

Form NHCT-31: Community Benefits Plan Report

version 1.6

(Submission #: HPY-4W44-H3Z1S, version 1)

Details

Submitted 10/9/2023 (0 days ago) by Phil Kneer

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Coos County Family Health Services, Inc.

State Registration #

233691

Federal ID #

02-0350051

Fiscal Year Beginning

07/01/2022

Entity Address

133 Pleasant Street

Berlin, NH 03570

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

<http://www.coosfamilyhealth.org>

Chief Executive Officer (first, last name)

First Name	Last Name
Ken	Gordon

Phone Type	Number	Extension
Business	[REDACTED]	

Email
[REDACTED]

Board Chair (first, last name)

First Name	Last Name
Kassie	Eafrati

Phone Type	Number	Extension
Home	[REDACTED]	

Email
[REDACTED]

Community Benefits Plan - Contact (first, last name)

First Name **Last Name**

Phil Kneer

Title

Chief Financial Officer

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)?

No

Section 2: Mission & Community Served

1. Mission Statement

Coos County Family Health Services is a community-based organization providing innovative, personalized, comprehensive health care and social services of the highest quality to everyone, regardless of economic status.

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?

Yes

Service Population Description

Medical and Dental Services - Eastern Coos County (Berlin-Gorham, Colebrook and surrounding towns)
RESPONSE to Sexual and Domestic Violence - All of Coos County and all of State of NH

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

NONE PROVIDED

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 7)

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.

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

C8: Behavioral Health Services

A5: Dedicated Staff costs

A2: Community-Based Clinical Services

C1: Emergency and Trauma Services

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

Availability of Telepsych services through the Emergency Department on a 24/7 basis.

24/7 emergency medical treatment and referral services.

Narcan education, training, and distribution.

24/7 call center for mental health and substance abuse.

Availability of social workers, care managers and community health workers.

Section 3.2: Community Needs Assessment (2 of 7)

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

A5: Dedicated Staff costs

C10: Other Subsidized Health Services

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

Established Community Health Fund.

Patient Financial Services assistance for patients.

Care management assistance for patients in Medicaid applications.

Sliding Scale Fee programs.

Section 3.2: Community Needs Assessment (3 of 7)

3. Area of Community Need / Concern

16. Aging Population / Senior 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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A5: Dedicated Staff costs

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

Telemedicine appointments available.
Mobile Health Unit.
Mail order or delivery of medications by local pharmacies.
Home monitoring programs available.

Section 3.2: Community Needs Assessment (4 of 7)

3. Area of Community Need / Concern

5. Cancer Prevention / Treatment

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
- A2: Community-Based Clinical Services
- A3: Health Care Support Services
- A4: Other Community Health Improvement Services
- A5: Dedicated Staff costs

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

Breast and Cervical Cancer Screening Program.
Specialty referrals for cancer screening diagnosis and treatment

Section 3.2: Community Needs Assessment (5 of 7)

3. Area of Community Need / Concern

6. Heart Disease and Stroke

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
- A1: Community Health Education
- A2: Community-Based Clinical Services
- A4: Other Community Health Improvement Services

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

Cardiac Rehab services
Cardiac Testing services
Referrals to Catholic Medical Center Cardiology programs

Section 3.2: Community Needs Assessment (6 of 7)

3. Area of Community Need / Concern

23. Dementia, including Alzheimer's Disease

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

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

Care coordinators.
Caregiver training available.

Section 3.2: Community Needs Assessment (7 of 7)

3. Area of Community Need / Concern

7. Diabetes

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

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

Dietary and nutritional counseling
Diabetes Nurse

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 (\$)

20393948

(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	445712	0	445712	2.2%	450000

(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	4816787	2118196	2698591	13.2%	2700000

(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	5262499	2118196	3144303	15.4%	3150000

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	0	0	0	0%	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	0	0	0	0%	0

(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	13812104	6000519	7811585	38.3%	7825000

(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	0	0	0	0%	0

(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	13812104	6000519	7811585	38.3%	7825000

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	19074603	8118715	10955888	53.7%	\$10975000

Section 5: Community Building Activities

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

20393948

(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)

2672089

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

6213793

3. Medicare surplus (shortfall)

\$-3541704

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.

The cost of care provided by Coos Country Family Health Services to Medicare beneficiaries far exceeds the amount received from Medicare for that care. Given that the access to care for the senior population is so significantly identified in the most recent Community Health Needs Assessment supports the inclusion of this program shortfall as a community benefit.

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 (\$)

21947391

2. Net operating costs (\$)

20393948

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

1.076

Unreimbursed Community Benefit Costs

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

3144303

5. Other Community Benefit Costs (\$)

7811585

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

10955888

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

53.72%

Other Community Benefits (optional)

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

8111526

2. Medicare Shortfall (\$)

\$-3541704

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
Androscoggin Valley Hospital	Yes	Yes	Yes	Yes
North Country Home Health and Hospice Agency	Yes	Yes	Yes	Yes
Upper Connecticut Valley Hospital	Yes	Yes	Yes	Yes
Weeks Medical Center	Yes	Yes	Yes	Yes
Coos Country Family Health Services	Yes	Yes	Yes	Yes

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

A standard process of gathering community input was developed In addition to gathering data from the above sources A CHNA survey was deployed to the Facilities Local Expert Advisors and offered to the community to gain input on local health needs and the needs of priority populations Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Facilities desire to represent the region's geographically diverse population Community input from 348 identified survey respondents was received Survey responses were gathered in March 2022.

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.

Yes

Section 10: Certification

Electronic Signature

First Name **Last Name**

Phil *Kneer*

Title

CFO

Email



NHCT-31 (September 2022)