



**Northeast Hospital  
Corporation**

THE LEADING EDGE *of* CARING.

# **COMMUNITY BENEFITS REPORT**

**Fiscal Year 2011**

**-Consolidated Version-**

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## **Massachusetts Attorney General's Community Benefits Guidelines**

The Attorney General's Community Benefits Guidelines for Nonprofit Acute-Care Hospitals and The Attorney General's Community Benefits Guidelines for Health Maintenance Organizations are sets of voluntary principles that encourage Massachusetts hospitals and HMOs to continue and build upon their commitment to addressing health and social needs within their communities.

The Guidelines represent a unique non-regulatory approach that calls upon hospitals and HMOs to identify and respond to the unmet needs of the communities they serve by formalizing their approaches to community benefits planning, collaborating with community representatives to identify and create programs that address those needs, and issuing annual reports on their efforts. The Guidelines do not dictate the types of community benefits programs that hospitals and HMOs should provide. They do, however, suggest that hospitals and HMOs tap into their own and their communities' particular resources and areas of expertise to target the needs of medically-underserved populations.

The hospital and the HMO Community Benefits Guidelines are each the product of an extensive process of consultation and partnership between the Attorney General and representatives of the hospital and HMO industries, respectively, and community advocacy groups. These discussions took place at a time of ongoing debate in Massachusetts and around the nation as to whether non-profit, tax-exempt hospitals were fulfilling their charitable missions. Several Massachusetts hospitals had, on their own initiative, adopted model community benefits guidelines developed by national hospital associations, and the Massachusetts Hospital Association was considering a long-term initiative to produce voluntary guidelines of its own.

The resulting Community Benefits Guidelines were the first of their kind to be issued by an Attorney General. The hospital Guidelines were modeled after community benefits guidelines developed by the Kellogg Foundation, the Catholic Hospital Association and the Voluntary Hospital Association as well as after community benefits legislation in several other states. The HMO Guidelines are similar to the hospital Guidelines, and were prompted by a recognition of the increased role that HMOs were playing in the health care system.

*Source: Excerpt taken from the Official Website of the Attorney General of Massachusetts. For full guidelines, please go to: <http://www.cbsys.ago.state.ma.us/cbpublic/public/hccbnpguide.pdf>*

## **Northeast Hospital Corporation's Community Benefits Mission Statement**

The Community Benefits Program at Northeast Hospital Corporation is a program established to partner with community leaders and organizations to assess the health care needs of the community. NHC incorporates the Community Health concepts of wellness, adaptation, self-care and health promotion. Strategies used in Community Benefits health activities include prevention, early detection, early intervention, long-term management and collaborative efforts with the affiliate organizations that make up Northeast Health System. Health issues addressed encompass safety, chronic disease, infectious disease, substance abuse and behavioral health.

Also included with the Community Benefits Mission Statement are the mission statements of Northeast Health System and Northeast Hospital Corporation. The corporate Mission Statement is founded in the concepts of quality, caring and community.

*(Approved by the Community Benefits Committee, July 17, 2010)*

## **Northeast Hospital Corporation's Community Benefits Plan**

The importance of the community health needs assessment and our collective efforts to address the healthcare needs of the North Shore have never been greater. The economic downturn has had a tremendous impact on thousands of individuals and families throughout the region. Northeast Hospital Corporation (NHC) looks forward to continuing to work in partnership with the communities we serve and with health-related organizations throughout the North Shore to meet the area's healthcare needs and improve the overall health status of the community.

NHC with the help of Northeast Health System affiliates, will focus the community benefits plan around the four state-wide priorities highlighted below set forth by the Attorney General's Office:

Chronic Disease Management for disadvantaged populations

Reducing health disparities

Promoting wellness of vulnerable populations

Supporting health care reform

The Community Benefits Committee at NHC, will ensure the organization conducts health needs assessments for its 16 town/city primary service area as mandated by the Attorney General.

The Target Population(s) are broken down into six distinct groups: Health Issues, Types of Programs, Sex, Race/Ethnicity, Age and Insured Status.

