

# Form NHCT-31: Community Benefits Plan Report

version 1.7

(Submission #: HQ1-WGJ9-FAZPW, version 1)

## Details

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**Submitted** 4/29/2024 (0 days ago) by Monika O'Clair

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**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Huggins Hospital

**State Registration #**

29

**Federal ID #**

2022332

**Fiscal Year Beginning**

10/01/2022

**Entity Address**

240 South Main St, Wolfeboro, NH 03894

Wolfeboro, New Hampshire 03894

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

<http://www.hugginshospital.org>

**Chief Executive Officer (first, last name)**

First Name	Last Name
Jeremy	Roberge

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

**Board Chair (first, last name)**

First Name	Last Name
Corrine	Smith

Phone Type	Number	Extension
Business	[REDACTED]	

**Email**

## Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Monika	O'Clair	
<b>Title</b>		
Chief Strategy Officer		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business		
<b>Email</b>		

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)?

No

## Section 2: Mission & Community Served

### 1. Mission Statement

Huggins Hospital's Mission is to empower the fulfillment of life through better health.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?

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

Carroll  
Belknap  
Strafford

Please select service area municipalities (NH), if applicable

ALTON  
BROOKFIELD  
EFFINGHAM  
MIDDLETON  
MOULTONBOROUGH  
NEW DURHAM  
OSS�PEE  
SANDWICH  
TAMWORTH  
WAKEFIELD  
WOLFEBORO

### Service Population Description

Huggins Hospital serves the entire population of its service area. The community is rural in nature and has a typical seasonal population increase in the summer (which has been growing to include more than just the summer months in recent years). In a typical year, the population swells from approximately 40,000 to about 120,000 in the summer tourist season.

## 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)**

2022

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

[CHNA and Implementation Plan 2022.pdf - 03/13/2024 04:25 PM](#)

**Comment**

<https://www.hugginshospital.org/about/community-health-needs-assessment>

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

No

### **Section 3.2: Community Needs Assessment (1 of 3)**

**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.**

C10: Other Subsidized Health Services

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

Primary Care services offered in designated rural areas

### **Section 3.2: Community Needs Assessment (2 of 3)**

**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.**

F6: Coalition Building

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

Operations of Huggins Community Health Network, a network of local healthcare and social service providers that evaluate gaps in care and service, and work to close those gaps.

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

**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.**

F6: Coalition Building

C10: Other Subsidized Health Services

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

Operations of Huggins Community Health Network, a network of local healthcare and social service providers that evaluate gaps in care and service, and work to close those gaps. We also provide Counseling Services for our community.

**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 (\$)**

97760447

**(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	952127	0	952127	1%	980690.81

**(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	10957234.45	6951211.59	4006022.86	4.1%	4000000

**(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	11909361.45	6951211.59	4958149.86	5.1%	4980690.81

**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	649731.81	0	649731.81	0.7%	670000

**(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	405175.73	0	405175.73	0.4%	417000

**(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	17995011.91	13798621.69	4196390.22	4.3%	4322281

**(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 (\$)
NONE PROVIDED	NONE PROVIDED	19049919.45	13798621.69	5251297.76	5.4%	5409281

**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	30959280.9	20749833.28	10209447.62	10.4%	\$10389971.81

## Section 5: Community Building Activities

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

97760447

### (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	0	0	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	14008.90	0	14008.9	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

(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%

### (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	0	0	0	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	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	14008.9	0	14008.9	0%

**Section 6: Medicare**

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

0

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

0

3. Medicare surplus (shortfall)

\$0

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:

NONE PROVIDED

**Section 7: Summary Financial Measures**

1. Gross Receipts from Operations (\$)

196272498.76

2. Net operating costs (\$)

97760447

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

2.008

## Unreimbursed Community Benefit Costs

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

4958149.86

### 5. Other Community Benefit Costs (\$)

5251297.76

### 6. Community Building Activities (\$)

14008.9

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

10223456.52

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

10.46%

### Other Community Benefits (optional)

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

NONE PROVIDED

#### 2. Medicare Shortfall (\$)

\$0

## Section 8: Community Engagement in the Community Benefits Process

### 1. 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
Huggins Hospital staff & Board of Trustees	Yes	Yes	Yes	Yes
Carroll County Coalition for Public Health	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
Northern Human Services	Yes	Yes	Yes	Yes
Patients/Community	Yes	Yes	Yes	Yes
Genesis Wolfeboro Bay Center	Yes	Yes	Yes	No
Eastern Lakes Region Housing Coalition	Yes	Yes	Yes	No
NH DHHS Office of Rural Health & Primary Care	Yes	Yes	Yes	Yes
Service Link	Yes	Yes	No	No
Starting Point Services for Victims of Domestic & Sexual Violence	Yes	Yes	No	No
White Horse Recovery	Yes	Yes	No	No
Wolfeboro Economic Development Corporation	Yes	Yes	No	No
Wolfeboro Chamber	Yes	No	No	No
Ossipee Police Department	Yes	No	No	No

### 2. Please provide a description of the methods used to solicit community input on community needs:

Huggins Hospital analyzed community health data and conducted community surveys to begin the community needs assessment process. Huggins Hospital also presented the data and analysis to the community during the hospital's Community Health Focus Groups. The groups provided an opportunity for community members and local health agencies to determine significant health needs and goals for improvement. Over sixty individuals from multiple community and healthcare organizations collaborated to conduct a comprehensive Community Health Needs Assessment process focused on identifying significant health needs, issues and concerns of the community. The process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and who have special knowledge and expertise in public health. The participants helped provide direction for the Hospital to create a plan to improve the health of the community.



## 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.

N/A

## Section 10: Certification

### Electronic Signature

**First Name**      **Last Name**

Monika              O'Clair

**Title**

Chief Strategy Officer

**Email**

[REDACTED]

NHCT-31 (September 2022)

## Attachments

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Date	Attachment Name	Context	Confidential?	User
3/13/2024 4:25 PM	CHNA and Implementation Plan 2022.pdf	Attachment	No	Monika O'Clair