

# Form NHCT-31: Community Benefits Plan Report

version 1.1

(Submission #: HPP-Y4KM-A2PPH, version 1)

## Details

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**Submitted** 12/27/2022 (1 days ago) by Ryan Cullen

**Submission ID** HPP-Y4KM-A2PPH

**Status** Submitted

## Form Input

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### Section 1: Entity Information

**Entity Name**

Rockingham Visiting Nurse Association and Hospice

**State Registration #**

2317

**Federal ID #**

02-0274905

**Fiscal Year Beginning**

10/01/2021

**Entity Address**

4 Alumni Drive

Exeter, NH 03833

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

<http://www.exeterhospital.com/Rockingham-VNA-Hospice>

**Chief Executive Officer (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Karen	<i>Michel</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6037722981	
<b>Email</b>		
kmichel@ehr.org		

**Board Chair (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Kevin	<i>Callahan</i>	
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6035806691	
<b>Email</b>		
kcallahan@ehr.org		

**Community Benefits Plan - Contact (first, last name)**

<b>First Name</b>	<b>Last Name</b>	
Mark	<i>Whitney</i>	
<b>Title</b>		
<i>V.P. STRATEGY</i>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6035807437	
<b>Email</b>		
mwhitney@ehr.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**

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.

**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?**

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**

**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**

NONE PROVIDED

**Comment**

The community NEEDS identified here represent those identified in the 2019 Community Health Needs Assessment Report and not the 2022 assessment. The community benefit spending included in this report directly relates to the 2019 identified needs. The 2023 filing will reflect spending for those NEEDS identified in the 2022 assessment.

**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 5)**

**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.**

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

**7. 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 Medicare and Medicaid programs below the cost of care or existing market rates.

## **Section 3.2: Community Needs Assessment (2 of 5)**

**3. Area of Community Need / Concern**

27. Healthy Eating / Nutrition / Food Insecurity

**4. Is the need identified in the Community Needs Assessment?**

No

**5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

No

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

C10: Other Subsidized Health Services

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

nutritionist

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

12. Family/Parent Support Services

**4. Is the need identified in the Community Needs Assessment?**

No

**5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

No

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

A3: Health Care Support Services

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

bereavement support groups

**Section 3.2: Community Needs Assessment (4 of 5)****3. Area of Community Need / Concern**

2. Access to Prescription Medications / Prescription Assistance

**4. Is the need identified in the Community Needs Assessment?**

No

**5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

No

**6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.**

C10: Other Subsidized Health Services

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

Pharmacist

**Section 3.2: Community Needs Assessment (5 of 5)**

**3. Area of Community Need / Concern**

34. Education / Job Training

**4. Is the need identified in the Community Needs Assessment?**

No

**5. Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?**

No

**6. 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

**7. 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 (\$)**

19224319

**(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	0	0	0	0%	0

**(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	422022	0	422022	2.2%	438903

**(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	422022	0	422022	2.2%	438903

**Community Benefit Services**

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**(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	155744	15470	140274	0.7%	145885

**(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	20692	0	20692	0.1%	21520

**(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	41284	815	40469	0.2%	42088

**(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 (\$)

(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%	5523

**(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	223031	16285	206746	1.1%	215016

**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	645053	16285	628768	3.3%	\$653919

## Section 5: Community Building Activities

Total expense (\$; entered at top of Section 4)  
19224319

### (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**

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**(10) Totals**

<b>(a) Number of activities or programs</b>	<b>(b) Persons served</b>	<b>(c) Total community benefit expense (\$)</b>	<b>(d) Direct offsetting revenue (\$)</b>	<b>(e) Net community benefit expense (\$)</b>	<b>(f) Percent of total expense (%)</b>
0	0	0	0	0	0%

## **Section 6: Medicare**

**1. Total revenue received from Medicare (\$ -- including DSH and IME)**  
12182569

**2. Medicare allowable costs of care relating to payments specified above (\$)**  
12325630

**3. Medicare surplus (shortfall)**  
\$-143061

**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.**

Medicare Net Revenue - Medicare Cost = Medicare Loss

**5. 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**

**1. Gross Receipts from Operations (\$)**  
17050953

**2. Net operating costs (\$)**  
19224319

**3. Ratio of gross receipts from operations to net operating costs**  
0.887

### **Unreimbursed Community Benefit Costs**

**4. Financial Assistance and Means-Tested Government Programs (\$)**  
422022

**5. Other Community Benefit Costs (\$)**  
206746

**6. Community Building Activities (\$)**  
0

**7. Total Unreimbursed Community Benefit Expenses (\$)**

628768

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

3.27%

**Other Community Benefits (optional)**

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

90346

**2. Medicare Shortfall (\$)**

-\$143061

**Section 8: Community Engagement in the Community Benefits Process**

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**1. Please list below**

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
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-McFarland 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
Michael Guidi, DO, Core Physicians	Yes	No	No	No

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
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 McConnell, Representative Brentwood	Yes	No	No	No
Tanisha Johnson, Associate Branch Director, Exeter Area YMCA	Yes	No	No	No
Kristyn LaFleur, Exe Dir, Key Coll, 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
Katy Lilly MD, Medical Director, Philips 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

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Indentification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
Molly Zirillo, Executive Director, Society of St. Vincent de Paul Exeter	Yes	No	No	No
Tony Teixeira, Executive Director, Exeter Housing Authority	Yes	No	No	No
Carol Gulla, Executive Director, TASC	Yes	No	No	No
Maria Kenney, Administrative Director, Seacoast Youth Services	Yes	No	No	No
David O'Connor, Principal, Hampton Academy	Yes	No	No	No
Patti MacKenzie, Vol Exe Director, Hampton Community Coalition Services	Yes	No	No	No
Nita Niemczyk , Volunteer, Hampton Community Coalition Services	Yes	No	No	No
Lois Costa, Principal, Marston School	Yes	No	No	No
John Reagan, Senator NH	Yes	No	No	No
Michael Cahill, State Representative NH	Yes	No	No	No
Public Online via Survey Monkey	Yes	Yes	No	No
Nancy Euchner, CEO, Age Quest	Yes	No	No	No

**2. 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. Epping Regional Health Center
  - c. Tuscan Kitchen
  - d. Seabrook Public Library
3. On Line 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**

**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.**

N/A

## Section 10: Certification

### Electronic Signature

**First Name**    **Last Name**

Ryan            *Cullen*

**Title**

*Senior Accountant*

**Email**

rcullen@ehr.org

**NHCT-31 (September 2022)**

## Status History

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	<b>User</b>	<b>Processing Status</b>
12/14/2022 5:45:33 PM	Ryan Cullen	Draft
12/27/2022 4:16:02 PM	Ryan Cullen	Submitting
12/27/2022 4:16:16 PM	Ryan Cullen	Submitted

## Processing Steps

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<b>Step Name</b>	<b>Assigned To/Completed By</b>	<b>Date Completed</b>
Form Submitted	Ryan Cullen	12/27/2022 4:16:16 PM