

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPD-N3AT-5M5VA, version 1)

Details

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Alternate Identifier Rockingham Visiting Nurse Association and Hospice
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Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/1/2020

Organization Name

Rockingham Visiting Nurse Association and Hospice

Street Address

137 Epping Road
Exeter, NH 03833

Federal ID #

02-0274905

State Registration #

2317

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

www.exeterhospita .com/Rockingham-VNA-Hospice

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

Yes

Chief Executive

First Name	Last Name
Karen	Michel

Phone Type	Number	Extension
Business	603 772 2981	

Email

[REDACTED]

Board Chair

First Name	Last Name	
Kevin	Callahan	
Phone Type	Number	Extension
Business	603 580-6691	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
Mark	Whitney	
Title	V.P. STRATEGY	
Phone Type	Number	Extension
Business	603 580 7437	
Email	[REDACTED]	

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

No

Section 2: Mission & Community Served**Mission Statement**

The mission of Rockingham VNA & Hospice, a home health agency is to improve the health of the community by promoting well-being and independence by providing patient centered healthcare services in the home and within the communities we serve in collaboration with Exeter Health Resources and its affiliates which share in this mission.

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 filed 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

ATKINSON
AUBURN
BARRINGTON
BRENTWOOD
CANDIA
CHESTER
DANVILLE
DEERFIELD
DERRY
DOVER
DURHAM
EAST KINGSTON
EPPING
EXETER
FREMONT
GREENLAND
HAMPSTEAD
HAMPTON
HAMPTON FALLS
KENSINGTON
KINGSTON
LEE
LONDONDERRY
MADBURY
NEW CASTLE
NEWFIELDS
NEWINGTON
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PLAISTOW
PORTSMOUTH
RAYMOND
RYE
SALEM
SANDOWN
SEABROOK
SOUTH HAMPTON
STRATHAM
WINDHAM

Service Population Description

RVNA is a community-based, non-profit home health agency that serves the adult population of Rockingham County as well as the communities of Barrington, Durham, Dover, Lee, and Madbury NH. As an Exeter Health Resource affiliate, RVNA is able to provide families with the highest quality home care, hospice, and community outreach programs and services. While the majority of RVNA's patients are seniors, younger people dealing with serious illness, injuries or who are recovering from surgery also utilize the services of RVNA's home nursing care.

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

NONE PROVIDED

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 5)

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

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

Continuance of existing Financial Assistance Plan including catastrophic coverage. Participation in broad spectrum of MCR, MCD and Healthcare Exchange programs below the cost of care or existing market rates.

Section 3.2: Community Needs Assessment (2 of 5)

Area of Community Need / Concern

27. Healthy Eating / Nutrition / Food Insecurity

Is the need identified in the Community Needs Assessment?

No

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.

C10: Other Subsidized Health Services

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

nutritionist

Section 3.2: Community Needs Assessment (3 of 5)

Area of Community Need / Concern

12. Family/Parent Support Services

Is the need identified in the Community Needs Assessment?

No

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.

A3: Health Care Support Services

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

bereavement support groups

Section 3.2: Community Needs Assessment (4 of 5)

Area of Community Need / Concern

2. Access to Prescription Medications / Prescription Assistance

Is the need identified in the Community Needs Assessment?

No

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.

C10: Other Subsidized Health Services

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

Pharmacist

Section 3.2: Community Needs Assessment (5 of 5)

Area of Community Need / Concern

34. Education / Job Training

Is the need identified in the Community Needs Assessment?

No

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.

B1: Provision of Clinical Setting for Undergraduate Education

A2: Community-Based Clinical Services

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

clinical student fee

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 (\$)

19440662

(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	2572	0	2572	0%	2598

(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	602613	0	602613	3.1%	620691

(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	605185	0	605185	3.1%	623289

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	90207	15041	75166	0.4%	77421

(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	3416	0	3416	0%	3518

(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	39035	0	39035	0.2%	40206

(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	5311	0	5311	0%	5470

(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	137969	15041	122928	0.6%	126615

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	743154	15041	728113	3.7%	\$749904

Section 5: Community Building Activities

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

19440662

(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	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	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 (%)
0	0	0	0	0	0%

Section 6: Medicare

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

12412264

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

12788985

Medicare surplus (shortfall)

-\$-376721

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.

