Form NHCT31, Community Benefits Reporting
version 1.14
(Submission #: HPM-WNA1-QRM8A, version 1)

Details

Submitted 9/29/2022 (0 days ago) by Irene Lidia Godin
Alternate Identifier Southern New Hampshire Health System
Submission ID HPM-WNA1-QRM8A
Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning
07/01/2021

Organization Name
Southern New Hampshire Health System

Street Address
8 PROSPECT ST
NASHUA, NH 03060

Federal ID #
02-0509221

State Registration #
NH

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

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

First Name   Last Name
Colin        McHugh

Phone Type   Number   Extension
Business     603-281-8482

Email
colin.mchugh@snhhs.org

Board Chair

First Name   Last Name
Timothy      Sullivan

Phone Type   Number   Extension
Business     603-281-8482

Email
lisa.deitrich@snhhs.org

Community Benefits Plan Contact

First Name   Last Name
Irene        Godin

Title
System Director Reimbursement

Phone Type   Number   Extension
Business     603-663-5865

Email
irene.godin@solutionhealth.org

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

Affiliated or Subsidiary Organizations

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Federal ID #</th>
<th>State Registration #</th>
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<tbody>
<tr>
<td>Southern New Hampshire Medical Center</td>
<td>02-0483054</td>
<td>6282</td>
</tr>
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<td>Foundation Medical Partners</td>
<td>02-0456218</td>
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</tr>
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<td>The Surgery Center of Greater Nashua</td>
<td>46-1084049</td>
<td>668728</td>
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Section 2: Mission & Community Served
Mission Statement
Southern New Hampshire Health System (SNHHS) is committed to improve, maintain and preserve the overall health and wellbeing of individuals living in the greater Nashua area by providing information, education and access to exceptional health and medical care services.

Has the Mission Statement been reaffirmed in the Past Year (RSA 7:32e-l)?
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
Hillsborough
Rockingham

Please select service area municipalities (NH), if applicable
AMHERST
BROOKLINE
HOLLIS
HUDSON
LITCHFIELD
LYNDEBOROUGH
MERRIMACK
MILFORD
MONT VERNON
NASHUA
PELHAM
WILTON
DERRY
GREENVILLE
LONDONDERRY
NEW BOSTON
NEW IPSWICH
SALEM
WINDHAM

Service Population Description
Serves 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
NONE PROVIDED
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 11)**

**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.
C10: Other Subsidized Health Services

**Brief description of major strategies or activities to address this need (optional)**
Please refer to implementation strategy

**Section 3.2: Community Needs Assessment (2 of 11)**

**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
E1: Cash Donations
Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy

Section 3.2: Community Needs Assessment (3 of 11)

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?
No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
Not Applicable

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (4 of 11)

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

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (5 of 11)

Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Healthy Moms and Babies
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  
A1: Community Health Education

Brief description of major strategies or activities to address this need (optional)  
Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (6 of 11)

Area of Community Need / Concern  
36. Other Community Health Need

If "Other" please describe here:  
Environmental 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.  
B1: Provision of Clinical Setting for Undergraduate Education

Brief description of major strategies or activities to address this need (optional)  
Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (7 of 11)

Area of Community Need / Concern  
36. Other Community Health Need

If "Other" please describe here:  
Chronic Disease and Cancer

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.
Not Applicable

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy

Section 3.2: Community Needs Assessment (8 of 11)

Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Communicable Disease

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)
Please refer to implementation strategy

Section 3.2: Community Needs Assessment (9 of 11)

Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Public Health Emergency Preparedness

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.
F3: Support Systems Enhancement

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy.
Section 3.2: Community Needs Assessment (10 of 11)

Area of Community Need / Concern
35. Other Social Determinants of Health

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.
Not Applicable

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy.

Section 3.2: Community Needs Assessment (11 of 11)

Area of Community Need / Concern
36. Other Community Health Need

If "Other" please describe here:
Safety

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.
Not Applicable

Brief description of major strategies or activities to address this need (optional)
Please refer to implementation strategy.

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 ($)**
413892717

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

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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2. **Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)**

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3. **Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)**

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4. **Total Financial Assistance and Means-Tested Government Programs**
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**Community Benefit Services**

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

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<th>(b) Persons served (optional)</th>
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(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

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

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(8) Research (if using the optional Excel tool, refer to Worksheet 7)

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
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<th>(f) Percent of total expense (%)</th>
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(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
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(10) Total Other Benefits

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### Section 5: Community Building Activities

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

413892717

#### (1) Physical improvements and housing

<table>
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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
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<th>(d) Direct offsetting revenue ($)</th>
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#### (2) Economic development

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#### (3) Community support

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#### (4) Environmental improvements
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(5) Leadership development and training for community members

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<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
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(6) Coalition building

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
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(7) Community health improvement advocacy

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<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
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(8) Workforce development

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(9) Other

__________________________
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<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
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Total

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<tr>
<th>(a) Number of activities or programs</th>
<th>(b) Persons served</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
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Section 6: Medicare

Enter total revenue received from Medicare ($ -- including DSH and IME)
106074523

Enter Medicare allowable costs of care relating to payments specified above ($)
154417007

Medicare surplus (shortfall)
$-48342484

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.
There are service areas where government programs such as Medicare and Medicaid do not reimburse the organization adequate amounts to cover the costs to provide those services. Southern New Hampshire Medical Center must provide those services regardless of the financial shortfall. The ratio of cost to charge methodology was used to determine costs, consistently with the 990 filings.

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 ($)
402369072
Net operating costs ($)
413892717

Ratio of gross receipts from operations to net operating costs
0.972

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs ($)
29541428

Other Community Benefit Costs ($)
7061264

Community Building Activities ($)
225438

Total Unreimbursed Community Benefit Expenses ($)
36828130

Net community benefit costs as a percent of net operating costs (%)
8.9%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

Medicare Shortfall ($)
$-48342484

Section 8: Community Engagement in the Community Benefits Process

Please list below

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Indentification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Nashua Department of Public Health</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Please provide a description of the methods used to solicit community input on community needs:
Southern NH Health collaborated with the Nashua Department of Public Health to conduct the Community Needs Assessment.
The research conducted by the Nashua Department of Public Health included a community based research project to assess the extent to which substance use occurs in Nashua to estimate the prevalence and define the degree of substance use disorder in the Greater Nashua Public Health Region. Data for this research was collected in 2019 and analyzed in 2020 and included both an online survey (222 participants) and in-person interviews (50 participants) with people that were actively using, in recovery, or had never used substances.

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
Status History

<table>
<thead>
<tr>
<th>User</th>
<th>Processing Status</th>
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<tbody>
<tr>
<td>9/22/2022 10:55:39 AM Irene Lidia Godin</td>
<td>Draft</td>
</tr>
<tr>
<td>9/29/2022 2:07:36 PM Irene Lidia Godin</td>
<td>Submitting</td>
</tr>
<tr>
<td>9/29/2022 2:07:47 PM Irene Lidia Godin</td>
<td>Submitted</td>
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Processing Steps

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<th>Assigned To/Completed By</th>
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<td>Form Submitted</td>
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<td>9/29/2022 2:07:47 PM</td>
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