

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-DWN7-12F74, version 1)

Details

Originally Started By Greg Norman

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Status Draft

Form Input

Section 1: Entity Information

Entity Name

Mary Hitchcock Memorial Hospital

State Registration #

6278

Federal ID #

02-222140

Fiscal Year Beginning

07/01/2021

Entity Address

One Medical Center Drive

Lebanon, NH 03756

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

<https://www.dartmouth-hitchcock.org/>

Chief Executive Officer (first, last name)

First Name	Last Name	
Susan	Reeves	
Phone Type	Number	Extension
Business	6036505000	
Email		
Susan.A.Reeves@hitchcock.org		

Board Chair (first, last name)

First Name	Last Name	
Roberta	Hines	
Phone Type	Number	Extension
Other	203-785-4304	
Email		
Roberta.I.hines@hitchcock.org		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Greg	Norman	
Title		
<i>Sr. Director Community Health</i>		
Phone Type	Number	Extension
Business	6033082245	
Email		
gregory.a.norman@hitchcock.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**1. Mission Statement**

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

2. 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.

1. Did the primary service area cover ALL of New Hampshire?

Yes

Service Population Description

Dartmouth-Hitchcock serves the general population with a wide range of primary care, hospital, and specialty health care services. D-H provides primary health care to populations in regions where our outpatient clinics are located. D-H also provides the larger population of NH and VT with other specialty health care or unique health care services not provided elsewhere in NH and VT.

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

2022 DHAPDVNH Community Health Needs Assessment FINAL.pdf - 02/13/2023 12:19 PM

Comment

NONE PROVIDED

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

Yes

Section 3.2: Community Needs Assessment (1 of 6)

3. Area of Community Need / Concern

22. Access to Mental Health Services

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.

C8: Behavioral Health Services
 A1: Community Health Education
 A2: Community-Based Clinical Services
 E1: Cash Donations
 F6: Coalition Building

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

Inpatient psychiatric services provided at loss; Unreimbursed costs of providing integrated behavioral health and primary care services; Community-based suicide prevention training (NAMI-NH's CONNECT Suicide Prevention model, Youth Mental Health First Aid); contribution to Mobile Behavioral Health services; Project ECHO for dissemination of case-based behavioral health expertise.

Section 3.2: Community Needs Assessment (2 of 6)

3. Area of Community Need / Concern

24. Substance Use

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.

C8: Behavioral Health Services
 A2: Community-Based Clinical Services
 E1: Cash Donations
 F6: Coalition Building
 A3: Health Care Support Services
 C5: Women's and Children's Services

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

Coordination of regional substance misuse prevention coalitions in the Upper Valley and Sullivan County regions; NH Doorway's Hub and broader substance use disorder treatment services; Outpatient and intensive outpatient perinatal substance use disorder treatment services Contributions to substance misuse prevention coalitions in Concord, Manchester, Nashua, and Keene, NH.

Section 3.2: Community Needs Assessment (3 of 6)

3. Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

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.

- C8: Behavioral Health Services
- A2: Community-Based Clinical Services
- E1: Cash Donations
- F6: Coalition Building
- 1: Financial Assistance
- 2.1: Medicaid
- 2.2: Other means-tested government programs
- 2.3: Medicare
- C1: Emergency and Trauma Services
- C2: Neonatal Intensive Care (if subsidized)
- C3: Hospital Outpatient Services
- C9: Palliative Care
- C10: Other Subsidized Health Services

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

Health care services for the uninsured and/or income qualifying patients provided with Financial Assistance ("Charity Care");
 Health care services for Medicaid Beneficiaries provided at-loss; Contributions to Federally Qualified Health Centers, Free Clinics, and Community Health Centers; Public flu & COVID-19 vaccination clinics in-hospital and in-schools; Medication assistance programs

Section 3.2: Community Needs Assessment (4 of 6)

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.

- 2.3: Medicare
- 2.1: Medicaid
- 1: Financial Assistance
- A2: Community-Based Clinical Services
- B2: Intern/Residency Education
- B4: Other Health Professions Education Support
- F6: Coalition Building

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

Health care services for uninsured and/or income qualifying patients (Financial Assistance or "Charity Care"); Health care services for Medicaid Beneficiaries provided at-loss; Training of residents, nurses, and other health care providers; Contributions to Federally Qualified Health Centers and Free Clinics; Integrated behavioral health services in primary care clinics; community health worker services integrated in primary care to assist meeting non-clinical needs of patients

Section 3.2: Community Needs Assessment (5 of 6)**3. Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

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.

