

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPF-KQWV-3PEAB, version 1)

## Details

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**Submitted** 2/24/2022 (17 days ago) by Greg Norman

**Alternate Identifier** Mary Hitchcock Memorial Hospital

**Submission ID** HPF-KQWV-3PEAB

**Status** Submitted

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

7/1/2020

**Organization Name**

Mary Hitchcock Memorial Hospital

**Street Address**

1 Medical Center Drive

Lebanon, NH 03756

**Federal ID #**

02222140

**State Registration #**

6278

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

<http://www.dartmouth-hitchcock.org>

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

Yes

**Chief Executive**

First Name	Last Name
Joanne M.	Conroy, MD

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**  
[REDACTED]

### Board Chair

<b>First Name</b>	<b>Last Name</b>	
Roberta L.	Hines, MD	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>	[REDACTED]	

### Community Benefits Plan Contact

<b>First Name</b>	<b>Last Name</b>	
Greg	Norman	
<b>Title</b>	Senior Director, Community Health	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>	[REDACTED]	

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

No

## Section 2: Mission & Community Served

### Mission Statement

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.

**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?**

Yes

### Service Population Description

Dartmouth-Hitchcock serves the general population with a wide range of primary care, hospital, and specialty health care services. D-H provides primary health care to populations in regions where our outpatient clinics are located. D-H also provides the larger population of NH and VT with other specialty health care or unique health care services not provided elsewhere in NH and VT.

## 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)**

2019

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

NONE PROVIDED

**Comment**

NONE PROVIDED

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

Yes

### **Section 3.2: Community Needs Assessment (1 of 7)**

**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.**

C8: Behavioral Health Services

A1: Community Health Education

A2: Community-Based Clinical Services

E1: Cash Donations

F6: Coalition Building

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

Inpatient psychiatric services provided at loss; Unreimbursed costs of providing integrated behavioral health and primary care services; Community-based suicide prevention training (NAMI-NH's CONNECT Suicide Prevention model); contribution to Mobile Behavioral Health services; Project ECHO for dissemination of case-based behavioral health expertise

### **Section 3.2: Community Needs Assessment (2 of 7)**

**Area of Community Need / Concern**

24. Substance Use

**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.**

C8: Behavioral Health Services

A2: Community-Based Clinical Services

E1: Cash Donations

F6: Coalition Building

A3: Health Care Support Services

C5: Women's and Children's Services

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

Coordination of regional substance misuse prevention coalitions in the Upper Valley and Sullivan County regions; NH Doorway's Hub and broader substance use disorder treatment services; Outpatient and intensive outpatient perinatal substance use disorder treatment services Contributions to substance misuse prevention coalitions in Concord, Manchester, Nashua, and Keene

### **Section 3.2: Community Needs Assessment (3 of 7)**

**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.**

C8: Behavioral Health Services  
A2: Community-Based Clinical Services  
E1: Cash Donations  
F6: Coalition Building  
1: Financial Assistance  
2.1: Medicaid  
2.2: Other means-tested government programs  
2.3: Medicare  
C1: Emergency and Trauma Services  
C2: Neonatal Intensive Care (if subsidized)  
C3: Hospital Outpatient Services  
C9: Palliative Care  
C10: Other Subsidized Health Services

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

Health care services for the uninsured and/or income qualifying patients provided with Financial Assistance ("Charity Care"); Health care services for Medicaid Beneficiaries provided at-loss; Contributions to Federally Qualified Health Centers, Free Clinics, and Community Health Centers; Public flu & COVID-19 vaccination clinics in-hospital and in-schools; Medication assistance programs

### **Section 3.2: Community Needs Assessment (4 of 7)**

**Area of Community Need / Concern**

14. Domestic Abuse / Child Abuse

**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.**

C5: Women's and Children's Services  
E1: Cash Donations  
A2: Community-Based Clinical Services  
C8: Behavioral Health Services  
F6: Coalition Building

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

Dartmouth-Hitchcock Children's Advocacy and Protection Program and Children's Advocacy Center; Contribution to the NH Human Trafficking Program; Project Launch and Strong Families Strong Starts pediatric-community partnerships to prevent adverse childhood experiences; Contributions to regional intimate partner violence and sexual assault program

### **Section 3.2: Community Needs Assessment (5 of 7)**

**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?**

Yes

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

2.3: Medicare

2.1: Medicaid

1: Financial Assistance

A2: Community-Based Clinical Services

B2: Intern/Residency Education

B4: Other Health Professions Education Support

F6: Coalition Building

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

Health care services for uninsured and/or income qualifying patients (Financial Assistance or "Charity Care"); Health care services for Medicaid Beneficiaries provided at-loss; Training of residents, nurses, and other health care providers; Contributions to Federally Qualified Health Centers and Free Clinics; Integrated behavioral health services in primary care clinics; community health worker services integrated in primary care to assist meeting non-clinical needs of patients

## **Section 3.2: Community Needs Assessment (6 of 7)**

**Area of Community Need / Concern**

16. Aging Population / Senior 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.**

1: Financial Assistance

A1: Community Health Education

2.1: Medicaid

2.3: Medicare

E1: Cash Donations

F6: Coalition Building

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

Wide-ranging educational programs and services of the Dartmouth-Hitchcock Aging Resource Center; Contributions to support regional community nursing programs; Contribution to support Grafton County Senior Citizen's Council transportation services and congregate and home-delivered meals; development of geriatric Emergency Department services

