Form NHCT31, Community Benefits Reporting
version 1.12
(Submission #: HP8-NN08-4ZT87, version 1)

Details

Submitted 5/28/2021 (3 days ago) by lisa cohen
Alternate Identifier The New London Hospital Association, Inc.
Submission ID HP8-NN08-4ZT87
Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning
07/01/2019

Organization Name
The New London Hospital Association, Inc.

Street Address
273 County Rd
New London, NH 03257

Federal ID #
02-0222171

State Registration #
6881

Website address (must have a prefix such as "http://www."
http://www.newlondonhospital.org

Is the organization’s community benefit plan on the organization’s website?
Yes

Chief Executive

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Type</th>
<th>Number</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin</td>
<td>Manion</td>
<td>Business</td>
<td>6035262911</td>
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</table>

Email

Board Chair

First Name  Last Name  
Doug  Lyon

Phone Type  Number  Extension  
Business  6035262911

Email

Community Benefits Plan Contact

First Name  Last Name  
Lisa  Cohen

Title  
CFO

Phone Type  Number  Extension  
Business  6035262911

Email

Does this report include community benefit information for affiliated or subsidiary organizations?
No

Section 2: Mission & Community Served

Mission Statement
Provide safe quality care for every patient, every time in partnership with patients, family and healthcare providers.

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.

Did the primary service area cover ALL of New Hampshire?
No

Please select service area Counties (NH), if applicable
Sullivan
Merrimack

Please select service area municipalities (NH), if applicable
ANDOVER
SUNAPEE
NEW LONDON
NEWBURY
NEWPORT
GRANTHAM
SUTTON
BRADFORD
DANBURY
WILMOT
SPRINGFIELD
WASHINGTON
LEMPSTER
GOSHEN
CROYDON
Service Population Description

Section 3.1: Community Needs Assessment

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)
2018

Please attach a copy of the needs assessment if completed in the past year
| NONE PROVIDED
| Comment
| NONE PROVIDED

Was the assessment conducted in conjunction with other health care charitable trusts in your community?
Yes

Section 3.2: Community Needs Assessment (1 of 14)

Area of Community Need / Concern
27. Healthy Eating / Nutrition / Food Insecurity

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 14)

Area of Community Need / Concern
3. Access to Primary Care

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 14)

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

If "Other" please describe here:
Community Support - Boards
Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 14)

Area of Community Need / Concern
19. Palliative Care / Hospice

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
Chaplain

Section 3.2: Community Needs Assessment (5 of 14)

Area of Community Need / Concern
2. Access to Prescription Medications / Prescription Assistance

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
Med Bridge

Section 3.2: Community Needs Assessment (6 of 14)

Area of Community Need / Concern
12. Family/Parent Support Services

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes
Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
ABC Childcare Center

Section 3.2: Community Needs Assessment (7 of 14)

Area of Community Need / Concern
12. Family/Parent Support Services

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
ABC Childcare Center

Section 3.2: Community Needs Assessment (8 of 14)

Area of Community Need / Concern
28. Physical Activity / Active Living

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
CH Staff

Section 3.2: Community Needs Assessment (9 of 14)

Area of Community Need / Concern
28. Physical Activity / Active Living

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
CH Staff
Section 3.2: Community Needs Assessment (10 of 14)

Area of Community Need / Concern
1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (11 of 14)

Area of Community Need / Concern
29. Workforce Development

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
B4: Other Health Professions Education Support

Brief description of major strategies or activities to address this need (optional)
Other Students

Section 3.2: Community Needs Assessment (12 of 14)

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

If "Other" please describe here:
Emergency & Trauma Svcs

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C10: Other Subsidized Health Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (13 of 14)

Area of Community Need / Concern
1. Financial Barriers to Care; Cost of Care / Insurance
Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
C10: Other Subsidized Health Services

Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (14 of 14)

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

If "Other" please describe here:
Cash & In-Kind Donations

Is the need identified in the Community Needs Assessment?
Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?
Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
E3: In-Kind Assistance

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 ($)
66548719

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs served (optional)</th>
<th>(b) Person served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)
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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(4) Total Financial Assistance and Means-Tested Government Programs

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<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)

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<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(8) Research (if using the optional Excel tool, refer to Worksheet 7)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
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<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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(10) Total Other Benefits

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<th>(d) Direct offsetting revenue ($)</th>
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<th>(f) Percent of total expense (%)</th>
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Total

(11) Totals

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</table>

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4) 66548719

(1) Physical improvements and housing

<table>
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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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(2) Economic development

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(3) Community support

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(4) Environmental improvements

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### Leadership Development and Training for Community Members

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<th>(d) Direct offsetting revenue ($)</th>
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### Coalition Building

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### Community Health Improvement Advocacy

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<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
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### Workforce Development

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<th>(b) Persons served (optional)</th>
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### Other

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<th>(a) Number of activities or programs (optional)</th>
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<th>(d) Direct offsetting revenue ($)</th>
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Total

### (10) Totals

<table>
<thead>
<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
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<td>0</td>
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### Section 6: Medicare

Enter total revenue received from Medicare ($ – including DSH and IME)

24921685

Enter Medicare allowable costs of care relating to payments specified above ($)

27006875

Medicare surplus (shortfall)

$-2064990

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
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

Gross Receipts from Operations ($)
58739932

Net operating costs ($)
66548719

Ratio of gross receipts from operations to net operating costs
0.883

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs ($)
3492432

Other Community Benefit Costs ($)
2641123

Community Building Activities ($)
0

Total Unreimbursed Community Benefit Expenses ($)
6133555

Net community benefit costs as a percent of net operating costs (%)
9.22%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

Medicare Shortfall ($)
-$2084990

Section 8: Community Engagement in the Community Benefits Process

Please list below

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Indentification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Sunapee Region VNA &amp; Hospice</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Interfaith Leadership Council</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>KRSD Staff</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Newport Senior Center</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
<td>Council on Aging</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Regional Police Chiefs</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Regional Fire Chiefs</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Wellness Connection Coalition</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Wellness Connection Employers</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Community Organizations, Local Government Officials and other Representatives of the Public:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Hilltop Condo Assoc</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Regional Town Managers</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Please provide a description of the methods used to solicit community input on community needs:
Key Stakeholder Surveys Community Surveys (electronic & paper) Community Focus Groups

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.
Yes

A written charity care policy is available to the public.
Yes

Any individual can apply for charity care.
Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.
Yes

Notice of the charity care policy is posted in lobbies.
Yes

Notice of the policy is posted in waiting rooms.
Yes

Notice of the policy is posted in other public areas of our facilities.
Yes

Notice of the charity care policy is given to recipients who are served in their home.
Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name  Last Name  
Lisa  Cohen  

Title  
CFO  

Email  
lisa.cohen@newlondonhospital.org