

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-03K5-G606S, version 1)

## Details

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**Submitted** 12/19/2023 (0 days ago) by Kathleen Tarbox

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Speare Memorial Hospital

**State Registration #**

6283

**Federal ID #**

02-0226774

**Fiscal Year Beginning**

07/01/2022

**Entity Address**

16 Hospital Rd

Plymouth, New Hampshire 03264

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

<http://www.spearehospital.com>

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

First Name	Last Name
Michelle	McEwen

Phone Type	Number	Extension
Business	[REDACTED]	

Email  
[REDACTED]

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

First Name	Last Name
Bruce	Wiggett

Phone Type	Number	Extension
Home	[REDACTED]	

Email  
[REDACTED]

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

**First Name**      **Last Name**

Kate                      Tarbox

**Title**

Director of Marketing & Community Relations

**Phone Type**      **Number**      **Extension**

Business



**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 work together to serve the needs of our patients and community.

**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**

Belknap

Grafton

Carroll

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

ALEXANDRIA

ASHLAND

BRIDGEWATER

BRISTOL

CAMPTON

DORCHESTER

ELLSWORTH

GROTON

HEBRON

HOLDERNESS

LINCOLN

PLYMOUTH

RUMNEY

THORNTON

WARREN

WATERVILLE VALLEY

WENTWORTH

**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)**

2020

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

NONE PROVIDED

**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 10)**

**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

E4: Resource Development Assistance

E2: Grants

C10: Other Subsidized Health Services

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 10)**

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

2. Access to Prescription Medications / Prescription Assistance

**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

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (3 of 10)**

**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

E2: Grants

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (4 of 10)**

**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.**

A2: Community-Based Clinical Services

C10: Other Subsidized Health Services

A1: Community Health Education

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (5 of 10)**

**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

F7: Community Health Advocacy

C10: Other Subsidized Health Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (6 of 10)**

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

14. Domestic Abuse / Child Abuse

**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.**

F7: Community Health Advocacy

F6: Coalition Building

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (7 of 10)**

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

27. Healthy Eating / Nutrition / Food Insecurity

**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

A4: Other Community Health Improvement Services

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (8 of 10)**

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

28. Physical Activity / Active Living

**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

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (9 of 10)**

**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.**

F6: Coalition Building  
 A1: Community Health Education  
 A3: Health Care Support Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (10 of 10)**

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

25. Access to Substance Use Disorder 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  
 A3: Health Care Support Services  
 F6: Coalition Building

**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 (\$)**

74203845

**(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	311124	0	311124	0.4%	326680

**(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	11370842	5221265	6149577	8.3%	11939384

**(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	11681966	5221265	6460701	8.7%	12266064

**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	254792	0	254792	0.3%	267532

**(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	0	0	0	0%	0

**(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	268533	0	268533	0.4%	281960

**(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	523325	0	523325	0.7%	549492

**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	12205291	5221265	6984026	9.4%	\$12815556

**Section 5: Community Building Activities**

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

74203845

**(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	6173	6173	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	27482	27482	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	1235	1235	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	4540	4540	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	39430	39430	0	0%

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

16525247

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

18713190

**3. Medicare surplus (shortfall)**

-\$2187943

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 (\$)

76858986

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

74203845

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

1.036

## Unreimbursed Community Benefit Costs

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

6460701

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

523325

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

0

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

6984026

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

9.41%

## Other Community Benefits (optional)

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

NONE PROVIDED

### 2. Medicare Shortfall (\$)

-\$-2187943

## 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
Community Action Program Belknap-Merrimack Counties	Yes	Yes	Yes	No
Lakes Region Mental Health Services	Yes	Yes	Yes	No
Mid-State Health Center	Yes	Yes	Yes	No
Newfound Area Nursing Association	Yes	Yes	Yes	No
Pemi-Baker Community Health	Yes	Yes	Yes	No

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

Methods employed in the assessment included: surveys of community residents (population 30,332) made available through social media, email distribution and website links through multiple channels throughout the region (paper survey collection was curtailed for this community health needs assessment cycle due to the COVID-19 pandemic); a direct email survey of key stakeholders and community leaders representing multiple community sectors; a set of community discussion groups and individual interviews; and a review of available population demographics and health status indicators. All information collection activities and analyses sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation.

**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.**

Yes

**Section 10: Certification**

**Electronic Signature**

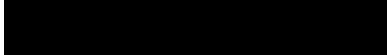
**First Name**      **Last Name**

Kate                      Tarbox

**Title**

Kate Tarbox

**Email**



**NHCT-31 (September 2022)**