Form NHCT-31: Community Benefits Plan Report

version 1.4

(Submission #: HPT-NDXX-003D9, version 1)

Details

Submitted	6/13/2023 (72 days ago) by Meaghan Heusler
Submission ID	HPT-NDXX-003D9
Status	Issued

Form Input

Section 1: Entity Information

Entity Name
Wentworth-Douglass Hospital

State Registration #
6287

Federal ID #
02-0260334

Fiscal Year Beginning
10/01/2022

Entity Address
789 Central Avenue
Dover, NH 03820

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

Chief Executive Officer (first, last name)

First Name	**Last Name**	
Jeffrey	*Hughes*	
Phone Type	**Number**	**Extension**
Business	▇▇▇▇▇▇▇	
Email		
▇▇▇▇▇▇▇▇▇▇▇▇		

Board Chair (first, last name)

First Name	**Last Name**	
John	*Salmon*	
Phone Type	**Number**	**Extension**
Business	▇▇▇▇▇▇	
Email		
▇▇▇▇▇▇▇▇		

Community Benefits Plan - Contact (first, last name)

First Name	**Last Name**
Meaghan	*Heusler*

Title
Strategic Planning and Community Benefit Analyst

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
Wentworth-Douglass Physician Corporation	02-0497927	14563

Section 2: Mission & Community Served

1. Mission Statement
We partner with individuals and families to attain their highest level of health.

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
NONE PROVIDED

Please select service area municipalities (NH), if applicable
BARRINGTON
DOVER
DURHAM
LEE
MADBURY
NEWINGTON
PORTSMOUTH
ROCHESTER
ROLLINSFORD
SOMERSWORTH
BROOKFIELD
FARMINGTON
MIDDLETON
MILTON
NEWMARKET
NOTTINGHAM
WAKEFIELD

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)
2022

Please attach a copy of the needs assessment if completed in the past year
2022 Wentworth-Douglass Community Health Needs Assessment.pdf - 05/15/2023 02:26 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 9)

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.
C10: Other Subsidized Health Services
A1: Community Health Education
A4: Other Community Health Improvement Services

7. Brief description of major strategies or activities to address this need (optional)
Maintain/expand current service offerings for primary care; Increase the capacity of primary care providers (new locations and providers); Partnerships with community colleges; Increase patient navigation support.

Section 3.2: Community Needs Assessment (2 of 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Access to Long Term Services and Supports (skilled nursing, homecare, palliative care, hospice, etc.)

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.
C9: Palliative Care
F7: Community Health Advocacy
A1: Community Health Education
A4: Other Community Health Improvement Services

7. Brief description of major strategies or activities to address this need (optional)
Expand Palliative Care, Social Work and Care Management; Expand home care; Provide educational offerings for advanced care planning to staff and patients; Advocate for community resources (skilled nursing, long term care, hospice).

Section 3.2: Community Needs Assessment (3 of 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Chronic Disease

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
A4: Other Community Health Improvement Services
F7: Community Health Advocacy
F6: Coalition Building

7. Brief description of major strategies or activities to address this need (optional)
Provide health coaching; Provide support groups; Partner with the Strafford County Public Health Network to address chronic disease (asthma, diabetes, heart disease, cancer, etc.); Community education and health screenings; Develop a high risk breast clinic; Expand ambulatory pharmacy offerings; Offer smoking cessation programming; Expand physical activity programs associated with chronic disease (Cancer recovery; cardiac rehabilitation; etc.); Enhance utilization of community training programs to increase health knowledge; Maintain/expand the Patient & Family Learning Center; Participate in the CDC's National Diabetes Prevention Program.

Section 3.2: Community Needs Assessment (4 of 9)

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
A5: Dedicated Staff costs
F7: Community Health Advocacy

7. Brief description of major strategies or activities to address this need (optional)
Maintain financial assistance; Insurance enrollment assistance; Community education programs/screening events; Advocate for Medicaid expansion.

Section 3.2: Community Needs Assessment (5 of 9)

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.
C8: Behavioral Health Services
A1: Community Health Education
A3: Health Care Support Services
F7: Community Health Advocacy
F6: Coalition Building
C10: Other Subsidized Health Services
E2: Grants

7. Brief description of major strategies or activities to address this need (optional)
Maintain/expand mental health services; Increase behavioral health provider coverage; Participate in community-based efforts such as The Doorway and the Dover Mental Health Alliance; Fund community grants to local non-profit organizations; Educate policy makers about mental health issues and demand for services; Offer educational programs to improve understanding of mental health needs and resources.

