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Form NHCT-31: Community Benefits Plan Report

version 1.2

(Submission #: HPS-W2W4-MGJD6, version 1)

Details

Submitted 4/13/2023 (11 days ago) by Phil Kneer

Submission ID HPS-W2W4-MGJD6

Status Issued

Form Input

Section 1: Entity Information

Entity Name

COOS COUNTY FAMILY HEALTH SERVICES INC.

State Registration #

233691

Federal ID #

02-0350051

Fiscal Year Beginning

07/01/2021

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**

Mobile 603-752-3669

Email

kgordon@ccfhs.org

Board Chair (first, last name)

First Name **Last Name**

Patti *Stolte*

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

Mobile 603-716-6177

Email

pstolte@frc123.org

Community Benefits Plan - Contact (first, last name)

First Name	Last Name	
Phil	Kneer	
Title		
CFO		
Phone Type	Number	Extension
Business	603-752-2040	1356
Email		
pkneer@ccfhs.org		

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)?

N/A

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-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

Coos
Grafton

Please select service area municipalities (NH), if applicable

BERLIN
COLEBROOK
ERROL
WENTWORTH
GORHAM
MILAN
RANDOLPH
WHITEFIELD
STRATFORD
PITTSBURG
LANCASTER
JEFFERSON

Service Population Description

Medical and dental services are provided primarily to residents of Eastern Coos county.
RESPONSE to Sexual and Domestic Violence program can reach residents of the entire State of New Hampshire.

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

[North-Country-Final-CHNA-Report-No-Approval-Dates.pdf - 04/13/2023 08:18 AM](#)

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

A2: Community-Based Clinical Services

A5: Dedicated Staff costs

C1: Emergency and Trauma Services

C3: Hospital Outpatient Services

C8: Behavioral Health Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (2 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

A1: Community Health Education

A3: Health Care Support Services

C3: Hospital Outpatient Services

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

Cancer Screenings

Section 3.2: Community Needs Assessment (3 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

C10: Other Subsidized Health Services

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

Blood Pressure At Home Monitoring, Blood Pressure Screenings,

Section 3.2: Community Needs Assessment (4 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

A1: Community Health Education

A2: Community-Based Clinical Services

C10: Other Subsidized Health Services

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

A1C monitoring; Nutrition counseling

Section 3.2: Community Needs Assessment (5 of 7)

3. Area of Community Need / Concern

4. Oral Health

4. Is the need identified in the Community Needs Assessment?

No

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

C10: Other Subsidized Health Services

A5: Dedicated Staff costs

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

Dental CLinic

Section 3.2: Community Needs Assessment (6 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.

2.3: Medicare

2.1: Medicaid

A2: Community-Based Clinical Services

A3: Health Care Support Services

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

NONE PROVIDED

Section 3.2: Community Needs Assessment (7 of 7)

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

2.1: Medicaid

2.3: Medicare

A3: Health Care Support Services

C3: Hospital Outpatient Services

C10: Other Subsidized Health Services

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

NONE PROVIDED

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 (\$)

15980295

(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	720716	0	720716	4.5%	725000

(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	3679238	1979797	1699441	10.6%	1700000

(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	4399954	1979797	2420157	15.1%	2425000

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	9948896	5504728	4444168	27.8%	4500000

(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	9948896	5504728	4444168	27.8%	4500000

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	14348850	7484525	6864325	43%	\$6925000

Section 5: Community Building Activities**Total expense (\$; entered at top of Section 4)**

15980295

(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 (%)

(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)

2303539

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

3965494

3. Medicare surplus (shortfall)

\$-1661955

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 the provision of primary health care services and dental services to Medicare beneficiaries is well in excess of the reimbursement received from Medicare, As a Federally Qualified Health Center, Coos County Family Health Services provides a wide array of wrap around services the cost of which is not considered in Medicare reimbursement rates.

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 (\$)

9368585

2. Net operating costs (\$)

15980295

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

0.586

Unreimbursed Community Benefit Costs

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

2420157

5. Other Community Benefit Costs (\$)

4444168

6. Community Building Activities (\$)

0

7. Total Unreimbursed Community Benefit Expenses (\$)

6864325

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

42.95%

Other Community Benefits (optional)

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

5483589

2. Medicare Shortfall (\$)

\$-1661955

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
Upper Connecticut Valley Hospital	Yes	Yes	Yes	Yes
North Country Home Health and Hospice Agency	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:

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of the community was performed to review the prior CHNA, provide feedback, review the data gathered and determined the 2022 significant health needs. (quote from CHNA page 3)

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.

N/A

Section 10: Certification

Electronic Signature

First Name **Last Name**

Philip *Kneer*

Title

CFO

Email

pkneer@ccfhs.org

NHCT-31 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
4/13/2023 8:18 AM	North-Country-Final-CHNA-Report-No-Approval-Dates.pdf	Attachment	No	Phil Kneer

Status History

	User	Processing Status
4/13/2023 8:03:04 AM	Phil Kneer	Draft
4/13/2023 11:11:48 AM	Phil Kneer	Submitting
4/13/2023 11:12:02 AM	Phil Kneer	Submitted
4/18/2023 10:43:34 AM	Linda Bartlett	Issued

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Phil Kneer	4/13/2023 11:12:02 AM