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: $ 126,889,957

<table>
<thead>
<tr>
<th>Community Health Improvement Services: $ 6,908,633</th>
<th>Community Benefit Operations: $ 2,536,582</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professions Education: $ 1,048,006</td>
<td>Charity Care: $ 25,644,233</td>
</tr>
<tr>
<td>Subsidized Health Services: $ 28,351</td>
<td>Unpaid Cost of Public Programs:</td>
</tr>
<tr>
<td>Research: $ 1,200,210</td>
<td>Medicare: $ 41,621,101</td>
</tr>
<tr>
<td>Financial Contributions: $ 220,455</td>
<td>Medicaid: $ 42,664,900</td>
</tr>
<tr>
<td>Community-Building Activities: $ 446,028</td>
<td>Unrecoverable interest cost on funds used to</td>
</tr>
<tr>
<td></td>
<td>subsidize state Mainecare/Medicaid underpayments</td>
</tr>
<tr>
<td></td>
<td>of $ 73M: $ 4,571,458</td>
</tr>
</tbody>
</table>

Community Benefit by EMHS Non-profit Member

<table>
<thead>
<tr>
<th>Community Health Improvement Services: $ 161,659</th>
<th>Community Benefit Operations: $ 84,892</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professions Education: $ 203,360</td>
<td>Charity Care: $ 8,995,485</td>
</tr>
<tr>
<td>Research: $ 21,511</td>
<td>Unpaid Cost of Public Programs:</td>
</tr>
<tr>
<td>Community Building Activities: $ 44,598</td>
<td>Medicare: $ 3,794,427</td>
</tr>
<tr>
<td>Community Benefit Operations: $ 235,713</td>
<td>Unrecoverable interest cost on funds used to</td>
</tr>
<tr>
<td></td>
<td>subsidize state Mainecare/Medicaid underpayments</td>
</tr>
<tr>
<td></td>
<td>of $ 3.0M: $ 228,597</td>
</tr>
</tbody>
</table>

$ 272,651 is the total amount of donor funds used for community benefit at The Acadia Hospital through Acadia Hospital Healthcare Charities.

<table>
<thead>
<tr>
<th>Community Health Improvement Services: $ 6,047</th>
<th>Community Benefit Operations: $ 84,892</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professions Education: $ 18,478</td>
<td>Charity Care: $ 8,864,440</td>
</tr>
<tr>
<td>Financial Contributions: $ 74,862</td>
<td>Unpaid Cost of Public Programs:</td>
</tr>
<tr>
<td>Community Benefit Operations: $ 84,892</td>
<td>Medicare: $ 8,864,440</td>
</tr>
<tr>
<td>Charity Care: $ 1,228,781</td>
<td>Medicaid: $ 2,598,952</td>
</tr>
</tbody>
</table>

Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of $ 9.4M: $ 547,353

$ 131,828 is the total amount of donor funds used for community benefit at The Aroostook Medical Center through The Aroostook Medical Center Healthcare Charities.
**Community Impact:** Blue Hill Memorial Hospital participated in the Ellsworth Community Health Needs Assessment forum held on June 14, 2011. Several themes were consistently heard throughout the forum. One theme was the need to develop and maintain strong community partnerships that focus on local health and wellness needs. Since the June forum, Blue Hill Memorial Hospital has partnered with numerous organizations in our community to address concerns such as cancer, early childhood development, diseases associated with our aging population, and addiction. Recent partners have included (but not been limited to) Healthy Peninsula, the Jackson Laboratory, the Parker Ridge Retirement Community and area high schools. We continue to look for meaningful ways to partner with other organizations to help keep our community as healthy as possible.

Community Health Improvement Services: $ 47,013  
Research: $ 18,020  
Community-Building Activities: $ 149,506  
Financial Contributions: $ 7,421  
Community Benefit Operations: $ 166,106  
Charity Care: $ 827,908  
Unpaid Cost of Public Programs: 
Medicare: $ 273,029  
Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of $ 2.0M: $ 195,122  

$ 5,831 is the total amount of donor funds used for community benefit at Blue Hill Memorial Hospital through Blue Hill Memorial Hospital Healthcare Charities.

**Community Impact:** In July 2011, C.A. Dean worked in collaboration with Mayo Regional Hospital to host a Community Health Needs Assessment (CHNA) for Piscataquis County. Topics that were discussed included access to care, substance abuse/mental health, chronic conditions and primary prevention/obesity. C.A. Dean has focused greatly on primary prevention and obesity. For example, C.A. Dean created a Summer Activity Booklet which was passed out to the younger generations in our area that listed all of the summer activities that are offered locally, contact numbers and names as well as hours and a brief description of that activity. C.A. Dean plans to do this again for next year. Our organization has been working closely with the school system to incorporate the topics that were discussed at the CHNA.

