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Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPF-11ED-2A63A, version 1)

Details

Submitted 2/28/2022 (281 days ago) by LeeAnn Moore

Alternate Identifier Monadnock Community Hospital

Submission ID HPF-11ED-2A63A

Status Issued

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2020

Organization Name

Monadnock Community Hospital

Street Address

452 Old Street Road
Peterborough, NH 03458

Federal ID

02-0222157

State Registration

02507

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

<http://www.monadnockcommunityhospital.org>

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

Yes

Chief Executive

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

Board Chair

First Name	Last Name	
James	Callahan	
Phone Type	Number	Extension
Home	603-491-3971	
Email	jcallahan@atkinscallahan.com	

Community Benefits Plan Contact

First Name	Last Name	
LeeAnn	Moore	
Title	Monadnock Community Hospital	
Phone Type	Number	Extension
Business	603-924-1700	
Email	leeann.moore@mchmail.org	

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

No

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

Monadnock Community Hospital is committed to improving the health and well-being of our community.

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.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicableHillsborough
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

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? (Please attach a copy of the needs assessment below if completed in the past year)

2021

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

[2021CHNA FINAL.pdf - 01/26/2022 04:01 PM](#)

Comment

NONE PROVIDED

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)

Area of Community Need / Concern

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

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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

C10: Other Subsidized Health Services

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

MCH offers Financial Assistance to all patients. Qualifications are based on their household income, some assets, and health insurance. We also refer to partner agencies to help with applying for insurance. MCH accepts both Medicare and Medicaid insurance. We also subsidize many programs and departments to allow access to healthcare for all.

Section 3.2: Community Needs Assessment (2 of 10)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Funding for Depression and Anxiety 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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

C3: Hospital Outpatient Services

C8: Behavioral Health Services

C10: Other Subsidized Health Services

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

This identified need is specifically focused on funding for patients suffering from anxiety and depression, whether inpatient or outpatient. MCH offers subsidized services in our outpatient Behavioral Health Department, and also financial assistance, medication bridge, and referrals to community-based services for patients in need.

Section 3.2: Community Needs Assessment (3 of 10)

Area of Community Need / Concern

25. Access to Substance Use Disorder 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.

- C8: Behavioral Health Services
- C3: Hospital Outpatient Services
- F7: Community Health Advocacy

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

MCH has a great partnership with both the Doorway Keene and Reality Check in Jaffrey to refer patients to that are seeking substance use support services. We also have a community Behavioral Health Task Force called Be the Change to educate and provide resources to our community.

Section 3.2: Community Needs Assessment (4 of 10)

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.

- C8: Behavioral Health Services
- C3: Hospital Outpatient Services
- F7: Community Health Advocacy
- C1: Emergency and Trauma Services
- A3: Health Care Support Services

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

Specifically the need is listed as "crisis care programs for mental health" and MCH is looking at the feasibility of creating a separate space to care for patients having a behavioral health crisis. The space would be adjacent to the Emergency Department. We also have an outpatient Behavioral Health department for our community to address mental health needs for our patients and are in the process of recruiting more providers.

Section 3.2: Community Needs Assessment (5 of 10)

Area of Community Need / Concern

14. Domestic Abuse / Child Abuse

Is the need identified in the Community Needs Assessment?

Yes

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

No

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

- C8: Behavioral Health Services
- F7: Community Health Advocacy
- C1: Emergency and Trauma Services
- C3: Hospital Outpatient Services
- C5: Women's and Children's Services
- A3: Health Care Support Services

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

MCH has a 24/7 crisis team in our Emergency Department, outpatient Behavioral Health department, and partnerships with local transitional housing and violence prevention organizations.

Section 3.2: Community Needs Assessment (6 of 10)

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.

- E1: Cash Donations

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

MCH makes an annual donation to our community non-profit transportation agency and has a representative from the hospital sitting on the board of this organization. MCH also assists with rides for patients that were brought into the Emergency Department via ambulance and need help with a ride home.

Section 3.2: Community Needs Assessment (7 of 10)

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.

- A2: Community-Based Clinical Services

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

MCH employs an APRN who is dedicated to our aging populations within our three community assisted living/nursing home facilities.

In April 2020, MCH deployed a Mobile Integrated Health initiative to serve our most fragile patients in the community within their homes. In February 2022, MCH hired a full-time community paramedic lead for this department.

Section 3.2: Community Needs Assessment (8 of 10)

Area of Community Need / Concern

4. Oral 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

E1: Cash Donations

F7: Community Health Advocacy

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

Due to the pandemic, we have not been able to

We can assist parents of pediatric patients with enrolling in NH Medicaid. For adult patients who do not have dental insurance or are on Medicaid which offers very minimal dental benefits, we refer patients to the Greater Nashua Dental Connection. MCH will pay for the patient's first two visits; 1st visit being a dental exam and x-rays and 2nd visit is for a cleaning or comparable dental service.

