

Table of Contents

Table of Contents	1
Form NHCT-31: Community Benefits Plan Report	2
(Submission #: HQA-JQHJ-WZZYA, version 1)	2
Details	2
Form Input	2
Section 1: Entity Information	2
Section 2: Mission & Community Served	3
Section 3.1: Community Needs Assessment	3
Section 3.2: Community Needs Assessment (1 of 10)	4
Section 3.2: Community Needs Assessment (2 of 10)	4
Section 3.2: Community Needs Assessment (3 of 10)	5
Section 3.2: Community Needs Assessment (4 of 10)	5
Section 3.2: Community Needs Assessment (5 of 10)	6
Section 3.2: Community Needs Assessment (6 of 10)	6
Section 3.2: Community Needs Assessment (7 of 10)	6
Section 3.2: Community Needs Assessment (8 of 10)	7
Section 3.2: Community Needs Assessment (9 of 10)	7
Section 3.2: Community Needs Assessment (10 of 10)	7
Section 4: Community Benefit Activities	8
Section 5: Community Building Activities	10
Section 6: Medicare	11
Section 7: Summary Financial Measures	11
Section 8: Community Engagement in the Community Benefits Process	12
Section 9: Charity Care Compliance	12
Section 10: Certification	13
Attachments	13
Status History	13
Processing Steps	13

Form NHCT-31: Community Benefits Plan Report

version 1.8

(Submission #: HQA-JQHJ-WZZYA, version 1)

Details

Submitted 3/3/2025 (118 days ago) by LeeAnn Moore
Submission ID HQA-JQHJ-WZZYA
Status Issued

Form Input

Section 1: Entity Information

Entity Name
Monadnock Community Hospital

State Registration #
02507

Federal ID #
02-022147

Fiscal Year Beginning
10/01/2023

Entity Address
452 Old Street Road
Peterborough, NH 03458

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

Chief Executive Officer (first, last name)

First Name	Last Name	
Cynthia	McGuire	
Phone Type	Number	Extension
Business	603-924-7191	1115
Email		
cynthia.mcguire@mchmail.org		

Board Chair (first, last name)

First Name	Last Name	
Paul	Faber	
Phone Type	Number	Extension
Business	603-843-7354	
Email		
pfaber@barharbor.bank		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
LeeAnn	Moore	
Title		
Director of Philanthropy, Marketing & Community Relations		
Phone Type	Number	Extension
Business	603-924-1700	
Email		
leeann.moore@mchmail.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

We are committed to improving the health and well-being of our community.

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
Cheshire

Please select service area municipalities (NH), if applicable

ANTRIM
BENNINGTON
DUBLIN
FRANCESTOWN
GREENFIELD
GREENVILLE
HANCOCK
JAFFREY
NEW IPSWICH
PETERBOROUGH
RINDGE
SHARON
TEMPLE

Service Population Description

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)

2024

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

2024 MCH CHNA FINAL.pdf - 02/21/2025 04:33 PM

Comment

NONE PROVIDED

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

No

Section 3.2: Community Needs Assessment (1 of 10)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Mental health services for Children -

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.

C8: Behavioral Health Services

C5: Women's and Children's Services

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

Mental health services for Children - MCH's ED Director is working on Behavioral Health Resource Book for Pediatrics and recently completed the ECHO class regarding pediatric Behavioral Health.

MCH is integrating social workers into our family care and pediatric practices.

Section 3.2: Community Needs Assessment (2 of 10)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Mental Health Crisis 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.

C8: Behavioral Health Services

C1: Emergency and Trauma Services

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

Our expansion of mental health service via Collaborative Care (CoCM) is aimed to address crisis and pediatric care gaps. This is something specifically targeted at our primary care clinics (Must have MHP PCP to participate) and utilizes a care team to assist a PCP with psychiatric prescribing and follow ups.

Crisis care is available to ED staff 24/7.

MCH is working on tool kits for those "boarding" in the ED.

Internal Suicide awareness and prevention workgroups are available to support MCH employees.

Section 3.2: Community Needs Assessment (3 of 10)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Urgent Care and Walk-in Clinics

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.

C1: Emergency and Trauma Services

A2: Community-Based Clinical Services

C3: Hospital Outpatient Services

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

MCH is Working on same day appointments available with Primary Care Physicians and offices, through Monadnock Health Partners, called "Just Book It"

MCH is offering MCH employees urgent care through Employee Health beginning 2025.

Section 3.2: Community Needs Assessment (4 of 10)

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.

C3: Hospital Outpatient Services

A2: Community-Based Clinical Services

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

MCH provides home visits to patients through the Mobile Integrated Health Program (MIH)

MCH also provides Home visits through Cradle Monadnock, visiting new mothers and families (MIH)

CCM (Chronic Care Management Program) which is targeted care navigation for high-risk patients (patients with multiple chronic conditions get a monthly phone call and help with med refills, address SDOH issues, follow up on the care plans.

MCH employees on Health Access workgroup for PHN addressing increase of insurance access for the Monadnock region.

Section 3.2: Community Needs Assessment (5 of 10)

3. Area of Community Need / Concern

20. Mental 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.

C8: Behavioral Health Services

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

Social Worker is working out of rural health clinic (Antrim Medical Group) twice a week.

