Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPT-7YHG-YJZ9P, version 1)

Details

Submitted   8/11/2023 (2 days ago) by Anita Rozeff

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Status   Submitted

Form Input

Section 1: Entity Information

Entity Name
Lamprey Health Care, Inc.
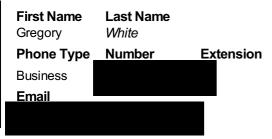
State Registration #
1677

Federal ID #
23-7305106
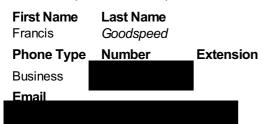
Fiscal Year Beginning
10/01/2021

Entity Address
207 S. Main St
Newmarket, NH 03857

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

Chief Executive Officer (first, last name)

First Name	Last Name	
Gregory	*White*	

Phone Type	Number	Extension
Business	███████████	

Email
████████████████████

Board Chair (first, last name)

First Name	Last Name	
Francis	*Goodspeed*	

Phone Type	Number	Extension
Business	████████	

Email
██████████████████

Community Benefits Plan - Contact (first, last name)

First Name	**Last Name**
Anita	*Rozeff*

Title

Compliance Officer/Grants and Contracts Manager

Phone Type	**Number**	**Extension**
Business	███████████	

Email

███████████████

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)?
N/A

Section 2: Mission & Community Served

1. Mission Statement
The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

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
Hillsborough
Rockingham
Strafford

Please select service area municipalities (NH), if applicable
AMHERST
ATKINSON
BARRINGTON
BRENTWOOD
BROOKLINE
CANDIA
CHESTER
DANVILLE
DEERFIELD
DERRY
DURHAM
EAST KINGSTON
EPPING
EXETER
FREMONT
HAMPSTEAD
HAMPTON
HAMPTON FALLS
HOLLIS
HUDSON
KENSINGTON
KINGSTON
LEE
LITCHFIELD
LONDONDERRY
LYNDEBOROUGH
MADBURY
MERRIMACK
MILFORD
MONT VERNON
NASHUA
NEWFIELDS
NEWMARKET
NEWTON
NORTH HAMPTON
NORTHWOOD
NOTTINGHAM
PELHAM
PLAISTOW
RAYMOND
RYE
SANDOWN
SEABROOK
SOUTH HAMPTON
STRATHAM
WILTON
GREENVILLE
MASON

Service Population Description
Although Lamprey Health Care does serve the general population, a large percentage of Lamprey Health Care patients includes the uninsured, underinsured and indigent. In Calendar Year 2022, LHC served an aggregate total of 15,719 patients with a total of 64,669 visits throughout our sites. Approximately 30.6% of patients are covered by either regular Medicaid or one of the Medicaid Expansion plans. The number of uninsured patients, 12.4% of patients in CY2022, does not reflect the increasing number of patients with high deductible health plans who may be considered under insured. The percentage of patients with income 200% and below Federal Poverty Guidelines is 64%. Over 26.3% are best served by a language other than English and 22% are Hispanic.

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
2022 Exeter Area Needs AssessmentRS.pdf - 04/28/2023 01:46 PM
Comment
Lamprey has attached the 2022 Exeter Area Assessment conducted in collaboration with community partners. In 2020, an assessment was conducted with our community partners for the Nashua Service Area.

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 10)

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
A2: Community-Based Clinical Services
A3: Health Care Support Services
B2: Intern/Residency Education
C8: Behavioral Health Services

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (2 of 10)

3. Area of Community Need / Concern
22. Access to Mental Health Services

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
C8: Behavioral Health Services
F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (3 of 10)

3. Area of Community Need / Concern
25. Access to Substance Use Disorder Services

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
A3: Health Care Support Services
C8: Behavioral Health Services
F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (4 of 10)

3. Area of Community Need / Concern
16. Aging Population / Senior 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?
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
A1: Community Health Education
A2: Community-Based Clinical Services
A3: Health Care Support Services
B2: Intern/Residency Education
C8: Behavioral Health Services

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (5 of 10)

3. Area of Community Need / Concern
29. Workforce Development

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.
B2: Intern/Residency Education
B4: Other Health Professions Education Support
F5: Leadership Development; Training for Community Members
F8: Workforce Development

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (6 of 10)

3. Area of Community Need / Concern
31. Transportation Services

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

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 10)

3. Area of Community Need / Concern
2. Access to Prescription Medications / Prescription Assistance

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
B2: Intern/Residency Education
A3: Health Care Support Services

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (8 of 10)

3. Area of Community Need / Concern
3. Access to Primary Care

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
A3: Health Care Support Services
B2: Intern/Residency Education
C8: Behavioral Health Services

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (9 of 10)

3. Area of Community Need / Concern
30. Cultural / Language Barriers to Care

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?
Yes

6. Select the applicable Category or Categories of Community Benefit included in your plan associated with this need.
A5: Dedicated Staff costs

7. Brief description of major strategies or activities to address this need (optional)
NONE PROVIDED

Section 3.2: Community Needs Assessment (10 of 10)

3. Area of Community Need / Concern
12. Family/Parent Support Services

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.
A5: Dedicated Staff costs

7. 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 ($)
21010067

(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	1636310	0	1636310	7.8%	1700000

