

# Form NHCT31, Community Benefits Reporting

version 1.12

(Submission #: HP7-GD6B-N8EZ0, version 1)

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Location: New Hampshire



## Details

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**Alternate Identifier** Cornerstone VNA

**Submission ID** HP7-GD6B-N8EZ0

## Form Input

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### Section 1: Organizational Information

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**For Fiscal Year Beginning**

1/1/2020

**Organization Name**

Cornerstone VNA

**Street Address**

178 Farmington Road

Rochester, NH 03867

**Federal ID #**

22031026

**State Registration #**

2775

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

http://www.cornerstonevna.org

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

Yes

**Chief Executive**

**First Name**      **Last Name**

Julie              Reynolds

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

Business        6033321133    1101

**Email**

jreynolds@cornerstonevna.org

**Board Chair**

**First Name**      **Last Name**

Paul              Drager

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

Business        6033321133

**Email**

pdrager@cornerstonevna.org

## Community Benefits Plan Contact

<b>First Name</b>	<b>Last Name</b>	
Julie	Reynolds	
<b>Title</b>		
CEO		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Business	6033321133	
<b>Email</b>		
jreynolds@cornerstonevna.org		

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

N/A

## Section 2: Mission & Community Served

### Mission Statement

Promote the optimum level of well-being, independence and dignity of those living in the community by providing trusted, compassionate and expert health care.

**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  
Carroll  
Rockingham  
Strafford

**Please select service area municipalities (NH), if applicable**

NONE PROVIDED

### Service Population Description

## 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)**

2019

**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 1)

**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.**

A1: Community Health Education

A2: Community-Based Clinical Services

A3: Health Care Support Services

A4: Other Community Health Improvement Services

B4: Other Health Professions Education Support

E3: In-Kind Assistance

1: Financial Assistance

2.1: Medicaid

2.3: Medicare

B3: Scholarships/Funding for Health Professions Education

C9: Palliative Care

C10: Other Subsidized Health Services

E1: Cash Donations

A7: Other Community Benefit Operations

**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 (\$)**

149168.35

**(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	16910.34	0	16910.34	11.3%	10000

**(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	540752.29	419130.0	121622.290000000004	81.5%	400000

**(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	100850.	0	100850	67.6%	115000.

**(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	658512.63	419130	239382.630000000003	160.5%	525000

**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	5683.44	0	5683.44	3.8%	20000

**(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	66157.85	0	66157.85	44.4%	75000

**(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	4901885.81	3922729.	979156.80999999996	656.4%	5500000.00

**(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	33353.65	0	33353.65	22.4%	50000

**(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	5007080.75	3922729	1084351.7499999995	726.9%	5645000

**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	5665593.38	4341859	1323734.3799999997	887.4%	\$6170000

**Section 5: Community Building Activities**

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

149168.35

**(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	85144.80	0	85144.8	57.1%

**(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 (%)

(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	20880.60	0	20880.6	14%

**(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	3521.60	0	3521.6	2.4%

**(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	14254.0	0	14254	9.6%

**(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	4113.71	0	4113.71	2.8%

**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	127914.71	0	127914.71	92.5%

## Section 6: Medicare

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

NONE PROVIDED

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

NONE PROVIDED

**Medicare surplus (shortfall)**

\$NaN

**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

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

### Gross Receipts from Operations (\$)

15164417

### Net operating costs (\$)

149168.35

### Ratio of gross receipts from operations to net operating costs

101.66

### Unreimbursed Community Benefit Costs

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

239382.630000000003

### Other Community Benefit Costs (\$)

1084351.7499999995

### Community Building Activities (\$)

127914.71

### Total Unreimbursed Community Benefit Expenses (\$)

1451649.0899999996

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

973.16%

### Other Community Benefits (optional)

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### Leveraged Revenue for Community Benefit Activities (\$)

286507

### Medicare Shortfall (\$)

\$NaN

## 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
Cornerstone VNA	Yes	Yes	No	Yes
Frisbie Memorial Hospital	Yes	Yes	Yes	Yes
City Counselor Elaine Lauterborn	Yes	Yes	Yes	Yes
School administrative unit #61	Yes	Yes	No	No
SOS recovery community organization	Yes	Yes	No	No
Gerro-Psych FM	Yes	Yes	Yes	Yes
Spaulding High School	Yes	Yes	No	No
emergency services FMH	Yes	Yes	Yes	Yes
Clinical Administration FMH	Yes	Yes	Yes	Yes

<b>Community Organizations, Local Government Officials and other Representatives of the Public:</b>	<b>Identification of Need</b>	<b>Prioritization of Need</b>	<b>Development of the Plan</b>	<b>Commented on Proposed Plan</b>
RW Createau Tech Center Spaulding Hlgh	Yes	Yes	No	No
Jocelyn Caple Community member	Yes	Yes	No	No
Lesley Hume Community member	Yes	Yes	No	No
Homeless Center of Strafford County	Yes	Yes	No	No
Chris Blair Community member	Yes	Yes	No	No
Barbara Badger Community member	Yes	Yes	No	No

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

he CHNA methodology included: secondary data assessment, digital trends review, qualitative and primary data assessment including input from patients and community members acquired through community surveys along with needs prioritization using a proprietary process.

## **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.**

N/A

**Notice of the policy is posted in waiting rooms.**

N/A

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

N/A

**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**      **Last Name**

Julie                Reynolds

**Title**

CEO

**Email**

jreynolds@cornerstonevna.org