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# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ0-R43B-XMMPE, version 1)

## Details

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**Submitted** 1/18/2024 (0 days ago) by lisa cohen

**Submission ID** HQ0-R43B-XMMPE

**Status** Submitted

## Form Input

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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**

07/01/2022

**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**

Tom                      *Manion*

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

Business              6035262911

**Email**

tom.manion@newlondonhospital.org

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

**First Name**      **Last Name**

Jeff                      *Hollinger*

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

Business              6035262911

**Email**

jhollingernh@gmail.com

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

**First Name**      **Last Name**

Lisa                      Cohen

**Title**

Chief Financial Officer

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

Business              6035265372

**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**

Providing 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**

Sullivan

Merrimack

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

ANDOVER

CROYDON

BRADFORD

DANBURY

GOSHEN

GRANTHAM

LEMPSTER

SUNAPEE

SPRINGFIELD

NEW LONDON

NEWPORT

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)**

2021

**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 6)**

**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 6)**

**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.**

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 continues to provide access to mental health services to our community in a variety of settings.

### **Section 3.2: Community Needs Assessment (3 of 6)**

**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.**

A3: Health Care Support Services

F7: Community Health Advocacy

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

NLH provides community health services, case management, assistance to access lower cost prescription medications and many other services to support seniors within our communities.

**Section 3.2: Community Needs Assessment (4 of 6)**

**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.**

F7: Community Health Advocacy

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 provides support in a variety of areas including community health staff, social workers, assistance in accessing medications, access to healthy food choices and many other programs to assist our community in addressing social determinants of health.

**Section 3.2: Community Needs Assessment (5 of 6)**

**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.**

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)**

NLH provides a variety of services to address substance use within our community in a variety of settings.

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

**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

A3: Health Care Support Services

C10: Other Subsidized Health 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)**

NLH provides primary care to our communities in our Newport and New London locations.

**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 (\$)**

87408711

**(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	696085	0	696085	0.8%	700000

**(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	874628	0	874628	1%	875000

**(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	1570713	0	1570713	1.8%	1575000

### 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	488304	0	488304	0.6%	490000

#### (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	49025	0	49025	0.1%	50000

#### (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	56778	0	56778	0.1%	57000

#### (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	594107	0	594107	0.7%	597000

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	2164820	0	2164820	2.5%	\$2172000

**Section 5: Community Building Activities**

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

87408711

**(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)**

44944208

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

44585753

**3. Medicare surplus (shortfall)**

\$358455

**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 (\$)**

180653087

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

87408711

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

2.067

## Unreimbursed Community Benefit Costs

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

1570713

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

594107

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

0

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

2164820

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

2.48%

## Other Community Benefits (optional)

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

NONE PROVIDED

### 2. Medicare Shortfall (\$)

\$358455

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

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### 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
Behavioral Health Coordinators	Yes	Yes	No	No
Community Health Workers	Yes	Yes	No	No
Food Insecurity Coordinators	Yes	Yes	No	No
Substance Use Recovery Coaches	Yes	Yes	No	No
Medication Assisted Treatment	Yes	Yes	No	No
Chamber of Commerce	Yes	Yes	No	No
Rural Community Residents	Yes	Yes	No	No
Individuals with Complex Health Needs	Yes	Yes	No	No
Seniors	Yes	Yes	No	No

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

The committee and our community partners successfully convened ten community discussion groups to allow input on health issues that matter to the community, ongoing challenges, including COVID-19, observations on past community improvement efforts, and suggestions for new or continuing focus areas.

## Section 9: Charity Care Compliance

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

Yes

### 2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

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

Yes

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

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

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

Yes

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

N/A

## Section 10: Certification

### Electronic Signature

**First Name**

Lisa

**Last Name**

Cohen

**Title**

Chief Financial Officer

**Email**

Lisa.cohen@newlondonhospital.org

NHCT-31 (September 2022)

## Status History

	User	Processing Status
1/18/2024 7:27:32 AM	lisa cohen	Draft
1/18/2024 11:07:40 AM	lisa cohen	Submitting
1/18/2024 11:07:47 AM	lisa cohen	Submitted

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	lisa cohen	1/18/2024 11:07:47 AM