

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPR-PP6B-1FF49, version 1)

Details

Submitted 2/27/2023 (3 days ago) by Barbara Howcroft

Submission ID HPR-PP6B-1FF49

Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Pemi-Baker Hospice & Home Health

State Registration #

3181

Federal ID #

02-0273178

Fiscal Year Beginning

01/01/2022

Entity Address

101 Boulder Point Drive

Suite 3

PLYMOUTH, New Hampshire 03264

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

<http://www.pbhha.org>

Chief Executive Officer (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Danielle	Paquette-Home	Business	[REDACTED]	
Email [REDACTED]				

Board Chair (first, last name)

First Name	Last Name	Phone Type	Number	Extension
Carolyn	Varin	Business	[REDACTED]	
Email [REDACTED]				

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Barbara	Howcroft	
Title		
Finance Manager		
Phone Type	Number	Extension
Business	[REDACTED]	
Email		
[REDACTED]		

1. Is the entity's community benefits plan on the organization's website?

No


2. Does the report include community benefit information for affiliated or subsidiary entity(ies)?



No

Section 2: Mission & Community Served

1. Mission Statement


Improve the health and wellbeing of the communities by providing excellence in health care services through outreach, in-home and facility based programming.


En  Visioning Statement


To be recognized as the  provider of choice  for health and wellness services in our communities.

Values ~ Guiding Principles

 We approach clients and employees with integrity and honor our partnership with the communities we serve.

 We respect each individual/community need and strive to maintain dignity in each situation.

 We approach each situation with compassion and understanding.

 We hold ourselves accountable as stewards of the entrusted resources provided though the agency and our communities.

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

Belknap

Coos

Grafton

Please select service area municipalities (NH), if applicable

ASHLAND
ALEXANDRIA
BRIDGEWATER
BRISTOL
CAMPTON
CENTER HARBOR
DORCHESTER
ELLSWORTH
GROTON
HEBRON
HOLDERNESS
LINCOLN
MEREDITH
NEW HAMPTON
PLYMOUTH
RUMNEY
SANDWICH
THORNTON
WARREN
WATERVILLE VALLEY
WENTWORTH
WOODSTOCK

Service Population Description

Serve the General Population: The latest data on the NH website is from 2021
Population by Community (www.nh.gov/oep/programs/DataCenter): Net Total = 40,841

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)

2021

Please attach a copy of the needs assessment if completed in the past year

NONE PROVIDED

Comment

NONE PROVIDED

2. Was the assessment conducted in conjunction with other health care charitable trusts in your community?

No

Section 3.2: Community Needs Assessment (1 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?

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.

F7: Community Health Advocacy

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

Pemi-Baker Hospice & Home Health works closely with MidState and Speare Memorial Hospital to help assist clients with no prescription drug coverage.

Section 3.2: Community Needs Assessment (2 of 5)

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.

A6: Community Needs/Asset Assessment

F7: Community Health Advocacy

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

Pemi-Baker Hospice & Home Health works closely with MidState Health Center and Speare Memorial Hospital to help assist clients with health needs. Pemi-Baker also has regular blood pressure clinics as well as "Ask a Nurse" program held at a variety of senior centers.

Section 3.2: Community Needs Assessment (3 of 5)

3. Area of Community Need / Concern

20. Mental Health

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.

A7: Other Community Benefit Operations

A1: Community Health Education

C8: Behavioral Health Services

C9: Palliative Care

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

Pemi-Baker Hospice & Home Health provides support by providing free bereavement group meetings on a monthly basis. Families who have lost someone get followed for a year after loss to help with the death of a loved one. They also receive materials related to grief.

Section 3.2: Community Needs Assessment (4 of 5)

3. Area of Community Need / Concern

36. Other Community Health Need

If "Other" please describe here:

Immunizations

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.

A2: Community-Based Clinical Services

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

Pemi-Baker provides flu vaccines & COVID testing to patients at home.

Section 3.2: Community Needs Assessment (5 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.

A1: Community Health Education

2.1: Medicaid

1: Financial Assistance

2.3: Medicare

A2: Community-Based Clinical Services

C9: Palliative Care

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

Pemi-Baker offers a reduced fee to provide quality care to uninsured, and under insured, patients. We offer palliative care, accept Medicaid patients and do a variety of community health education.

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 (\$)

4405051

(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	1576957	3205378	-1628421	-37%	175000

(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	156481	87302	69179	1.6%	87000

(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	1079388	2494796	-1415408	-32.1%	1200000

(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	2812826	5787476	-2974650	-67.5%	1462000

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	34054	91146	-57092	-1.3%	30000

(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	2000	0	2000	0%	9000

(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	26054	0	26054	0.6%	20000

(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	34054	0	34054	0.8%	35000

(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	439838	180000	259838	5.9%	180000

(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	536000	271146	264854	6%	274000

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	3348826	6058622	-2709796	-61.5%	\$1736000

Section 5: Community Building Activities

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

4405051

(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	3000	0	3000	0.1%

(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	5000	0	5000	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	10000	0	10000	0.2%

(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	0	18000	0	18000	0.6%

Section 6: Medicare

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

2494796

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

1079388

3. Medicare surplus (shortfall)

\$1415408

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 accounting system

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

3305011

2. Net operating costs (\$)

4405051

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

0.75

Unreimbursed Community Benefit Costs

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

-2974650

5. Other Community Benefit Costs (\$)

264854

6. Community Building Activities (\$)

18000

7. Total Unreimbursed Community Benefit Expenses (\$)

-2691796

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

-61.11%

Other Community Benefits (optional)

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

90146

2. Medicare Shortfall (\$)

\$1415408

Section 8: Community Engagement in the Community Benefits Process

1. 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
Speare Memorial Hospital	Yes	Yes	Yes	Yes
Mid-State Health Center	Yes	Yes	Yes	Yes
Plymouth Senior Center	Yes	Yes	Yes	Yes
Pemi-Baker Hospice & Home Health	Yes	Yes	No	No
Community Action Program	Yes	Yes	No	No
Whole Village Resource Center	Yes	Yes	No	No
CADY	Yes	Yes	No	No
Genesis	Yes	Yes	No	No
Faith Leaders	Yes	No	No	No
Plymouth Pediatrics	Yes	No	No	No
Plymouth State University	Yes	No	No	No
Littleton Regional Hospital	Yes	No	No	No

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

The methodology included quantitative data from national sources including the US Census bureau & the American community Survey. Also included was data from NH Behavioral Risk Factor Survey System, the NH Youth Risk Behavior Survey, NH Vital Records and Administration & Hospital Discharge Data. Additional publications in the state and locally were referenced. A community survey, parent focus group, service providers focus group, and community leader interviews.

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.

N/A

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

Yes

Section 10: Certification

Electronic Signature

First Name **Last Name**

Barbara *Howcroft*

Title

Finance Manager

Email

████████████████████

NHCT-31 (September 2022)