

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-9388-VME26, version 1)

Details

Submitted 2/28/2023 (2 days ago) by LeeAnn Moore

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Monadnock Community Hospital

State Registration #

02507

Federal ID #

02-0222157

Fiscal Year Beginning

10/01/2021

Entity Address

452 Old Street Rd

Peterborough, NH 03458

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

<http://www.monadnockcommunityhospital.org>

Chief Executive Officer (first, last name)

First Name	Last Name
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Cynthia	McGuire
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Phone Type	Number	Extension
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Business	[REDACTED]	[REDACTED]
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Email

[REDACTED]

Board Chair (first, last name)

First Name	Last Name
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James	Callahan
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Phone Type	Number	Extension
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Home	[REDACTED]	
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Email

[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

LeeAnn Moore

Title

Monadnock Community Hospital

Phone Type **Number** **Extension**

Business [REDACTED]

Email

[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

We are committed to improving the health and well-being of our community.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?

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

Hillsborough

Cheshire

Please select service area municipalities (NH), if applicable

ANTRIM

BENNINGTON

DUBLIN

FRANCESTOWN

GREENFIELD

GREENVILLE

HANCOCK

JAFFREY

NEW IPSWICH

PETERBOROUGH

RINDGE

SHARON

TEMPLE

Service Population Description

<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)

2021

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

NONE PROVIDED

Comment

NONE PROVIDED

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

No

Section 3.2: Community Needs Assessment (1 of 8)

3. Area of Community Need / Concern

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

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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

C10: Other Subsidized Health Services

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

MCH offers Financial Assistance to all patients. Qualifications are based on their household income, some assets and health insurance. We also refer to partner agencies to help with applying for insurance. MCH accepts both Medicare and Medicaid insurance. We also subsidize many programs and departments to allow access to healthcare for all.

Section 3.2: Community Needs Assessment (2 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Funding for Depression and Anxiety 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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

C3: Hospital Outpatient Services

C8: Behavioral Health Services

C10: Other Subsidized Health Services

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

Specifically the need is listed as "crisis care programs for mental health" and MCH has a 24/7 crisis team in our emergency department. We also have an outpatient Behavioral Health department for our community to address mental health needs for our patients and are in the process of recruiting more providers for that department.

Section 3.2: Community Needs Assessment (3 of 8)

3. Area of Community Need / Concern

14. Domestic Abuse / Child Abuse

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.

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C8: Behavioral Health Services

A3: Health Care Support Services

F7: Community Health Advocacy

C5: Women's and Children's Services

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

MCH has a 24/7 crisis team in our Emergency Department, outpatient Behavioral Health department and partnerships with local transitional housing and violence prevention organizations.

Section 3.2: Community Needs Assessment (4 of 8)

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.

E1: Cash Donations

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

MCH makes an annual donation to our community non-profit transportation agency and has a representative from the hospital sitting on the board of this organization. MCH has worked with a local private provider to set up a transportation service by loaning funds for a van for this company to use.

Section 3.2: Community Needs Assessment (5 of 8)

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.

A2: Community-Based Clinical Services

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

MCH employs an APRN who is dedicated to our aging population supporting our three community assisted living/nursing home facilities with primary care needs.

In April of 2020, MCH deployed a Mobile Integrated Health initiative to serve our most fragile patients in the community within their homes. In February of 2022, MCH hired a full-time community paramedic lead for this department.

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern

4. Oral 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

E1: Cash Donations

F7: Community Health Advocacy

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

MCH assists parents of pediatric patients with enrolling in NH Medicaid. Regarding the adult patients who do not have dental insurance or are on Medicaid with minimal dental benefits, MCH refers patients to the Greater Nashua Dental Connection. MCH will pay for the patient's first two visits; 1st visit being a dental exam and w-rays and the 2nd visit is for cleaning or comparable dental service.

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Addiction Recovery 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.

A3: Health Care Support Services

F7: Community Health Advocacy

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

MCH is a leading member of a Behavioral Health Task Force called Be the Change that builds and distributes a support group and resource guide to the community at least once a year with times and locations of recovery meetings such as AA, NA and OA.

Section 3.2: Community Needs Assessment (8 of 8)

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.

1: Financial Assistance

A3: Health Care Support Services

E4: Resource Development Assistance

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

MCH's Medication Bridge Program has personnel to assist patients with applying to pharmaceutical companies that have patient assistance programs.

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 (\$)

94518145

(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	485000	0	485000	0.5%	1000000

(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	9266499	5312137	3954362	4.2%	3000000

(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	1900000	0	1900000	2%	2000000

(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	11651499	5312137	6339362	6.7%	6000000

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	268000	0	268000	0.3%	277000

(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	2000	0	2000	0%	2000

(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	13496115	9744494	3751621	4%	2885000

(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	284000	0	284000	0.3%	290000

(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	14050115	9744494	4305621	4.6%	3454000

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	25701614	15056631	10644983	11.3%	\$9454000

Section 5: Community Building Activities

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

94518145

(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	0	0	0	0	0%

Section 6: Medicare

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

36696170

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

38341506

3. Medicare surplus (shortfall)

\$-1645336

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 (\$)

91505655.84

2. Net operating costs (\$)

94518145

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

0.968

Unreimbursed Community Benefit Costs

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

6339362

5. Other Community Benefit Costs (\$)

4305621

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

10644983

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

11.26%

Other Community Benefits (optional)**1. Leveraged Revenue for Community Benefit Activities (\$)**

500

2. Medicare Shortfall (\$)

-\$-1645336

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
Jaffrey/ Rindge Rotary	Yes	Yes	Yes	Yes
Reality Check	Yes	Yes	Yes	No
Peterborough Elementary School	Yes	Yes	Yes	Yes
Community Volunteer Transportation Company	Yes	Yes	Yes	Yes
Regional System of Care	Yes	Yes	Yes	Yes
The River Center	Yes	Yes	Yes	Yes
Southern New Hampshire Services	Yes	Yes	Yes	Yes
Monadnock Area Transitional Shelter	Yes	Yes	Yes	No
Monadnock at Home	Yes	Yes	Yes	Yes
Monadnock Developmental Services	Yes	Yes	Yes	Yes
Peterborough Fire and Rescue	Yes	Yes	Yes	Yes
Monadnock Family Services	Yes	Yes	Yes	Yes
Monadnock Food Pantry	Yes	Yes	Yes	Yes
Monadnock Restorative	Yes	Yes	No	No
Monadnock Center for Violence Prevention	Yes	Yes	Yes	Yes
Elizabeth Kenney-Community Volunteer	Yes	Yes	Yes	No

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

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers especially those from underserved populations. The major sections of the methodology include the following: Strategic Secondary Research, Qualitative interviews and discussion groups, community survey and a needs prioritization process.

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.

Yes

Section 10: Certification

Electronic Signature

First Name

Leeann

Last Name

Moore

Title

Philanthropy and Community Relations Manager

Email

[REDACTED]

NHCT-31 (September 2022)