



Community Benefits Report

HUGGINS HOSPITAL // FISCAL YEAR 2022

OUR VISION

Huggins will be the community's home for health and wellbeing. Our mission is to empower the fulfillment of life through better health.

FORM NHCT31: COMMUNITY BENEFITS PLAN REPORT



Section 1: Entity Information

Entity Name

Huggins Hospital

State Registration

29

Federal ID

20223332

Fiscal Year Beginning

10/01/2021

Entity Address

240 South Main St
Wolfeboro, NH 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
Business	603-569-7507
Email	jroberge@hugginshospital.org

Board Chair (first, last name)

First Name	Last Name
Howie	Knight
Phone Type	Number
Business	603-569-7507
Email	jderosia@hugginshospital.org

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Monika	O'Clair
Title	Vice President of Strategy & Community Relations
Phone Type	Number
Business	603-515-2088
Email	moclair@hugginshospital.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)?

No

SECTION 2: MISSION & COMMUNITY SERVED

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

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?

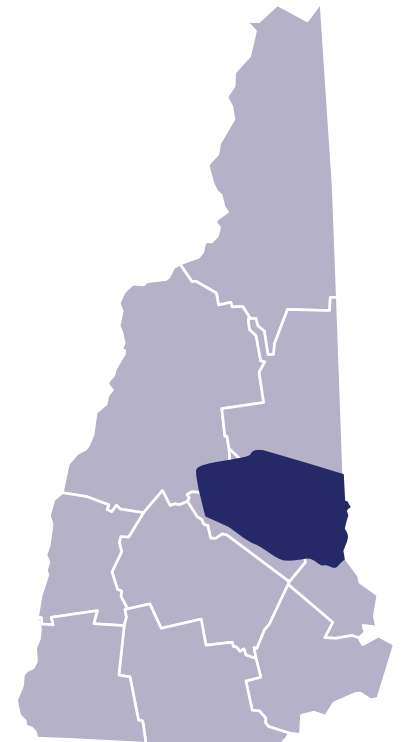
No

PLEASE SELECT SERVICE AREA COUNTIES (NH), IF APPLICABLE:

Carroll
Belknap
Strafford

PLEASE SELECT SERVICE AREA MUNICIPALITIES (NH), IF APPLICABLE

Alton
Brookfield
Effingham
Middleton
Moultonborough
New Durham
Ossipee
Tamworth
Tuftonboro
Wakefield
Wolfeboro
Sandwich



SERVICE POPULATION DESCRIPTION

Huggins Hospital serves the entire population. The community is rural in nature and has atypical seasonal population increase in the summer (which has not been felt this past year). 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

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): <https://www.hugginshospital.org/assets/pdf/webCHNAandImplementation2019.pdf>

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

SECTION 3.2: COMMUNITY NEEDS ASSESSMENT

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

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

AREA OF COMMUNITY NEED / CONCERN: 35. Other Social Determinants of 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. F6: Coalition Building

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

Operation of Huggins Community Health Network

SECTION 3.2: COMMUNITY NEEDS ASSESSMENT

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. F6: Coalition Building and C10: Other Subsidized Health Services

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

Operation of Huggins Community Health Network, MAT Program, and Counseling Services provided at Huggins Hospital

