

Form NHCT31, Community Benefits Reporting

version 1.14

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Details

Submitted 2/2/2022 (6 days ago) by Judy Fielders

Alternate Identifier HealthFirst Family Care Center

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Form Input

Section 1: Organizational Information

For Fiscal Year Beginning

10/1/2021

Organization Name

HealthFirst Family Care Center

Street Address

841 Central Street

Franklin, NH 03235

Federal ID #

020492976

State Registration #

11330

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

http://www.healthfirstfamily.org

Is the organization's community benefit plan on the organization's website?

Yes

Chief Executive

First Name **Last Name**

Russell Keene

Phone Type **Number** **Extension**

Business 603-934-0177 107

Email

rkeene@healthfirstfamily.org

Board Chair

First Name	Last Name	
Jim	Wells	
Phone Type	Number	Extension
Mobile	603-470-9663	
Email	jwellswoodworking@gmail.com	

Community Benefits Plan Contact

First Name	Last Name	
Audrey	Goudie	
Title	<i>Director of Marketing, Communications & Philanthropy</i>	
Phone Type	Number	Extension
Mobile	603-254-8654	
Email	agoudie@healthfirstfamily.org	

Does this report include community benefit information for affiliated or subsidiary organizations?

No

Section 2: Mission & Community Served**Mission Statement**

It is the mission of HealthFirst Family Care Center, Inc. to provide high quality primary healthcare, treatment, prevention and education services required by the residents of the service area, regardless of inability to pay or insurance status. HealthFirst coordinates and cooperates with other community and regional health care providers to assure the people of the region the fullest possible range of health and prevention services.

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.

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

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

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

Yes

Section 3.2: Community Needs Assessment (1 of 6)

Area of Community Need / Concern

1. Financial Barriers to Care; Cost of Care / Insurance

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

Promote sliding fee scale/discount program to patients. Promote/market that we, as an FQHC, serve anyone regardless of their ability to pay. 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/cervical screenings (for those eligible for the Breast and Cervical Cancer Program); diabetes management; and more.

Section 3.2: Community Needs Assessment (2 of 6)

Area of Community Need / Concern

20. Mental Health

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

Expand/increase behavioral health service hours operations, locations, and services where patients can access MH counseling and treatment. Promote our expanded MAT locations and increased access to services. Targeted advertising for adults and youth seeking MH services. Educate patients on care coordination services available to assist in linking them to other social service/support systems in the region.

Section 3.2: Community Needs Assessment (3 of 6)

Area of Community Need / Concern

25. Access to Substance Use Disorder Services

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

C8: Behavioral Health Services

A1: Community Health Education

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

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

Section 3.2: Community Needs Assessment (4 of 6)

Area of Community Need / Concern

3. Access to Primary Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

Advertise that HealthFirst is accepting new appointments for primary care, women's health, and pediatrics. Continue to educate region that, as an FQHC, we will serve anyone, regardless of their ability to pay. Work with provider's schedules to allow for "Same Day Access" appointments. Be active in the community activities and events (rotary/chamber of commerce/etc.) to ensure others know we offer comprehensive primary care services in Franklin and Laconia with convenient, extended hours.

Section 3.2: Community Needs Assessment (5 of 6)

Area of Community Need / Concern

17. Access to Home Health Care

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

Yes

Please 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

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

Work closely with area home health/VNA/hospice organizations to ensure and integrated referral process occurs for HealthFirst patients in need of home health services. Similarly, ensure that home health/VNA organizations working with patients in need of BH services are referred back to HealthFirst.

Section 3.2: Community Needs Assessment (6 of 6)

Area of Community Need / Concern

33. Affordable Housing

Is the need identified in the Community Needs Assessment?

Yes

Is the need addressed in the Health Care Charitable Trusts Community Benefit Plan?

No

Please select the applicable Category or Categories of Community Benefit included in your plan associated with this need.

A7: Other Community Benefit Operations

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

We have not addressed housing, not do we have the capacity to, within our own plan however there are several regional coalitions and taskforces working on the lack of housing in general as well as the lack of affordable housing issue/problem already.

