

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQJ-QEQA-025EY, version 1)

Digitally signed by:
nForm
Date: 2026.01.20 14:17:02 -05:00
Reason: Copy Of Record
Location: New Hampshire

Details

Submission ID HQJ-QEQA-025EY

Form Input

Section 1: Entity Information

Entity Name

Cheshire Medical Center

State Registration #

6269

Federal ID #

203545-9

Fiscal Year Beginning

07/01/2024

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)

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

Joseph	Perras
--------	--------

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

Business	6033545454	2000
----------	------------	------

Email

jperras@cheshire-med.com

Board Chair (first, last name)

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

Mark	Gavin
------	-------

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

Mobile	6037211769	
--------	------------	--

Email

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 6033545454 3030

Email

tzahn@cheshire-med.com

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

Mission: To deliver compassionate and exceptional care to all we serve.

Vision: To be the region's trusted home for care, optimizing the health and wellbeing of our communities and setting the standard for healthcare excellence.

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

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
WESTMORELAND
WINCHESTER
DUBLIN
HINSDALE
JAFFREY
RINDGE

Service Population Description

We serve the general population of the Monadnock Region, which encompasses the entirety of Cheshire County and some adjacent towns.

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

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

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

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

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 (\$)

338459858

(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	2226000	0	2226000	0.7%	2226000

(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	41289338	28873195	12416143	3.7%	41289338

(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	43515338	28873195	14642143	4.3%	43515338

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 (\$)
10	NONE PROVIDED	454630	0	454630	0.1%	455000

(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	3461919	66311	3395608	1%	3462000

(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 (\$)
4	NONE PROVIDED	4162667	1542570	2620097	0.8%	4163000

(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 (\$)
6	NONE PROVIDED	327228	50000	277228	0.1%	327000

(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 (\$)
NaN	NONE PROVIDED	8406444	1658881	6747563	2%	8407000

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	NONE PROVIDED	51921782	30532076	21389706	6.3%	\$51922338

Section 5: Community Building Activities

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

338459858

(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%

(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) 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	802190	129193	672997	0.2%

(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	537941	0	537941	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 (%)
NONE PROVIDED	NONE PROVIDED	1340131	129193	1210938	0.2%

Section 6: Medicare

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

103096686

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

152782094

3. Medicare surplus (shortfall)

\$-49685408

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.

More than half of the population served by Cheshire Medical Center is age 65 or older (representing over 105,000 discharges in FY25), and primarily covered by Medicare; we had over 65,000 discharges in FY25 of patients whose primary insurance coverage was 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 (\$)

1121011346

2. Net operating costs (\$)

338459858

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

3.312

Unreimbursed Community Benefit Costs

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

14642143

5. Other Community Benefit Costs (\$)

6747563

6. Community Building Activities (\$)

1210938

7. Total Unreimbursed Community Benefit Expenses (\$)

22600644

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

6.68%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$-49685408

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
Rise for Baby and Family	Yes	No	Yes	Yes
Southwestern Community	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, and 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	Yes	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

First Name

Magdalynn

Last Name

Graul

Title

Population Health Epidemiologist

Email

mgraul@cheshire-med.com

NHCT-31 (September 2022)