

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HPY-VTRE-XHFDG, version 1)

## Details

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**Submitted** 11/13/2023 (1 days ago) by Matthew Streeter

**Submission ID** HPY-VTRE-XHFDG

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

ANDROSCOGGIN VALLEY HOSPITAL, INC.

**State Registration #**

6267

**Federal ID #**

020280367

**Fiscal Year Beginning**

10/01/2021

**Entity Address**

59 Page Hill Rd

Berlin, NH 03570

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

<http://www.northcountryhealth.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name
Michael	Peterson

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

**Board Chair (first, last name)**

First Name	Last Name
Donna	Goodrich

Phone Type	Number	Extension
Other	[REDACTED]	

**Email**

**Community Benefits Plan - Contact (first, last name)**

**First Name** James **Last Name** Patry  
**Title** System Director of Marketing & Public Relations

**Phone Type** Business **Number** [REDACTED] **Extension**

**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**

Delivering the highest quality healthcare and experience for every patient, every day.

**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**

Coos  
Grafton

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

NONE PROVIDED

**Service Population Description**

NONE PROVIDED

**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**

[North-Country-Final-CHNA-Report-No-Approval-Dates.pdf - 11/13/2023 11:04 AM](#)

**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 3)**

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### **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.**

A3: Health Care Support Services

A2: Community-Based Clinical Services

A1: Community Health Education

C3: Hospital Outpatient Services

C1: Emergency and Trauma Services

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 3)**

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### **3. Area of Community Need / Concern**

36. Other Community Health Need

### **If "Other" please describe here:**

Chronic Disease Management

### **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

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C5: Women's and Children's Services

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

NONE PROVIDED

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

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### **3. Area of Community Need / Concern**

36. Other Community Health Need

### **If "Other" please describe here:**

Access to Healthcare 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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services

**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 (\$)**

75124640

**(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	320545	0	320545	0.4%	325000

**(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	13871352	10414002	3457350	4.6%	14000000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	14191897	10414002	3777895	5%	14325000

**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	78840	610	78230	0.1%	80000

**(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	82174	0	82174	0.1%	85000

**(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	5301668	4459006	842662	1.1%	5500000

**(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	692569	0	692569	0.9%	700000

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	6155251	4459616	1695635	2.3%	6365000

**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 (\$)
NONE PROVIDED	NONE PROVIDED	20347148	14873618	5473530	7.3%	\$20690000

## Section 5: Community Building Activities

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

75124640

### (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 (%)
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**Section 6: Medicare**

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

23265876

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

23176945

**3. Medicare surplus (shortfall)**

\$88931

**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.**

Schedule H of the 990 was prepared and filed using the instructions from the IRS.

**5. Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:**

Other: Medicare Cost Report

**Section 7: Summary Financial Measures**

**1. Gross Receipts from Operations (\$)**

76845498

**2. Net operating costs (\$)**

75124640

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

1.023

## Unreimbursed Community Benefit Costs

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

3777895

### 5. Other Community Benefit Costs (\$)

1695635

### 6. Community Building Activities (\$)

0

### 7. Total Unreimbursed Community Benefit Expenses (\$)

5473530

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

7.29%

### Other Community Benefits (optional)

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

NONE PROVIDED

#### 2. Medicare Shortfall (\$)

\$88931

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

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### 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
General Public (Survey)	Yes	Yes	No	No

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

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from the community respondents.

## Section 9: Charity Care Compliance

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### 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**                      **Last Name**

Matthew                              *Streeter*

**Title**

*CFO*

**Email**



NHCT-31 (September 2022)

## Attachments

Date	Attachment Name	Context	Confidential?	User
11/13/2023 11:04 AM	North-Country-Final-CHNA-Report-No-Approval-Dates.pdf	Attachment	No	Matthew Streeter