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 (\$)

7390851.00

(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 (\$)
645	365	245243.13	41627.00	203616.13	2.8%	250000.00

(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 (\$)
8255	2220	2388141.27	1241239.00	1146902.27	15.5%	2500000.00

(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 (\$)
635	189	180877.86	165708.00	15169.859999999986	0.2%	195000.00

(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 (\$)
9535	2774	2814262.26	1448574	1365688.2599999998	18.5%	2945000

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 (\$)
5267	1868	700820.12	0.00	700820.12	9.5%	725000.00

(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 (\$)
32	16	45594.00	2500.00	43094	0.6%	50000.00

(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 (\$)
2964	494	495625.92	326645.00	168980.91999999998	2.3%	500000.00

(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 (\$)
1050	350	168214.00	0	168214	2.3%	155000.00

(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 (\$)
9313	2728	1410254.04	329145	1081109.04	14.6%	1430000

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 (\$)
18848	5502	4224516.3	1777719	2446797.3	33.1%	\$4375000

Section 5: Community Building Activities

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

7390851.00

(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

Enter total revenue received from Medicare (\$ -- including DSH and IME)

475188.00

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

479859.00

Medicare surplus (shortfall)

\$-4671

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.

Medicare cost report

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

Gross Receipts from Operations (\$)

9166473.00

Net operating costs (\$)

7390851.00

Ratio of gross receipts from operations to net operating costs

1.24

Unreimbursed Community Benefit Costs

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

1365688.2599999998

Other Community Benefit Costs (\$)

1081109.04

Community Building Activities (\$)

0

Total Unreimbursed Community Benefit Expenses (\$)

2446797.3

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

33.11%

Other Community Benefits (optional)

Leveraged Revenue for Community Benefit Activities (\$)

NONE PROVIDED

Medicare Shortfall (\$)

\$-4671

Section 8: Community Engagement in the Community Benefits Process

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
LRGHealthcare (now Concord Hospital-Laconia)	Yes	Yes	Yes	Yes
Central NH Visiting Nurse Association (now Granite VNA)	Yes	Yes	Yes	Yes
Partnership for Public Health	Yes	Yes	Yes	Yes
HealthFirst Family Care Center	Yes	Yes	Yes	Yes
Lakes Region Mental Health Center	Yes	Yes	No	No
Winnepesaukee Public Health Council	Yes	Yes	Yes	Yes
Navigating Recovery of the Lakes Region	Yes	Yes	No	No
Laconia Police and Fire Departments	Yes	Yes	No	No
Horizons Counseling Services	Yes	No	No	No
Lakes Region Community Services	Yes	No	No	No

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

HealthFirst, LRGH, PPH and Central NH VNA contracted with CHI/JSI to perform our community needs assessment. They designed a community leader survey, a parallel community survey, and a focus group protocol. CHI/JSI designed dissemination tools for partners to distribute the surveys, and coordinated a prize raffle for the community survey. The surveys were programmed into Survey Monkey, and data 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. Data collection activities were supplemented by a secondary data review of local population health datasets. Additionally, planning committee members conducted three focus groups with existing community groups, including a fitness group, and two recovery groups.

Section 9: Charity Care Compliance

The valuation of charity does not include any bad debt, receivables or revenue.

Yes

A written charity care policy is available to the public.

Yes

Any individual can apply for charity care.

Yes

Any applicant will receive a prompt decision on eligibility and amount of charity care offered.

Yes

Notice of the charity care policy is posted in lobbies.

Yes

Notice of the policy is posted in waiting rooms.

Yes

Notice of the policy is posted in other public areas of our facilities.

Yes

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

Yes

Section 10: Certification Contact

Name of Person Submitting the Community Benefits Report

First Name

Audrey

Last Name

Goudie

Title

Director of Marketing, Communication & Philanthropy

Email

agoudie@healthfirstfamily.org

NHCT-31 (December 2020)

Status History

	User	Processing Status
1/10/2022 3:19:17 PM	Judy Fielders	Draft
2/2/2022 9:17:02 PM	Judy Fielders	Submitting
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Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Judy Fielders	2/2/2022 9:17:16 PM