

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ1-SCJ1-6QPJH, version 1)

## Details

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**Submitted** 2/29/2024 (0 days ago) by Magdalynn Graul

**Submission ID** HQ1-SCJ1-6QPJH

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Cheshire Medical Center

**State Registration #**

6269

**Federal ID #**

203545-9

**Fiscal Year Beginning**

07/01/2022

**Entity Address**

580-90 Court Street

Keene, NH 03431

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

<http://www.cheshiremed.com>

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

First Name	Last Name
Joe	Perras

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

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

First Name	Last Name
Susan	Abert

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

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

**First Name**      **Last Name**

Tricia              Zahn

**Title**

Senior Director, Population Health

**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**

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

**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**

Cheshire

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

- ACWORTH
- ALSTEAD
- CHESTERFIELD
- FITZWILLIAM
- GILSUM
- HARRISVILLE
- KEENE
- MARLBOROUGH
- MARLOW
- NELSON
- RICHMOND
- ROXBURY
- STODDARD
- SULLIVAN
- SURRY
- SWANZEY
- TROY
- WALPOLE
- WESTMORELAND
- WINCHESTER

## Service Population Description

We 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**

[Cheshire Medical Center CHNA FINAL.pdf - 02/29/2024 03:40 PM](#)

### Comment

The 2022 CHNA as well as previous CHNAs can be found on Cheshire Medical Center's website here:  
<https://www.cheshiremed.org/about/community-benefits-reporting>

**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 4)

**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.**

1: Financial Assistance

2.1: Medicaid

2.2: Other means-tested government programs

2.3: Medicare

A3: Health Care Support Services

A4: Other Community Health Improvement Services

A2: Community-Based Clinical Services

B2: Intern/Residency Education

B4: Other Health Professions Education Support

E1: Cash Donations

E2: Grants

E3: In-Kind Assistance

E4: Resource Development Assistance

F1: Physical Infrastructure Improvement

F6: Coalition Building

F7: Community Health Advocacy

F8: Workforce Development

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

Strategies for implementation of different improvements associated with the current plan can be found here:  
[https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

## Section 3.2: Community Needs Assessment (2 of 4)

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

36. Other Community Health Need

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

Behavioral Health Supports

**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.**

- A4: Other Community Health Improvement Services
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- E4: Resource Development Assistance
- F1: Physical Infrastructure Improvement
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development
- A1: Community Health Education
- 1: Financial Assistance
- C8: Behavioral Health Services
- F5: Leadership Development; Training for Community Members

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

Strategies for implementation of different improvements associated with the current plan can be found here: [https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

**Section 3.2: Community Needs Assessment (3 of 4)**

**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.**

- A4: Other Community Health Improvement Services
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- E4: Resource Development Assistance
- F1: Physical Infrastructure Improvement
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development
- A1: Community Health Education
- 1: Financial Assistance
- C8: Behavioral Health Services
- F5: Leadership Development; Training for Community Members

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

Strategies for implementation of different improvements associated with the current plan can be found here: [https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

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

**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.**

- A4: Other Community Health Improvement Services
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- E1: Cash Donations
- E2: Grants
- E3: In-Kind Assistance
- E4: Resource Development Assistance
- F1: Physical Infrastructure Improvement
- F6: Coalition Building
- F7: Community Health Advocacy
- F8: Workforce Development
- A1: Community Health Education
- 1: Financial Assistance
- C8: Behavioral Health Services
- F5: Leadership Development; Training for Community Members

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

Strategies for implementation of different improvements associated with the current plan can be found here: [https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

**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 (\$)**

288219691

**(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	1665000	0	1665000	0.6%	1665000

**(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	38265695	23053464	15212231	5.3%	38265695

**(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	39930695	23053464	16877231	5.9%	39930695

**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	951353	0	951353	0.3%	951353

**(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	2946207	258338	2687869	0.9%	2687869

**(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	2658694	1235930	1422764	0.5%	1422764

**(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	27111	0	27111	0%	27111

**(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	350831	0	350831	0.1%	350831

**(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	6934196	1494268	5439928	1.9%	5439928

**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	46864891	24547732	22317159	7.7%	\$45370623

**Section 5: Community Building Activities**

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

288219691

**(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	134026	134026	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	1185391	0	1185391	0.4%

**(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	1319417	134026	1185391	0.4%

**Section 6: Medicare****1. Total revenue received from Medicare (\$ -- including DSH and IME)**

87421441

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

121263326

**3. Medicare surplus (shortfall)**

-\$-33841885



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:

NONE PROVIDED

## Section 7: Summary Financial Measures

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

851310707

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

288219691

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

2.954

## Unreimbursed Community Benefit Costs

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

16877231

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

5439928

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

1185391

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

23502550

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

8.15%

## Other Community Benefits (optional)

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

NONE PROVIDED

### 2. Medicare Shortfall (\$)

\$-33841885

## 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
Rise for Baby & Family	Yes	No	Yes	Yes
Southwestern Community Services	Yes	No	Yes	Yes
Community Volunteer Transportation Company	Yes	No	Yes	Yes
Monadnock Community Hospital	Yes	No	Yes	Yes
Monadnock United Way	Yes	No	Yes	Yes
Monadnock Family Services	Yes	Yes	Yes	Yes

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Cheshire Medical Center	Yes	Yes	Yes	Yes
Home Healthcare, Hospice, & Community Services	Yes	No	Yes	Yes
Cheshire County	Yes	No	Yes	Yes
Southwest Region Planning Commission	Yes	No	Yes	Yes
Members of Leadership Council for a Healthy Monadnock (Community Leaders)	Yes	No	Yes	Yes

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

We conducted stakeholder interviews, focus groups, and surveys to collect lived and learned wisdom from a wide cross sector of our community, including public health representatives from our regional public health network throughout the Fall of 2022. We shared our latest CHNA with multiple community groups through community presentations virtually and in-person. Groups included yet were not limited to the Leadership Council for a Healthy Monadnock, Monadnock Alliance for Healthy Aging, and the Monadnock Region Community Network Team. We facilitate and support a community workgroup for each of the priority areas indicated in our implementation strategy. We make data-driven decisions to implement projects and initiatives in the community that align with our CHNA priorities and Implementation Strategy.

**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**

Magdalynn

**Last Name**

Graul

**Title**

Population Health Epidemiologist at Cheshire Medical Center

**Email**



NHCT-31 (September 2022)

**Attachments**

**ATTACHMENTS**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
2/29/2024 3:40 PM	Cheshire Medical Center CHNA FINAL.pdf	Attachment	No	Magdalynn Graul