

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

fy 2014

FOR FISCAL YEAR BEGINNING 10/01/2013 ending 6/30/14 (Change in fiscal year end)

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

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APR 16 2015

Section 1: ORGANIZATIONAL INFORMATION

Organization Name The New London Hospital Association Inc.

CHARITABLE TRUSTS UNIT

Street Address 273 County Road

City New London **County** 07 - Merrimack **State** NH **Zip Code** 03257

Federal ID # 02-20222171 **State Registration #** 6281

Website Address: www.newlondonhospital.org

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Bruce P. King 603-526-5512

bruce.king@newlondonhospital.org

Board Chair: Anne Holmes 603-763-4742 aholmes@myfairpoint.net

Community Benefits

Plan Contact: Lisa Cohen 603-526-5339

lisa.cohen@newlondonhospital.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: New London Hospital provides safe quality care for every patient, every time in partnership with patients, families and healthcare providers.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

New London Hospital Association, Inc. (NLHA) is the principal provider of primary and secondary health care for 15 towns in Sullivan and Merrimack counties. The towns in the NLHA service area are: Andover, Bradford, Croydon, Danbury, Goshen, Grantham, Lempster, Newbury, New London, Newport, Springfield, Sunapee, Sutton, Washington and Wilmot and are largely representative of the state's rural population. The hospital provides acute and primary health care - from emergency services to family medical practice to neurosurgical care - and essential wellness and prevention services for the 34,000 residents in the area, a significant proportion of whom are uninsured, underinsured and/or dependent on Medicaid/Medicare benefits. This includes a large elderly population and a significant number of rural, low-income families.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Serves the General Population

Section 3: 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?

2012 (Please attach a copy of the needs assessment if completed in the past year)

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

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	101
2	999
3	120
4	407
5	350
6	501
7	420
8	421
9	

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	372
B	422
C	100
D	
E	
F	
G	

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary.*

101. Community members often mentioned the socio-economic issues that face the service area, and that healthcare and pharmacy costs impact when and where patients receive services. High costs were identified as a reason for delayed healthcare treatment often leading to an Emergency Department visit to treat an avoidable condition.

999. Communication between healthcare providers and other community service providers regarding the range of available services is a major concern of the community. Members of focus groups commented that inefficient coordination and incomplete awareness of services marginalizes the effectiveness of community resources.

120. Primary care physician availability perceive a lack of access to primary care providers. Community members cited long waits for an appointment, closed provider panels and financial constraints.

407. Drug and alcohol abuse early detection and treatment. Given the direct and secondary impact of these behaviors, the community identified this as an ongoing concern. Individuals believe there is a lack of treatment options and awareness of the limited resources available.

350. Chronic disease screenings for hypertension, heart disease and cancer are perceived as limited and only available to patients with health insurance.

501. Several issues around an aging population were cited as health concerns for the service area, ranging from healthcare to transportation to access to services.

420, 421, 422: Community identified this as a broad-based community need related to the perceived epidemic of youth obesity and adult diabetes. Members often mentioned the socio-economic issues that face the service area and that healthcare and pharmacy costs impact when and where patients receive services. High costs were identified as a reason for delayed healthcare treatment, often leading to an Emergency Department visit to treat an avoidable condition.

372. Availability of Alzheimer and dementia treatment resources as part of geriatric care and lack of education for individuals, caregivers and the community about the treatments available and resources. Inefficient coordination and incomplete awareness of services marginalizes the effectiveness of community health services.

422. The community expressed a need for more nutrition education, especially for patients identified as having diabetes and for school-age children and their families. Several community focus group members mentioned this health need as part of their perception that there are increasing obesity and diabetes rates in the community.

