

# Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPT-FTR8-G6YQJ, version 1)

## Details

---

**Submitted** 5/12/2023 (3 days ago) by Andrew DesRosiers

**Submission ID** HPT-FTR8-G6YQJ

**Status** Submitted

## Form Input

---

### Section 1: Entity Information

**Entity Name**

Nashua Regional Cancer Center Inc d/b/a Radiation Center of Greater Nashua

**State Registration #**

4216

**Federal ID #**

02444860

**Fiscal Year Beginning**

01/01/2022

**Entity Address**

11 N Southwood Drive  
Nashua, NH 03063

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

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

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

First Name	Last Name
------------	-----------

Andrew	DesRosiers
--------	------------

Phone Type	Number	Extension
------------	--------	-----------

Business		
----------	--	--

**Email**

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

First Name	Last Name
------------	-----------

Richard	Plamondon
---------	-----------

Phone Type	Number	Extension
------------	--------	-----------

Business		
----------	--	--

**Email**

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

<b>First Name</b>	<b>Last Name</b>	
Andrew	DesRosiers	
<b>Title</b>		
CEO		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	[REDACTED]	
<b>Email</b>	[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**

◆NRCC's mission 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-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**

Hillsborough  
Rockingham

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

AMHERST  
BROOKLINE  
HOLLIS  
HUDSON  
LITCHFIELD  
LYNDEBOROUGH  
MILFORD  
MERRIMACK  
NASHUA  
WILTON  
WINDHAM  
PELHAM  
MONT VERNON  
LONDONDERRY  
MASON  
GREENVILLE

### 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, Hollis, Hudson, Litchfield, Merrimack, Milford, Nashua, Wilton) and a secondary area of nine towns as well (Dunstable, MA, Greenville, Mason, Londonderry, Lyndeborough, Mont Vernon, Pelham, Pepperell, Ma, 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**

Andrew DesRosiers is on the committee for the current Nashua Board of Public Health Community Health Assessment and is scheduled to be completed in June 2023.

**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)**

Added a 2023 focus has been on an initiative called "Breaking Barriers" a program from American College of Surgeons. We're signed up and reporting on this program for St. Joe's Hospital and Southern NH Medical Center. The focus is to identify why patients do not make appointments and follow through with care. Large focus on transportation which our social worker is finding various forms of assistance

## 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 (\$)**

4928001

**(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	74342.74	0	74342.74	1.5%	76572

**(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	463966.81	193017	270949.81	5.5%	477885

**(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	538309.55	193017	345292.55	7%	554457

**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	0	0	0	0%	0

**(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	114780	0	114780	2.3%	118223

**(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 (\$)
1	0	114780	0	114780	2.3%	118223

**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 (\$)
4	0	653089.55	193017	460072.55	9.3%	\$672680

**Section 5: Community Building Activities**

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

4928001

**(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	315	0	315	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 (%)
1	NONE PROVIDED	14211	0	14211	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 (%)
0	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 (%)
4	NONE PROVIDED	192334	0	192334	3.9%

**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 (%)
6	0	206860	0	206860	0.3%

## **Section 6: Medicare**

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

127753.7

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

338171.92

**3. Medicare surplus (shortfall)**

\$-210418.22

**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 a community benefit and is accrual 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 (\$)**

5517221

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

4928001

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

1.12

### **Unreimbursed Community Benefit Costs**

---

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

345292.55

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

114780

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

206860

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

666932.55

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

13.53%

### **Other Community Benefits (optional)**

---

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

0

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

\$-210418.22

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

**1. Please list below**

<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>
Hospital cancer and tumor boards (SJH, SNHMC, DH, Solution Health)	No	Yes	No	No
Nashua Dept of Health Community Needs Assessment Committee	Yes	No	Yes	Yes
NH Technical Institute - Concord	No	No	Yes	No
NH Comprehensive Cancer Collaborative	No	No	Yes	No
NH Hospital Association	No	No	Yes	No
American Cancer Association - NH/VT Division	Yes	No	Yes	No

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

Active participation with Nashua DPH on 2023 CHA to be completed in June 2023 and the CHO for October 2023. In 2022 by seeing population statistic trends we formulated NH first Regional SRS program to treat brain METS. We are the first north of RI to go tattoo and marker free for all breast cancer patients. The permanent markers have been show to have significant psychosocial consequences, there is no incremental cost to the patient and is purely a community benefit.

**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**  
 Richard        *Plamondon*

**Title**  
*Chairman*

**Email**  


**NHCT-31 (September 2022)**