### ***Programs in Place***

Screenings, clinics and seminars were developed in the following areas: skin cancer, oral cancer, pap smear, depression, diabetes, bone density, blood pressure, flu and CPR. In addition, risk assessments were developed for cardiovascular, osteoporosis, diabetes, body mass index and breast cancer.

A number of disease management initiatives have been instituted including cardiac rehabilitation, heart failure management, pulmonary rehabilitation, osteoporosis management, vascular health and women's health screenings. In 2003, NHC created the Lifestyle Management Institute (LMI). The LMI provides programs and education on how to live a healthy lifestyle, and proactively identifies populations with, or at risk of, established medical conditions. The LMI offers a full range of services to the community including risk assessment, prevention education, diagnostic testing, coordinated medical treatment and continuous monitoring. Effective disease management using appropriate medical protocols reduces the number of hospital admissions and emergency room visits, shortens the length of hospital stays and improves the overall health and quality of life for people with chronic illness.

1. Within each of the chronic disease areas, an initiative was developed to identify and manage the treatment of each patient and family.

2. A database has been developed by the LMI for patient maintenance and appropriate follow-up.

*(Approved by the Community Benefits Committee, July 17, 2010)*

## **Northeast Hospital Corporation's Community Benefit Committee**

Kenneth Hanover – President and Chief Executive Officer, Northeast Health System

David St. Laurent – Chairman, Northeast Health System Board of Trustees

Nancy Palmer – Chairwoman, Northeast Hospital Corporation Board of Trustees

Marc Meiches – Trustee

Joseph Haley, Esq. – Trustee

Charles Favazzao – Trustee

Charles Furlong – Trustee

Robert Irwin - Trustee

William Donaldson, Esq. – Sr. Vice President & General Counsel

Susan Payson – Sr. Vice President, Philanthropy

Lisa Neveling – Director, Marketing & Business Development

Joseph Porcello – Controller

Gerald MacKillop, Jr., MBA – Public Relations Manager, Marketing & Business Development

## **Key Accomplishments for Reporting Year FY '11**

In FY '11 we launched a free pediatric speech and language screening at Beverly Hospital, which was managed by the Speech-Language Therapy Department. Screenings were provided for children 18 months to seven years of age. The thirty minute screening helped to identify if a child is developmentally appropriate in terms of their speech, language, or feeding skills. We screened 163 children and 74 children needed further evaluation.

In FY '11 we added five new support groups. Key findings in our community health needs assessment indicated a need for the following: Stroke, Ostomy, Nicotine, Diabetes and Child Loss.

In FY '11 we provided 135 free Speaker Bureau presentations within our primary service area. Our Speakers Bureau is made up of physicians, social workers, nurses and other clinical staff.

In FY '11 we provided 46 free blood pressure clinics and had 1,055 "patients" attend our free weekly sessions. Out of the 1,055 "patients" 45 needed further care.

In FY '11 we participated in 91 health fairs or wellness clinics.

In FY '11 Beverly Hospital co-sponsored a YMCA of the USA grant with the Greater Beverly YMCA and were one of ten funded applicants across the United States.

In FY '11 in partnership with the Healthy Gloucester Collaborative and Action Inc., Addison Gilbert Hospital launched a PILOT Program in the Emergency Department. SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a research supported model that gives healthcare providers the skills to discuss health behavior changes with their patients in a positive way. This is used with high risk and dependent alcohol and drug users who are in an emergency department environment.

In FY '11 NHC launched a healthy cooking show; called *Men In Aprons*. With the executive chefs at Addison Gilbert and Beverly hospitals as well as the NHC clinical nutrition department a show was developed with healthy spins on popular dishes. Men in Aprons airs on social media platforms such as Facebook and YouTube and on the hospital's website [beverlyhospital.org](http://beverlyhospital.org)

## **Plans for Next Reporting Year FY '12**

Successfully complete a comprehensive community health needs assessment for Gloucester, Rockport, Manchester, Essex, Ipswich, Hamilton and Wenham. Northeast Hospital Corporation has hired John Snow Inc., as the project consultant.

