

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 10/01/15

to be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name : Rockingham Visiting Nurse Association and Hospice

Street Address : 137 Epping Road

City : Exeter **County 08 -** Rockingham **State NH** **Zip Code 03833**

Federal ID # |02-0274905 **State Registration #** 2317

Website Address: <http://www.exeterhospital.com/about-exeter/rockingham-vna-hospice>

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

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Kevin Callahan (603) 580-6691 kcallahan@ehr.org

Board Chair: Kevin Callahan (603) 580-6691 kcallahan@ehr.org

Community Benefits

Plan Contact: Mark Whitney (603) 580-7437 mwhitney@ehr.org

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

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

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

RVNA Service Area

Atkinson	Epping	Newmarket
Auburn	Exeter	Newton
Barrington	Fremont	North Hampton
Brentwood	Greenland	Nottingham
Candia	Hampstead	Plaistow
Chester	Hampton	Portsmouth
Danville	Hampton Falls	Raymond
Deerfield	Kensington	Rye
Derry	Kingston	Salem
Dover	Lee	Sandown
Durham	Londonderry	Seabrook
East Derry	New Castle	South Hampton
East Hampstead	Newfields	Stratham
East Kingston	Newington	Windham

Total Area Population: 354,125

(Source: U.S. Department of Commerce, United States Census Bureau - projected to 2015)

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

RVNA is a community-based, non-profit home health agency that serves mostly the adult population of Rockingham County as well as the communities of Barrington, Dover, Durham and Lee, 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: 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?

2013 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trust in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	<i>101 – Access to Care Financial Barriers*</i>
2	<i>601 – Transportation Services</i>
3	<i>370 – Mental Health/Psychiatric Disorders-Prevention and Care; General</i>
4	<i>400 – Substance Abuse; Life Style Issues</i>
5	<i>360 – Infectious Disease – Prevention and Care; General</i>
6	<i>300 – Chronic Disease – Prevention and Care; General</i>
7	<i>371 – Suicide Prevention</i>
8	<i>121 – Availability of Dental/Oral Health Care</i>
9	<i>603 – Senior Services</i>

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	<i>100 – Access to Care; General</i>
B	<i>420 - Obesity</i>
C	<i>520 – Community Safety and Injury; General</i>
D	<i>604 – Prescription Assistance</i>
E	<i>430 – Family/Parent Support Services</i>
F	<i>120 – Availability of Primary Care</i>
G	<i>999 – Other Community Need</i>

*Any individual within the service area can apply for charity care.

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	9 -- --	\$5,726.00	\$5,726.00
<i>Community-based Clinical Services</i>	9 -- --	\$36,422.00	\$36,422.00
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	9 -- --	\$13,387.00	\$13,387.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Nutrition</i>	9 -- --	\$46,711.00	\$46,711.00
<i>Type of Service: Medication Review by Pharmacist</i>	9 -- --	\$17,770.00	\$17,770.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	-- -- --		
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	9 -- --	\$12,608.00	\$12,608.00
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free & Discounted Health Care Services</i>	1 -- --	\$26,116.00	\$23,504.00

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$268,342.00	\$322,010.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$15,056,622.00
<i>Net Revenue from Patient Services</i>	\$14,721,891.00
<i>Total Operating Expenses</i>	\$14,071,535.00
<i>Net Medicare Revenue</i>	\$12,035,485.00
<i>Medicare Costs</i>	\$10,580,917.00
<i>Net Medicaid Revenue</i>	\$406,532.00
<i>Medicaid Costs</i>	\$674,874.00
<i>Unreimbursed Charity Care Expenses</i>	\$26,116.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$400,966.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$427,082.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$59,328.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$486,410.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

List the Community Organizations, Local Government Officials and other Representatives of the Public Consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1) Families First Health and Support Center	X	X	X	X
2) Lamprey Health Care	X	X	X	X
3) SeaCare Health Services	X	X	X	X
4) Seacoast Mental Health Center	X	X	X	X
5) United Way of the Greater Seacoast	X	X	X	X
6) Community Resource Network	X	X		
7) Allies in Substance Abuse Prevention Coalition	X	X		
8) Exeter Fire Department	X	X		
9) Exeter Area Chamber of Commerce	X	X		
10) With Open Arms	X	X		
11) Raymond High School	X	X		
12) Lamprey River Elementary School	X	X		
13) Seacoast United Sports Club	X	X		
14) Service Link for Rockingham County	X	X		
15) Raymond Police Department	X	X		
16) Seabrook School	X	X		
17) Child Advocacy Center	X	X		
18) The Housing Partnership	X	X		
19) City of Portsmouth Welfare Administrator	X	X		
20) Newmarket High School	X	X		
21) Exeter Adult Education	X	X		
22) Newmarket Superintendent of Schools	X	X		
23) St.Vincent DePaul Society of Exeter	X	X		
24) Catholic Charities, Parish & Community Service	X	X		
25) Child Advocacy and Protection Program (CAAP)	X	X		
26) Raymond Coalition for Youth	X	X		
27) Big Brothers Big Sisters	X	X		
28) Child and Family Services	X	X		
29) Town of Kingston, Human Services	X	X		
30) Easter Seals Baby Steps Program	X	X		
31) Iber Holmes Gove Middle School, Raymond	X	X		
32) Exeter Hospital, Cancer Services	X	X		
33) Town of Raymond, Welfare Officer	X	X		
34) NH Senators-Exeter Hospital Service Area (HAS)	X			
35) NH State Legislators- Exeter Hospital HSA	X			
36) Rockingham County Commissioners	X			

Please provide a description of the methods used to solicit community input regarding community needs (attach additional pages if necessary): See Attached.

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ROCKINGHAM VISITING NURSE ASSOCIATION and HOSPICE
FISCAL YEAR 2013

Section 6: COMMUNITY ENGAGEMENT continued:

In 2013, 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 2013 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. Lamprey Health Care
 - b. Plaistow Health Care
 - c. Exeter Hospital, Inc.
 - d. Seabrook Public Library
3. On Line Surveys conducted through Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice websites
4. Key Leader Interviews
5. Multiple Secondary Research Sources

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity care does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policies in lobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policies in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice given to recipients who are served in their home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Any individual within the service area can apply for charity care.

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 – Other Community Need