Medicare Net Revenue - Medicare Cost = Medicare Loss

Describe the costing methodology or source used to determine the amount reported above. Please check the boxes below that describe the method used:

Other: Provided by external auditors

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

17113896

Net operating costs (\$)

19440662

Ratio of gross receipts from operations to net operating costs

0.88

Unreimbursed Community Benefit Costs

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

605185

Other Community Benefit Costs (\$)

122928

Community Building Activities (\$)

0

Total Unreimbursed Community Benefit Expenses (\$)

728113

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

3.75%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

151865

Medicare Shortfall (\$)

\$-376721

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
Exeter Area YMCA	Yes	Yes	Yes	Yes
Society of St. Vincent de Paul Exeter	Yes	Yes	Yes	Yes
Lamprey Health Care	Yes	Yes	Yes	Yes
Families First Health and Support Center	Yes	Yes	Yes	Yes
Richie-McFar and Children's Center	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes
Seacoast Public Health Network	Yes	Yes	Yes	Yes
Foundation for Seacoast Health	Yes	Yes	Yes	Yes
Goodwin Community Health	Yes	Yes	Yes	Yes

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
Michae Guidi, DO, Core Physicians	Yes	No	No	No
Janine Richards, Director of Student Wellness, SAU 90	Yes	No	No	No
Jon Morgan, Senator, NH	Yes	No	No	No
Tom Sherman, Senator, NH	Yes	No	No	No
Gaby Grossman, Representative Exeter	Yes	No	No	No
Liz McConne , Representative Brentwood	Yes	No	No	No
Tanisha Johnson, Associate Branch Director, Exeter Area YMCA	Yes	No	No	No
Kristyn LaFleur, Exe Dir, Key Co , Womenade of Gtr Squamscott Brd Pres	Yes	No	No	No
Kristina Currier, Art Instructor, Timberlane High School , SAU 55	Yes	No	No	No
Russ Dean, Town Manager, Exeter	Yes	No	No	No
Nikki Hill , Assistant Treasurer, Womenade of Greater Squamscott	Yes	No	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No
Katy Li MD, Medical Director, Phillips Exeter Academy	Yes	No	No	No
Travis Harker MD, Medical Director, Appledore Medical Group	Yes	No	No	No
Greg Burwood, Executive Director, Connections Peer Support Center	Yes	No	No	No
Molly Ziri o, Executive Director, Society of St. Vincent de Paul Exeter	Yes	No	No	No
Tony Teixeira, Executive Director, Exeter Housing Authority	Yes	No	No	No
Caro Gu a, Executive Director, TASC	Yes	No	No	No
Maria Kenney, Administrative Director, Seacoast Youth Services	Yes	No	No	No
David O'Connor, Principa , Hampton Academy	Yes	No	No	No
Patti MacKenzie, Vo Exe Director, Hampton Community Coalition Services	Yes	No	No	No
Nita Niemczyk , Vo unteer, Hampton Community Coalition Services	Yes	No	No	No
Lois Costa, Principa , Marston School	Yes	No	No	No
John Reagan, Senator NH	Yes	No	No	No
Michae Cahill , State Representative NH	Yes	No	No	No
Public Online via Survey Monkey	Yes	Yes	No	No

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

In 2019, the operating affiliates of Exeter Health Resources, Exeter Hospital, Inc., Core Physicians LLC, and Rockingham VNA and Hospice, along with their community partners, conducted a Community Needs Assessment which focused on priority health needs that were identified in the 2019 Community Needs Assessment. The purpose of the Assessment was to engage actual community members and to reach out to support agencies to determine the local area health needs.

Methods:

1. University of New Hampshire (UNH) Survey Center Household Telephone Survey
2. Community Forums
 - a. Exeter Hospital, Inc.
 - b. Raymond Baptist Church
 - c. Vic Geary Senior Center
 - d. Seabrook Public Library
3. Online Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Exeter Hospital with community partners released an online health needs survey to the public
5. Key Leader Interviews
6. Multiple Secondary Research Sources

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 Last Name

Ryan Cullen

Title

Cost Accountant

Email

[REDACTED]