Develop a community benefit action plan to address the health concerns found as a result of the community health needs assessment.

Launch a free after school health and wellness program to be called "Passport to Fitness & Health" at Veteran's Memorial School in Gloucester, MA. Over seventy percent of the students at this school are eligible for free or reduced school lunches. This will be a formal partnership with the Cape Ann YMCA, The Open Door Food Pantry, Gloucester Public Schools and The Food Project.

NHC seeks to address health concerns through a grant initiative, the Northeast Hospital Corporation's Community Collaborative Grant. NHC requests applications for funding that relate to one of the main focuses of the Community Health Needs Assessment. These include the following: Mental and Behavioral Health, Chronic Disease Management (Heart Disease, Diabetes and Cancer) or Access to Healthcare Services.

NHC will allocate up to \$30,000 in grant funding to support innovative initiatives that are designed to: promote mental and behavioral health education, prevention, and early intervention; improve chronic disease prevention (as it relates to diabetes, stroke, cancer, and heart disease) and promote healthy lifestyles and publicize available health resources and activities in the community.

## **Community Partners for Fiscal Year 2011**

Beverly Community Council  
Pediatric Grand Rounds, Beverly  
Greater Beverly YMCA  
Essex Park Rehab Beverly  
Beacon Hospice, Beverly  
Beverly High School  
Beverly Senior Center  
BevCam  
Herrick House, Beverly  
Memorial School, Beverly  
First Baptist Church of Beverly  
Beverly Resource Group  
Cape Ann Chamber of Commerce  
Danvers Senior Center  
First Church, Danvers  
Center for Healthy Aging- Danvers  
Peabody Institute Library, Danvers  
Stop & Shop, Danvers  
Danvers Rotary  
St. John's Prep, Danvers  
Danvers Kiwanis Club  
Danvers YMCA  
North Shore Community College, Danvers  
Essex Senior Center, Essex  
Action Inc. Gloucester  
Gloucester Stroke Club  
Rose Baker Senior Center, Gloucester  
Gloucester Breast Cancer Support Group  
Shaw's Gloucester Eastern Ave  
Gloucester Rotary  
Hamilton Wenham Regional High School  
Hamilton Wenham Rotary  
Ipswich Council on Aging  
Ipswich YMCA  
Ipswich Senior Center  
Bridgewell, Lynnfield  
Lynnfield Senior Center  
Lynnfield Council on Aging

Marblehead Council on Aging  
Marblehead Senior Center  
Jewish Community Center, Marblehead  
Flint Public Library, Middleton  
Middleton Council on Aging  
Middleton Senior Center  
Peabody Senior Center  
Peabody Institute Library, Peabody  
Peabody Glen Health Care Center  
Peabody Council on Aging  
Brooksby Village, Peabody  
Rockport Rotary Club  
Rockport Senior Center  
Salem Council on Aging  
Topsfield Council on Aging  
Wenham Council on Aging  
Enon Village, Wenham  
Wenham Council on Aging  
Beverly Chamber of Commerce  
Peabody Area Chamber of Commerce  
Healthy Gloucester Collaborative  
GetFit Gloucester  
North Shore Chamber of Commerce  
Cape Ann Channel 12 Public Access  
Danvers Community Access Television  
American Red Cross of Northeast Massachusetts  
Beverly Main Streets  
North Shore United Way  
Endicott College  
YMCA of the North Shore  
North Shore Community Health Network Area  
DanversCares  
Beverly Police Department  
Danvers Police Department  
Gloucester Police Department  
Beverly Health Department  
Healthy Peabody Collaborative  
Gloucester Health Department

### **Weekly Blood Pressure Clinic**

**Target Population** – Adult (Elder, Young), Teen Child, under/uninsured, male, female all races.

**Baseline Measurement** - Compared to the State, respondents reported higher rates of hypertension (32 percent) compared to the State (26 percent). *Northeast Hospital Corporation Community Health Needs Assessment*

**State Wide Priority** - Chronic Disease Management for disadvantaged populations.

**Community Partners** – Not Applicable

**Background** - The goal of the program is to educate patients as well as offer preventative services to patients. Registered nurses see patients, take blood pressures, review medications, counsel and if necessary, contact the primary care physician or nurse practitioner if changes need to be made or a high reading was taken. In FY '11, 1,055 patients accessed the free weekly blood pressure clinic and 45 patients had high blood pressure readings.