A1: Community Health Education

A2: Community-Based Clinical Services

E1: Cash Donations

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

Provision of free food packages to food-insecure patients; Contributions to regional and statewide food insecurity services as part of COVID-19 community response;

Section 3.2: Community Needs Assessment (6 of 6)**3. Area of Community Need / Concern**

14. Domestic Abuse / Child Abuse

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.

C5: Women's and Children's Services

E1: Cash Donations

A2: Community-Based Clinical Services

C8: Behavioral Health Services

F6: Coalition Building

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

Dartmouth-Hitchcock Children's Advocacy and Protection Program and Children's Advocacy Center; Contribution to the NH Human Trafficking Program; Project Launch and Strong Families Strong Starts pediatric-community partnerships to prevent adverse childhood experiences; Contributions to regional intimate partner violence and sexual assault program

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 (\$)

2373147443

(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	11994484	0	11994484	0.5%	12000000

(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	397917722	184563390	213354332	9%	213000000

(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	409912206	184563390	225348816	9.5%	225000000

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	33955453	20172478	13782975	0.6%	13000000

(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	57182005	16619286	40562719	1.7%	40000000

(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	53528820	34027232	19501588	0.8%	19000000

(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	29360284	22105824	7254460	0.3%	7000000

(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	3496333	0	3496333	0.1%	3000000

(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	177522895	92924820	84598075	3.6%	82000000

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	587435101	277488210	309946891	13.1%	\$307000000

Section 5: Community Building Activities

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

2373147443

(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	25000	0	25000	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	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	1726931	1220716	506215	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	3520298	2684529	835769	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 (%)
0	0	5272229	3905245	1366984	0.1%

Section 6: Medicare

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

466614523

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

631525177

3. Medicare surplus (shortfall)

\$-164910654

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.

This represents an actual uncompensated cost to our organization, and as such can be considered a benefit to the community.

5. 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

1. Gross Receipts from Operations (\$)

2390774828

2. Net operating costs (\$)

2373147443

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

1.007

Unreimbursed Community Benefit Costs

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

225348816

5. Other Community Benefit Costs (\$)

84598075

6. Community Building Activities (\$)

1366984

7. Total Unreimbursed Community Benefit Expenses (\$)

311313875

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

13.12%

Other Community Benefits (optional)

