



Community Benefit Report FY 2011, October 2010 – March 2011

EMHS Mission: The mission of EMHS is to maintain and improve the health and well-being of the people of Maine through a well-organized network of local healthcare providers who together offer high quality, cost-effective services to their communities.

EMHS System-wide Total Benefit: \$ 58,855,439

| | |
|--|---|
| Community Health Improvement Services: \$ 47,873 | Community Benefit Operations: \$ 87,122 |
| Health Professions Education: \$ 22,543 | Charity Care: \$ 12,957,692 |
| Subsidized Health Services: \$ 20,616 | Unpaid Cost of Public Programs: |
| Research: \$ 324,211 | Medicare: \$ 21,179,543 Medicaid: \$ 23,380,182 |
| Financial Contributions: \$ 102,648 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 46.7M: \$ 657,871 |
| Community-Building Activities: \$ 75,138 | |

\$1,256,007 is the total amount of donor funds used for community benefit through Healthcare Charities of EMHS.

Community Benefit by EMHS Non-profit Member

The Acadia Hospital

Total Community Benefit: \$ 6,868,229

Community Impact: As the nation's only psychiatric Magnet hospital, The Acadia Hospital is committed to providing the highest quality mental health and substance abuse treatment to our clients. In our 2010 fiscal year (October 2009 - September 2010), Acadia served 1,478 persons through charity care.

| | |
|---|---|
| Community Health Improvement Services: \$ 7,949 | Charity Care: \$ 4,738,143 |
| Health Professions Education: \$ 10,376 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 2.9M: \$ 43,330 |
| Unpaid Cost of Public Programs: | |
| Medicare: \$ 2,068,431 | |

\$ 7,501 is the total amount of donor funds used for community benefit at The Acadia Hospital through Acadia Hospital Healthcare Charities.

The Aroostook Medical Center

Total Community Benefit: \$ 5,759,579

Community Impact: The Aroostook Medical Center (TAMC) is committed to restoring, maintaining, and improving the health of our friends and neighbors throughout Aroostook County. In 2010, TAMC held health fairs and screening events in several communities, educated local children about the importance of staying healthy, and supported the Let's Go Aroostook Childhood Obesity Initiative. TAMC also provided \$1,360,326 in charity care to 727 persons unable to pay for the cost of healthcare services.

| | |
|---|--|
| Community Health Improvement Services: \$ 2,166 | Unpaid Cost of Public Programs: |
| Subsidized Health Services: \$ 16,435 | Medicare: \$ 4,626,132 Medicaid: \$ 503,386 |
| Financial Contributions: \$ 17,436 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 7.5M: \$ 107,227 |
| Community Benefit Operations: \$ 5,392 | |
| Charity Care: \$ 481,405 | |

\$ 118,956 is the total amount of donor funds used for community benefit at The Aroostook Medical Center through The Aroostook Medical Center Healthcare Charities.

TOGETHER We're Stronger

Blue Hill Memorial Hospital

Total Community Benefit: \$ 584,508

Community Impact: Blue Hill Memorial Hospital is committed to improving the health of the communities we serve, regardless of a family's or individual's ability to pay for the services they need. In FY 2010, we provided more than \$890,000 in charity care, benefitting hundreds of local citizens. Included in this total are many patients under the age of 18. Without question, these youth are among our communities' most vulnerable populations. Our commitment to charity care extends across our entire organization. Whether someone is a young mother who cannot afford to pay for prenatal visits, or a local laborer requiring the services of our emergency department, we extend compassionate, respectful, and outstanding care to all who turn to us.

Community Health Improvement Services: \$ 8,063

Charity Care: \$ 426,148

Health Professions Education: \$ 378

Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of \$ 1.7M: \$ 22,542

Community-Building Activities: \$ 2,588

Unpaid Cost of Public Programs:

Medicare: \$ 124,789

\$ 1,865 is the total amount of donor funds used for community benefit at Blue Hill Memorial Hospital through Blue Hill Memorial Hospital Healthcare Charities.

Charles A Dean Memorial Hospital

Total Community Benefit: \$ 482,232

Community Impact: Charles A Dean Memorial Hospital, a 25 bed critical access hospital in the Moosehead Lake region continues to provide quality primary and specialty healthcare to our community. During 2010, we provided \$354,109 in traditional charity care. Through this program, we were able to offer healthcare services to 183 patients who otherwise would not have had access. CA Dean strives to improve healthcare by playing a leading role in the healthcare needs of our community.