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

**Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

**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

A2: Community-Based Clinical Services

E1: Cash Donations

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

Provision of free food packages to food-insecure patients; Contributions to regional and statewide food insecurity services as part of COVID-19 community response;

## 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 (\$)

2066073894

#### (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	9474352	0	9474352	0.5%	9000000

#### (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	340734064	166143158	174590906	8.5%	170000000

#### (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	350208416	166143158	184065258	8.9%	179000000

### 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	35161089	24195939	10965150	0.5%	10000000

#### (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	54495839	14908285	39587554	1.9%	39000000

**(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	37146188	25420800	11725388	0.6%	11000000

**(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	33747235	28923752	4823483	0.2%	4000000

**(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	4254135	0	4254135	0.2%	4000000

**(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	164804486	93448776	71355710	3.5%	68000000

**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	515012902	259591934	255420968	12.4%	\$247000000

**Section 5: Community Building Activities**

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

2066073894

**(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 (%)

(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	25000	0	25000	0%

**(2) Economic development**

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

**(3) Community support**

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

**(4) Environmental improvements**

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

**(5) Leadership development and training for community members**

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

**(6) Coalition building**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	2185225	1362305	822920	0%

**(7) Community health improvement advocacy**

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

**(8) Workforce development**

(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)
NONE PROVIDED	NONE PROVIDED	2740130	2326403	413727	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**

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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	0	4950355	3688708	1261647	0.1%

**Section 6: Medicare**

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

441269174

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

576699883

**Medicare surplus (shortfall)**

\$-135430709

**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.**

This represents an actual uncompensated cost to our organization, and as such can be considered a benefit to the community.

**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 (\$)**

2230670706

**Net operating costs (\$)**

2066073894

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

1.08

**Unreimbursed Community Benefit Costs**

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

184065258

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

71355710

**Community Building Activities (\$)**

1261647

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

256682615

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

12.42%

**Other Community Benefits (optional)**

**Leveraged Revenue for Community Benefit Activities (\$)**

259591934

**Medicare Shortfall (\$)**

\$-135430709

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

Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Cathy Brittis, Program Director Child Advocacy Center, at CHaD	Yes	Yes	Yes	No
Angela Zhang, Program Director, LISTEN Community Services	Yes	Yes	Yes	No
Renee Weeks, Director Clinical Services, Upper Valley Haven	Yes	Yes	Yes	No
Kathleen Vasconcelos, Director, Grafton County Senior Citizens Council	Yes	Yes	Yes	Yes
Kate Rohdenburg, Program Director, WISE of the Upper Valley	Yes	Yes	Yes	Yes
Chris Christopolous, Fire Chief, Lebanon, NH	Yes	No	Yes	Yes
Julia Griffin, Town Manger, Town of Hanover, NH	Yes	Yes	Yes	Yes
Diane Estes, Director of School and Community Relations, Lebanon School	Yes	Yes	Yes	No
Alice Ely, Executive Director, Public Health Council of the Upper Valley	Yes	Yes	Yes	No
Marie Linebaugh, NH Coalition Against Domestic & Sexual Assault	No	No	Yes	Yes
Donna Ransmeier, Director, Mascoma Community Health Center	Yes	Yes	Yes	No
Suellen Griffin, CEO West Central Behavioral Health	Yes	Yes	Yes	No
Kyle Fisher, LISTEN Community Services	Yes	No	Yes	Yes
Laurie Harding, Upper Valley Community Nursing Project	Yes	No	Yes	Yes
Lynne Goodwin, Director Human Services, City of Lebanon, NH	Yes	Yes	Yes	No
Maggie Monroe Cassel, TLC Family Resource Center	Yes	No	Yes	Yes
Dana Michalovic, Executive Director, Good Neighbor Health Clinic	Yes	Yes	Yes	No
Gabe Zoerheide, Willing Hands	Yes	No	Yes	Yes
Shannon Vera, VNH, Help at Home	Yes	Yes	Yes	No
Steve Chapman, MD, Children's Hospital at Dartmouth	Yes	Yes	Yes	Yes
Cathy Raymond, Lake Sunapee Visiting Nurse	Yes	Yes	Yes	No
Laura Byrne, HIV/HCV Resource Center	Yes	No	No	Yes
Ryan Richards, HIV/HCV Resource Center	Yes	Yes	Yes	No
Janet Lowell, Upper Valley Community Nursing Project	Yes	Yes	Yes	No
Nicole LaBombard, Partners in Community Wellness, Dartmouth Hitchcock	Yes	Yes	Yes	Yes

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

a) A survey of area community members made available through paper copies in selected community locations, direct-to-respondent strategies, and intranet-based strategies; b) A survey of key community stakeholders including agency, municipal and community leaders; c) A series of community discussion groups; and d) A review of available population demographics and health status indicators

**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.**

Yes

**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.**

Yes

**Section 10: Certification Contact**

**Name of Person Submitting the Community Benefits Report**

**First Name**

Greg

**Last Name**

Norman

**Title**

Senior Director, Community Health

**Email**

[REDACTED]

**NHCT-31 (December 2020)**