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Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQC-SYVG-Z3X6D, version 1)

Details

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Section 1: Entity Information

Entity Name
The New London Hospital Association, Inc.

State Registration #
6881

Federal ID #
020222171

Fiscal Year Beginning
07/01/2023

Entity Address
273 County Rd
New London, NH 03257-7700
New London, NH 03257

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

Chief Executive Officer (first, last name)

First Name	Last Name	
Lauren	Wirth	

Phone Type	Number	Extension
Business	6035265000	

Email
Lauren.Wirth@newlondonhospital.org

Board Chair (first, last name)

First Name	Last Name	
John	Hollinger	

Phone Type	Number	Extension
Business	6035265000	

Email
jhollingernh@gmail.com

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**
Lisa   Cohen

Title
CFO

Phone Type **Number**   **Extension**
Business   6035265000

Email
lisa.cohen@newlondonhospital.org

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

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
Merrimack
Sullivan

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

Service Population Description
Serves 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)
2024

Please attach a copy of the needs assessment if completed in the past year
 NLH CHNA final draft 6.24.pdf - 06/05/2025 10:43 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 12)

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

7. Brief description of major strategies or activities to address this need (optional)
NLH provides financial assistance to patients and offers assistance in applying for insurance coverage.

Section 3.2: Community Needs Assessment (2 of 12)

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.
1: Financial Assistance
A3: Health Care Support Services

7. Brief description of major strategies or activities to address this need (optional)
Access to the Medication bridge; Medication
Bridge is a financial program to counsel
patients who may be unable to pay for their
medications.

Section 3.2: Community Needs Assessment (3 of 12)

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.
A2: Community-Based Clinical Services
C10: Other Subsidized Health Services
A3: Health Care Support Services
B1: Provision of Clinical Setting for Undergraduate Education
B4: Other Health Professions Education Support

7. Brief description of major strategies or activities to address this need (optional)
�Access to care� is a phrase that is often used interchangeably to
mean five different concepts: Affordability (both the cost of the service
as well as out of pocket costs), Availability (length of time to receive
an appointment), Accessibility (location), Accommodation (patient
preferences in care) and/or Acceptability (bias free treatment).
In the 2024 NLH CHNA, access to healthcare remains a persistent theme related to availability, affordability and acceptability.
For this reason, these issues areas are listed as priority �health care access� :
1. Monitor number of Primary Care Providers (PCP) in NLH and NHC
2. Direct financial counseling for patients requesting financial assistance
3. Continue Healthcare Marketplace Navigator
4. Program to assist with Medicaid Enrollment
5. Sustain the Tiger Treatment Center
6. Sustain the Transitional Care Nurses Program
7. Sustain the Care Management Program
8. Launch Mobile Integrated Health (MIH)
9. Support the Community Nursing Program

Section 3.2: Community Needs Assessment (4 of 12)

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.
F6: Coalition Building

7. Brief description of major strategies or activities to address this need (optional)
We have a partnership that brings a Mobile Medicaid Dental Clinic to our community on a 6 - 8 week basis. The partnership is with NH Office of Medicaid, Solvere Health, Newport Health Center where we provide a secure location for the dental clinic to operate including logistical support with electrical needs.

Section 3.2: Community Needs Assessment (5 of 12)

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.
A1: Community Health Education
F7: Community Health Advocacy
F6: Coalition Building
A3: Health Care Support Services

7. Brief description of major strategies or activities to address this need (optional)
NLH provides funding support for Kearsarge
Council on Aging for Falls Prevention Program as well as working to establish a Mobile Integrated Health (MIH) Program specific for Falls prevention in the community.
NLH Community Health Workers (CHW) at both locations assist patients with transition to Medicare if requested by patient and/or provider. Additionally, the Community Health department collaborates with the local VNA chapter to establish areas for program support.

Section 3.2: Community Needs Assessment (6 of 12)

3. Area of Community Need / Concern
22. Access to Mental Health 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
F6: Coalition Building
F7: Community Health Advocacy
A2: Community-Based Clinical Services
C8: Behavioral Health Services
C10: Other Subsidized Health Services
E4: Resource Development Assistance

7. Brief description of major strategies or activities to address this need (optional)
NLH engages partnerships and coalition meetings with organizations in our region including, but not limited to: TLC Rainbow Roundtable, Kearsarge Neighborhood Partnership (KNP), Kearsarge Community Network, Granite Hope Veteran Coalition among others to support mental health improvement int eh community. In the clinic, the Community Health Workers (CHW) and providers, work with patients to address mental health concerns.

