

Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPG-DKE8-001EK, version 1)

Details

Submitted 3/24/2022 (0 days ago) by Kelly L Murphy

Alternate Identifier Valley Regional Hospital

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Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2020

Organization Name

Valley Regional Hospital

Street Address

243 ELM ST

CLAREMONT, NH 03743

Federal ID #

02-222118

State Registration #

6285

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

http://www.vrh.org

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

Yes

Chief Executive

First Name

Jocelyn

Last Name

Caple

Phone Type

Business

Number

603-542-3400

Extension

Email

jocelyn.caple@vrh.org

Board Chair

First Name **Last Name**
Patricia *Putnam*

Phone Type **Number** **Extension**
Business 603-542-3400

Email
info@vrh.org

Community Benefits Plan Contact

First Name **Last Name**
Jean *Shaw*

Title
Chief Financial Officer

Phone Type **Number** **Extension**
Business 603-542-3421

Email
jean.shaw@vrh.org

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

Affiliated or Subsidiary Organizations

Organization Name	Federal ID #	State Registration #
Valley Regional Healthcare	20-397338	14522

Section 2: Mission & Community Served

Mission Statement

Mission Statement: Our Vision- Partner with the community to optimize health by ensuring access to high value healthcare.
Our Mission- Improve community health, patient experience and value.
Core Values- Compassion, Accountability, Respect, Excellence, Service.

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
NONE PROVIDED

Please select service area municipalities (NH), if applicable
NONE PROVIDED

Service Population Description

VRH serves the rural region of Sullivan County, New Hampshire, with a population of over 43,077 people, living in 15 towns across 552 square miles. In addition to New Hampshire residents, several bordering towns in Vermont, especially Windsor, Weathersfield and Springfield, rely upon Valley Regional Hospital's programs and services.

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

2021 Valley Regional Hospital Community Health Needs Assessment final (1).pdf - 03/24/2022 09:59 AM

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.

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 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.

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 11)

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.

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 11)

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)

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 11)

Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

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

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 11)

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?

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)

NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 11)

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.

Not Applicable

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 11)

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.

F7: Community Health Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (9 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?

Yes

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

- F7: Community Health Advocacy
- A1: Community Health Education
- A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (10 of 11)

Area of Community Need / Concern

26. Tobacco 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
- A1: Community Health Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (11 of 11)

Area of Community Need / Concern

7. Diabetes

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
- A1: Community Health Education

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

NONE PROVIDED

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](#)

Total Functional Expenses for the Reporting Year (\$)

50964531

(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	344722	0	344722	0.7%	360000

(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	17696675	17339933	356742	0.7%	75000

(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	6877814	5284336	1593478	3.1%	1500000

(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	24919211	22624269	2294942	4.5%	1935000

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	269772	130580	139192	0.3%	350000

(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	0	0	0	0%	0

(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	0	0	0	0%	0

(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	269772	130580	139192	0.3%	350000

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	25188983	22754849	2434134	4.8%	\$2285000

Section 5: Community Building Activities

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

50964531

(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	313	0	313	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	38309	0	38309	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	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	6876	0	6876	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	25005	0	25005	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	54402	0	54402	0.1%

(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	529	0	529	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	125434	0	125434	0.2%

Section 6: Medicare

Enter total revenue received from Medicare (\$ -- including DSH and IME)
17339933

Enter Medicare allowable costs of care relating to payments specified above (\$)
17696675

Medicare surplus (shortfall)
\$-356742

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 (\$)
54874979

Net operating costs (\$)

50964531

Ratio of gross receipts from operations to net operating costs

1.077

Unreimbursed Community Benefit Costs

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

2294942

Other Community Benefit Costs (\$)

139192

Community Building Activities (\$)

125434

Total Unreimbursed Community Benefit Expenses (\$)

2559568

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

5.02%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

130580

Medicare Shortfall (\$)

\$-356742

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
VRH Primary Care Patients	Yes	No	No	No
Community Members at Large	Yes	Yes	No	No
Area Emergency First Responders	Yes	No	No	No
Regional Chamber of Commerce Executives	Yes	Yes	No	No
Area Social Service Executive Directors	Yes	Yes	No	No
Regional Town Managers/County Leadership	Yes	Yes	No	No
Public Health System Leadership & Coalition	Yes	Yes	No	No
Regional Town Welfare Representatives	Yes	Yes	No	No
Area Senior Centers	Yes	Yes	No	No
Elected Public Officials, Town/City, County	Yes	Yes	No	No

Please provide a description of the methods used to solicit community input on community needs:
 VRH's 2021 Community Health Needs Assessment was conducted in partnership with New London Hospital, Alice Peck Day Hospital, DHMC, Mt. Ascutney Hospital, VNA of VT & NH, and Lake Sunapee Region VNA & Hospice. Methods employed in the assessment included a survey of community residents made available through direct mail and website links, a survey of key community stakeholders who are agency, municipal or community leaders, a series of virtual community discussion groups convened collaboratively with New London Hospital, and a review of available population demographics and health status indicators. VRH also utilized current patient social determinants of health data available through VRH's "B1 Mental Health Integration into Primary Care" initiative. Comments and feedback on community needs is ongoing with the participating agencies and service organizations, as well as with members of the public.

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.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name	Last Name
Kelly	Murphy
Title	
Community Benefits Coordinator	
Email	
kelly.murphy@vrh.org	

NHCT-31 (December 2020)

Attachments

Date	Attachment Name	Context	Confidential?	User
3/24/2022 9:59 AM	2021 Valley Regional Hospital Community Health Needs Assessment final (1).pdf	Attachment	No	Kelly Murphy