

Form NHCT31, Community Benefits Reporting

version 1.13

(Submission #: HPC-F50W-EACSM, version 1)

Details

Submitted 10/14/2021 (0 days ago) by Ruth E en Whitney

Alternate Identifier Home Health & Hospice Care

Submission ID HPC-F50W-EACSM

Status Submitted

Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

7/1/2020

Organization Name

Home Health & Hospice Care

Street Address

7 Executive Park Drive
Merrimack, NH 03054

Federal ID #

23-7331452

State Registration #

2495

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

http://www.hhhc.org

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

Yes

Chief Executive

First Name Last Name

John Getts

Phone Type Number Extension

Business 603-689-2950

Email

[REDACTED]

Board Chair

First Name	Last Name	
Eizabeth	Cote	
Phone Type	Number	Extension
Business	603-424-5664	
Email	[REDACTED]	

Community Benefits Plan Contact

First Name	Last Name	
John	Getts	
Title		
CEO		
Phone Type	Number	Extension
Business	603-689-2950	
Email	[REDACTED]	

Does this report include community benefit information for affiliated or subsidiary organizations?
No

Section 2: Mission & Community Served

Mission Statement

Provide home, hospice, and supportive care services that enhance independence and quality 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

- Hi sborough
- Merrimack
- Rockingham

Please select service area municipalities (NH), if applicable

AMHERST
AUBURN
BEDFORD
BROOKLINE
CANDIA
CHESTER
DERRY
GOFFSTOWN
HOLLIS
HOOKSETT
HUDSON
LITCHFIELD
LONDONDERRY
MANCHESTER
MASON
MERRIMACK
MILFORD
MONT VERNON
NASHUA
NEW BOSTON
PELHAM
RAYMOND
SALEM
WILTON
WINDHAM

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)

2020

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 6)

Area of Community Need / Concern

17. Access to Home Health Care

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
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations
B1: Provision of Clinical Setting for Undergraduate Education
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 6)

Area of Community Need / Concern

6. Heart Disease and Stroke

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
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations
B1: Provision of Clinical Setting for Undergraduate Education
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 6)

Area of Community Need / Concern

7. Diabetes

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
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations
B1: Provision of Clinical Setting for Undergraduate Education
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 6)

Area of Community Need / Concern

8. COPD

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
A3: Health Care Support Services
A4: Other Community Health Improvement Services
F6: Coalition Building
F7: Community Health Advocacy
E4: Resource Development Assistance
E1: Cash Donations
B1: Provision of Clinical Setting for Undergraduate Education
C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 6)

Area of Community Need / Concern

9. Congestive Heart Failure

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
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- F6: Coalition Building
- F7: Community Health Advocacy
- E4: Resource Development Assistance
- E1: Cash Donations
- B1: Provision of Clinical Setting for Undergraduate Education
- C7: Subsidized Continuing Care

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 6)

Area of Community Need / Concern

19. Palliative Care / Hospice

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
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- F6: Coalition Building
- F7: Community Health Advocacy
- E4: Resource Development Assistance
- E1: Cash Donations
- B1: Provision of Clinical Setting for Undergraduate Education
- C7: Subsidized Continuing Care
- C9: Palliative Care

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 (\$)

22449910

(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	40	30157	0	30157	0.1%	105640

(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	638980	601885	37095	0.2%	640000

(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	40	669137	601885	67252	0.3%	745640

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	90333	0	90333	0.4%	119500

(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	3575	0	3575	0%	25000

(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	318	3591141	3318255	272886	1.2%	800000

(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	394065	0	394065	1.8%	405500

(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	318	4079114	3318255	760859	3.4%	1350000

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	358	4748251	3920140	828111	3.7%	\$2095640

Section 5: Community Building Activities**Total expense (\$; entered at top of Section 4)**

22449910

(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	8224	0	8224	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	2624	0	2624	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	424	424	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	11272	424	10848	0%

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

18082233

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

18082233

Medicare surplus (shortfall)

\$0

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 cost report methodology.

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

Cost accounting system

Section 7: Summary Financial Measures

Gross Receipts from Operations (\$)

26635554

Net operating costs (\$)

22449910

Ratio of gross receipts from operations to net operating costs

1.186

Unreimbursed Community Benefit Costs

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

67252

Other Community Benefit Costs (\$)

760859

Community Building Activities (\$)

10848

Total Unreimbursed Community Benefit Expenses (\$)

838959

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

3.74%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

776558

Medicare Shortfall (\$)

\$0

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
United Way of Greater Nashua	Yes	Yes	Yes	No
Southern NH Health System	Yes	Yes	No	No

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
St Joseph Hospita	Yes	Yes	No	No
Catho ic Medica Center	Yes	Yes	No	No
Dartmouth Hitchcock-Nashua	Yes	Yes	No	No
Dartmouth Hitchcock-Manchester	Yes	Yes	No	No

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

Utilized access to various reporting and had one on one conversations with various partners.

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.

Yes

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 Last Name

John *Getts*

Title

CEO

Email

