

# Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPK-ZRRK-X0DG6, version 1)

## Details

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**Originally Started By** Kathleen Tarbox

**Alternate Identifier** Speare Memorial Hospital

**Submission ID** HPK-ZRRK-X0DG6

**Status** Draft

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

07/01/2021

**Organization Name**

Speare Memorial Hospital

**Street Address**

16 Hospital Rd

Plymouth, NH 03264

**Federal ID #**

02-0226774

**State Registration #**

6283

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

http://www.spearehospital.com

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

Yes

**Chief Executive**

<b>First Name</b>	<b>Last Name</b>	
Michelle	McEwen	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-238-2230	
<b>Email</b>	mmcewen@spearehospital.com	

**Board Chair**

<b>First Name</b>	<b>Last Name</b>	
Patrick	Miller	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	603-238-6468	
<b>Email</b>	patrick@perogroup.com	

**Community Benefits Plan Contact**

<b>First Name</b>	<b>Last Name</b>	
Kate	Tarbox	
<b>Title</b>	Director of Marketing & Community Relations	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6035361120	
<b>Email</b>	ktarbox@spearehospital.com	

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

No

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

To work together to serve the needs of our patients and community.

**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**

Belknap

Grafton

Carroll

**Please select service area municipalities (NH), if applicable**

ALEXANDRIA

ASHLAND

BRIDGEWATER

BRISTOL

CAMPTON

DORCHESTER

ELLSWORTH

GROTON

HEBRON

HOLDERNESS

LINCOLN

PLYMOUTH

RUMNEY

THORNTON

WARREN

WATERVILLE VALLEY

WENTWORTH

**Service Population Description**

Serve the general population

## **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)**

2020

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

FY-2020-CNHHP-Community-Health-Needs-Assessment.pdf - 08/16/2022 04:46 PM

**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 10)**

**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

2.3: Medicare

2.1: Medicaid

C10: Other Subsidized Health Services

E2: Grants

E4: Resource Development Assistance

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (2 of 10)**

**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.**

C10: Other Subsidized Health Services

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

NONE PROVIDED

## **Section 3.2: Community Needs Assessment (3 of 10)**

**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.**

C10: Other Subsidized Health Services

E2: Grants

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (4 of 10)**

**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.**

A2: Community-Based Clinical Services

C10: Other Subsidized Health 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 (5 of 10)**

**Area of Community Need / Concern**

20. Mental 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.**

C10: Other Subsidized Health Services

C8: Behavioral Health Services

F7: Community Health Advocacy

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (6 of 10)****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?**

Yes

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

F7: Community Health Advocacy

F6: Coalition Building

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (7 of 10)****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

A4: Other Community Health Improvement Services

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

NONE PROVIDED

**Section 3.2: Community Needs Assessment (8 of 10)****Area of Community Need / Concern**

28. Physical Activity / Active Living

**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

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (9 of 10)**

**Area of Community Need / Concern**

16. Aging Population / Senior 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.**

A1: Community Health Education

A3: Health Care Support Services

F6: Coalition Building

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

NONE PROVIDED

### **Section 3.2: Community Needs Assessment (10 of 10)**

**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?**

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

F6: Coalition Building

**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 (\$)

67247699

#### (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	436731	0	436731	0.6%	449833

#### (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	10435281	6504781	3930500	5.8%	10748339

#### (3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(4) Total Financial Assistance and Means-Tested Government Programs**

<b>(a) Number of activities or programs</b>	<b>(b) Persons served</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
0	0	10872012	6504781	4367231	6.5%	11198172

**Community Benefit Services****(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	495018	0	495018	0.7%	509869

**(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(7) Subsidized health services (if using the optional Excel tool, refer to Worksheet 6)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%	0

**(8) Research (if using the optional Excel tool, refer to Worksheet 7)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</b>
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)**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>	<b>Estimated expense of activities projected for the next Fiscal Year (\$)</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	61974	0	61974	0.1%	63833

**(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	556992	0	556992	0.8%	573702

**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	11429004	6504781	4924223	7.3%	\$11771874

**Section 5: Community Building Activities**

**Total expense (\$; entered at top of Section 4)**  
67247699

**(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 (%)
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(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 (%)
0	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	6497	6497	0	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	20018	20018	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	0	0	0	0%

**(6) Coalition building**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	1949	1949	0	0%

**(7) Community health improvement advocacy**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	6997	6997	0	0%

**(8) Workforce development**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**(9) Other**

<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
NONE PROVIDED	NONE PROVIDED	0	0	0	0%

**Total****(10) Totals**

<b>(a) Number of activities or programs</b>	<b>(b) Persons served</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
0	0	35461	35461	0	0%

**Section 6: Medicare**

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

25377324

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

28737282

**Medicare surplus (shortfall)**

\$-3359958

**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 (\$)**

75469054

**Net operating costs (\$)**

67247699

**Ratio of gross receipts from operations to net operating costs**

1.122

### **Unreimbursed Community Benefit Costs**

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

4367231

**Other Community Benefit Costs (\$)**

556992

**Community Building Activities (\$)**

0

**Total Unreimbursed Community Benefit Expenses (\$)**

4924223

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

7.32%

**Other Community Benefits (optional)**

**Leveraged Revenue for Community Benefit Activities (\$)**

0

**Medicare Shortfall (\$)**

\$-3359958

**Section 8: Community Engagement in the Community Benefits Process****Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Community Action Program Belknap-Merrimack Counties	Yes	Yes	Yes	No
Communities for Alcohol and Drug Free Youth (CADY)	Yes	Yes	Yes	No
Lakes Region Mental Health Services	Yes	Yes	Yes	No
Mid-State Health Center	Yes	Yes	Yes	No
Newfound Area Nursing Association	Yes	Yes	Yes	No
Pemi-Baker Community Health	Yes	Yes	Yes	No

**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 (population 30,332) made available through social media, email distribution and website links through multiple channels throughout the region (paper survey collection was curtailed for this community health needs assessment cycle due to the COVID-19 pandemic); a direct email survey of key stakeholders and community leaders representing multiple community sectors; a set of community discussion groups and individual interviews; and a review of available population demographics and health status indicators. All information collection activities and analyses 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**

**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**

Kate

**Last Name**

*Tarbox*

**Title**

*Director of Marketing & Community Relations*

**Email**

ktarbox@spearehospital.com

**NHCT-31 (December 2020)**

## **Attachments**

<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>Confidential?</b>	<b>User</b>
8/16/2022 4:46 PM	FY-2020-CNHHP-Community-Health-Needs-Assessment.pdf	Attachment	No	Kathleen Tarbox