SECTION 4: COMMUNITY BENEFIT ACTIVITIES

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

TOTAL FUNCTIONAL EXPENSES FOR THE REPORTING YEAR: \$93,238,428.70

(1) Financial Assistance at cost

Total community benefit expense: \$811,428

Direct offsetting revenue: 0

Net community benefit expense: \$811,428

Percent of total expense: 0.9%

Estimated expense of activities projected for the next Fiscal Year: \$835,771

(2) Medicaid

Total community benefit expense: \$11,464,745

Direct offsetting revenue: \$4,828,220

Net community benefit expense: 6,636,525

Percent of total expense: 7.1%

Estimated expense of activities projected for the next Fiscal Year: \$5,136,525

(3) Costs of other means-tested government programs

Total community benefit expense: \$0

Direct offsetting revenue: \$0

Net community benefit expense: \$0

Percent of total expense: 0%

Estimated expense of activities projected for the next Fiscal Year: \$0

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

Total community benefit expense: \$12,276,173

Direct offsetting revenue: \$4,828,220

Net community benefit expense: \$7,447,953

Percent of total expense: 8%

Estimated expense of activities projected for the next Fiscal Year: \$5,972,296

(5) Community health improvement services and community benefit operations

Total community benefit expense: \$620,131

Direct offsetting revenue: \$0

Net community benefit expense: \$620,131

Percent of total expense: 0.7%

Estimated expense of activities projected for the next Fiscal Year: \$638,734

SECTION 4: COMMUNITY BENEFIT ACTIVITIES CONTINUED

TOTAL FUNCTIONAL EXPENSES FOR THE REPORTING YEAR: \$93,238,428.70

(6) Health professions education

Total community benefit expense: \$423,527.92

Direct offsetting revenue: \$0

Net community benefit expense: \$423,527.92

Percent of total expense: 0.5%

Estimated expense of activities projected for the next Fiscal Year: \$436,233

(7) Subsidized health services

Total community benefit expense: \$18,198,767

Direct offsetting revenue: \$12,355,470

Net community benefit expense: \$5,843,297

Percent of total expense: 6.3%

Estimated expense of activities projected for the next Fiscal Year: \$6,018,595.59

(8) Research

Total community benefit expense: \$0

Direct offsetting revenue: \$0

Net community benefit expense: \$0

Percent of total expense: 0%

Estimated expense of activities projected for the next Fiscal Year: \$0

(9) Cash and in-kind contributions for community benefit

Total community benefit expense: \$0

Direct offsetting revenue: \$0

Net community benefit expense: \$0

Percent of total expense: 0%

Estimated expense of activities projected for the next Fiscal Year: \$0

(10) Total Other Benefits

Total community benefit expense: \$19,242,425.92

Direct offsetting revenue: \$12,355,470

Net community benefit expense: \$6,886,955.92

Percent of total expense: 7.4%

Estimated expense of activities projected for the next Fiscal Year: \$7,093,562.59

(11) Totals

Total community benefit expense: \$31,518,598.92

Direct offsetting revenue: 17,183,690

Net community benefit expense: \$14,334,908.92

Percent of total expense: 15.4%

Estimated expense of activities projected for the next Fiscal Year: \$13,065,858.59

SECTION 5: COMMUNITY BUILDING ACTIVITIES

TOTAL EXPENSE (ENTERED AT TOP OF SECTION 4): \$93,238,428.70

(1) Physical improvements and housing

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(2) Economic development

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(3) Community support

Total community benefit expense: \$21,096
Direct offsetting revenue: \$0
Net community benefit expense: \$21,096
Percent of total expense: 0%

(4) Environmental improvements

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(5) Leadership development and training for community members

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(6) Coalition building

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(7) Community health improvement advocacy

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(8) Workforce development

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(9) Other

Total community benefit expense: \$0
Direct offsetting revenue: \$0
Net community benefit expense: \$0
Percent of total expense: 0%

(10) Totals

Total community benefit expense: \$21,096
Direct offsetting revenue: \$0
Net community benefit expense: \$21,096
Percent of total expense: 0.5%

SECTION 6: MEDICARE

Total revenue received from Medicare (\$ -- including DSH and IME): NONE PROVIDED

Medicare allowable costs of care relating to payments specified above (\$): NONE PROVIDED

Medicare surplus (shortfall): \$NaN

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: NONE PROVIDED

SECTION 7: SUMMARY FINANCIAL MEASURES

Gross Receipts from Operations: \$180,796,847

Net operating costs: \$93,238,428.70

Ratio of gross receipts from operations to net operating costs: 1.939

UNREIMBURSED COMMUNITY BENEFIT COSTS

Financial Assistance and Means-Tested Government Programs: \$7,447,953

Other Community Benefit Costs: \$6,886,955.92

Community Building Activities: \$21,096

Total Unreimbursed Community Benefit Expenses: \$14,356,004.92

Net community benefit costs as a percent of net operating costs: 15.4%

OTHER COMMUNITY BENEFITS (OPTIONAL)

