



Fiscal Year 2020

Community Benefits Report

Huggins Hospital

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.



hugginshospital.org 603.569.7500
240 South Main St. Wolfeboro, NH



Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP8-PBGT-NWBP1, version 1)

Details

Originally Started By Monika O'Clair

Submission ID HP8-PBGT-NWBP1

Status Draft

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2019

Organization Name

Huggins Hospital

Street Address

240 S MAIN ST

WOLFEBORO, NH 03894

Federal ID #

20223332

State Registration #

29

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

http://www.hugginshospital.org

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

Yes

Chief Executive

First Name

Jeremy

Last Name

Roberge

Phone Type

Business

Number

603-569-7507

Extension

Email

jroberge@hugginshospital.org

Board Chair

First Name	Last Name	
Howie	<i>Knight</i>	
Phone Type	Number	Extension
Business	603-569-7507	
Email		
jderosia@hugginshospital.org		

Community Benefits Plan Contact

First Name	Last Name	
Monika	<i>O'Clair</i>	
Title		
<i>Vice President of Strategy & Community Relations</i>		
Phone Type	Number	Extension
Business	603-515-2088	
Email		
moclair@hugginshospital.org		

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

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

NONE PROVIDED

Please select service area municipalities (NH), if applicable

ALTON
 BROOKFIELD
 EFFINGHAM
 FREEDOM
 MOULTONBOROUGH
 NEW DURHAM
 OSSIPEE
 TAMWORTH
 TUFTONBORO
 WAKEFIELD
 WOLFEBORO
 BARNSTEAD
 GILFORD

Service Population Description

Huggins Hospital serves the general population. The community is rural in nature and has a typical seasonal population increase from approximately 40,000 full-time residents to about 120,000 residents in the summer tourist season. The area has also seen continuous growth in the senior population throughout the years and that demographic is projected to continue growing.

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)

2019

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

[HugginsHospitalCHNAandImplementation2019web.pdf - 05/13/2021 06:23 PM](#)

Comment

NONE PROVIDED

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)**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)

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 3)

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?

No

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)

Huggins Hospital leads the Huggins Community Health Network, a coalition of local healthcare and social service providers in the region who address gaps in care, social services and social determinants of health resources. During the pandemic, these resources were diverted to address emergency operations needs.

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

No

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)

As part of the Huggins Community Health Network, Huggins Hospital is providing navigation services to community members regardless of what type of need they may have. During the pandemic, these resources were diverted to address emergency operations needs.

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 (\$)**

68076297

(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	538760	0	538760	0.8%	585537.50

(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	6856787.75	5194745.64	1662042.1100000003	2.4%	1662000

(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 (\$)
0	0	7395547.75	5194745.64	2200802.1100000003	3.2%	2247537.5

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	81311.04	0	81311.04	0.1%	101638

(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	434586	0	434586	0.6%	517655

(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	3198225.37	0	3198225.37	4.7%	3000000

(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	84502.65	0	84502.65	0.1%	90000

(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	3798625.06	0	3798625.06	5.6%	3709293

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	11194172.81	5194745.64	5999427.17	8.8%	\$5956830.5

Section 5: Community Building Activities

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

68076297

(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	2550	0	2550	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	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	87662	0	87662	0.1%

(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 (%)
0	0	90212	0	90212	0.3%

Section 6: Medicare

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

21758763.94

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

23815708.84

Medicare surplus (shortfall)

\$-2056944.899999985

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.

The hospital received no payment for unreimbursed costs, thus equivocating to medicare services being provided without charging community members for full costs.

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 (\$)
121370441

Net operating costs (\$)
68076297

Ratio of gross receipts from operations to net operating costs
1.783

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs (\$)
2200802.1100000003

Other Community Benefit Costs (\$)
3798625.06

Community Building Activities (\$)
90212

Total Unreimbursed Community Benefit Expenses (\$)
6089639.17

Net community benefit costs as a percent of net operating costs (%)
8.95%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)
0

Medicare Shortfall (\$)
\$-2056944.8999999985

Section 8: Community Engagement in the Community Benefits Process

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
Central NH VNA & Hospice	Yes	Yes	Yes	Yes
Northern Human Services	Yes	Yes	Yes	Yes
Patients/Community	Yes	Yes	Yes	Yes
Eastern Lakes Region Housing Coalition	Yes	Yes	No	No
Genesis Wolfeboro Bay Center	Yes	Yes	Yes	Yes
White Horse Addiction Center	Yes	Yes	No	No

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
Service Link	Yes	Yes	Yes	Yes
Wolfeboro Economic Development Corporation	Yes	Yes	No	No
Tri-County Community Action Program	Yes	Yes	Yes	Yes
Town of Wolfeboro	Yes	Yes	No	No
NH DHHS Office of Rural Health & Primary Care	Yes	Yes	Yes	Yes
Starting Point Services for Victims of Domestic & Sexual Violence	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 a community survey to begin the community needs 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 and defining 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 represented the broad interests of the community and who had 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.

N/A

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report**First Name**

Monika

Last Name

O'Clair

Title*Vice President of Strategy & Community Relations***Email**

moclair@hugginshospital.org

Attachments

Date	Attachment Name	Context	Confidential?	User
5/13/2021 6:23 PM	HugginsHospitalCHNAandImplementation2019web.pdf	Attachment	No	Monika O'Clair