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# Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQB-674C-5M0CX, version 1)

## Details

**Submitted** 3/18/2025 (0 days ago) by Magdalynn Graul  
**Submission ID** HQB-674C-5M0CX  
**Status** Submitted

## Form Input

### Section 1: Entity Information

**Entity Name**  
Cheshire Medical Center

**State Registration #**  
6269

**Federal ID #**  
203545-9

**Fiscal Year Beginning**  
07/01/2023

**Entity Address**  
580-90 Court Street  
Keene, NH 03431

**Entity Website (must have a prefix such as "http://www.")**  
<http://www.cheshiremed.com>

**Chief Executive Officer (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Joseph	Perras	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-354-5400	
<b>Email</b>		
jperras@cheshire-med.com		

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

<b>First Name</b>	<b>Last Name</b>	
Mark	Gavin	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Mobile	603-721-1769	
<b>Email</b>		
mark@markgavin.us		

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

First Name	Last Name
------------	-----------

Tricia	Zahn
--------	------

Title
-------

Senior Director, Population Health
------------------------------------

Phone Type	Number	Extension
------------	--------	-----------

Business	603-354-5454	3030
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Email
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tzahn@cheshire-med.com
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### 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

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

### 2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-I)?

No

### 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

Cheshire

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

ALSTEAD

CHESTERFIELD

FITZWILLIAM

GILSUM

HARRISVILLE

KEENE

MARLBOROUGH

MARLOW

NELSON

ROXBURY

RICHMOND

STODDARD

SULLIVAN

SURRY

SWANZEY

TROY

WALPOLE

WINCHESTER

WESTMORELAND

### Service Population Description

We serve 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)**

2022

**Please attach a copy of the needs assessment if completed in the past year**

NONE PROVIDED

**Comment**

The 2022 CHNA as well as previous CHNAs can be found on Cheshire Medical Center's website here:

<https://www.cheshiremed.org/about/community-benefits-reporting>

**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 4)

**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.**

1: Financial Assistance

2.1: Medicaid

2.2: Other means-tested government programs

2.3: Medicare

A2: Community-Based Clinical Services

B2: Intern/Residency Education

B4: Other Health Professions Education Support

A1: Community Health Education

B1: Provision of Clinical Setting for Undergraduate Education

C1: Emergency and Trauma Services

C8: Behavioral Health Services

E3: In-Kind Assistance

F6: Coalition Building

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

Strategies for implementation of different improvements associated with the current plan can be found here:

[https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

## Section 3.2: Community Needs Assessment (2 of 4)

**3. Area of Community Need / Concern**

36. Other Community Health Need

**If "Other" please describe here:**

Behavioral health supports

**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
- 2.2: Other means-tested government programs
- 2.3: Medicare
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- A1: Community Health Education
- B1: Provision of Clinical Setting for Undergraduate Education
- C1: Emergency and Trauma Services
- C8: Behavioral Health Services
- E3: In-Kind Assistance
- F6: Coalition Building

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

Strategies for implementation of different improvements associated with the current plan can be found here:  
[https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

## **Section 3.2: Community Needs Assessment (3 of 4)**

**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.**

- 1: Financial Assistance
- 2.1: Medicaid
- 2.2: Other means-tested government programs
- 2.3: Medicare
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- A1: Community Health Education
- B1: Provision of Clinical Setting for Undergraduate Education
- C1: Emergency and Trauma Services
- C8: Behavioral Health Services
- E3: In-Kind Assistance
- F6: Coalition Building

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

Strategies for implementation of different improvements associated with the current plan can be found here:  
[https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

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

**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.**

1: Financial Assistance  
2.1: Medicaid  
2.2: Other means-tested government programs  
2.3: Medicare  
A2: Community-Based Clinical Services  
B2: Intern/Residency Education  
B4: Other Health Professions Education Support  
A1: Community Health Education  
B1: Provision of Clinical Setting for Undergraduate Education  
C1: Emergency and Trauma Services  
C8: Behavioral Health Services  
E3: In-Kind Assistance  
F6: Coalition Building