### **Medication Review - “15 Minutes with a Pharmacist”**

**Target Population** – Adult (Elder, Young) under/uninsured, male, female all races.

**Baseline Measurement** - Substance abuse and mental health issues are major concern throughout the North Shore. For example, a number of communities have substantially higher rates of alcohol- and drug-related hospital discharges and higher rates of injection drug user admissions to State-funded treatment program than the State average. *Northeast Hospital Corporation Community Health Needs Assessment*

**State Wide Priority** – Promoting wellness of disadvantaged populations.

**Community Partners** – Beverly Senior Center, Rose Baker Senior Center Gloucester, Ipswich Council on Aging, Danvers Senior Center, Healthy Gloucester Collaborative, Healthy Peabody Collaborative, Danvers Police Department and Beverly Health Department.

**Background** - NHC pharmacists offer medication reconciliation while educating patients on medication disposal efforts, safety precautions and assisting them in filling out a medication card. In FY '11 we were able to facilitate 29 sessions totaling 38 hours of medication reconciliation. This program is an education component of the medication disposal and sharps recycling efforts of NHC.

## **Health Promotion Advocate**

**Target Population** – Adult, Teens, under/uninsured, male, female all races

**Baseline Measurement** - Substance abuse and mental health issues are major concern throughout the North Shore, particularly for a handful of communities. For example, a number of communities have substantially higher rates of alcohol- and drug-related hospital discharges and higher rates of injection drug user admissions to State-funded treatment program than the State average. *Northeast Hospital Corporation Community Health Needs Assessment*

**State Wide Priority** – Promoting wellness of disadvantaged populations.

**Community Partners** – Massachusetts Department of Public Health, Healthy Gloucester Collaborative, Action Inc. and Gloucester Health Department.

**Background** - In FY '11 in partnership with the Healthy Gloucester Collaborative and Action Inc., Addison Gilbert Hospital launched a PILOT Program in the Emergency Department. Called SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a research supported model that gives healthcare providers the skills to discuss health behavior changes with their patients in a positive way. This is used with high risk and dependent alcohol and drug users who are in an emergency department environment. In FY '11 our Health Promotion Advocate screened 144 patients who presented in the Addison Gilbert Hospital Emergency Department, 62 patients or roughly 43% screened positive for risky alcohol or drug use. This service is available for 18 hours per week from 4 – 10:30 p.m. The health promotion advocate had a follow up rate of 34%. Of that total percent of follow-up consultations 83.3% made a positive change in their behavior, 50% stopped drinking and 33.3% reduced their drinking.

## **Pediatric Speech and Language Screening**

**Target Population** – Child (young, infant, teen), under/uninsured, male, female all races

**Baseline Measurement** – Not Applicable

**State Wide Priority** – Promoting wellness of disadvantaged populations.

**Community Partners** – Not Applicable

**Background** - Pediatric Speech screenings are 30 minutes in duration and were used to identify if a child is developmentally appropriate in terms of their speech, language, or feeding skills. If a child qualifies for further evaluation, the family will be assisted by a speech/language pathologist who will assist in scheduling a comprehensive speech/language evaluation. Early identification and intervention is key to addressing developmental delays.

