

Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ2-EQGA-V7XQP, version 1)

Details

Submitted 3/27/2024 (0 days ago) by Kelly L Murphy

Submission ID HQ2-EQGA-V7XQP

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Valley Regional Hospital

State Registration #

6285

Federal ID #

02-222118

Fiscal Year Beginning

10/01/2022

Entity Address

243 Elm Street

Claremont, NH 03743

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

<http://www.vrh.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Jocelyn	Caple

Phone Type	Number	Extension
Business	603-542-3400	

Email

jocelyn.caple@vrh.org

Board Chair (first, last name)

First Name	Last Name
Patricia	Putnam

Phone Type	Number	Extension
Business	603-542-3400	

Email

info@vrh.org

Community Benefits Plan - Contact (first, last name)**First Name** **Last Name**

Celeste Pitts

Title

Interim Chief Financial Officer

Phone Type **Number** **Extension**

Business 603-542-3421

Email

celeste.pitts@vrh.org

1. Is the entity's community benefits plan on the organization's website?

Yes

2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?

Yes

Affiliated or Subsidiary Organizations (complete table below)

Entity Name	Federal Employer Identification Number	State Registration Number
Valley Regional Hospital	20-397338	14522

Section 2: Mission & Community Served**1. 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.

2. 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.

1. Did the primary service area cover ALL of New Hampshire?

No

Please select service area Counties (NH), if applicable

Sullivan

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

1. 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

2. 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)

3. Area of Community Need / Concern

22. Access to Mental Health Services

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

A3: Health Care Support Services

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

VRH will seek funding resources to create a "whole-person" integration model of patient care for community members seeking services in primary care and the emergency department. Mental health triage will address specific patient needs, such as medication reconciliations and adjustments, low level support, and immediate referrals in more emergent care situations.

Section 3.2: Community Needs Assessment (2 of 11)

3. Area of Community Need / Concern

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

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

1: Financial Assistance

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 11)

3. Area of Community Need / Concern

2. Access to Prescription Medications / Prescription Assistance

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 11)

3. Area of Community Need / Concern

24. Substance Use

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

A3: Health Care Support Services

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

VRH will seek additional funding resources to create a "whole-person" integration model of patient care for community members with co-occurring substance use disorders, seeking services in primary care and the emergency department. Strategic substance use triaging will target specific patient concerns, such as medication adjustments, low level support needs, and immediate referrals in more emergent care situations.

Section 3.2: Community Needs Assessment (5 of 11)

3. Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 11)

3. Area of Community Need / Concern

25. Access to Substance Use Disorder Services

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

A2: Community-Based Clinical Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 11)

3. Area of Community Need / Concern

14. Domestic Abuse / Child Abuse

4. Is the need identified in the Community Needs Assessment?

Yes

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

No

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

Not Applicable

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 11)

3. Area of Community Need / Concern

4. Oral Health

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

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

F7: Community Health Advocacy

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (9 of 11)

3. Area of Community Need / Concern

3. Access to Primary Care

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (10 of 11)

3. Area of Community Need / Concern

26. Tobacco Use

4. Is the need identified in the Community Needs Assessment?

No

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

Yes

6. 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

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (11 of 11)

3. Area of Community Need / Concern

7. Diabetes

4. Is the need identified in the Community Needs Assessment?

Yes

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

Yes

6. 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

7. 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](#)

Financial Assistance, Means-Tested Government Programs and Community Benefit Services

Total Functional Expenses for the Reporting Year (\$)

66088130

(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	315367	0	315367	0.5%	450000

(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	9659559	6422157	3237402	4.9%	3400000

(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 (\$)
NONE PROVIDED	NONE PROVIDED	9974926	6422157	3552769	5.4%	3850000

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	1136884	512142	624742	0.9%	580000

(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	37458	0	37458	0.1%	35000

(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	7257	0	7257	0%	8500

(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 (\$)
NONE PROVIDED	NONE PROVIDED	1181599	512142	669457	1%	623500

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 (\$)
NONE PROVIDED	NONE PROVIDED	11156525	6934299	4222226	6.4%	\$4473500

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
66088130

(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	3250	0	3250	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	81	0	81	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	326	0	326	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	6686	0	6686	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	27598	0	27598	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 (%)
NONE PROVIDED	NONE PROVIDED	37941	0	37941	0%

Section 6: Medicare

1. Total revenue received from Medicare (\$ -- including DSH and IME)

23990684

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

27410523

3. Medicare surplus (shortfall)

\$-3419839

4. 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

5. 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

1. Gross Receipts from Operations (\$)

68082038

2. Net operating costs (\$)

66088130

3. Ratio of gross receipts from operations to net operating costs

1.03

Unreimbursed Community Benefit Costs

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

3552769

5. Other Community Benefit Costs (\$)

669457

6. Community Building Activities (\$)

37941

7. Total Unreimbursed Community Benefit Expenses (\$)

4260167

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

6.45%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)

512142

2. Medicare Shortfall (\$)

\$-3419839

Section 8: Community Engagement in the Community Benefits Process

1. 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
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 Chambers of Commerce	Yes	Yes	No	No
Area Social Service Executive Directors	Yes	Yes	No	No
Regional Town Managers/County Leadership	Yes	Yes	No	No
Public Health Systems 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

2. 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

1. The valuation of charity does not include any bad debt, receivables or revenue.

Yes

2. A written charity care policy is available to the public.

Yes

3. Any individual can apply for charity care.

Yes

4. Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

5. Notice of the charity care policy is posted in lobbies.

Yes

6. Notice of the policy is posted in waiting rooms.

Yes

7. Notice of the policy is posted in other public areas of our facilities.

Yes

8. Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification

Electronic Signature

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

NHCT-31 (September 2022)

Status History

	User	Processing Status
3/27/2024 8:14:50 PM	Kelly L Murphy	Draft
3/27/2024 9:13:14 PM	Kelly L Murphy	Submitting
3/27/2024 9:13:17 PM	Kelly L Murphy	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Kelly L Murphy	3/27/2024 9:13:17 PM