Promote educational structure with an PMHNP who assists PCPs in Behavioral Health Management

MOUD (Medication for Opioid Use Disorder) training for ED and PCPs.

MCH supports and hosts multiple support groups including, diabetes, Mother and Baby, Parkinson's, MS and AA and NA groups.

Section 3.2: Community Needs Assessment (6 of 10)

3. Area of Community Need / Concern

29. Workforce Development

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.

F8: Workforce Development

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

Part of MCH Strategic plan is to Recruit and Retain the Best Talent with the Strategic Priority Team.

Recruit and Retain Team is working on onboarding and training.

Marketing Department works with HR to update website, job descriptions as well as pushing weekly recruitment ads on social and in papers.

Section 3.2: Community Needs Assessment (7 of 10)

3. Area of Community Need / Concern

31. Transportation 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.

Not Applicable

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

MCH has a representative on the Regional Transportation Workgroup.

MCH annually supports CVTC with a financial contribution.

MCH collaborated with SmartRide to acquire a grant from the state of NH to purchase a wheelchair van.

Section 3.2: Community Needs Assessment (8 of 10)

3. Area of Community Need / Concern

33. Affordable Housing

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

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

MCH Executive VP sits on the local Affordable Housing Committee through the town of Peterborough.

MCH owns 3 properties available for MCH employees in need of affordable housing. They are currently all in use.

MCH has been a supporter for the Catholic Charities project to build a 96-unit, mixed-income housing development in Peterborough.

Section 3.2: Community Needs Assessment (9 of 10)

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.

A3: Health Care Support Services

C8: Behavioral Health Services

F7: Community Health Advocacy

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

Hospital and local schools collaborate with identifying and caring for students with medical or mental health needs.

MCH is working with ConVal and Amerihealth Caritas on the Hope Squad, to establish a Peer Support Group for suicide prevention.

MCH is working closely with the personal trainer at ConVal, through our Physical Therapy and Rehabilitation program.

Section 3.2: Community Needs Assessment (10 of 10)

3. Area of Community Need / Concern

32. Economic Development / Poverty

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.

F2: Economic development

F8: Workforce Development

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

MCH works with local high school students and college students to provide internship opportunities and rotations in various disciplines.

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 (\$)

114586894

(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	607000	0	607000	0.5%	600000

(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	8899016	5114001	3785015	3.3%	3500000

(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	1952000	0	1952000	1.7%	2000000

(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	11458016	5114001	6344015	5.5%	6100000

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	492000	0	492000	0.4%	502000

(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	9000	0	9000	0%	5000

(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	40699187	24401460	16297727	14.2%	16000000

(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	159000	0	159000	0.1%	20000

(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	41359187	24401460	16957727	14.8%	16527000

(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	52817203	29515461	23301742	20.3%	\$22627000

Section 5: Community Building Activities

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

114586894

(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)**

49723609

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

50058609

3. Medicare surplus (shortfall)

\$-335000

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 (\$)**

110268306

2. Net operating costs (\$)

114586894

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

0.962

Unreimbursed Community Benefit Costs**4. Financial Assistance and Means-Tested Government Programs (\$)**

6344015

5. Other Community Benefit Costs (\$)

16957727

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

23301742

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

20.34%

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

500

2. Medicare Shortfall (\$)

-\$335000

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
Owen Houghton - Volunteer	Yes	Yes	Yes	No
Reality Check	Yes	Yes	Yes	No
Community Volunteer Transportation Company	Yes	Yes	Yes	No
Regional System of Care	Yes	Yes	Yes	No
The River Center	Yes	Yes	Yes	No
Southern New Hampshire Services	Yes	Yes	Yes	No
Monadnock Area Transitional Shelter	Yes	Yes	Yes	No
Monadnock at Home	Yes	Yes	Yes	No
Antrim Fire and Ambulance	Yes	Yes	Yes	No
Monadnock Family Services	Yes	Yes	Yes	No
Peterborough Food Pantry	Yes	Yes	Yes	No
Dick Dunning - Veteran Representative	Yes	Yes	Yes	No
Monadnock Center for Violence Prevention	Yes	Yes	Yes	No
Crotched Mountain School	Yes	No	No	No

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

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of area stakeholders and healthcare consumers ♦ especially those from underserved populations. The methodology used helped prioritize the needs and establish a basis for continued community engagement ♦ in addition to simply developing a broad, community-based list of needs.

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.

Yes

Section 10: Certification

Electronic Signature

First Name	Last Name
Lee Ann	Moore
Title	
Director of Philanthropy, Marketing and Community Relations	
Email	
clarkmoore2018@gmail.com	

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
2/21/2025 4:33 PM	2024 MCH CHNA FINAL.pdf	Attachment	No	LeeAnn Moore

Status History

	User	Processing Status
2/21/2025 4:12:07 PM	LeeAnn Moore	Draft
3/3/2025 4:50:03 PM	LeeAnn Moore	Submitting
3/3/2025 4:50:19 PM	LeeAnn Moore	Submitted
3/5/2025 9:10:07 AM	Linda Bartlett	Issued

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	LeeAnn Moore	3/3/2025 4:50:19 PM