Section 3.2: Community Needs Assessment (7 of 12)

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.
A1: Community Health Education
F6: Coalition Building
A2: Community-Based Clinical Services
A3: Health Care Support Services
C10: Other Subsidized Health Services
F7: Community Health Advocacy

7. Brief description of major strategies or activities to address this need (optional)
Strategies include:
1. Host two Drug Take Back Events in the spring and fall
2. Deterra bags for deactivating medications to be disposed in regular trash
3. Provide Substance Misuse Resource Material to community members
4. Provide Youth Vaping information to youth and parents

Section 3.2: Community Needs Assessment (8 of 12)

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.
1: Financial Assistance
A2: Community-Based Clinical Services
A1: Community Health Education
E4: Resource Development Assistance
F7: Community Health Advocacy

7. Brief description of major strategies or activities to address this need (optional)
Major strategies include:
1. Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports
2. Provide the Mobile Farm Stand Program Sustain the Little Free Pantries (NLH Locations)
3. Sustain the emergency food cards and bags for patients screening food insecure
4. Sustain partnerships and coalition meetings with organizations in our region including, but not limited to: NH Hunger Solutions, Dartmouth Health Food Champions, Kearsarge Neighborhood Partnership (KNP)

Section 3.2: Community Needs Assessment (9 of 12)

3. Area of Community Need / Concern
31. Transportation 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
A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)
Major strategies include:
1. Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports
2. Participation on the statewide NH Healthcare Transportation Task Force

Section 3.2: Community Needs Assessment (10 of 12)

3. Area of Community Need / Concern
33. Affordable Housing

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
A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)
Major strategies include:
1. Community Health Workers (CHW) are embedded in the primary care practices to support patients who need assistance with acquiring community supports

Section 3.2: Community Needs Assessment (11 of 12)

3. Area of Community Need / Concern
35. Other Social Determinants of 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.
A5: Dedicated Staff costs
F6: Coalition Building
F7: Community Health Advocacy
F3: Support Systems Enhancement
A2: Community-Based Clinical Services
A3: Health Care Support Services
C10: Other Subsidized Health Services
B4: Other Health Professions Education Support
B1: Provision of Clinical Setting for Undergraduate Education

7. Brief description of major strategies or activities to address this need (optional)
NLH Community Health Improvement Plan (CHIP) provides a details overview of the broader SDoH strategies through the extensive coalitions that NLH is involved. This includes: Kearsarge Community Network (KCN), Sunset Hill Education Institute (SHEI), Wheelchair Health In Motion (WHIM), Kearsarge Neighborhood Partners (KNP), NL and
Newport Police Departments, NH Department of Health and Human Services partnerships as well as continued participation on the Dartmouth Health System member meetings

Section 3.2: Community Needs Assessment (12 of 12)

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

If "Other" please describe here:
Social Isolation, Affordable Childcare, Health Literacy, Prevention strategies, Provider cultural education

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
F6: Coalition Building
F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)
The NLH Community Health Improvement Plan (CHIP) provides additional details about the strategic areas identified in the Community Health Needs Assessment (CHNA). Due to the complex nature of SDoH factors, NLH may not take a lead in an intervention,
yet will work with partner organizations who are better positioned to
address the need through targeted and sustained intervention while
simultaneously strengthening hospital-based interventions demonstrating
efficacy and value, based on existing resources.

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 ($)
93535430

(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*	1635736	0	1635736	1.7%	1636000

(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*	10309457	9375196	934261	1%	935000

(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*	11945193	9375196	2569997	2.7%	2571000

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*	518537	0	518537	0.6%	519000

(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*	37659	0	37659	0%	38000

(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*	2219634	2099848	119786	0.1%	120000

(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 ($)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year ($)
NONE PROVIDED	*NONE PROVIDED*	2775830	2099848	675982	0.7%	677000

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*	14721023	11475044	3245979	3.5%	$3248000

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
93535430

(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)
NONE PROVIDED

2. Medicare allowable costs of care relating to payments specified above ($)
NONE PROVIDED

3. Medicare surplus (shortfall)
$undefined

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 ($)
190348308

2. Net operating costs ($)
93535430

3. Ratio of gross receipts from operations to net operating costs
2.035

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
2569997

5. Other Community Benefit Costs ($)
675982

6. Community Building Activities ($)
0

7. Total Unreimbursed Community Benefit Expenses ($)
3245979

8. Net community benefit costs as a percent of net operating costs (%)
3.47%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

2. Medicare Shortfall ($)
$undefined

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Community Centers in Newport, Bradford, & Franklin	Yes	No	No	Yes
The 14 community libraries covering our primary catchment area.	Yes	No	No	Yes
Dartmouth Health Population Health Team	No	No	No	Yes
Dartmouth Health System Members	No	No	No	Yes
Greater Sullivan County Public Health Network (GSCPHN)	No	No	No	Yes
Kearsarge Neighborhood Partners (KNP)	Yes	No	No	Yes
Lake Sunapee Visiting Nurses Association (LSVNA)	Yes	No	No	Yes
NLH Community Health Advisory Committee	Yes	Yes	Yes	Yes

2. Please provide a description of the methods used to solicit community input on community needs:
Community input strategies include:
1. Leader Survey to over 130 local leaders.
2. Resident Survey provided in paper at 14 libraries, 3 senior centers, digitally online and via partner email groups.
3. 8 Discussion Groups
4. 5 Key Informant Interviews

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**
Lisa   Cohen

Title
Chief Financial Officer

Email
lisa.cohen@newlondonhospital.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
6/5/2025 10:43 AM	NLH CHNA final draft 6.24.pdf	Attachment	No	lisa cohen

Status History

	User	Processing Status
5/23/2025 8:39:39 AM	lisa cohen	Draft
6/5/2025 3:07:40 PM	lisa cohen	Submitting
6/5/2025 3:07:49 PM	lisa cohen	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	lisa cohen	6/5/2025 3:07:49 PM