Section 3.2: Community Needs Assessment (9 of 10)

Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Addiction Recovery 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.

A3: Health Care Support Services

F7: Community Health Advocacy

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

We are working on having a more established Medicated Assisted Treatment program in our outpatient Behavioral Health Program. MCH also is a leading member of a Behavioral Health Task Force called Be the Change that puts out a support group and resource guide to the community at least once a year with times and locations of recovery meetings such as AA, NA and OA.

Section 3.2: Community Needs Assessment (10 of 10)

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.

1: Financial Assistance

A3: Health Care Support Services

E4: Resource Development Assistance

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

MCH's Medication Bridge Program has personnel to assist patients with applying to pharmaceutical companies that have patient assistance programs.

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 (\$)

85427381

(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	646000	0	646000	0.8%	1000000

(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	7020978	4201759	2819219	3.3%	2500000

(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	1442000	0	1442000	1.7%	1440000

(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	9108978	4201759	4907219	5.7%	4940000

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	204000	0	204000	0.2%	253000

(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	1000	0	1000	0%	1000

(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	12142651	8595935	3546716	4.2%	3035000

(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	257000	0	257000	0.3%	275000

(10) Total Other Benefits

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	12604651	8595935	4008716	4.7%	3564000

Total

(11) Totals

(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense (\$)	(d) Direct offsetting revenue (\$)	(e) Net community benefit expense (\$)	(f) Percent of total expense (%)	Estimated expense of activities projected for the next Fiscal Year (\$)
0	0	21713629	12797694	8915935	10.4%	\$8504000

Section 5: Community Building Activities

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

85427381

(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 (%)

(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 (%)
0	0	0	0	0	0%

Section 6: Medicare

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

34675332

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

35661454

Medicare surplus (shortfall)

\$-986122

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

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

Gross Receipts from Operations (\$)

84502774.82

Net operating costs (\$)

85427381

Ratio of gross receipts from operations to net operating costs

0.989

Unreimbursed Community Benefit Costs

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

4907219

Other Community Benefit Costs (\$)

4008716

Community Building Activities (\$)

0

Total Unreimbursed Community Benefit Expenses (\$)

8915935

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

10.44%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

500

Medicare Shortfall (\$)

\$-986122

Section 8: Community Engagement in the Community Benefits Process

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
Jaffrey/Rindge Rotary	Yes	Yes	Yes	Yes
Reality Check	Yes	Yes	Yes	No
Peterborough Elementary School	Yes	Yes	Yes	Yes
Community Volunteer Transportation Company	Yes	Yes	Yes	Yes
Regional System of Care	Yes	Yes	Yes	Yes
The River Center	Yes	Yes	Yes	Yes
Southern New Hampshire Services	Yes	Yes	Yes	Yes
Monadnock Area Transitional Shelter	Yes	Yes	Yes	No
Monadnock At Home	Yes	Yes	Yes	Yes
Monadnock Developmental Services	Yes	Yes	Yes	Yes
Peterborough Fire & Rescue	Yes	Yes	Yes	Yes
Monadnock Family Services	Yes	Yes	Yes	Yes
Peterborough Food Pantry	Yes	Yes	Yes	Yes
Monadnock Restorative	Yes	Yes	No	No
Monadnock Center for Violence Prevention	Yes	Yes	Yes	Yes
Elizabeth Kenney- Community Volunteer	Yes	Yes	Yes	No

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 perspectives and opinions of area stakeholders and healthcare consumers especially those from underserved populations. The major sections of the methodology include the following: Strategic Secondary Research, Qualitative Interviews and Discussion Groups, Community Survey, and a Needs Prioritization Process.

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

LeeAnn

Last Name

Moore

Title

Philanthropy & Community Relations Manager

Email

leeann.moore@mchmail.org

NHCT-31 (December 2020)

Attachments

Date	Attachment Name	Context	Confidential?	User
1/26/2022 4:01 PM	2021CHNA FINAL.pdf	Attachment	No	LeeAnn Moore

Status History

	User	Processing Status
1/26/2022 3:36:59 PM	LeeAnn Moore	Draft
2/28/2022 1:36:18 PM	LeeAnn Moore	Submitting
2/28/2022 1:36:32 PM	LeeAnn Moore	Submitted
3/14/2022 9:46:14 AM	Kathryn Fisher	Issued

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	LeeAnn Moore	2/28/2022 1:36:32 PM