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

281393455

2. Medicare Shortfall (\$)

\$-164910654

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Amanda Perry, The Dartmouth Institute	Yes	Yes	Yes	No
Amanda R St Ivany, City of Lebanon FD	Yes	Yes	Yes	No
Ann Greenwald, AGIFT Movement Coaching for Healthy Aging	Yes	Yes	Yes	No
Anna M Hullinger, Upper Valley Regional Public Health Network	Yes	Yes	Yes	Yes
Beth Gustafson Wheeler, Foundation for Healthy Communities	Yes	Yes	Yes	No
Bill Boyle, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
Briana White, Visiting Nurse and Hospice for Vermont and New Hampshire	Yes	Yes	Yes	No
Brianne Gallagher, WISE of the Upper Valley	Yes	Yes	Yes	No
Bridget Labrie, Enfield Parks & Recreation	Yes	Yes	Yes	No
Bridget Mudge, Hanover Community Nurse Advisory Committee	Yes	Yes	Yes	No
Calvin Hunnewell, City of Lebanon	Yes	Yes	Yes	No
Carol Kolenski, The Village at White River Junction	Yes	Yes	Yes	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Carol Langstaff, Sharon Health Initiative	Yes	Yes	Yes	No
Caroline Christie, Mascoma Valley Regional School District	Yes	Yes	Yes	No
Catherine Bardier, New London Hospital	Yes	Yes	Yes	Yes
Christine Gunn, The Dartmouth Institute & Norris Cotton Cancer Center	Yes	Yes	Yes	No
Cristina Hammond, Hanover Fire Department	Yes	Yes	Yes	No
Deanna Jones, Thompson Senior Center	Yes	Yes	Yes	No
Donald Kollisch , Community Nurse Connection	Yes	Yes	Yes	No
Elizabeth Craib, Granite United Way	Yes	Yes	Yes	Yes
Erin Smith, Upper Valley Music Center	Yes	Yes	Yes	No
Eula L Kozma, Friends of Mascoma Foundation	Yes	Yes	Yes	No
Janet Hunt, New Futures	Yes	Yes	Yes	Yes
Jenna Schifflbein, Dartmouth College/Norris Cotton Cancer Center	Yes	Yes	Yes	No
John Haffner, Vital Communities	Yes	Yes	Yes	No
Jon Felde, St. Barnabas Church, Norwich	Yes	Yes	Yes	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Julia Griffin, Town of Hanover	Yes	Yes	Yes	Yes
Kathryn Gamble, Open Door Integrative Wellness	Yes	Yes	Yes	No
Krista Karlson, Willing Hands	Yes	Yes	Yes	No
Kristin Barnum, Community Nurse Connection	Yes	Yes	Yes	Yes
Kristy & Glen Badger, Assisted Living Locators of Portsmouth	Yes	Yes	Yes	No
Laura Beidler, The Dartmouth Institute	Yes	Yes	Yes	No
Laura Di Piazza, Upper Valley Equity and Anti-Racism Leadership Council	Yes	Yes	Yes	No
Lindsey Trombley, Orange County Parent Child Center	Yes	Yes	Yes	No
Lisa Champagne, DHMC, Norris Cotton Cancer Center	Yes	Yes	Yes	No
Lisa D Delegato, Gifford Health Care	Yes	Yes	Yes	No
Lynne Goodwin, City Of Lebanon Human Services	Yes	Yes	Yes	Yes
Lisa D Delegato, Gifford Health Care	Yes	Yes	Yes	No
Martha Tecca, Community Care of Lyme	Yes	Yes	Yes	Yes
Megan Chamberlain, VNH of VT & NH	Yes	Yes	Yes	Yes
Mike Reiderer, Tri-Valley Transit	Yes	Yes	Yes	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Nancy Bloomfield, The Family Place	Yes	Yes	Yes	Yes
Patty Monahan, Mascoma Bank	Yes	Yes	Yes	No
Peggy O'Neil, Womens Information Service WISE	Yes	Yes	Yes	Yes
Roger Osmun, West Central Behavioral Health	Yes	Yes	Yes	Yes
Rudy Fedrizzi, VT Department of Health	Yes	Yes	Yes	Yes
Ryan Richards, HIV/HCV Resource Center	Yes	Yes	Yes	Yes
Stephanie Bergeron, West Central Behavioral Health	Yes	Yes	Yes	Yes
Steve Belmont, Greater Sullivan County Regional Public Health Network	Yes	Yes	Yes	No
Traci Fowler, NH Charitable Foundation	Yes	Yes	Yes	No
Trudi Brock, Sharon Health Initiative	Yes	Yes	Yes	No
Dana Michalovic, Good Neighbor Health Clinics	Yes	Yes	Yes	Yes
Wesley Parks, SEVCA	Yes	Yes	Yes	No
Alice Ely, Public Health Council of the Upper Valley	Yes	Yes	Yes	Yes
Claudia Reeder & Tom Bossert, Harvard School of Public Health	Yes	Yes	Yes	No
Kenneth Dolkart, Eastman Cares	Yes	Yes	Yes	No

Community Organizations, Local Government Officials and other Representatives of the Public:	Indentification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
Alan Keiller, Mt Ascutney Hospital--Trustee	Yes	Yes	Yes	No
Sally Kraft, DHMC Population Health	Yes	Yes	Yes	Yes
Candace Ann Nattie, Hanover High School Health Office	Yes	Yes	Yes	No
Cherry Sullivan, Little Rivers Health Care	Yes	Yes	Yes	No
Eleanor Zue, Bugbee Senior Center	Yes	Yes	Yes	No
Janet Potter, Second Growth, Hartford Community Coalition	Yes	Yes	Yes	No
Jocelyn F. Caple, Valley Regional Hospital	Yes	Yes	Yes	No
Deborah Fabry, DHMC	Yes	Yes	Yes	Yes
Caroline A. Koloski, DHMC Pediatrics	Yes	Yes	Yes	Yes
Christine Finn, DHMC Psychiatry	Yes	Yes	Yes	Yes
Luke Archibald, DHMC Addiction Treatment	Yes	Yes	Yes	Yes
Jennifer Rupp, DHMC CHaD	Yes	Yes	Yes	Yes

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

a) A survey of area community members made available through paper copies in selected community locations, direct-to respondent strategies, and intranet-based strategies; b) A survey of key community stakeholders including agency, municipal and community leaders; c) A series of community and health care organization discussion groups; and d) A review of available population demographics and health status indicators

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.

Yes

Section 10: Certification

Electronic Signature

First Name	Last Name
gregory	norman
Title	
Senior Director, Community Health	
Email	
gregory.a.norman@hitchcock.org	

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
2/13/2023 12:19 PM	2022 DHAPDVNH Community Health Needs Assessment FINAL.pdf	Attachment	No	Greg Norman