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Form NHCT31, Community Benefits Reporting

version 1.14

(Submission #: HPF-B343-GFRV3, version 1)

Details

Submitted 2/11/2022 (327 days ago) by Geraldine Holmes

Alternate Identifier Concord Regional Visiting Nurse Association

Submission ID HPF-B343-GFRV3

Status Issued

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/01/2020

Organization Name

Concord Regional Visiting Nurse Association

Street Address

30 Pillsbury Street

Concord, NH 03301

Federal ID #

020222122

State Registration #

1957

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

<http://www.granitevna.org>

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

No

Chief Executive

First Name **Last Name**

Beth *Slepian*

Phone Type **Number** **Extension**

Business 6032244093 5661

Email

beth.slepian@granitevna.org

Board Chair

First Name	Last Name	
Michelline	Dufort	
Phone Type	Number	Extension
Mobile	6033056040	
Email	michelline.dufort@unh.edu	

Community Benefits Plan Contact

First Name	Last Name	
Geraldine	Holmes	
Title	Community Benefits Manager	
Phone Type	Number	Extension
Business	6032244093	
Email	geraldine.holmes@granitevna.org	

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

No

Section 2: Mission & Community Served

Mission Statement

We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

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

Belknap
Carroll
Hillsborough
Merrimack

Please select service area municipalities (NH), if applicable

NONE PROVIDED

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)

2021

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 1)

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

A1: Community Health Education

A7: Other Community Benefit Operations

A5: Dedicated Staff costs

B3: Scholarships/Funding for Health Professions Education

B2: Intern/Residency Education

B1: Provision of Clinical Setting for Undergraduate Education

C10: Other Subsidized Health Services

E1: Cash Donations

F2: Economic development

F5: Leadership Development; Training for Community Members

F6: Coalition Building

F7: Community Health Advocacy

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

NONE PROVIDED

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 (\$)

41987712.00

(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	166000	0	166000	0.4%	166000

(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	1863000	0	1863000	4.4%	1863000

(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	2029000	0	2029000	4.8%	2029000

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	133746	0	133746	0.3%	0

(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	56775	0	56775	0.1%	56775

(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	2865682	0	2865682	6.8%	2865682

(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	750	0	750	0%	750

(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	3056953	0	3056953	7.3%	2923207

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	5085953	0	5085953	12.1%	\$4952207

Section 5: Community Building Activities

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

41987712.00

(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	1976	0	1976	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	102575	0	102575	0.2%

(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	14651	0	14651	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	26625	0	26625	0.1%

(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 (%)
14	NONE PROVIDED	852742	148956	703786	1.7%

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 (%)
14	0	998569	148956	849613	0.3%

Section 6: Medicare**Enter total revenue received from Medicare (\$ -- including DSH and IME)**

NONE PROVIDED

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

NONE PROVIDED

Medicare surplus (shortfall)

\$NaN

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 (\$)

46250448.00

Net operating costs (\$)

41987712.00

Ratio of gross receipts from operations to net operating costs

1.102

Unreimbursed Community Benefit Costs

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

2029000

Other Community Benefit Costs (\$)

3056953

Community Building Activities (\$)

849613

Total Unreimbursed Community Benefit Expenses (\$)

5935566

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

14.14%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

280562.00

Medicare Shortfall (\$)

\$NaN

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
Concord Hospital	Yes	Yes	No	No
Riverbend Community Mental Health Center	Yes	Yes	No	No
Ascentria Care Alliance	Yes	Yes	No	No
Foundation for Healthy Communities	Yes	Yes	No	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
State of New Hampsire	Yes	Yes	No	No
City of Concord	Yes	Yes	No	No
Belknap/ Merrimack CAP	Yes	Yes	No	No

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

Key Stakeholder interviews
 Community survey
 Concord Hospital staff survey
 Demographics
 Socioeconomic indicators
 Findings of Other Community Health Needs Assessments
 Medically Underserved areas and population

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.

N/A

Notice of the policy is posted in waiting rooms.

N/A

Notice of the policy is posted in other public areas of our facilities.

N/A

Notice of the charity care policy is given to recipients who are served in their home.

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Geraldine

Last Name

Holmes

Title

CFO

Email

geraldine.holmes@granitevna.org

NHCT-31 (December 2020)