## **Community Skin Cancer Clinic Program**

**Target Population** – Adult (Elder, Young) Teen Child, under/uninsured, male, female all races

**Baseline Measurement** – In NHC’s Primary Service Area Cancer is the second leading cause of death in the region and several towns have higher rates of certain cancers, such as colorectal and breast cancer, than the State. *Northeast Hospital Corporation Community Health Needs Assessment.*

**State Wide Priority** – Promoting wellness of disadvantaged populations.

**Community Partners** – Melanoma Foundation of New England and the American Cancer Society.

**Background** - The Community Skin Cancer Clinic, in partnership with the American Cancer Society and the Melanoma Foundation. Patients call to schedule an appointment with one of our oncologists. At the clinic, patients are provided with a thorough examination and information on skin cancer prevention. If they were in need of further evaluation and treatment, the findings could be shared with their primary care physician. In FY ’11, the program aimed to launch a second clinic day and that was achieved in September 2011. 100 patients participated in two community skin cancer clinics. Out of the 100 patients we saw, 71 needed further treatment and or evaluation.

## **Northeast Hospital Corporation’s Speakers Bureau Program**

**Target Population** – Adult (Elder, Young), Teen Child, under/uninsured, male, female all races

**Baseline Measurement** – Not Applicable

**State Wide Priority** – None

**Community Partners** – Danvers Council on Aging, Gloucester Stroke Club, Danvers Community Access TV, Middleton Council on Aging, Hamilton Council on Aging, North Shore Neuropathy Support Group, Brooksby Village, Rose Baker Senior Center, Topsfield Council on Aging, North Shore Mothers of Multiples Support Group, Wenham Council on Aging, Beverly Council on Aging, Rockport Council on Aging, Gloucester Emergency Preparedness Team, Endicott College, CoCo Key Hotel and Water Park, Tri Town School District, Hamilton Wenham Regional School District, Boston North Fitness Center, Peabody Glenn Nursing Home, Flint Public Library, Ipswich Council on Aging, Marblehead Parkinson’s Support Group, Manchester Men’s Club, Beverly Public Schools, Gloucester Public Schools, Manchester Essex Regional School District, Salem State College, Shaw’s Market Gloucester, Stop & Shop Danvers, Masconomet High School, Peabody Council on Aging, North Shore YMCA, Middleton Board of Trade, The Herrick House, Spectrum North Andover, Safe Harbor Retirement Planning, NOAA – Gloucester, Gloucester Council on Aging.

**Background** - The Beverly and Addison Gilbert hospitals’ Speakers Bureau is a free service designed to bring timely information on a variety of health-related topics. Speakers include physicians, registered nurses, dietitians, physical therapists, pharmacists and other healthcare professionals and provided information about healthy living and illness prevention. Northeast Hospital Corporation (NHC) was able to offer 147 free educational presentations in our service area during FY ‘11. The following is a breakdown by town / city: Gloucester – 29, Rockport, -3, Beverly – 29, Danvers – 21, Manchester – 3, Peabody – 11, Salem – 1, Topsfield – 10 Hamilton/ Wenham – 13, Middleton – 10, Ipswich -6, Marblehead – 2, North Shore, 4, Tri-town, 3, North Andover, 2.

## **Northeast Hospital Corporation Support Groups**

**Target Population** – Adult (Elder, Young), Teen Child, under/uninsured, male, female all races

**Baseline Measurement** – Not Applicable

**State Wide Priority** – Promoting wellness of a disadvantaged populations.

**Community Partners** – Not Applicable

**Background** - Support Groups (Breast Cancer, General Cancer, Melanoma, Prostate Cancer, Connecting Young Moms, Mother Time, Alzheimer's, Early State of Memory Loss, Post-Partum, Infant Loss, Stroke, Widowed Persons, Military Family, Polycythemia Vera, Epilepsy, Nicotine Anonymous, Stroke, Ostomy, Diabetes and Child Loss). All support group programs are free to the community. NHC facilitated and hosted 243 support group sessions in FY '11; (128 in Beverly, 91 in Gloucester and 24 in Danvers.)

