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(Submission #: HP5-XBFG-YW97D, version 2) ........................................................................................................ 2

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Form NHCT31, Community Benefits Reporting
version 1.12
(Submission #: HP5-XBFG-YW97D, version 2)

Details

Submitted 4/8/2021 (0 days ago) by Elizabeth Swanton
Alternate Identifier Alice Peck Day Memorial Hospital
Submission ID HP5-XBFG-YW97D
Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning
7/1/2019

Organization Name
Alice Peck Day Memorial Hospital

Street Address
10 ALICE PECK DAY DR
LEBANON, NH 03766

Federal ID #
20222791

State Registration #
6329

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

Is the organization’s community benefit plan on the organization’s website?
Yes

Chief Executive

<table>
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<tr>
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<th>Last Name</th>
<th>Phone Type</th>
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Email
mooneys@apdmh.org

Board Chair

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Email
lange.gregw@gmail.com
Community Benefits Plan Contact

First Name  Last Name
Elizabeth    Swanton

Title
Community Health and Engagement Officer

Phone Type  Number  Extension
Business    6034425953

Email
swantone@apdmh.org

Does this report include community benefit information for affiliated or subsidiary organizations?
No

Section 2: Mission & Community Served

Mission Statement
It is the mission of Alice Peck Day Memorial Hospital (APD) to improve the health and wellbeing of our 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
NONE PROVIDED

Please select service area municipalities (NH), if applicable
LEBANON
CANAA
CORNISH
CROYDON
DORCHESTER
ENFIELD
GRAFTON
GRANTHAM
HANOVER
LYME
NEWPORT
ORANGE
ORFORD
PIERMONT
PLAINFIELD
WARREN

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)
2019

Please attach a copy of the needs assessment if completed in the past year
FY19_DH_APD_VNH_Community_Health_Needs_Assessment_with_Appendix.pdf - 01/20/2021 11:10 AM

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 11)

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
2.1: Medicaid
2.3: Medicare
E1: Cash Donations

Brief description of major strategies or activities to address this need (optional)
In-kind donation of space on the APD campus to the Good Neighbor Health Clinic, a free medical clinic; Charity Care, financial assistance, and payment plans; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations); Marketplace health insurance counseling during Open Enrollment (and for individuals eligible for SEP)

Section 3.2: Community Needs Assessment (2 of 11)

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.
E3: In-Kind Assistance
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
Mental health services through Behavioral Health Specialist for patients who screen positively for depression or anxiety; Participation in the Integrated Delivery Network; ED Rapid Referral Program through partnership with West Central Behavioral Health; In-kind donation of space to the Rx for School Success program

Section 3.2: Community Needs Assessment (3 of 11)

Area of Community Need / Concern
24. Substance Use

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
E1: Cash Donations
E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)
Advocacy initiative aimed at increasing minimum age to 21 for sale of tobacco in Lebanon and New Hampshire; In-kind donation of space and coffee on the APD campus to AA, Al-Annon, and other recovery efforts; Narcan distribution through the ED; Primary Care Medication-Assisted Treatment Program with Behavioral Health Services; Advanced Transit marketing campaign regarding tobacco use

Section 3.2: Community Needs Assessment (4 of 11)

Area of Community Need / Concern
14. Domestic Abuse / Child Abuse
Section 3.2: Community Needs Assessment (5 of 11)

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.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
Prescription Assistance Program to uninsured and/or underinsured patients needing help paying for medications; pharmacy voucher program for low-income uninsured patients with acute medication needs; Medicaid enrollment assistance through the Primary Care Social Worker (who is certified to make NH Medicaid Presumptive Eligibility determinations)

Section 3.2: Community Needs Assessment (6 of 11)

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.
E3: In-Kind Assistance

Brief description of major strategies or activities to address this need (optional)
Space for Good Neighbor Health Clinic’s Lebanon free health clinics, from one per month to two-three per month depending on volunteer capacity; More efficient new patient registration to improve and hasten access to primary care services

Section 3.2: Community Needs Assessment (7 of 11)

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.
A5: Dedicated Staff costs
A4: Other Community Health Improvement Services
Senior Care Team's home-based primary care program for frail elderly in the local community; Elder Forum, a networking/educational forum for health and human services organizations focused on the elderly, hosted monthly at APD; Elder Friend program that aims to match frail elders referred by Senior Care team staff to volunteers who make home visits; Lifecare, senior living, which includes four levels of care: independent, assisted, supported, and memory care.

