

Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HPB-7VN9-HMWYB, version 1)

Details

Submitted 8/25/2021 (0 days ago) by Gail P Clark

Alternate Identifier Littleton Regional Healthcare

Submission ID HPB-7VN9-HMWYB

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/1/2019

Organization Name

Littleton Regional Healthcare

Street Address

600 SAINT JOHNSBURY RD

LITTLETON, nh 03561

Federal ID #

02-0222152-N

State Registration #

6277

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

http://www.littletonhospital.org

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

Yes

Chief Executive

First Name	Last Name	
Robert	<i>Nutter</i>	
Phone Type	Number	Extension
Business	603.444.9501	N/A
Email		
rnutter@lrhcares.org		

Board Chair

First Name	Last Name	
Roger	<i>Gingue</i>	
Phone Type	Number	Extension
Business	603.838.6694	N/A
Email		
Roger@whitemt.com		

Community Benefits Plan Contact

First Name	Last Name	
Gail	<i>Clark</i>	
Title		
<i>Director of Marketing & Community Relations</i>		
Phone Type	Number	Extension
Business	603.444.9304	N/A
Email		
gclark@lrhcares.org		

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

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

To provide quality, compassionate and accessible healthcare in a manner that brings value to all.

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.

Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Grafton
Coos

Please select service area municipalities (NH), if applicable

BETHLEHEM
BATH
LITTLETON
EASTON
FRANCONIA
LINCOLN
LISBON
MONROE
SUGAR HILL
WHITEFIELD
WOODSTOCK

Service Population Description

The Littleton Regional Healthcare community is defined as all people living in the community listed below. These communities were chosen by their geographic proximity to LRH and to the services and programs provided. LRH's primary service area includes Littleton, Bethlehem, Lisbon, Franconia, Sugar Hill, and Easton. LRH's secondary service area includes Whitefield, Lancaster, Groveton, Monroe, North Woodstock, Lincoln, Woodsville, and Bath (all in NH), and St. Johnsbury, Lunenburg, Lyndonville, Concord, Gilman (all in VT). This area spans across a good majority of Northern New Hampshire and the Northeast Kingdom of VT.

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)

2019

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

[LRH CHNA ASSESSMENT AND IMPLEMENTATION PLAN 2019.pdf - 08/25/2021 12:35 PM](#)

Comment

No

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

Yes

Section 3.2: Community Needs Assessment (1 of 7)

Area of Community Need / Concern

24. Substance Use

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

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

Contribution to the Governor's Commission on Alcohol and Other Drugs to support the State's substance abuse prevention.

Section 3.2: Community Needs Assessment (2 of 7)**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.

F6: Coalition Building

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

None specified.

Section 3.2: Community Needs Assessment (3 of 7)**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.

A4: Other Community Health Improvement Services

A1: Community Health Education

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

LRH employs a full time certified nutritionist who provides a free Blog to anyone wanting information on healthy eating and healthy lifestyles. This is open to the public at no cost.

Section 3.2: Community Needs Assessment (4 of 7)**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.

A4: Other Community Health Improvement Services

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

LRH offered free transportation via the Care-A-Van to patients at LRH who are unable to drive or do not have access to a vehicle. Transportation was provided to and from LRH for appointments and/or tests/procedures.

Section 3.2: Community Needs Assessment (5 of 7)

Area of Community Need / Concern

24. Substance Use

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.

Not Applicable

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

LRH offers free space to Alcohol Anonymous meetings on a weekly basis. Due to Covid-19 in person meetings were cancelled in early March to avoid the spread of this deadly virus.

Section 3.2: Community Needs Assessment (6 of 7)

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

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

Littleton Regional Healthcare offers free or discounted care to patients who may qualify for financial assistance.

Section 3.2: Community Needs Assessment (7 of 7)

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?

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)

LRH partners with area providers to address dental needs of patients but does not offer any financial assistance at this time.

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 (\$)**

101936281.00

(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	586129.01	0	586129.01	0.6%	603713.00

(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	12451173.90	6642294.93	5808878.970000001	5.7%	5983145.00

(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 (\$)
0	0	13037302.91	6642294.93	6395007.98	6.3%	6586858

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	177225.50	0	177225.5	0.2%	182542.00

(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	216780.00	0	216780	0.2%	223282.00

(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	0	0	0	0%	0

(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	13058.76	0	13058.76	0%	13451.00

(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	407064.26	0	407064.26	0.4%	419275

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	13444367.17	6642294.93	6802072.24	6.7%	\$7006133

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
101936281.00

(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	9810.00	0	9810	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	131336.50	0	131336.5	0.1%

(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	43318.86	0	43318.86	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	3165.00	1400	1765	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	155574.00	0	155574	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	1915.8	0	1915.8	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 (%)

(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	345120.16	1400	343720.16	0.3%

Section 6: Medicare

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

0

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

0

Medicare surplus (shortfall)

\$0

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 Specified

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

Gross Receipts from Operations (\$)

97659132.

Net operating costs (\$)

101936281.00

Ratio of gross receipts from operations to net operating costs

0.958

Unreimbursed Community Benefit Costs

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

6395007.98

Other Community Benefit Costs (\$)

407064.26

Community Building Activities (\$)

343720.16

Total Unreimbursed Community Benefit Expenses (\$)

7145792.4

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

7.01%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$0

Section 8: Community Engagement in the Community Benefits Process

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
Ammonoosuc Community Health Service	No	No	Yes	Yes
Coos County Family Health	No	No	Yes	Yes
Federal, regional and state health agencies	Yes	Yes	No	No
Public Health Specialists	Yes	Yes	No	No
Community Leaders	Yes	Yes	No	No
Members of medically underserved, low income and minority populations	Yes	Yes	No	No
Chronic Disease groups/individuals	Yes	No	No	No
Broad interest of the community members	Yes	Yes	No	No

Please provide a description of the methods used to solicit community input on community needs:
The methodology used to complete this assessment included the solicitation of written comments from individuals from each area listed above. A minimum of three individuals from each of the groups listed above were required to participate in writing to a comprehensive survey/questionnaire.

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.

No

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Gail

Last Name

Clark

Title

Director of Marketing & Community Relations

Email

gclark@lrhcares.org

Attachments

Date	Attachment Name	Context	Confidential?	User
8/25/2021 12:35 PM	LRH CHNA ASSESSMENT AND IMPLEMENTATION PLAN 2019.pdf	Attachment	No	Gail Clark

Status History

	User	Processing Status
8/25/2021 11:30:53 AM	Gail P Clark	Draft
8/25/2021 2:45:51 PM	Gail P Clark	Submitting
8/25/2021 2:46:03 PM	Gail P Clark	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
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