Section 3.2: Community Needs Assessment (6 of 9)

3. Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Obesity and Physical Inactivity

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

7. Brief description of major strategies or activities to address this need (optional)
Enhance nutrition, physical activity, and weigh management services; Maintain/expand weight management and bariatric surgery services; Maintain/expand wellness focused programs for youth (summer camps, etc.); Maintain/expand the Patient & Family Learning Center; Participate in the CDC's National Diabetes Prevention Program; Maintain/expand health coaching and community education events; Participate in prevention activities with the Strafford County Public Health Network.

Section 3.2: Community Needs Assessment (7 of 9)

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.
A1: Community Health Education
A2: Community-Based Clinical Services
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Maintain the Wentworth Community Dental Center; Provide educational offerings related to dental health.

Section 3.2: Community Needs Assessment (8 of 9)

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?
Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A3: Health Care Support Services
C10: Other Subsidized Health Services
E2: Grants
F7: Community Health Advocacy

7. Brief description of major strategies or activities to address this need (optional)
Maintain/expand Care Van transportation services; Educate stakeholders about unmet basic needs, including but not limited to affordable housing; Participate in community-based efforts to improve SDOH; Fund community grants for local non-profits; Maintain/expand social work services and other support services; Increase SDOH screenings and program referrals; Participate in Strafford County Public Health Network initiatives.

Section 3.2: Community Needs Assessment (9 of 9)

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.
A3: Health Care Support Services
C10: Other Subsidized Health Services
E2: Grants
A1: Community Health Education
A2: Community-Based Clinical Services
F7: Community Health Advocacy
C8: Behavioral Health Services
F4: Environmental Improvements

7. Brief description of major strategies or activities to address this need (optional)
Maintain/expand substance use screening, counseling, referral, treatment, and prevention services; Participate in community-based efforts to improve access to substance use treatment programs (e.g. The Doorway); Fund community grants to local non-profits; Explore ways to expand treatment and recovery options; Educate stakeholders about substance use disorders; Offer educational programming to improve understanding of substance use and awareness of available resources; Sharps disposal program.

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 ($)
602592113

(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	1732935	0	1732935	0.3%	1934873

(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	78629543	46181148	32448395	5.4%	39114265

(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	80362478	46181148	34181330	5.7%	41049138

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	1564190	0	1564190	0.3%	1586445

(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	49890	0	49890	0%	51386

(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	52544181	32859683	19684498	3.3%	22339879

(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	89886	0	89886	0%	92583

(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	1225511	0	1225511	0.2%	761313

(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	55473658	32859683	22613975	3.8%	24831606

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	135836136	79040831	56795305	9.4%	$65880744

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
602592113

(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	44504	0	44504	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	44504	0	44504	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
NONE PROVIDED

2. Medicare allowable costs of care relating to payments specified above ($)
NONE PROVIDED

3. Medicare surplus (shortfall)
$NaN

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 ($)
603065395

2. Net operating costs ($)
602592113

3. Ratio of gross receipts from operations to net operating costs
1.001

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
34181330

5. Other Community Benefit Costs ($)
22613975

6. Community Building Activities ($)
44504

7. Total Unreimbursed Community Benefit Expenses ($)
56839809

8. Net community benefit costs as a percent of net operating costs (%)
9.43%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
0

2. Medicare Shortfall ($)
$NaN

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Greater Seacoast Community Health	Yes	Yes	No	No
Local Mental Health / Substance Use Providers	Yes	Yes	No	No
Local Fire, Policy, and City Officials	Yes	Yes	No	No
Local Schools Nurses	Yes	Yes	No	No
Hospital Providers and Staff	Yes	Yes	Yes	Yes
Hospital Board of Trustees / Task Force	Yes	Yes	Yes	Yes
Strafford County Community Action Partnership	Yes	Yes	No	No
Local Services for Vulnerable Populations	Yes	Yes	No	No
Local VNA Providers	Yes	Yes	No	No
Local Youth Services	Yes	Yes	No	No
Local Public Health Services	Yes	Yes	No	No
Community Health Need Survey	Yes	Yes	No	No

2. Please provide a description of the methods used to solicit community input on community needs:
Participants were invited to participate in individual or group interviews to discuss significant community health needs. Wentworth-Douglass also conducted a community health assessment of 519 community residents via web-based survey in partnership with the University of New Hampshire Survey Center. The survey goal was to determine residents' perceptions of which areas of health are most important and most needed in our service area.

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.
N/A

Section 10: Certification

Electronic Signature

First Name   **Last Name**
Meaghan   *Heusler*

Title
Strategic Planning and Community Benefit Analyst

Email
████████████████████

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
5/15/2023 2:26 PM	2022 Wentworth-Douglass Community Health Needs Assessment.pdf	Attachment	No	Meaghan Heusler