

Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPW-JREN-RERRC, version 1)

Details

Submitted 8/15/2023 (0 days ago) by Ann Bento

Submission ID HPW-JREN-RERRC

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Memorial Hospital

State Registration #

6279

Federal ID #

020222156

Fiscal Year Beginning

10/01/2021

Entity Address

3073 White Mountain Hwy
North Conway, NH 03860

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

<http://www.mainehealth.org/memorial-hospital/>

Chief Executive Officer (first, last name)

First Name	Last Name
Jill	Berry Bowen

Phone Type	Number	Extension
Business		

Board Chair (first, last name)

First Name	Last Name
Michelle	O'Donnell

Phone Type	Number	Extension
Mobile		

Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Diana	McLaughlin	
Title		
Chief Financial Officer		
Phone Type	Number	Extension
Business		
Email		

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)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
Memorial Hospital Foundation at North Conway, Inc.	462137291	11373

Section 2: Mission & Community Served

1. Mission Statement

Memorial Hospital is a not-for-profit health system dedicated to improving the health of our patients and communities by providing high-quality affordable care, educating tomorrow's caregivers, and researching better ways to provide care.

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

Carroll

Please select service area municipalities (NH), if applicable

- ALBANY
- BARTLETT
- CHATHAM
- CONWAY
- EATON
- FREEDOM
- HALES LOCATION
- HARTS LOCATION
- JACKSON
- MADISON
- TAMWORTH

Service Population Description

Memorial Hospital defines its community as the year-round and seasonal residents and visitors of the following towns and unincorporated areas of Northern and Central Carroll County: Albany, Bartlett, Chatham, Eaton, Glen, Hale's Location, Harts' Location, Jackson, Madison, and Tamworth, as well as Fryeburg, Maine and other surrounding towns across the state border in Oxford County. This definition is consistent with the NH Dept of Health & Human Services classification of the Hospital Service Area (HSA) for Memorial Hospital, and is supported by our market share reports. This definition extends to the public and private sectors that serve these communities, including businesses, schools, and government.

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

[Carroll County CHNA Report 2022.pdf - 08/04/2023 12:18 PM](#)

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 5)

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.

A1: Community Health Education

A3: Health Care Support Services

A4: Other Community Health Improvement Services

B4: Other Health Professions Education Support

C8: Behavioral Health Services

F6: Coalition Building

F7: Community Health Advocacy

A2: Community-Based Clinical Services

1: Financial Assistance

2.1: Medicaid

B1: Provision of Clinical Setting for Undergraduate Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 5)

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.

B4: Other Health Professions Education Support
F8: Workforce Development
A1: Community Health Education
A2: Community-Based Clinical Services
A4: Other Community Health Improvement Services
1: Financial Assistance
2.1: Medicaid
B1: Provision of Clinical Setting for Undergraduate Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 5)

3. Area of Community Need / Concern

35. Other Social Determinants of 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.

1: Financial Assistance
A1: Community Health Education
A3: Health Care Support Services
E3: In-Kind Assistance
F6: Coalition Building
F7: Community Health Advocacy
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 (4 of 5)

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.

A1: Community Health Education
A2: Community-Based Clinical Services
A3: Health Care Support Services
E2: Grants
E4: Resource Development Assistance
1: Financial Assistance
B4: Other Health Professions Education Support
F6: Coalition Building
F7: Community Health Advocacy
2.1: Medicaid
B1: Provision of Clinical Setting for Undergraduate Education

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

Section 3.2: Community Needs Assessment (5 of 5)

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
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- E3: In-Kind Assistance
- E2: Grants
- F6: Coalition Building
- F7: Community Health Advocacy

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 (\$)

96024231

(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	564842	0	564842	0.6%	600000

(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	14959762	11375556	3584206	3.7%	3600000

(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	15524604	11375556	4149048	4.3%	4200000

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	692179	0	692179	0.7%	700000

(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	0	0	0	0%	0

(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	7585634	4364276	3221358	3.4%	3500000

(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	0	0	0	0%	0

(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	8277813	4364276	3913537	4.1%	4200000

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	23802417	15739832	8062585	8.4%	\$8400000

Section 5: Community Building Activities

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

96024231

(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	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	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	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	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	NaN	0	0	0	0%

Section 6: Medicare

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

40309261

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

38638078

3. Medicare surplus (shortfall)

\$1671183

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:

Cost to charge ratio

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

186615517

2. Net operating costs (\$)

96024231

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

1.943

Unreimbursed Community Benefit Costs

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

4149048

5. Other Community Benefit Costs (\$)

3913537

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

8062585

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

8.4%

Other Community Benefits (optional)

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

0

2. Medicare Shortfall (\$)

\$1671183

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
Maine Behavioral Healthcare	Yes	Yes	Yes	Yes
Pope Memorial Library	Yes	Yes	No	No
Children Unlimited, Inc.	Yes	Yes	No	No
Town of Conway	Yes	Yes	No	No
Access to Care	Yes	Yes	Yes	No
Carroll County Coalition for Public Health	Yes	Yes	Yes	Yes
Patient and Family Advisory Council at Memorial Hospital	Yes	Yes	No	No
Senator Jeanne Shaheen	Yes	Yes	No	No
Conway Police Department	Yes	Yes	No	No
Town of Freedom, NH	Yes	Yes	Yes	No
MaineHealth	Yes	Yes	Yes	Yes
White Horse Recovery	Yes	Yes	No	No
Gibson Center for Senior Services	Yes	Yes	Yes	Yes
Visiting Nurse Home Care & Hospice of Carroll County	Yes	Yes	Yes	Yes
Memorial Hospital	Yes	Yes	Yes	Yes
Mount Washington Valley Adult Day Center	Yes	Yes	Yes	Yes

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
ServiceLink	Yes	Yes	No	No
Primary Care at Memorial Hospital	Yes	Yes	Yes	Yes
SAU 9	Yes	Yes	No	No
First Church, Congregational UCC	Yes	Yes	No	No
Northern Human Services	Yes	Yes	No	No

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

Community outreach and engagement for the Carroll County CHNA included 1) County Forums, 2) Community Meetings, and 3) Oral Surveys. A community forum with residents and service providers from Mt. Washington Valley was held in North Conway. Due to concerns related to COVID-19, community engagements were conducted virtually. Oral surveys were conducted telephonically or by following current U.S. CDC COVID-19 protocols.

Section 9: Charity Care Compliance

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**
Diana *McLaughlin*

Title
Chief Financial Officer

Email


NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
8/4/2023 12:18 PM	Carroll County CHNA Report 2022.pdf	Attachment	No	Ann Bento