(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	5975361	4232894	1742467	8.3%	1800000

(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	7611671	4232894	3378777	16.1%	3500000

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	1190496	0	1190496	5.7%	1200000

(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	1877293	832467	1044826	5%	1100000

(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	4956966	3230976	1725990	8.2%	1800000

(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	451384	176311	275073	1.3%	275000

(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	NaN	8476139	4239754	4236385	20.2%	4375000

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	NaN	16087810	8472648	7615162	36.2%	$7875000

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
21010067

(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	NaN	0	0	0	0%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
1270215

2. Medicare allowable costs of care relating to payments specified above ($)
4960317

3. Medicare surplus (shortfall)
$-3690102

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.
NONE PROVIDED

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

Cost to charge ratio

Section 7: Summary Financial Measures

1. Gross Receipts from Operations ($)

21306910

2. Net operating costs ($)

21010067

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

1.014

Unreimbursed Community Benefit Costs

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

3378777

5. Other Community Benefit Costs ($)

4236385

6. Community Building Activities ($)

0

7. Total Unreimbursed Community Benefit Expenses ($)

7615162

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

36.25%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)

NONE PROVIDED

2. Medicare Shortfall ($)

$-3690102

Section 8: Community Engagement in the Community Benefits Process

1. Please list below

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
Exeter Area YMCA	Yes	Yes	Yes	Yes
Exeter Rotary Club	Yes	Yes	Yes	Yes
Exeter Hospital	Yes	Yes	Yes	Yes
Gather	Yes	Yes	Yes	Yes
Leadership Seacoast	Yes	Yes	Yes	Yes
Plaistow Community YMCA	Yes	Yes	Yes	Yes
Racial Unity Team	Yes	Yes	Yes	Yes
Seacoast Family Promise	Yes	Yes	Yes	Yes
Seacoast Mental Health Center	Yes	Yes	Yes	Yes

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
Society of St. Vincent de Paul Exeter	Yes	Yes	Yes	Yes
Transportation Assistance for Seacoast Citizens	Yes	Yes	Yes	Yes
University of New Hampshire	Yes	Yes	Yes	Yes
Waypoint at the Richie McFarland Children's Center	Yes	Yes	Yes	Yes
Matt Chapman, Executive Director, Housing Partnershiip	Yes	No	No	No
Ellen Faulconer, HR Director, Town of Kingston	Yes	No	No	No
Russell Dean, Town Manager, Town of Exeter	Yes	No	No	No
Drew Olick, Exeter Hospital	Yes	No	No	No
Susan Turner, CAC, Families First Health and Support Services	Yes	No	No	No
Shamera Simpson, Area Director, AFSP	Yes	No	No	No
Sonya Robicheau, Officer, Exeter Police Department	Yes	No	No	No
Pam McElroy, Human Services Admin., Exeter Police Department	Yes	No	No	No
Hershey Hirschkop, Executive Director, Seacoast Outright	Yes	No	No	No
Kristen Welch Director of Development, NAMI-NH	Yes	No	No	No
Peggy Small-Porter, Coord. Development, Waypoint NH	Yes	No	No	No
Beth Wheeler, Director Pop. Health, Foundation for Healthy Communities	Yes	No	No	No
Carol Gulla, Executive Director, TASC	Yes	No	No	No
Charlotte Scott, Program Director, SoRock	Yes	No	No	No
Jeff Donald, Community Transportation Mgr., COAST	Yes	No	No	No
Jen Hubbell, Executive Director, GOTR NH	Yes	No	No	No
Jennifer Wheeler, President, Exeter Area Chamber of Commerce	Yes	No	No	No
Ken Mendis, Chair, Racial UnityTeam	Yes	No	No	No
Molly Zirillo, Executive Director, Society of St. Vincent de Paul	Yes	No	No	No
Sarah Gould, Training & Program Coord., Connor's Climb Foundation	Yes	No	No	No
Sarah Shanahan, Education & Training Director, HAVEN	Yes	No	No	No
Seneca Bernard, Assoc. Executive Director, Gather	Yes	No	No	No
Mark Lefebrve, Director of Community Engagement, Pinetree Institute	Yes	No	No	No
Maria Reyes, Continuum of Care Coord., Seacoast Public Health Network	Yes	No	No	No
Justin Pizon, Exeter Fire Department	Yes	No	No	No
Talley Westerberg, Social Worker, Winnacunett High School	Yes	No	No	No
Darren A Guy, DO, Chief Population Health Officer, Core Physicians, LLC	Yes	No	No	No

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

The Exeter area 2022 CHNA process included identifying and reviewing both qualitative and quantitative data with the use of random telephone survey conducted by the University of New Hampshire Survey Center, open community forums, online surveys, key leader interviews, outreach to support agencies, and review of relevant secondary data sources.

Lamprey Health Care also participates in the Community Health Needs Assessment in the Nashua service area. This CHNA was conducted and 2020. Primary and secondary sources including interviews and surveys. An assessment is currently underway.

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**
Anita	*Rozeff*

Title
Compliance Officer/Grants & Contracts Manager

Email
███████████████████████

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
4/28/2023 1:46 PM	2022 Exeter Area Needs AssessmentRS.pdf	Attachment	No	Anita Rozeff