Leveraged Revenue for Community Benefit Activities (\$): NONE PROVIDED

Medicare Shortfall (\$): NONE PROVIDED

SECTION 8: COMMUNITY ENGAGEMENT IN THE COMMUNITY BENEFITS PROCESS

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
Service Link	Yes	Yes	No	No
Starting Point Services for Victims of Domestic & Sexual Violence	Yes	Yes	No	No
White Horse Recover	Yes	Yes	No	No
Wolfeboro Economic Development Corporation	Yes	Yes	No	No
Wolfeboro Chamber	Yes	No	No	No
Tri-County Community Action Program	Yes	Yes	No	No
Town of Wolfeboro	Yes	No	No	No
Ossipee Police Department	Yes	No	No	No
NH DHHS Office of Rural Health & Primary Care	Yes	Yes	Yes	Yes

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

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

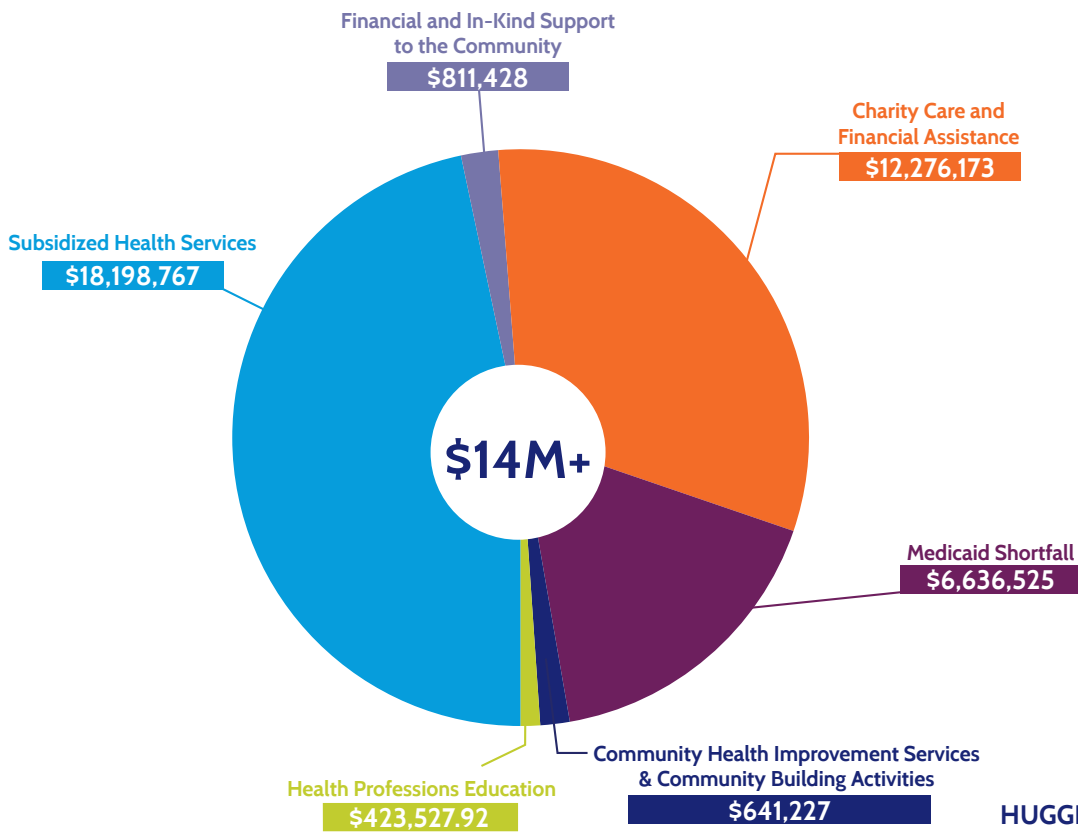
Notice of the charity care policy is posted in lobbies. Yes

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. No

2022 COMMUNITY BENEFITS = \$14,356,004.92



HUGGINS HOSPITAL COMMUNITY BENEFIT SERVICES

- Paramedic Intercept Program
- Primary Care Services in Rural Communities
- Free Health Care Services
- Community Health Education
- Financial Assistance Services
- Health Professions Training
- Support to Local Social Service Agencies
- Medications for Emergency Service Organizations
- Rural Workforce Development
- Economic Development