Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPS-WX0C-KXVK4, version 1)

Details

Submitted	4/19/2023 (0 days ago) by Audrey Goudie
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Form Input

Section 1: Entity Information

Entity Name
HealthFirst Family Care Center
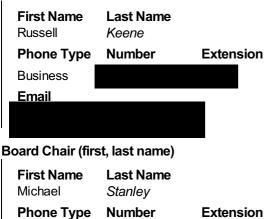
State Registration #
11330

Federal ID #
020492976

Fiscal Year Beginning
10/01/2022

Entity Address

841 Central Street

Franklin, NH 03235

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

Chief Executive Officer (first, last name)

First Name	Last Name	
Russell	*Keene*	
Phone Type	**Number**	**Extension**
Business	███████████	
Email		
████████████████		

Board Chair (first, last name)

First Name	Last Name	
Michael	*Stanley*	
Phone Type	**Number**	**Extension**
Mobile	█████████	
Email		
████████████		

Community Benefits Plan - Contact (first, last name)

First Name	Last Name
Audrey	*Goudie*

Title
Director of Marketing & Communications

Phone Type	Number	Extension
Mobile	████████████	

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
Through dedication, respect, and compassion for our patients and one another, we aim to inspire hope, and to advance the health and well-being of our patients, community, and staff.

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
Grafton
Merrimack

Please select service area municipalities (NH), if applicable
ALEXANDRIA
ANDOVER
ASHLAND
BELMONT
BRIDGEWATER
BRISTOL
CENTER HARBOR
DANBURY
FRANKLIN
GILFORD
GILMANTON
GROTON
HEBRON
HILL
LACONIA
MEREDITH
MOULTONBOROUGH
NEW HAMPTON
NORTHFIELD
SALISBURY
SANDWICH
TILTON

Service Population Description
As a federally qualified community health center, HealthFirst serves three counties and 23 municipalities with primary health care, behavioral health, and substance use disorder treatment needs of the general population offering services on a discounted sliding fee scale to those who qualify based on income.

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)
2020

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 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
A2: Community-Based Clinical Services
C10: Other Subsidized Health Services

7. Brief description of major strategies or activities to address this need (optional)
Promote sliding fee scale / discount program to those patients who quality. Promote / market that we, as an FQHC, serve anyone regardless of their ability to pay. We offer more community-based clinical services in conjunction with regional social service agencies. Promote / offer other free or subsidized programs to the community such as free mammograms and cervical cancer screenings (for those eligible for the Breast & Cervical Cancer Screening Program); offer nutrition and diabetes management, and more.

Section 3.2: Community Needs Assessment (2 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.
C8: Behavioral Health Services
F3: Support Systems Enhancement

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

Expanded and increased behavioral health service hours of operation, added new service locations, and convenient "meet them where they are at" services so patients can easily access MH counseling and treatment. Now offering school-based counseling services. Promote our expanded our MAT program and locations to provide patients of increased access to services. Targeted advertising for adults and youth seeking MH or MAT services. Educate patients on care coordination services available to them which can link them to other social supports in the region.

Section 3.2: Community Needs Assessment (3 of 5)

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.

A1: Community Health Education
C8: Behavioral Health Services

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

Expand our patient education of SUD / MAT services available within our BH department. Advertise and market within the communities served of our comprehensive SUD treatment options including MAT and referral to IOP when appropriate.

Section 3.2: Community Needs Assessment (4 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.

A1: Community Health Education
1: Financial Assistance
C5: Women�s and Children�s Services

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

Run vigorous ad campaign noting that HealthFirst is accepting new patients for primary care, women's health, and pediatrics. Hired one FT pediatrician. Hired one new FT medical director. We continue to educate the region that as an FQHC, we will serve anyone regardless of their ability to pay. We work with provider schedules to create several "urgent care or same day" appointment slots. We are active in the community, attending health fairs, etc. to ensure all know of our comprehensive primary care services that are available in Laconia and Franklin with extended hours several days of the week.

