

Submission Complete

Form NHCT-31: Community Benefits Plan Report

Submission [HQB-00TS-NC5NY](#) Revision 1 Form Version 1.8

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version 1.8

(Submission #: HQB-00TS-NC5NY, version 1)

Details

Submitted 3/21/2025 (0 days ago) by Kelly L Murphy
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Form Input

Section 1: Entity Information

Entity Name
Valley Regional Hospital

State Registration #
6285

Federal ID #
02222118

Fiscal Year Beginning
10/01/2023

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	
Matthew	Foster, MD	
Phone Type	Number	Extension
Business	6035423400	
Email		
matthew.r.foster@hitchcock.org		

Board Chair (first, last name)

First Name	Last Name	
Patricia	Putnam	
Phone Type	Number	Extension
Business	6035423400	
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 6035423421

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 Healthcare	20-397338	14522

Section 2: Mission & Community Served

1. Mission Statement
Our Mission
Improve community health, patient experience and value.

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)
2024

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

VRH CHNA September 2024 Final draft.pdf - 03/10/2025 03:34 PM

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 7)

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.

1: Financial Assistance

A2: Community-Based Clinical Services

B4: Other Health Professions Education Support

B1: Provision of Clinical Setting for Undergraduate Education

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 7)

3. Area of Community Need / Concern

20. Mental 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.

A1: Community Health Education

A2: Community-Based Clinical Services

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 (3 of 7)

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.
A3: Health Care Support Services
1: Financial Assistance

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 7)

3. Area of Community Need / Concern
16. Aging Population / Senior 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.
1: Financial Assistance
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 (5 of 7)

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 (6 of 7)

3. Area of Community Need / Concern
29. Workforce Development

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.
F8: Workforce Development
F2: Economic development

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 7)

3. Area of Community Need / Concern
35. Other Social Determinants of 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.
A1: Community Health Education
A2: Community-Based Clinical Services
A3: Health Care Support Services
E1: Cash Donations

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 (\$)
69135021.00

(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	490027	0	490027	0.7%	500000

(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	9402607	6849698	2552909	3.7%	2750000

(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	28268140	22033662	6234478	9%	4500000

(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	38160774	28883360	9277414	13.4%	7750000

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	925273	90308	834965	1.2%	750000

(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	235244	0	235244	0.3%	200000

(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	11390	0	11390	0%	10000

(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	1171907	90308	1081599	1.6%	960000

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	39332681	28973668	10359013	15%	\$8710000

Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)
69135021

(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	475	0	475	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	69321	0	69321	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	1055	0	1055	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	212	0	212	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	5066	0	5066	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	8705	0	8705	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	21621	0	21621	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 (%)
NONE PROVIDED	NONE PROVIDED	106455	0	106455	0.2%

Section 6: Medicare

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

22033662

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

28268140

3. Medicare surplus (shortfall)

\$-6234478

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 (\$)

73125976

2. Net operating costs (\$)
69135021

3. Ratio of gross receipts from operations to net operating costs
1.058

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs (\$)
9277414

5. Other Community Benefit Costs (\$)
1081599

6. Community Building Activities (\$)
106455

7. Total Unreimbursed Community Benefit Expenses (\$)
10465468

8. Net community benefit costs as a percent of net operating costs (%)
15.14%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities (\$)
90308

2. Medicare Shortfall (\$)
\$-6234478

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	Yes
Area Emergency First Responders	Yes	No	No	No
Regional Chambers of Commerce	Yes	Yes	No	No
Area Social Service Executive Directors	Yes	Yes	No	Yes
Regional Town Manager/County Leadership	Yes	Yes	No	Yes
Public Health Systems Leadership & Coalition	Yes	Yes	No	Yes
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:
Methods employed in the assessment included: surveys of community residents made available through social media, email distribution, website links and through paper surveys and collection boxes widely distributed in multiple locations and channels across the region; a direct email survey of community leaders and service providers representing multiple community sectors; a set of 4 community discussion groups convened across the region; and assembly of available population demographics and health status indicators including summary social determinant of health characteristics of Valley Regional Primary Care Practice patients.
Community engagement and information gathering sought to focus assessment activities on vulnerable and disproportionately served populations in the region including populations that could experience limited access to health-related services or resources due to income, age, disability, and social or physical isolation.

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)

Attachments

Date	Attachment Name	Context	Confidential?	User
3/10/2025 3:34 PM	VRH CHNA September 2024 Final draft.pdf	Attachment	No	Kelly Murphy

Status History

	User	Processing Status
3/10/2025 3:06:45 PM	Kelly L Murphy	Draft
3/21/2025 11:54:33 AM	Kelly L Murphy	Submitting
3/21/2025 11:54:48 AM	Kelly L Murphy	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Kelly L Murphy	3/21/2025 11:54:48 AM