## **Serving Health Information Needs of Elders (SHINE)**

**Target Population** – Adult (Elder, Young), under/uninsured, male, female all races

**Baseline Measurement** – The North Shore Community Health Network Area's percent of adults who have no health insurance is more than double the State's percent (20 percent vs. 9 percent). *Northeast Hospital Corporation Community Health Needs Assessment*.

**State Wide Priority** – Supporting Health Care Reform and address the unmet health needs of the uninsured.

**Community Partners** – Rose Baker Senior Center and the Rockport Council on Aging.

**Background** - The SHINE (Serving the Health Information Needs of Elders) Program provides health insurance counseling services to elderly and disabled adults. SHINE counselors are trained to handle complex questions about Medicare, Medicare supplements, Medicare Health Maintenance Organizations, public benefits with health care components, Medicaid, free hospital care, prescription drug assistance programs, drug discount cards, and long-term health insurance.

## **U.V. Melanoma Education Program for YMCA Campers**

**Target Population** – Child (young), under/uninsured, male, female, all races

**Baseline Measurement** – Cancer is the second leading cause of death in the region and several cities/towns have higher rates of certain cancers, such as skin, colorectal and breast cancer than the state. For all reported new cancer cases (per 100,000) Essex County has 528 vs. the state at 518. In terms of death rates (per 100,000), both Essex County and the state are equal at 188. *Northeast Hospital Corporation Community Health Needs Assessment.*

**State Wide Priority** – Chronic Disease Management for disadvantaged populations

**Community Partners** – North Shore YMCA and the Danvers Family YMCA.

**Background** - The purpose of the U.V. Melanoma Protection / Prevention Month which was held in July is to address one of the health concerns in regard to overall skin care. This program is targeted towards young children and their parents. We will be offering them a “Fun in the Sun” package. We have many coastal communities in our primary service area and many of them have more than one beach. Many families spend time on the beach during the summer elevating their risk for skin cancer. Our package is a perfect tie-in to the beach communities. In FY ’11 we were able to provide 800 kits, (sand pail / shovel, beach ball, sun screen and supporting material from the American Cancer Society’s “Slip, Slap, Slop” program as well as a brochure on Oncology services at Northeast Hospital Corporation.

## **Physical Activity Club (PAC) Program in Partnership with the Northshore YMCA**

**Target Population** – Adult (All), Child (young, teen, primary school), under/uninsured, male, female, all races

**Baseline Measurement** – Respondents reported high rates of overweight and obesity (55%), lack of physical activity (45%) and inadequate consumption of fruits and vegetables (82%). Low-income residents were more likely to be obese and less likely to be physically active. *Northeast Hospital Corporation Community Health Needs Assessment.*

**State Wide Priority** – Chronic Disease Management for disadvantaged populations and Promoting wellness of vulnerable populations.

**Community Partners** – North Shore YMCA

**Background** - The PAC Program provides private, one-on-one coaching or counseling to guide each family. This is an approach to teaching the basic fundamentals of good nutritional practices and encouraging increased physical activity. The unique cornerstone of the PAC Program is the family centered approach. A parent or caretaker is required to have participation in weekly sessions. Each family is engaged with a personal coach as he/she guides each family to achieve healthy lifestyle goals that were developed in collaboration with Northeast Hospital Corporation.

After enrolling, each PAC family: meets with a coach/counselor once a week who provides on-going motivation and support. Each family Receives a PAC kit to record all their physical activity; baseline metrics are assessed at the beginning and end of the program to establish short and long-term health goals; families learn a different nutrition or healthy living topic each week and each family receives a 12-week membership to a community branch of the North Shore YMCA, which including access to fitness center, pool and activities.

## **Glossary of Terms**

**Community Benefits Guidelines:** The Attorney General's Community Benefits Guidelines for Nonprofit Acute-Care Hospitals and The Attorney General's Community Benefits Guidelines for Health Maintenance Organizations.

**Community Benefits Manager:** A hospital or HMO employee directly responsible for the development and management of a Community Benefits Program or Community Service Program.

