

Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPQ-3GN3-9E0D7, version 1)

Details

Submitted 12/22/2022 (15 days ago) by Andrew DesRosiers

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Nashua Regiona Cancer Center Inc DBA Radiation Center of Greater Nashua

State Registration #

4216

Federal ID #

20444860

Fiscal Year Beginning

01/01/2021

Entity Address

11 N Southwood Dr
Nashua, NH, NH 03063-1803

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

<http://www.radiationcenternashua.org/>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Andrew	DesRosiers	Business	[REDACTED]	
Email [REDACTED]				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Richard	Plamodon	Business	[REDACTED]	
Email [REDACTED]				

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Andrew	DesRosiers	
Title		
Executive Director		
Phone Type	Number	Extension
Business	[REDACTED]	
Email		
[REDACTED]		

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

No

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

No

Section 2: Mission & Community Served

1. Mission Statement

"To improve the quality of life for individuals impacted by cancer by providing state of the art comprehensive radiation therapy services for individuals residing in the Greater Nashua area."

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 filed as applicable to sufficiently describe the community served.

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

Yes

Service Population Description

The Nashua Regional Cancer Center (NRCC) defines its service area both geographically as well as diagnostically. NRCC was established as a vehicle to provide radiation treatment for the service areas of Southern NH Medical Center, St. Joseph Hospital and Mary Hitchcock Memorial Hospital in NH. Their combined market share (NRCC market share) encompasses a primary area of nine towns, (Amherst, Brookline, Housatonic, Hudson, Litchfield, Merrimack, Milford, Nashua, Winton) and a secondary area of nine towns as well (Dunstable, MA, Greenfield, Mason, Londonderry, Lyndeborough, Mont Vernon, Peppercorn, Massachusetts, Windham).

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)

2014

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?

Yes

Section 3.2: Community Needs Assessment (1 of 1)

3. Area of Community Need / Concern

5. Cancer Prevention / Treatment

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.

2.1: Medicaid

2.3: Medicare

A1: Community Health Education

A2: Community-Based Clinical Services

C9: Palliative Care

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 (\$)

5023258

(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 (\$)
2	NONE PROVIDED	4420473.6	0	4420473.6	88%	4291720

(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 (\$)
1	NONE PROVIDED	24400.22	0	24400.22	0.5%	25132

(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 (\$)
0	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 (\$)
3	0	4444873.82	0	4444873.82	88.5%	4316852

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 (\$)
4	NONE PROVIDED	24239	0	24239	0.5%	24966.17

(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 (\$)
1	NONE PROVIDED	81429	0	81429	1.6%	83871.87

(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	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 (\$)
5	0	105668	0	105668	2.1%	108838.04

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 (\$)
8	0	4550541.82	0	4550541.82	90.6%	\$4425690.04

Section 5: Community Building Activities

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

5023258

(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 (%)
1	NONE PROVIDED	3750	0	3750	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 (%)
1	NONE PROVIDED	14520	0	14520	0.3%

(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 (%)
1	NONE PROVIDED	10000	0	10000	0.2%

(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 (%)
2	NONE PROVIDED	71009	0	71009	1.4%

(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 (%)
5	0	99279	0	99279	2%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)
881392.16

2. Medicare allowable costs of care relating to payments specified above (\$)
621400

3. Medicare surplus (shortfall)
\$259992.16

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.
Should not be treated as community benefit and is accrued accounting and source from Berry Dunn Audit of finances on form 990

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 accounting system

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)
5524984

2. Net operating costs (\$)
5023258

3. Ratio of gross receipts from operations to net operating costs
1.1

Unreimbursed Community Benefit Costs

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

4444873.82

5. Other Community Benefit Costs (\$)

105668

6. Community Building Activities (\$)

99279

7. Total Unreimbursed Community Benefit Expenses (\$)

4649820.82

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

92.57%

Other Community Benefits (optional)

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

0

2. Medicare Shortfall (\$)

\$259992.16

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
Hospitals cancer and tumor boards (SJH, SNHMC, So uthem Health)	No	Yes	No	No
NH Technica Institute - Concord	No	No	Yes	No
NH Comprehensive Cancer Co aborative	No	No	Yes	No
NH Hospita Association	No	No	Yes	No
American Lung Association - NH/VT/ME Division	Yes	No	Yes	No

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

2021 was a transition year for the NRCC with a leadership change and new strategic initiatives. In process of new strategic initiative based on current and future community needs. Population statistics are being reviewed for current needs and future trends in cancer diagnoses. Q3 and Q4 board of director meetings the cancer statistics were reviewed future plans formulated and capita funding approved. Plans include involvement with oca departments of health and advocacy, partnering with pu monologists, neuro ogist and breast surgeon based on population statistics.

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.

No

Section 10: Certification

Electronic Signature

First Name

Andrew

Last Name

DesRosiers

Title

CEO

Email

[REDACTED]

NHCT-31 (September 2022)