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

Strategies for implementation of different improvements associated with the current plan can be found here:  
[https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy\\_Final\\_3.22.23.pdf](https://www.cheshiremed.org/sites/default/files/2023-06/Implementation%20Strategy_Final_3.22.23.pdf)

## 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 (\$)**

309705293

**(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	1802000	0	1802000	0.6%	1802000

**(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	46990100	23724836	23265264	7.5%	46990100

**(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	48792100	23724836	25067264	8.1%	48792100

**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 (\$)
6	1440	79269	0	79269	0%	79269

**(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 (\$)
4	NONE PROVIDED	5453779	251842	5201937	1.7%	5453779

**(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 (\$)
3	NONE PROVIDED	1871470	9689	1861781	0.6%	1871470

**(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 (\$)
0	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 (\$)
2	316	242460	50000	192460	0.1%	242460

**(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 (\$)
15	NaN	7646978	311531	7335447	2.4%	7646978

**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 (\$)
NaN	NaN	56439078	24036367	32402711	10.5%	\$56439078

**Section 5: Community Building Activities**

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

309705293

**(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 (%)
1	NONE PROVIDED	849467	31300	818167	0.3%

**(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 (%)
1	NONE PROVIDED	650638	0	650638	0.2%

**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 (%)
NaN	NONE PROVIDED	1500105	31300	1468805	0.3%

## Section 6: Medicare

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

97148014

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

135647146

**3. Medicare surplus (shortfall)**

\$-38499132

**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.**

Close to 40% of the population served by Cheshire Medical Center is age 65 or older (representing over 37,000 discharges in FY24), and primarily covered by Medicare. As the only hospital in the rural Cheshire County, the medical center takes on the shortfall from serving all patients as a community benefit to support the need in our community, otherwise our patients would not have access to any other care nearby.

**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 (\$)**

1009222789

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

309705293

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

3.259

### Unreimbursed Community Benefit Costs

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

25067264

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

7335447

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

1468805

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

33871516

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

10.94%

**Other Community Benefits (optional)****1. Leveraged Revenue for Community Benefit Activities (\$)**

NONE PROVIDED

**2. Medicare Shortfall (\$)**

-\$38499132

**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
Rise for Baby & Family	Yes	No	Yes	Yes
Southwestern Community Services	Yes	No	Yes	Yes
Community Volunteer Transportation Company	Yes	No	Yes	Yes
Monadnock Community Hospital	Yes	No	Yes	Yes
Monadnock United Way	Yes	No	Yes	Yes
Monadnock Family Services	Yes	Yes	Yes	Yes
Cheshire Medical Center	Yes	Yes	Yes	Yes
Home Healthcare, Hospice, & Community Services	Yes	No	Yes	Yes
Cheshire County	Yes	No	Yes	Yes
Southwest Region Planning Commission	Yes	No	Yes	Yes
Healthy Monadnock Alliance (Regional Public Health Network)	Yes	No	Yes	Yes

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

We conducted stakeholder interviews, focus groups, and surveys to collect lived and learned wisdom from a wide cross sector of our community, including public health representatives from our regional public health network throughout the Fall of 2022. We shared our latest CHNA with multiple community groups through community presentations virtually and in-person. Groups included yet were not limited to the Leadership Council for a Healthy Monadnock, Monadnock Alliance for Healthy Aging, and the Monadnock Region Community Network Team. We facilitate and support a community workgroup for each of the priority areas indicated in our implementation strategy. We make data-driven decisions to implement projects and initiatives in the community that align with our CHNA priorities and Implementation Strategy.

**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

<b>First Name</b>	<b>Last Name</b>
Magdalynn	Graul
<b>Title</b>	
Population Health Epidemiologist	
<b>Email</b>	
mgraul@cheshire-med.com	

NHCT-31 (September 2022)

## Status History

	User	Processing Status
3/18/2025 12:22:36 PM	Magdalynn Graul	Draft
3/18/2025 12:43:27 PM	Magdalynn Graul	Submitting
3/18/2025 12:43:33 PM	Magdalynn Graul	Submitted

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Magdalynn Graul	3/18/2025 12:43:33 PM