**Community Benefits Plan:** A formal plan to address the health needs of an identified community, developed in accordance with the principles of the Community Benefits Guidelines, with appropriate community participation, and approved by the hospital or HMO's governing board.

**Community Benefits Program:** A program, grant or initiative developed in collaboration with community representatives or based upon a Community Health Needs Assessment that serves the needs of a Target Population identified in the hospital or HMO's Community Benefits Plan.

**Community Health Needs Assessment:** A process through which a hospital or HMO, in partnership or consultation with representatives of its community, identifies community health needs using public health data, community surveys, focus groups and other community-initiated information and data gathering activities, and/or other relevant health status indicators and data.

**Community Service Program:** A program, grant or other initiative that advances the health care or social needs of Massachusetts communities, but is not related to the priorities or Target Population identified in the hospital or HMO's formal Community Benefits Plan.

**Corporate Sponsorships:** Cash or in-kind contributions that support the charitable activities of other organizations, and are not related to a Community Benefits Plan.

### **Expenditures:**

**Direct Expenses:** May include (1) the salary and fringe benefits (or a portion thereof) of a Community Benefits Manager and his or her staff; (2) the value of employee time devoted to a Community Benefits Program or Community Service Program during paid work hours or leave time (calculated either at the rate of the employees' pay or using the averages set forth below in the definition of Employee Volunteerism); (3) any purchased services or supplies directly attributable to the Community Benefits or Community Service Program, including contractual and non-contractual agreements with other organizations or individuals to develop, manage or provide the benefit or service, including leases/rentals of equipment or building space; (4) the costs associated with generating Other Leveraged Resources; (5) dues subsidies and other financial assistance aimed at making health coverage more affordable for the uninsured or those at risk of losing health coverage, and (6) grants to third parties in furtherance of a community benefit or community service objective.

**Associated Expenses:** May include (1) depreciation or amortization related to the use of major movable equipment purchased or leased directly for the Community Benefits or Community Service Program, and (2) a share of any fixed depreciation on a building or space therein used solely or in major part for a community benefit or service.

**Determination of Need Expenditures:** Direct or Associated Expenses related to Community Benefits Programs or Community Service Programs provided by a hospital in fulfillment of a specific determination of need condition established by the Massachusetts Department of Public Health pursuant to 105 CMR 100.

**Employee Volunteerism:** An employee's voluntary activities in connection with a hospital or HMO Community Benefits Program or Community Service Program that take place during unpaid time as the result of a formal hospital or HMO initiative to organize or promote voluntary participation in the particular activity among its employees. The value of free or reduced-fee direct health care or public health services volunteered by health care providers employed by the hospital or HMO should be calculated using either (a) the rate of the employee's pay, or (b) the average hourly rate for Massachusetts health care workers as calculated by the Centers for Medicare and Medicaid Services for purpose of the Medicare Area Wage Index during the reported fiscal year (\$25.00 in 2001 ). The value of non-health care services volunteered by any employee should be calculated using the standard hourly rate set by the Independent Sector, a Washington, D.C.-based coalition of voluntary organizations, foundations and corporate giving programs, during the reported fiscal year (\$15.39 in 2001).

**Other Leveraged Resources:** Funds and services contributed by third parties for the express purpose of supporting a hospital or HMO's Community Benefits or Community Service Programs. These include: (1) services provided by non-salaried physicians or other individual providers free of charge to free-care eligible patients in connection with a hospital's free care program, or at no charge or reduced fee to low-income patients in connection with other hospital or HMO programs (calculated using a standard cost-to-charge ratio of .60); (2) grants received from private foundations, government agencies or other third parties for the specific purpose of supporting a hospital or HMO Community Benefits or Community Service Program; and (3) monies raised from or collected by third parties as the result of a fund-raising activity sponsored by a hospital or HMO in connection with a Community Benefits or Community Service Program.

