

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPH-EN4E-HFET3, version 1)

## Details

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**Submitted** 5/6/2022 (273 days ago) by isa cohen  
**Alternate Identifier** The New London Hospita Association, Inc.  
**Submission ID** HPH-EN4E-HFET3  
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## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

7/1/2020

**Organization Name**

The New London Hospita Association, Inc.

**Street Address**

273 County Rd  
New London, NH 03257

**Federal ID #**

020222171

**State Registration #**

6881

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

http://www.new ondonhospita .org

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

Yes

**Chief Executive**

First Name	Last Name	Phone Type	Number	Extension
Martin	Manion	Business		
<b>Email</b>				

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Doug	Lyon	
<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>	
LISA	COHEN	
<b>Title</b>	<i>Chief Financial Officer</i>	
<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**

Providing safe quality care for every patient, every time in partnership with patients, family, and healthcare providers.

**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?**

No

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

Sullivan  
Merrimack

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

ANDOVER  
SUNAPEE  
NEW LONDON  
NEWBURY  
NEWPORT  
GRANTHAM  
SUTTON  
BRADFORD  
DANBURY  
WILMOT  
WASHINGTON  
SPRINGFIELD  
LEMPSTER  
GOSHEN  
CROYDON

## Service Population Description

Serve the general population

### 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)

2021

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

[Community-Health-Needs-Assessment-2021.pdf - 05/05/2022 11:19 AM](#)

#### 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 6)

#### 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.

1: Financial Assistance

2.1: Medicaid

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

NLH provides financial assistance to patients and offers assistance in applying for insurance coverage

### Section 3.2: Community Needs Assessment (2 of 6)

#### 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.

E4: Resource Development Assistance

A2: Community-Based Clinical Services

C8: Behavioral Health Services

C10: Other Subsidized Health Services

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

NONE PROVIDED

### Section 3.2: Community Needs Assessment (3 of 6)

**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.**

A2: Community-Based Clinical Services

A3: Health Care Support Services

C10: Other Subsidized Health Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (4 of 6)**

**Area of Community Need / Concern**

35. Other Social Determinants of Health

**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

E2: Grants

F7: Community Health Advocacy

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

Socioeconomic conditions affecting health and well-being such as housing affordability, access to transportation, healthy foods, and affordable, dependable childcare.

**Section 3.2: Community Needs Assessment (5 of 6)**

**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.**

A2: Community-Based Clinical Services

A3: Health Care Support Services

C10: Other Subsidized Health Services

B1: Provision of Clinical Setting for Undergraduate Education

B4: Other Health Professions Education Support

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

NONE PROVIDED

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

**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.**

A3: Health Care Support Services

F7: Community Health Advocacy

**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 (\$)**

71974350

#### **(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	647010	0	647010	0.9%	650000

#### **(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	7367598	5337974	2029624	2.8%	2030000

#### **(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	8014608	5337974	2676634	3.7%	2680000

**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	493379	0	493379	0.7%	495000

**(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	96946	0	96946	0.1%	97000

**(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	14656879	12734003	1922876	2.7%	1930000

**(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	5460	0	5460	0%	5500

**(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	15252664	12734003	2518661	3.5%	2527500

**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	23267272	18071977	5195295	7.2%	\$5207500

**Section 5: Community Building Activities**

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

71974350

**(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**

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

25269170

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

26693208

Medicare surplus (shortfall)

\$-1424038

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

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 (\$)

119123582

Net operating costs (\$)

71974350

Ratio of gross receipts from operations to net operating costs

1.655

Unreimbursed Community Benefit Costs



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

2676634

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

2518661

**Community Building Activities (\$)**

0

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

5195295

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

7.22%

**Other Community Benefits (optional)**

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

NONE PROVIDED

**Medicare Shortfall (\$)**

\$-1424038

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

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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
Behaviora Hea th Coordinators (6)	Yes	Yes	No	No
Community Hea th Workers (4)	Yes	Yes	No	No
Food Insecurity (2)	Yes	Yes	No	No
Regiona Pub ic Hea th (2)	Yes	Yes	No	No
Substance Use Recovery Coaches (7)	Yes	Yes	No	No
Medication Assisted Treatment (5)	Yes	Yes	No	No
Chamber of Commerce (5)	Yes	Yes	No	No
Rura Community Residents (6)	Yes	Yes	No	No
Individua s with Comp ex Hea th Needs (4)	Yes	Yes	No	No
Seniors	Yes	Yes	No	No

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

The committee and our community partners successfu y convened 10 different community discussion groups to a ow input on hea th issues that matter to the community, ongoing cha eges inc uding COVID-19, observations on past community improvement efforts, and suggestions for new or continuing areas of focus.

**Section 9: Charity Care Compliance**

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**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.**

N/A

## **Section 10: Certification Contact**

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

**First Name**            **Last Name**

Lisa                      *Cohen*

**Title**

*Chief Financial Officer*

**Email**

[REDACTED]

NHCT-31 (December 2020)

## **Attachments**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
5/5/2022 11:19 AM	Community-Health-Needs-Assessment-2021.pdf	Attachment	No	isa cohen