100. Healthcare insurance rates were identified as a major financial burden to service area residents. Being uninsured also reduces access to care and increases the likelihood patients will go directly to the Emergency Department rather than establish their care with a provider.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	3 3 --	\$83,083.00	\$110,000.00
<i>Community-based Clinical Services</i>	2 2 --	\$31,200.00	\$41,600.00
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	5 -- 7	\$40,597.00	\$54,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other: College Internships</i>	5 -- 7	\$7,712.00	\$10,280.00

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Primary Care</i>	1 2 --	\$3,490,002.00	\$4,653,000.00
<i>Type of Service: Mental Health Services</i>	1 2 2	\$202,842.00	\$200,000.00
<i>Type of Service: Prescription Medications</i>	1 8 --	\$19,786.00	\$26,380.00
<i>Type of Service: Ambulance</i>	5 2 1	\$121,648.00	\$162,200.00
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	6 -- --	\$925.00	\$1,200.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	6 -- --	\$8,223.00	\$10,900.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	6 1 --	\$19,198.00	\$25,550.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	6 -- 2	\$65,889.00	\$87,500.00

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Dedicated Staff Costs</i>	1 -- --	\$2,339.00	\$3,200.00
<i>Community Needs/Asset Assessment</i>	-- -- --	\$8,246.00	\$10,000.00
<i>Other Operations</i>	-- -- --		

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Free & Discounted Health Care Services</i>	2 -- --	\$978,910.00	\$1,300,000.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Medicare Costs exceeding reimbursement</i>	1 -- --	\$744,353.00	\$992,700.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$767,516.00	\$1,023,700.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$73,732,901.00
<i>Net Revenue from Patient Services</i>	\$41,348,633.00
<i>Total Operating Expenses</i>	\$44,636,303.00
<i>Net Medicare Revenue</i>	\$11,961,389.00
<i>Medicare Costs</i>	\$12,705,742.00
<i>Net Medicaid Revenue</i>	\$3,886,613.00
<i>Medicaid Costs</i>	\$4,654,129.00
<i>Unreimbursed Charity Care Expenses</i>	\$978,910.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$4,869,206.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$5,848,116.00
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$5,848,116.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Camp Coniston	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Colby-Sawyer College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Community Dental Care of Claremont	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Sullivan County United Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Kearsarge Area Council on Aging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Lake Sunapee Region Visting Nurse & Hospice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7) Life Long Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Newport Middle High School	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) NH DHHS Maternal & Child Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) New Hampshire Hospital Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Foundation for Healthy Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Endowment for Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Kearsarge Regional School District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Newport School District	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) West Central Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16) Community Alliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) New London Town Recreation Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Turning Points Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Communities United Regional Network	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Newport Chamber of Commerce	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Sturm Ruger, Company Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The 2012 Community Health Needs Assessment (CHNA) included qualitative and quantitative components. Strategic secondary research was gathered and shared with the community Leadership Group. Quantitative analysis of data from the State of NH, Department of Health and Human Services, Division of Public Health, Hospital Discharge data, birth and death statistics, and the Cancer Registry was used during the prioritization process. The Leadership Group met three times during the assessment to monitor progress. Four focus groups were conducted with a diverse set of community stakeholders and healthcare consumers. The needs prioritization process utilized a modified Delphi method to identify and rank the identified needs.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - *Mental Health/Psychiatric Disorders – Prevention and Care; General*

371 - Suicide Prevention

372 - Child and adolescent mental health

372 - Alzheimer's/Dementia

373 - Depression

374 - Serious Mental Illness

400 - *Substance Use; Lifestyle Issues*

401 - Youth Alcohol Use

402 - Adult Alcohol Use

403 - Youth Drug Use

404 - Adult Drug Use

405 - Youth Tobacco Use

406 - Adult Tobacco Use

407 - Access/Availability of Alcohol/Drug Treatment

420 - Obesity

421 - Physical Activity

422 - Nutrition Education

430 - Family/Parent Support Services

500 - *Socioeconomic Issues; General*

501 - Aging Population

502 - Immigrants/Refugees

503 - Poverty

504 - Unemployment

505 - Homelessness

506 - Economic Development

507 - Educational Attainment

508 - High School Completion

509 - Housing Adequacy

520 - *Community Safety & Injury; General*

521 - Availability of Emergency Medical Services

522 - Local Emergency Readiness & Response

523 - Motor Vehicle-related Injury/Mortality

524 - Driving Under Influence

525 - Vandalism/Crime

526 - Domestic Abuse

527 - Child Abuse/Neglect

528 - Lead Poisoning

529 - Work-related injury

530 - Fall Injuries

531 - Brain Injury

532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General

601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 - Other Community Need