**Note:** These definitions identify the range of costs that hospitals and HMOs might appropriately include when calculating expenses related to their Community Benefits and Community Service Programs. They are not intended to impose an obligation on hospitals and HMOs to account for costs that they otherwise would not track. In those instances where costs are difficult to quantify, hospitals and HMOs should develop a reasonable estimate of their costs within the spirit of these guidelines. Hospitals and HMOs also should use discretion in categorizing costs that are not specified in the examples provided above.

**HMO:** As defined by Chapter 176G of the Massachusetts General Laws, means a company organized under the laws of the Commonwealth, or organized under the laws of another state and qualified to do business in the Commonwealth, which provides or arranges for the provision of health services to voluntarily enrolled members in exchange primarily for a prepaid per capita or aggregate fixed sum.

**Hospital:** A non-profit acute care hospital, as defined by Chapter 118G of the Massachusetts General Laws to include the teaching hospital of the University of Massachusetts Medical School and any hospital licensed under Section 51 of Chapter 111 and which contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the Department of Public Health.

**Net Charity Care/Uncompensated Care Pool Contribution:** As defined under Section 1 of Chapter 118G of the Massachusetts General Laws, the amount of “free care” provided by a hospital as determined by its annual assessment plus any shortfall allocation in connection with administering the Uncompensated Care Pool Trust Fund, or an HMO’s annual contribution to the Uncompensated Care Pool, as listed by the Massachusetts Division of Health Care Finance and Policy in its most current settlement for the reported fiscal year. Net Charity Care does not include hospital bad debt related to patients not eligible for free care, “shortfalls” related to Medicaid, Medicare or other health plan reimbursements that do not cover the full costs of a hospital’s services or “shortfalls” related to an HMO’s coverage of Plan Members enrolled through a Medicaid or Medicare program.

**Plan Members:** The average of the total number of members, as defined in Chapter 176G of the Massachusetts General Laws, enrolled in an HMO’s health plans, as reported to the Division of Insurance in the four quarterly reports for the periods of time occurring during the reported fiscal year.

**Target Population:** The specific community or communities that are the focus of the hospital or HMO’s Community Benefits Plan. A target population can be defined (1) geographically (e.g., low or moderate income residents of a municipality, county or other defined region); (2) demographically (e.g., the uninsured, children or elders, an immigrant group); (3) by health status (e.g., persons with HIV, victims of domestic violence, pregnant teens) or (4) by an issue consistent with the Community Benefits Guidelines (e.g., community building, reducing disparities in access to quality health care).

**Total Patient Care-Related Expenses:** Expenses, including capital, related to the care of patients as reported by hospitals to the Division of Health Care Finance and Policy on Schedule 18 of the 403 Cost Report for the reported fiscal year.

## **Fiscal Year 2011 – Required Financials**

### **Community Benefits Programs**

<b><u>Expenditures</u></b>	<b><u>Amount</u></b>
Direct Expense	\$ 1,266,114.00
Associated Expense	\$ 0.00
Determination of Need Expenditures	\$ 0.00
Employee Volunteerism	\$ 25,959.33
Other Leveraged Resources	\$ 0.00

### **Net Charity Care**

<b><u>Expenditures</u></b>	<b><u>Amount</u></b>
HSN Assessment	\$ 4,136,668.00
HSN Denied Claims	\$ 108,734.00
Free / Discounted Care	\$ 446,803.00
Total Net Charity Care	\$ 4,692,205.00

### **Corporate Sponsorships**

<b><u>Expenditures</u></b>	<b><u>Amount</u></b>
Corporate Sponsorships	\$ 121, 793.00

### **Totals**

Total Expenditures	\$ 5,944,278.00
Total Revenue for FY '11	\$ 311,465,737.00
Total Patient-Care Revenue Expenses FY '11	\$ 288,288,459.00
Approved Program Budget for FY '12	\$ 600,325.00

### **Community Services Programs**

<b><u>Expenditures</u></b>	<b><u>Amount</u></b>
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	\$ 0.00
Employee Volunteerism	\$ 8, 181.00
Other Leveraged Resources	\$0.00
Total Community Service Programs	Not Specified