Community Health Improvement Services: $ 9,500  
Health Professions Education: $ 11,789  
Subsidized Health Services: $1,221  
Research: $2,000  
Financial Contributions: $ 5,855  
Community Benefit Activities: $ 78,500  
Community Benefit Operations: $ 320  
Charity Care: $ 327,029  
Unpaid Cost of Public Programs: 
Medicare: $ 211,697  
Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of $ 0.9M: $ 56,445  

$ 5,751 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.
Eastern Maine HomeCare
Community Impact: Eastern Maine HomeCare (EMHC) is committed to fighting substance abuse among the elderly. As a provider of healthcare services in the home, EMHC clinicians play a critical role in helping the elderly properly use – and then dispose of – medications once they are no longer needed. Substance abuse was a concern noted in every Community Health Needs Assessment Forum and EMHC looks forward to partnering with other healthcare leaders in our communities to further reduce substance abuse among the elderly.

Community Benefit Operations: $31,500
Charity Care: $10,737
Medicaid: $239,555

$91,490 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
Community Impact: In late June, area professionals, business, and government leaders from across the greater Bangor area attended a community forum to learn about local priority health issues and how to better improve the lives of people living in Penobscot County. The reality is Penobscot County has the highest percentage of obese residents of any county in Maine. Eastern Maine Medical Center, as an annual sponsor and mentor for the Wellness Council of Maine, brings well coaching and healthy lifestyle initiatives into area organizations.

Community Health Improvement Services: $731,851
Health Professional Education: $732,055
Subsidized Health Services: $22,949
Research: $984,212
Financial Contributions: $448
Community-Building Activities: $11,234
Community Benefit Operations: $1,458,000
Charity Care: $12,100,419
Unpaid Cost of Public Programs:
Medicare: $26,341,964
Medicaid: $38,027,834
Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of $47.0M: $2,926,814

$2,598,199 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
Community Impact: Dozens of local professionals, business and government leaders, and concerned citizens gathered on August 30 for the Waterville area OneMaine Community Health Needs Assessment community forum to learn about local priority health issues and the steps needed to effectively address them. Childhood obesity continues to be a major public health concern in Central Maine, with reported rates of overweight or obesity for youth in grades nine through 12 at 25 percent in Kennebec and 30 percent in Somerset counties in the 2010 report. Inland recently helped create and became an official Let’s Go! Kennebec dissemination partner to help address the issue and will focus efforts on the healthcare sector by assisting hospital-owned physician practices in adopting the program.

Community Health Improvement Services: $56,922
Research: $8,140
Financial Contributions: $10,020
Community-Building Activities: $77,415
Community Benefit Operations: $217,918
Charity Care: $1,031,738
Unpaid Cost of Public Programs:
Medicare: $2,087,697
Medicaid: $1,464,341
Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of $8.9M: $488,440

$99,572 is the total amount of donor funds used for community benefit at Inland Hospital through the Inland Healthcare Charities.

Total Community Benefit: $281,792
Total Community Benefit: $83,337,780
Total Community Benefit: $5,442,631

- continued on next page -
Community Impact: Rosscare has convened a community task force to address the issue of identifying substance abuse in older adults. Community collaborators include The Acadia Hospital, Eastern Maine HomeCare, and the University of Maine Center on Aging. The task force goal is to develop and launch tools for healthcare professionals to screen for alcohol abuse in older adult populations and provide resources for community support and treatment.

Community Health Improvement Services: $111,557
Community Benefit Operations: $1,500

Unrecovered interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of $1.8M: $128,687

Community Benefit Operations: $1,500
Subsidized Health Services: $4,181
Research: $19,933
Community-Building Activities: $30,077
Community Benefit Operations: $65,225

Total Community Benefit: $1,848,544

Community Impact: Sebasticook Valley Health (SVH) and Eastern Maine Healthcare Systems co-hosted a well-attended Community Needs Assessment forum in our local area on June 3, 2011. Key priorities for our region include access to care, chronic disease management, obesity prevention and substance abuse prevention. SVH has begun initiatives in several of these areas, including establishment of care managers in our local practices and the Little Beacon Project, which is designed to coordinate care of patients with chronic diseases within our region more effectively.

Community Health Improvement Services: $429,811
Health Professions Education: $1,440
Subsidized Health Services: $4,181
Research: $19,933
Community-Building Activities: $30,077
Community Benefit Operations: $65,225
Charity Care: $1,121,343
Unpaid Cost of Public Programs:
Medicare: $47,847
Unrecoverable interest cost on funds used to subsidize state MaineCare/Medicaid underpayments of $1.8M: $128,687

Total Community Benefit: $113,057

$3,798 is the total amount of donor funds used for community benefit at Rosscare through Rosscare Healthcare Charities.
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
- Health professions education
- Subsidized health services
- Research
- Financial contributions

Community-building activities
Community benefit operations
Charity care
Government-sponsored healthcare

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 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 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.*