Community Health Improvement Services: \$ 1,382

Unpaid Cost of Public Programs:

Health Professions Education: \$ 11,789

Medicare: \$ 100,321 Medicaid: \$ 165,209

Financial Contributions: \$ 2,325

Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of \$ 0.7M: \$ 8,137

Community Benefit Operations: \$ 320

Charity Care: \$ 192,749

\$ 3,971 is the total amount of donor funds used for community benefit at Charles A Dean Memorial Hospital through Charles A Dean Memorial Hospital Healthcare Charities.

EMHS (data below reflects Home Office activity only)

Total Community Benefit: \$ 160,723

Community Impact: EMHS recently engaged with University of New England, the Muskie Institute, MaineGeneral Health, and MaineHealth in completing a community health needs assessment (CHNA). The CHNA looks at the health status of Maine residents and identifies barriers to receiving healthcare. This will be the first health assessment that EMHS, MaineGeneral Health, and MaineHealth have completed together. It is hoped that by collaborating there will be a reduction in duplication and a consistent information set is available to support state, regional, and local health collaboratives. EMHS and others will use the report over the next three years to identify ways we can improve the health and well-being of the people of Maine. The report is now available at chna.emh.org

Financial Contributions: \$ 76,439

Community Benefit Operations: \$ 74,226

Community-Building Activities: \$ 10,058

\$93,577 is the total amount of donor funds used for community benefit at EMHS through EMHS Healthcare Charities.

Eastern Maine Homecare

Total Community Benefit: \$ 127,158

Community Impact: As a non-profit home health and hospice agency, providing services to the uninsured or underinsured is part of Eastern Maine HomeCare's mission. However decisions to provide this care must be based on available agency resources. In fiscal year 2010, Eastern Maine HomeCare provided \$16,498 in charity care to approximately 15 people in northern, eastern and central Maine.

Charity Care: \$ 6,684

Medicaid: \$ 120,474

\$ 14,510 is the total amount of donor funds used for community benefit at Eastern Maine Homecare through Eastern Maine Homecare Healthcare Charities

Eastern Maine Medical Center

Total Community Benefit: \$ 41,153,758

Community Impact: As the leading tertiary referral center for the northern two thirds of Maine, Eastern Maine Medical Center is committed to providing exceptional and highly specialized care to our patients. Whoever they are, whatever their circumstances, Maine people know they can count on Eastern Maine Medical Center, as they have for more than a century. We stand ready, 24 hours a day, 365 days a year. Because the way we see it, nothing should stand in the way of quality healthcare. Throughout 2010, EMMC provided free care to more than 3,600 Mainers, for a total of \$10,859,814.

Community Health Improvement Services: \$ 210

Research: \$ 324,211

Financial Contributions: \$ 448

Community-Building Activities: \$ 374

Charity Care: \$ 6,061,877

Unpaid Cost of Public Programs:

Medicare: \$ 12,983,110 Medicaid: \$ 21,414,334

Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of \$ 25.9M: \$ 369,194

\$ 1,007,809 is the total amount of donor funds used for community benefit at Eastern Maine Medical Center through Eastern Maine Medical Center Healthcare Charities.

Inland Hospital

Total Community Benefit: \$ 3,031,654

Community Impact: Inland Hospital is dedicated to providing the highest quality of care to the Greater Waterville area and surrounding communities, despite patients' ability to pay. During 2010, we helped 822 people with traditional charity care (\$1,424,161). Please view our complete Community Benefit report at www.inlandhospital.org.

Community Health Improvement Services: \$ 11,105

Financial Contributions: \$ 6,000

Community-Building Activities: \$ 37,946

Community Benefit Operations: \$ 7,504

Charity Care: \$ 458,422

Unpaid Cost of Public Programs:

Medicare: \$ 1,238,711 Medicaid: \$ 1,176,779

Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of \$ 7.1M: \$ 95,187

\$ 6,530 is the total amount of donor funds used for community benefit at Inland Hospital through the Inland Healthcare Charities

TOGETHER We're Stronger

Rosscare

Total Community Benefit: \$ 782

Community Impact: Rosscare's philosophy is to value aging and to strive to improve the lives of older adults through a network of senior services in eastern Maine. Rosscare's Lifeline Help Button service offers seniors security while they live safely and independently in their home. In 2010, Rosscare's Help Button Fund provided 4,380 days of personal emergency response service to support older adults to remain in their home. The amount provided by Rosscare totaled \$1,890.

Community Health Improvement Services: \$ 782

\$1,288 is the total amount of donor funds used for community benefit at Rosscare through Rosscare Healthcare Charities.