Section 3.2: Community Needs Assessment (8 of 11)

Area of Community Need / Concern
33. Affordable Housing

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.
A4: Other Community Health Improvement Services

Brief description of major strategies or activities to address this need (optional)
Screen NH Medicaid patients for housing needs and assist patients with applications for local resources and make referrals

Section 3.2: Community Needs Assessment (9 of 11)

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

Brief description of major strategies or activities to address this need (optional)
Upper Valley Smiles, a school-based oral health program for children in Lebanon, Enfield, Canaan, Hartford, and the Hartland elementary schools

Section 3.2: Community Needs Assessment (10 of 11)

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.
E1: Cash Donations
A5: Dedicated Staff costs

Brief description of major strategies or activities to address this need (optional)
Lebanon Lunch Friends, a summer meals program for low-income children in Lebanon

Section 3.2: Community Needs Assessment (11 of 11)

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.
A5: Dedicated Staff costs
A4: Other Community Health Improvement Services
F1: Physical Infrastructure Improvement

Brief description of major strategies or activities to address this need (optional)
FitScripts, a program for adult primary care patients who can receive a "prescription" from their primary care provider for monthly memberships at local fitness centers; Mascoma River Greenway Access Trail Creation; APD Public Nature Trails Maintenance

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 ($)  
7132283

(1) Financial Assistance at cost (if using the optional Excel tool, refer to Worksheet 1)

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(2) Medicaid (if using the optional Excel tool, refer to Worksheet 3, column A)

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<th>(c) Total community benefit expense ($)</th>
<th>(d) Direct offsetting revenue ($)</th>
<th>(e) Net community benefit expense ($)</th>
<th>(f) Percent of total expense (%)</th>
<th>Estimated expense of activities projected for the next Fiscal Year ($)</th>
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(3) Costs of other means-tested government programs (if using the optional Excel tool, refer to Worksheet 3, column B)

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<th>(b) Persons served (optional)</th>
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(4) Total Financial Assistance and Means-Tested Government Programs

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Community Benefit Services

(5) Community health improvement services and community benefit operations (if using the optional Excel tool, refer to Worksheet 4)
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(6) Health professions education (if using the optional Excel tool, refer to Worksheet 5)

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

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

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(9) Cash and in-kind contributions for community benefit (if using the optional Excel tool, refer to Worksheet 8)

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Total

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Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
71332283

(1) Physical improvements and housing
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<th>(b) Persons served (optional)</th>
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Total
(10) Totals

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Section 6: Medicare

Enter total revenue received from Medicare ($ -- including DSH and IME)
19578901

Enter Medicare allowable costs of care relating to payments specified above ($)
22091824

Medicare surplus (shortfall)
$-2512923

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 ($)
65795691

Net operating costs ($)
71332283

Ratio of gross receipts from operations to net operating costs
0.922

Unreimbursed Community Benefit Costs

Financial Assistance and Means-Tested Government Programs ($)
1848226

Other Community Benefit Costs ($)
271046

Community Building Activities ($)
61377

Total Unreimbursed Community Benefit Expenses ($)
2180649

Net community benefit costs as a percent of net operating costs (%)
3.06%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

Medicare Shortfall ($)
$-2512923

Section 8: Community Engagement in the Community Benefits Process

Please list below
Please provide a description of the methods used to solicit community input on community needs:
Methods included a survey of community residents available digitally and in paper; a direct email survey of key stakeholders representing multiple community sectors; a set of community discussion groups; a compilation of results from assessment activities focused on behavioral health; 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. Enhanced efforts were made to understand the needs of these populations through targeted surveys and community conversations including facilitated surveys and discussions at community suppers, a regional free clinic, homeless programs, and other community settings serving economically vulnerable residents.

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

<table>
<thead>
<tr>
<th>Community Organizations, Local Government Officials and other Representatives of the Public:</th>
<th>Identification of Need</th>
<th>Prioritization of Need</th>
<th>Development of the Plan</th>
<th>Commented on Proposed Plan</th>
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<td>Yes</td>
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<td>Bayada</td>
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<td>Municipalities of Hanover, Lebanon, and Hartford</td>
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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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Elizabeth</td>
<td>Swanton</td>
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Title

Community Health and Engagement Officer

Email

swantone@apdmh.org

Attachments

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<td>• Community-Based Clinical Services</td>
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<td>FitScripts prescription exercise program (additional $24,945 in expenses</td>
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<td>Meeting space, refreshments for local nonprofit community groups</td>
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