

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPC-DKFN-N0Z6G, version 2)

## Details

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**Originally Started By** Candace Ann St. John  
**Alternate Identifier** Cheshire Medical Center  
**Submission ID** HPC-DKFN-N0Z6G  
**Status** Draft

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**  
07/01/2020

**Organization Name**  
Cheshire Medical Center

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

**Federal ID #**  
203545-9

**State Registration #**  
6269

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

**Is the organization's community benefit plan on the organization's website?**  
Yes

**Chief Executive**

<b>First Name</b>	<b>Last Name</b>	
Don	<i>Caruso, MD</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-354-5400	
<b>Email</b>	dcaruso@cheshire-med.com	

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Nathalie	<i>Houder</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Other	860-810-6294	
<b>Email</b>	nbhouder@gmail.com	

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Shawn	<i>LaFrance</i>	
<b>Title</b>	<i>Vice President for Population Health</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-354-5435	
<b>Email</b>	slafrance@cheshire-med.com	

**Does this report include community benefit information for affiliated or subsidiary organizations?**

No

**Section 2: Mission & Community Served****Mission Statement**

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

**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.

**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**

ACWORTH

ALSTEAD

CHESTERFIELD

FITZWILLIAM

GILSUM

HARRISVILLE

KEENE

MARLBOROUGH

MARLOW

NELSON

RICHMOND

ROXBURY

STODDARD

SULLIVAN

SURRY

SWANZEY

TROY

WALPOLE

WESTMORELAND

WINCHESTER

**Service Population Description**

We serve the general population.

### **Section 3.1: Community Needs Assessment**

**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)**

2019

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

2019 Cheshire Medical Center CHNA.pdf - 10/12/2021 02:29 PM

**Comment**

NONE PROVIDED

**Was the assessment conducted in conjunction with other health care charitable trusts in your community?**

Yes

## **Section 3.2: Community Needs Assessment (1 of 13)**

### **Area of Community Need / Concern**

3. Access to Primary Care

### **Is the need identified in the Community Needs Assessment?**

Yes

### **Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **Please 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

A4: Other Community Health Improvement Services

B1: Provision of Clinical Setting for Undergraduate Education

B2: Intern/Residency Education

B4: Other Health Professions Education Support

D2: Community / Population Health Research

E1: Cash Donations

F3: Support Systems Enhancement

1: Financial Assistance

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 13)**

### **Area of Community Need / Concern**

22. Access to Mental Health Services

### **Is the need identified in the Community Needs Assessment?**

Yes

### **Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

E3: In-Kind Assistance

C1: Emergency and Trauma Services

C8: Behavioral Health Services

C10: Other Subsidized Health Services

B4: Other Health Professions Education Support

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (3 of 13)**

**Area of Community Need / Concern**

11. Obesity

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

E2: Grants

F6: Coalition Building

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 13)**

**Area of Community Need / Concern**

26. Tobacco Use

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A2: Community-Based Clinical Services

F3: Support Systems Enhancement

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (5 of 13)**

**Area of Community Need / Concern**

31. Transportation Services

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

E3: In-Kind Assistance

F6: Coalition Building

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (6 of 13)**

**Area of Community Need / Concern**

20. Mental Health

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A3: Health Care Support Services

B4: Other Health Professions Education Support

C8: Behavioral Health Services

C10: Other Subsidized Health Services

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (7 of 13)**

**Area of Community Need / Concern**

24. Substance Use

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

C8: Behavioral Health Services

C10: Other Subsidized Health Services

**Brief description of major strategies or activities to address this need (optional)**  
NONE PROVIDED

### **Section 3.2: Community Needs Assessment (8 of 13)**

**Area of Community Need / Concern**

13. Injury Prevention / Safety

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

D2: Community / Population Health Research

E3: In-Kind Assistance

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

Local Emergency Readiness & Response

### **Section 3.2: Community Needs Assessment (9 of 13)**

**Area of Community Need / Concern**

28. Physical Activity / Active Living

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

F6: Coalition Building

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (10 of 13)**

**Area of Community Need / Concern**

16. Aging Population / Senior Services

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

A4: Other Community Health Improvement Services

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (11 of 13)**

**Area of Community Need / Concern**

7. Diabetes

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A1: Community Health Education

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (12 of 13)**

**Area of Community Need / Concern**

34. Education / Job Training

**Is the need identified in the Community Needs Assessment?**

Yes

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

Yes

**Please 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

B2: Intern/Residency Education

E2: Grants

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

NONE PROVIDED



## **Section 3.2: Community Needs Assessment (13 of 13)**

### **Area of Community Need / Concern**

2. Access to Prescription Medications / Prescription Assistance

### **Is the need identified in the Community Needs Assessment?**

Yes

### **Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

Yes

### **Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A3: Health Care Support Services

A4: Other Community Health Improvement Services

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

NONE PROVIDED

## **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**

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### **Total Functional Expenses for the Reporting Year (\$)**