Sebasticook Valley Health

Total Community Benefit: \$ 686,816

Community Impact: Sebasticook Valley Health, designated as one of America's top rural hospitals for patient safety and quality by the Leapfrog Group and awarded Gold Status through the Wellness Councils of America for its workplace wellness programs, is a 25-bed critical access hospital serving the region with quality care close to home. Sebasticook Valley Health provided \$1,475,801 in charity care to 898 patients in 2010. Additionally, Sebasticook Valley Health offered a free outpatient transportation service improving access to healthcare, public health screenings, and programs designed to improve nutrition, reduce tobacco and alcohol use, and improve physical fitness for the people of the region. Sebasticook Valley Health also offers reduced-cost preventative dental care for children and adults, including services provided in the schools and through local medical offices. For more information, please access www.SebasticookValleyHealth.org.

Community Health Improvement Services: \$ 16,216

Subsidized Health Services: \$ 4,181

Community-Building Activities: \$ 23,852

Charity Care: \$ 592,264

Unpaid Cost of Public Programs:

Medicare: \$ 38,049

Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 0.9M: \$ 12,254

\$5,000 is the total amount of donor funds used for community benefit at Sebasticook Valley Health through Sebasticook Valley Health Healthcare Charities.

TOGETHER We're Stronger

Community Benefit Report Glossary of Terms

Charity Care: The cost of care provided to uninsured, low-income patients who are not expected to pay all or part of a bill. Charity Care does not include bad debts arising from the failure to pay by patients expected to pay for such services.

Community Benefit: A planned, managed, organized, and measured approach to a healthcare organization's participation in meeting identified community health needs. It implies collaboration with a "community" to "benefit" its residents- particularly the poor, minorities, and other underserved groups- by improving health status and quality of life. Community benefit responds to an identified community need and meet at least one of the following criteria:

| | |
|-----------------------------------|---------------------------------|
| Generate a low or negative margin | Community-building activities |
| Health professions education | Community benefit operations |
| Subsidized health services | Charity care |
| Research | Government-sponsored healthcare |
| Financial contributions | |

Community Benefit Operations: Costs associated with dedicated staff, community health needs and/or assets assessment, and other costs associated with community benefit strategy and operations

Community-Building Activities: Includes cash, in-kind donations, and budgeted expenditures for the development of community health programs and partnerships. Enhancements include physical improvements, economic development, healthy community initiatives, partnerships, environmental improvements, and community leadership skills training.

Community Health Services: Activities carried out for the purpose of improving community health. They extend beyond patient care activities and are usually subsidized by the hospital

Donor Funds: The donor funds provided by each entity's Healthcare Charities branch are monies distributed to address recognized needs in the community. Donor funds are not included in the individual entity's total community benefit amount or the system-wide community benefit amount.

Financial Contributions: Includes funds and in-kind services donated to individuals and/or the community at large. In-kind services include hours donated by staff to the community while on the healthcare organization's work time, overhead expenses of space donated to not-for-profit community groups for meetings, etc., and donation of food, equipment, and supplies.

Health Professions Education : This category includes providing a clinical setting for undergraduate/vocational training, internships/clerkships/residencies, and residency education for physicians, nurses and medical students; funding for staff education that is linked to community services and health improvement; nursing scholarships or tuition payments for professional education to non-employees and volunteers; and a clinical setting for undergraduate training for lab and other technicians.

Research: Studies on healthcare delivery, unreimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff professional journals

Subsidized Health Services: Costs for billed services that are subsidized by the healthcare organization. They include clinical patient care services that are provided despite a negative margin because, although they are needed in the community, other providers are unwilling to provide the services and the services would otherwise not be available to meet patient demand. Negative contribution margin departments and/or services can be categorized in the subsidized health services area.

Unpaid Costs of Public Programs: EMHS reports both Medicare, a federal government-sponsored healthcare benefit program, and MaineCare, Maine's Medicaid program. The loss for both Medicare and MaineCare is the shortfall that is created when a facility receives payments that are less than the costs incurred for caring for public program beneficiaries.

Definitions derived from the CHA (Catholic Health Association), VHA Inc., Internal Revenue Service Schedule H of form 990, and Lyon Software - Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit report for Social Accountability.

EMHS' community benefit report comes out quarterly (the EMHS fiscal year starts in October). If you would like to request that another email address be added to our distribution list, request to be taken off our community benefit distribution list, or have any question or concern regarding the EMHS Community Benefit Report, please send an email to communitybenefit@emh.org, or call (207) 973-7051. The most recent version of our report is always available on the EMHS website, www.emh.org.