes	Yes	Yes
Michele Bailey, HR, Cottage Hospital	Yes	No	No	No
Rick Frederick, CIO, Cottage Hospital	Yes	No	No	No
Tamra Azer, IT, Cottage Hospital	Yes	No	No	No
Missy Lund, Executive Assistant, Cottage Hospital	Yes	Yes	Yes	Yes
Ed Shanshala, CEO, Ammonoosuc Comm Health Ctr	Yes	Yes	Yes	Yes
Wendy William, Grants & Program Director, Midstate Health	Yes	Yes	Yes	Yes
Gail Clark, Development/Marketing/Comm Rel, Littleton Regional Hospital	Yes	Yes	Yes	Yes
Mark Gleicher, Board Chair, Cottage Hospital	Yes	No	No	Yes
Jeff Robbins, Woodsville Fire Department	Yes	No	No	No
QHR Health, Managing & Consulting Firm	Yes	Yes	Yes	Yes
Community Stakeholders	Yes	No	No	No
Steve Ahnen, CEO, New Hampshire Hospital Association	Yes	No	No	No

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

A survey monkey was developed by QHR Health Managing & Consulting Firm. The survey was then sent to myself and three other facilities to forward onto our stakeholders. The survey was also posted on our social media links for stakeholders to participate.

## Section 9: Charity Care Compliance

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

No

### 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**    **Last Name**

Missy            Lund

**Title**

Executive Assistant

**Email**

[REDACTED]

NHCT-31 (September 2022)

## Attachments

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Date	Attachment Name	Context	Confidential?	User
3/10/2023 10:44 AM	NNHR 2022 CHNA_Cottage_Final.pdf	Attachment	No	Melissa Lund