242361033

### **(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
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(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	1796260	0	1796260	0.7%	2000000

**(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	29264737	17679140	11585597	4.8%	30000000

**(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	31060997	17679140	13381857	5.5%	32000000

**Community Benefit Services**

**(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
17	87174	2025859	0	2025859	0.8%	2000000

**(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
3	193	1489725	0	1489725	0.6%	1500000

**(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
4	4942	1427627	811960	615667	0.3%	650000

**(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 (\$)
1	NONE PROVIDED	15963	0	15963	0%	16000

**(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 (\$)
3	1521	512323	73300	439023	0.2%	490000

**(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 (\$)
28	93830	5471497	885260	4586237	1.9%	4656000

**Total**

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**(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 (\$)
28	93830	36532494	18564400	17968094	7.4%	\$36656000

## Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)  
242361033

### (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 (%)
1	772	327501	255063	72438	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 (%)
3	NONE PROVIDED	1528924	0	1528924	0.6%

**(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 (%)
4	772	1856425	255063	1601362	0.7%

## **Section 6: Medicare**

**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

98506247

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

115083259

**Medicare surplus (shortfall)**

\$-16577012

**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.**

Net Medicare Revenue - Medicare Costs = Net loss

**Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:**

Other: Net Medicare Revenue - Medicare Costs = Net Loss

## **Section 7: Summary Financial Measures**

**Gross Receipts from Operations (\$)**

732482699

**Net operating costs (\$)**

242361033

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

3.022

**Unreimbursed Community Benefit Costs**

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

13381857

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

4586237

**Community Building Activities (\$)**

1601362

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

19569456

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

8.07%

**Other Community Benefits (optional)**

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**Leveraged Revenue for Community Benefit Activities (\$)**

1140323

**Medicare Shortfall (\$)**

\$-16577012

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

Please list below

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Dartmouth Hitchcock	Yes	Yes	Yes	No
Home Healthcare Hospice and Community Services	Yes	Yes	Yes	No
Southwest Regional Planning Commission	Yes	Yes	Yes	No
Monadnock United Way	Yes	Yes	Yes	No
Monadnock Community Hospital	Yes	Yes	Yes	No
Leadership Council for a Healthy Monadnock (Community Leaders)	Yes	Yes	Yes	Yes
Southwestern Community Services	Yes	Yes	Yes	Yes
Greater Monadnock Public Health Network	Yes	No	No	Yes
NH Department of Health and Human Services	Yes	Yes	Yes	No
NH Hospital Association - Foundation for Healthy Communities	Yes	No	No	Yes
Cheshire County Government	Yes	Yes	Yes	No
Cheshire Health Foundation	Yes	Yes	Yes	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
Cheshire County Conservation District	No	No	No	Yes

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

The members of the CHNA Leadership Team represent the 33 towns in the Monadnock region. The 2019 CHNA report summarizes the work of the Leadership Council for a Healthy Monadnock (LCHM) & the collaborative efforts of other local groups to assess the needs of our region. The CHNA Leadership Team reviewed health & social well-being information from existing sources, recent assessments, & neighboring service area CHNAs. They identified secondary data to review & then prioritized needs using a nominal group voting process. The results revealed five priority areas: Behavioral Health, Protective Factors & Risk Factors, Healthcare Access, Food Access & Active Living, & Emergency Preparedness. The need to address the social determinants of health, as well as equity, is a focus in the Implementation Strategy that is embedded within each of these priority areas.

**Section 9: Charity Care Compliance**

**The valuation of charity does not include any bad debt, receivables or revenue.**  
Yes

**A written charity care policy is available to the public.**  
Yes

**Any individual can apply for charity care.**  
Yes

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

**Notice of the charity care policy is posted in lobbies.**  
Yes

**Notice of the policy is posted in waiting rooms.**  
Yes

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

**Notice of the charity care policy is given to recipients who are served in their home.**  
N/A

## **Section 10: Certification Contact**

### **Name of Person Submitting the Community Benefits Report**

**First Name**      **Last Name**  
Candace            *St. John*

**Title**  
*Population Health Epidemiologist*

**Email**  
cstjohn@cheshire-med.com

**NHCT-31 (December 2020)**

## **Attachments**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
10/12/2021 2:29 PM	2019 Cheshire Medical Center CHNA.pdf	Attachment	No	Candace St. John