

Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPT-0ZSQ-G4GY2, version 1)

Details

Submitted 4/21/2023 (2 days ago) by Jennifer Meyer

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Status Submitted

Form Input

Section 1: Entity Information

Entity Name

Planned Parenthood of Northern New England

State Registration #

2729

Federal ID #

03-0222941

Fiscal Year Beginning

07/01/2021

Entity Address

784 Hercules Drive Suite 110

Colchester, VT 05446

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

<http://www.ppnne.org>

Chief Executive Officer (first, last name)

First Name	Last Name
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Nicole	Clegg
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Phone Type	Number	Extension
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Business		
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Email

Board Chair (first, last name)

First Name	Last Name
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Margot	Milliken
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Phone Type	Number	Extension
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Business		
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Email

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Allison	Smith	
Title		
Director of Government Grants		
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

To provide, promote and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive health.

2. Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-l)?

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

- Cheshire
- Hillsborough
- Rockingham

Please select service area municipalities (NH), if applicable

- DERRY
- EXETER
- KEENE
- MANCHESTER

Service Population Description

PPNNE operates four health centers in NH, located in Derry, Exeter, Keene, and Manchester. The locations of our health centers facilitate access to family planning services in the Upper Valley and southern portions of the state. Our White River Junction (VT) site services a fairly equal number of NH and VT residents. In addition, health centers located just over the border in Brattleboro, VT and Sanford, ME serve NH residents.

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)

2015

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 4)

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

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C5: Women's and Children's Services

C10: Other Subsidized Health Services

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

PPNNE's clinical services include screening for six forms of cancer, primarily breast and cervical cancer, and screening and treatment of sexually transmitted diseases (STD's), including chlamydia, gonorrhea, and syphilis, and HIV. Early pregnancy detection helps women access basic prenatal care at PPNNE and through obstetricians who partner with PPNNE. Many patients rely on us for basic primary care and health screening.

Section 3.2: Community Needs Assessment (2 of 4)

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

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C5: Women's and Children's Services

C10: Other Subsidized Health Services

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

PPNNE's clinical services include screening for six forms of cancer, primarily breast and cervical cancer, and screening and treatment of sexually transmitted diseases (STD's), including chlamydia, gonorrhea, and syphilis, and HIV. Early pregnancy detection helps women access basic prenatal care at PPNNE and through obstetricians who partner with PPNNE. Many patients rely on us for basic primary care and health screening.

Section 3.2: Community Needs Assessment (3 of 4)

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

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C5: Women's and Children's Services

C10: Other Subsidized Health Services

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

PPNNE ensures that high quality family planning services are accessible and available to those who need them in the areas we serve. The availability of family planning services, including effective contraceptive methods, is directly correlated with women being able to plan and space their pregnancies, thereby reducing unintended pregnancies and fostering healthier babies, mothers, and families.

Section 3.2: Community Needs Assessment (4 of 4)

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

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

C5: Women's and Children's Services

C10: Other Subsidized Health Services

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

PPNNE screens for six types of cancer, primarily breast and cervical.

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 (\$)

29459960

(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	3922536.90	0	3922536.9	13.3%	2198533.74

(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	0	0	0	0%	0

(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	3922536.9	0	3922536.9	13.3%	2198533.74

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	0	0	0	0%	0

(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	0	0	0	0	0%	0

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	3922536.9	0	3922536.9	13.3%	\$2198533.74

Section 5: Community Building Activities

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

29459960

(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	0	0	0	0	0%

Section 6: Medicare

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

NONE PROVIDED

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

NONE PROVIDED

3. Medicare surplus (shortfall)

\$NaN

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:

NONE PROVIDED

Section 7: Summary Financial Measures

1. Gross Receipts from Operations (\$)

31655016

2. Net operating costs (\$)

29459960

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

1.075

Unreimbursed Community Benefit Costs

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

3922536.9

5. Other Community Benefit Costs (\$)

0

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

3922536.9

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

13.31%

Other Community Benefits (optional)

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

NONE PROVIDED

2. Medicare Shortfall (\$)

\$NaN

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
US DHHS Office of Population Affairs	No	No	Yes	Yes
Bi-State Primary Care Association	Yes	Yes	No	No
US DHHS Centers for Medicaid & Medicare Services	Yes	Yes	Yes	No
Planned Parenthood Federation of America	Yes	Yes	Yes	Yes
NH DHHS	Yes	Yes	No	Yes
NH Voices for a Health Coalition	Yes	Yes	No	No
NH Women's Health Network	Yes	Yes	Yes	No
Joan G Lovering Health Center	Yes	Yes	Yes	Yes
Concord Feminist Health Center	Yes	Yes	Yes	Yes
NH Charitable Foundation & NH Women's Foundation	Yes	Yes	Yes	Yes
Susan G Komen VT/NH Alliance	Yes	Yes	Yes	Yes
Manchester Boys & Girls Club	Yes	Yes	Yes	Yes
Manchester Community Health Center	Yes	Yes	Yes	Yes
Granite State Independent Living	Yes	Yes	Yes	Yes
Manchester Child Health Services	Yes	Yes	Yes	Yes
Manchester Child & Family Services	Yes	Yes	Yes	Yes
NH-JAG	Yes	Yes	Yes	Yes
PPNNE Board of Directors, Advisory Committees & other volunteer	Yes	Yes	Yes	Yes
PPNNE patients, program participants, parents & family members	Yes	Yes	Yes	Yes
Numerous local hospitals, health & social service agencies	Yes	No	No	Yes
Numerous state and local officials	Yes	Yes	No	Yes
Numerous local private medical practices	Yes	No	No	Yes
Numerous local foundations and donors	No	No	No	Yes

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

PPNNE utilizes multiple methods to solicit community input on community needs. Patient surveys to assess our ability to meet patient needs for high quality health services, affordability, accessibility, and confidentiality. Analysis of internal data to determine service demand, health trends and outcomes, quality assurance, and financial efficiency. Work with local, state and federal government & HHS agencies to identify needs & develop work plans for multi-year grant funding to ensure compliance with laws, regulations, evidenced-based, nationally recognized best practices. Assess trends in unintended pregnancy rates, STDs: poverty, unemployment, health insurance status, access to highly effective contraception, etc. Interview representatives from numerous local education, youth, health & social services organization to identify gaps in programs & methods. Develop a work plan, timeline, & advisory committee. Re-engage to ensure that our work plan was appropriate & realistic.

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.

No

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.

No

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

No

Section 10: Certification

Electronic Signature

First Name **Last Name**

Jennifer *Meyer*

Title

Finance Consultant

Email

[REDACTED]

NHCT-31 (September 2022)