

Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPX-RGJB-GG6Q4, version 1)

Details

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Form Input

Section 1: Entity Information

Entity Name

Southern New Hampshire Medical Center

State Registration #

6282

Federal ID #

02-0509221

Fiscal Year Beginning

07/01/2022

Entity Address

8 Prospect Street
Nashua, NH 03060

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

<http://www.snhealth.org>

Chief Executive Officer (first, last name)

First Name	Last Name		
Colin	<i>McHugh</i>		
Phone Type	Number	Extension	
Business	603-281-8482		
Email	Colin.McHugh@snhhs.org		

Board Chair (first, last name)

First Name	Last Name		
Bobbie	<i>Bagley</i>		
Phone Type	Number	Extension	
Business	603-281-8482		
Email	Lisa.Deitrich@snhhs.org		

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**
Betsy Houde

Title
Exec Director Community Partnerships & Operational Support

Phone Type **Number** **Extension**
Business 603-281-9862

Email
betsy.houde@snhhs.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)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
Southern New Hampshire Medical Center	02-0483054	6282
Foundation Medical Partners	02-0456218	6282
The Surgery Center of Greater Nashua	46-1084049	668728

Section 2: Mission & Community Served

1. Mission Statement

Southern New Hampshire Health System (SNHHS) is committed to improve, maintain and preserve the overall health and wellbeing of individuals living in the greater Nashua area by providing information, education and access to exceptional health and medical care services.

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

Hillsborough

Rockingham

Please select service area municipalities (NH), if applicable

AMHERST

BROOKLINE

HOLLIS

HUDSON

LITCHFIELD

LYNDEBOROUGH

LONDONDERRY

GREENVILLE

DERRY

MERRIMACK

MILFORD

MONT VERNON

NASHUA

NEW BOSTON

NEW IPSWICH

PELHAM

SALEM

WILTON

WINDHAM

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 8)

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.

C10: Other Subsidized Health Services

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (2 of 8)

3. Area of Community Need / Concern

11. Obesity

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

E1: Cash Donations

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (3 of 8)

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?

No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (4 of 8)

3. Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (5 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Healthy Moms and Babies

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.

B1: Provision of Clinical Setting for Undergraduate Education

A1: Community Health Education

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (6 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Environmental 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.

B1: Provision of Clinical Setting for Undergraduate Education

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (7 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Chronic Disease and Cancer

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?

No

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

Not Applicable

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

Please refer to implementation strategy

Section 3.2: Community Needs Assessment (8 of 8)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Communicable Disease

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.

Not Applicable

A1: Community Health Education

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

Please refer to implementation strategy

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 (\$)

444761002

(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	2986723	0	2986723	0.7%	3000000

(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	54009238	33785144	20224094	4.5%	21000000

(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 (\$)
0	0	56995961	33785144	23210817	5.2%	24000000

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	31596	0	31596	0%	32000

(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	3073862	9000	3064862	0.7%	3100000

(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	2761015	1778019	982996	0.2%	1000000

(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	51353	0	51353	0%	52000

(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	902978	0	902978	0.2%	900000

(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 (\$)
0	NaN	6820804	1787019	5033785	1.1%	5084000

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 (\$)
0	NaN	63816765	35572163	28244602	6.4%	\$29084000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
444761002

(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	253614	0	253614	0.1%

(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	19500	0	19500	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	3461	0	3461	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 (%)
0	NaN	276575	0	276575	0.1%

Section 6: Medicare

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

105332226

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

182724023

3. Medicare surplus (shortfall)

\$-77391797

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.

There are service areas where government programs such as Medicare and Medicaid do not reimburse the organization adequate amounts to cover the costs to provide those services. Southern New Hampshire Medical Center must provide those services regardless of the financial shortfall. The ratio of cost to charge methodology was used to determine costs, consistently with the 990 filings.

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 (\$)

427574039

2. Net operating costs (\$)

444761002

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

0.961

Unreimbursed Community Benefit Costs

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

23210817

5. Other Community Benefit Costs (\$)

5033785

6. Community Building Activities (\$)

276575

7. Total Unreimbursed Community Benefit Expenses (\$)

28521177

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

6.41%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-77391797

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Nashua Division for Public Health & Community Services	Yes	Yes	No	No

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

Southern NH Health collaborated with the Nashua Division for Public Health & Community Services to conduct the Community Needs Assessment. The research conducted by the Nashua Division for Public Health included a community-based research project to assess the extent to which substance use occurs in Nashua to estimate the prevalence and define the degree of substance use disorder in the Greater Nashua Public Health Region. Data for this research was collected in 2019 and analyzed in 2020 and included both an online survey (222 participants) and in-person interviews (50 participants) with people that were actively using, in recovery, or had never used substances.

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.

N/A

Section 10: Certification

Electronic Signature

First Name

Elizabeth

Last Name

Houde

Title

Executive Director, Community Partnerships & Operational Support

Email

betsy.houde@snhhs.org

NHCT-31 (September 2022)