



Community Benefit Report FY 2010, October 2009 – December 2009

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: \$ 27,176,328

Community Health Improvement Services: \$ 108,859	Community Benefit Operations: \$ 54,539
Health Professions Education: \$ 112,209	Charity Care: \$ 6,826,327
Subsidized Health Services: \$ 35,761	Unpaid Cost of Public Programs:
Research: \$ 800,483	Medicare: \$ 9,769,724 Medicaid: \$ 8,264,299
Financial Contributions: \$ 43,134	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 61M: \$ 1,089,258
Community-Building Activities: \$ 71,735	

\$641,251 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: \$3,248,628

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 2009 fiscal year (October 2008 - September 2009), Acadia served 1,298 persons through charity care.

Community Health Improvement Services: \$ 13,654	Charity Care: \$ 2,553,647
Health Professions Education: \$ 5,728	Unpaid Cost of Public Programs:
Community-Building Activities: \$ 4,690	Medicare: \$ 594,426
Community Benefit Operations: \$ 181	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 4.8M: \$ 76,302

\$ 44,211 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: \$ 5,013,230

Community Impact: The Aroostook Medical Center (TAMC) is committed to its mission to restore, maintain, and improve the health of our friends and neighbors in a compassionate and professional environment. To that end, during 2009, TAMC provided service to 828 persons requiring financial assistance totaling over \$1.2 million.

Community Health Improvement Services: \$ 12,133	Community Benefit Operations: \$ 5,422
Health Professions Education: \$ 10,271	Charity Care: \$ 371,352
Subsidized Health Services: \$ 35,761	Unpaid Cost of Public Programs:
Financial Contributions: \$ 34,562	Medicare: \$ 2,785,321 Medicaid: \$ 650,275
Community-Building Activities: \$ 1,096	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 5.3M: \$ 107,037

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Blue Hill Memorial Hospital**Total Community Benefit: \$492,984**

Community Impact: Blue Hill Memorial Hospital and its practices are dedicated to providing primary and selected specialty healthcare of outstanding quality, caring for our patients with respect and compassion, and improving the health of the communities we serve. During 2009, Blue Hill Memorial Hospital and its practices delivered more than \$679,500 in traditional charity care to 577 patients.

Community Health Improvement Services: \$ 16,807
 Unpaid Cost of Public Programs:
 Medicare: \$ 213,072

Charity Care: \$ 199,920
 Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 3.9M: \$63,185

Charles A Dean Hospital and Nursing Home**Total Community Benefit: \$316,019**

Community Impact: Charles A. Dean Memorial Hospital & Nursing Home is committed to providing the highest quality of care to all who need it in the Moosehead Lake region of Maine. During 2009, C.A. Dean served 159 persons through traditional charity care. Our mission is to continue to play a leading role in addressing the healthcare needs of our community.

Health Professions Education: \$ 11,743
 Financial Contributions: \$627
 Charity Care: \$ 106,070

Unpaid Cost of Public Programs:
 Medicare: \$ 45,161 Medicaid: \$ 137,850
 Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$.75M: \$14,568

EMHS (data below reflects Home Office activity only)**Total Community Benefit: \$ 79,198**

Community Impact: EMHS commonly provides some support to other non profits with missions parallel to ours. In 2010, EMHS revised the process for these requests to assure that entities seeking support clarify how their effort matches EMHS Community Benefit priorities of access to primary care, health education and promotion, and quality of life, and how their program results will be measured.

Community Health Improvement Services: \$ 3,294
 Health Professions Education: \$ 1,140
 Financial Contributions: \$ 7,945

Community Benefit Operations: \$ 41,449
 Community-Building Activities: \$ 25,370

\$14,326 is the total amount of donor funds used for community benefit at EMHS through EMHS Healthcare Charities.

Eastern Maine HomeCare**Total Community Benefit: \$ - \$ž (&**

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 2009, Eastern Maine HomeCare provided charity care to approximately 8 people in northern, eastern and central Maine.

Medicaid: \$ 79,607

Charity Care: \$ 11,335

\$5,052 is the total amount of donor funds used for community benefit at Eastern Maine Homecare through Eastern Maine Homecare Healthcare Charities

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Eastern Maine Medical Center

Total Community Benefit: \$ 16,573,723

Community Impact: Whoever they are, whatever their circumstances, Maine people know they can count on Eastern Maine Medical Center. We are committed to caring for everyone, even those who can't afford to pay. During 2009, EMMC served 3264 people through traditional charity care. We stand ready, 24 hours a day. Because the way we see it, nothing should stand in the way of quality healthcare.

Community Health Improvement Services: \$ 25,364
Health Professions Education: \$ 82,793
Research: \$800,483
Community-Building Activities: \$ 1,465

Charity Care: \$2,856,372
Unpaid Cost of Public Programs:
Medicare: \$5,385,661 Medicaid: \$ 6,722,739
Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$38.3M: \$698,846

\$339,561 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: \$ 1,841,431

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 2009, we helped 606 people with traditional charity care (\$957,919). Please view our complete Community Benefit report at www.inlandhospital.org.

Community Health Improvement Services: \$ 12,016
Community-Building Activities: \$ 20,993
Community Benefit Operations: \$ 7,487
Charity Care: \$ 388,290

Unpaid Cost of Public Programs:
Medicare: \$ 651,749 Medicaid: \$673,828
Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 6M: \$ 87,068

\$237,577 is the total amount of donor funds used for community benefit at Inland Hospital through the Inland Foundation.

Rosscare

Total Community Benefit: \$ 1,238

Community Impact: Rosscare provides seniors in the Eastern Maine with services that promote a high quality of life. Rosscare's Lifeline Help Button service offers seniors security while they live safely and independently in their home. In 2009, Rosscare's Help Button Fund assisted 11 Lifeline clients remain in their home, who could not otherwise afford the service.

Community Health Improvement Services: \$ 704

Health Professions Education: \$ 534

\$ 524 is the total amount of funds from grants used for community benefit at Rosscare.

Sebasticock Valley Hospital

Total Community Benefit: \$ 518,935

Community Impact: Sebasticook Valley Hospital continues its commitment to providing the highest quality of care to all who need it throughout our region. During 2009, Sebasticook Valley Hospital served 680 persons through traditional charity care. Our mission is to be the regional leader in meeting the health needs of our communities, providing quality care, always treating people with dignity and respect.

Community Health Improvement Services: \$ 24,887
Community-Building Activities: \$ 18,121
Charity Care: \$ 339,341

Unpaid Cost of Public Programs:
Medicare: \$ 94,334
Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 1.9M: \$ 42,252

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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 tory 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.