

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQN-AM2H-KPMGD, version 1)

Details

Submitted 5/6/2026 (0 days ago) by lisa cohen

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

The New London Hospital Association, Inc.

State Registration #

6881

Federal ID #

020222171

Fiscal Year Beginning

07/01/2024

Entity Address

273 County Rd

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	jhollinger@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, families, 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

NEW LONDON
NEWBURY
NEWPORT
ANDOVER
BRADFORD
CROYDON
DANBURY
GOSHEN
GRANTHAM
LEMPSTER
SPRINGFIELD
SUNAPEE
SUTTON
WASHINGTON
WILMOT

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 6.24-v1.pdf - 05/05/2026 08:31 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)

NLHA provides financial assistance to individuals and families in addition to providing 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

2.1: Medicaid

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

NLHA has a medication bridge program, which provides assistance to patients who may be unable to pay for their prescriptions.

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 the 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 NLHA CHNA, access to healthcare remains a persistent theme related to availability, affordability, and acceptability. Strategies include:

- 1) Monitor the number of Primary Care Providers at NLH and NHC
- 2) Provide financial counseling to patient requesting financial assistance
- 3) Continue Healthcare Marketplace Navigator
- 4) Assist with Medicaid enrollment
- 5) Sustain the Tiger Treatment Center
- 6) Sustain the Transitional Nurses Program
- 7) Sustain the Care Management Program
- 8) Sustain Mobile Integrated Health
- 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)

NLHA has a partnership with the Mobile Medicaid Dental Clinic that brings this clinic onsite to our Newport campus on a 6–8-week basis. The partnership is with the NH Office of Medicaid, Solvere Health, and 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

A3: Health Care Support Services

F6: Coalition Building

F7: Community Health Advocacy

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

NLHA provides funding support for the Kearsarge Council on Aging for the Falls Prevention Program as well as working with our MIH program for Falls Prevention within our community.

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)

NLHA engages in partnerships and coalition meetings in our region including, but not limited to, TLC Rainbow Roundtable, Kearsarge Neighborhood Partnership, Kearsarge Community Network, and Granite Hope Veterans Coalition, to support mental health improvements in the community. In our clinics, behavioral health staff, community health workers 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
F7: Community Health Advocacy
A2: Community-Based Clinical Services
C8: Behavioral Health Services
C10: Other Subsidized Health Services
E4: Resource Development Assistance
A3: Health Care Support Services

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

NLHA participates in:

- 1) Drug takeback programs in the Spring and Fall
- 2) Provides deterra bags for deactivating medications to be disposed of in the trash
- 3) Provides Substance Misuse Resource materials to community members
- 4) Provides 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.

- A1: Community Health Education
- F6: Coalition Building
- F7: Community Health Advocacy
- A2: Community-Based Clinical Services
- E4: Resource Development Assistance
- A3: Health Care Support Services

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

NLHA programs include:

- 1) Community Health Workers are embedded in our Primary Care practices to support patients who need assistance with acquiring community supports
- 2) Provides little free pantries and a healthy food RX program
- 3) Emergency foods cards/bags for patients screening as food insecure
- 4) Partnerships and coalition meetings with organizations in our community including, but not limited to, NH Hunger Solutions, Dartmouth Health Food Champions, NH Healthy Births, and Kearsarge Neighborhood Partnerships

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

A3: Health Care Support Services

A5: Dedicated Staff costs

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

NLHA programs include:

1) Community Health Workers are embedded in our Primary Care practices to support patients who need assistance with acquiring community supports

2) Participation with 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

A3: Health Care Support Services

A5: Dedicated Staff costs

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

NLHA programs include:

1) Community Health Workers are embedded in our 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.

F6: Coalition Building

A3: Health Care Support Services

A5: Dedicated Staff costs

A2: Community-Based Clinical Services

B1: Provision of Clinical Setting for Undergraduate Education

B4: Other Health Professions Education Support

C10: Other Subsidized Health Services

F3: Support Systems Enhancement

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

The NLHA Community Health Improvement Plan (CHIP) provides a detailed overview of the broader SDoH strategies through the extensive coalitions that NLHA is involved in. This includes: Kearsarge Community Network, Sunset Hill Education Institute, Wheelchair Health in Motion, Kearsarge Neighborhood Partners, New London and Newport Police Departments, NH Department of Health and Human Services, as well as continued participation with 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, community 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

F7: Community Health Advocacy

F8: Workforce Development

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

The NLHA 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, NLHA may not take the lead in certain interventions, yet will work with partner organizations who are better positioned to address the need through targeted and sustained interventions 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 (\$)

97887936

(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	1105365	0	1105365	1.1%	1200000

(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	0	0	0	0%	0

(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	1105365	0	1105365	1.1%	1200000

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	427202	0	427202	0.4%	430000

(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	40980	0	40980	0%	41000

(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	3596506	3038450	558056	0.6%	560000

(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	4064688	3038450	1026238	1%	1031000

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	5170053	3038450	2131603	2.2%	\$2231000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
97887936

(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)
34212995

2. Medicare allowable costs of care relating to payments specified above (\$)
31075411

3. Medicare surplus (shortfall)
\$3137584

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 (\$)
210364978

2. Net operating costs (\$)
97887936

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

2.149

Unreimbursed Community Benefit Costs

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

1105365

5. Other Community Benefit Costs (\$)

1026238

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

2131603

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

2.18%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$3137584

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 and Franklin	Yes	No	No	Yes

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
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	Yes	No	No	Yes
Kearesarge Neighborhood Partners	Yes	No	No	Yes
Lake Sunapee Visiting Nurses Association (LSVNA)	Yes	No	No	Yes
NLHA 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 surveys distributed to over 130 local leaders
- 2) Resident surveys provided at 14 public libraries, 3 senior centers, online, and via partner email groups.
- 3) Eight discussion groups
- 4) Five 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

Lisa

Last Name

Cohen

Title

Chief Financial Officer

Email

lisa.cohen@newlondonhospital.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	User
5/5/2026 8:31 AM	NLH CHNA final 6.24-v1.pdf	Attachment	lisa cohen

Status History

	User	Processing Status
5/5/2026 8:20:05 AM	lisa cohen	Draft
5/6/2026 9:40:56 AM	lisa cohen	Submitting
5/6/2026 9:41:05 AM	lisa cohen	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	lisa cohen	5/6/2026 9:41:04 AM