Section 3.2: Community Needs Assessment (5 of 5)

3. Area of Community Need / Concern

17. Access to Home Health 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.

A3: Health Care Support Services
C8: Behavioral Health Services

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

HealthFirst works closely with regional home health/hospice/VNA organizations to ensure an integrated referral process is in place for HealthFirst patients in need of home health care services. Similarly, we ensure that home health/VNA organizations working with patients in need of BH or primary care services are referred back to HealthFirst.

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 ($)
7820010.00

(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	740186.00	86137.00	654049	8.4%	800000.00

(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	3298923.00	1803632.00	1495291	19.1%	3300000.00

(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	216979.00	122633.00	94346	1.2%	230000.00

(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	4256088	2012402	2243686	28.7%	4330000

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	965990.00	0.00	965990	12.4%	1000000.00

(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	88776.00	2500.00	86276	1.1%	88000.00

(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	943533.00	448099.00	495434	6.3%	950000.00

(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	317960.00	0	317960	4.1%	320000.00

(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	2316259	450599	1865660	23.9%	2358000

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	6572347	2463001	4109346	52.5%	$6688000

Section 5: Community Building Activities

Total expense ($; entered at top of Section 4)
7820010

(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	740186	86137	654049	8.4%

(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	21110889	450599.00	20660290	264.2%

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	21851075	536736	21314339	8.4%

Section 6: Medicare

1. Total revenue received from Medicare ($ -- including DSH and IME)
460784.00

2. Medicare allowable costs of care relating to payments specified above ($)
481647.00

3. Medicare surplus (shortfall)
$-20863

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.
Costs exceeded reimbursements so free care was given.

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 ($)
5456847.00

2. Net operating costs ($)
7820010

3. Ratio of gross receipts from operations to net operating costs
0.698

Unreimbursed Community Benefit Costs

4. Financial Assistance and Means-Tested Government Programs ($)
2243686

5. Other Community Benefit Costs ($)
1865660

6. Community Building Activities ($)
21314339

7. Total Unreimbursed Community Benefit Expenses ($)
25423685

8. Net community benefit costs as a percent of net operating costs (%)
325.11%

Other Community Benefits (optional)

1. Leveraged Revenue for Community Benefit Activities ($)
NONE PROVIDED

2. Medicare Shortfall ($)
$-20863

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
Concord Hospital (formerly LRGH)	Yes	Yes	Yes	Yes
Granite VNA	Yes	Yes	Yes	Yes
Partnership for Public Health (PPH)	Yes	Yes	Yes	Yes
HealthFirst Family Care Center	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center	Yes	Yes	Yes	Yes
Winnipesaukee Public Health Council	Yes	Yes	Yes	Yes
Navigating Recovery of the Lakes Region	Yes	Yes	Yes	Yes
Laconia Police and Fire Departments	Yes	Yes	Yes	Yes
Horizons Counseling Services	Yes	Yes	Yes	Yes
Lakes Region Community Services	Yes	Yes	Yes	Yes

2. Please provide a description of the methods used to solicit community input on community needs:
HealthFirst, LRGH (now Concord Hospital), PPH, and Granite VNA all contracted with CHI / JSI to perform our collaborative community health needs assessment. They designed a community leader survey, a community member survey, and focus group protocols. They developed online surveys disseminated via email and through social media so partners could easily distribute through their individual marketing channels. A raffle prize was incorporated for those who participated in the survey. The surveys were programmed into Survey Monkey and the data was analyzed using SPSS. Analysis was conducted both sub-regionally across the greater Franklin, greater Laconia, and greater Meredith communities. Additional analysis was conducted across age and income categories. Members of the planning committee were responsible for distributing the surveys and holding 3 focus groups. Data collection activities were supplemented by a secondary data review of local population health datasets.

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**
Audrey	*Goudie*

Title
Director of Marketing, Communication & Philanthropy

Email

█████████████████████

NHCT-31 (September 2022)