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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to public inspection

For calendar year 2012 or tax year beginning , and ending

Name of foundation

Maine Health Access Foundation, Inc.

A Employer identification number

01-0535144

Number and street (or P O box number if mail is not delivered to street address) | Room/suite

150 Capitol Street | 4

B Telephone number

(207) 620-8266

City or town, state, and ZIP code

Augusta, ME 04330

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 113,216,690.

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received	41,700.		N/A	
2 Check ▶ ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	7,500.	7,500.		
4 Dividends and interest from securities	2,572,161.	2,572,161.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	927,407.			
b Gross sales price for all assets on line 6a 13,964,068.				
7 Capital gain net income (from Part IV, line 2)		927,407.		
8 Net short-term capital gain				
9 Income modifications			13,078.	
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	8,223.	1,676,569.		Statement 1
12 Total. Add lines 1 through 11	3,556,991.	5,183,637.	13,078.	
13 Compensation of officers, directors, trustees, etc	195,892.	8,000.		187,892.
14 Other employee salaries and wages	489,993.	0.		489,993.
15 Pension plans, employee benefits	94,260.	0.		94,260.
16a Legal fees Stmt 2	5,429.	0.		5,429.
b Accounting fees Stmt 3	38,984.	2,000.		36,984.
c Other professional fees Stmt 4	7,047.	0.		7,047.
17 Interest				
18 Taxes Stmt 5	467,994.	0.		47,874.
19 Depreciation and depletion	11,524.	0.		
20 Occupancy	61,886.	0.		61,886.
21 Travel, conferences, and meetings	69,500.	0.		69,500.
22 Printing and publications	18,512.	0.		18,512.
23 Other expenses Stmt 6	1,113,861.	419,854.		661,880.
24 Total operating and administrative expenses. Add lines 13 through 23	2,574,882.	429,854.		1,681,257.
25 Contributions, gifts, grants paid	3,357,425.			3,846,053.
26 Total expenses and disbursements. Add lines 24 and 25	5,932,307.	429,854.		5,527,310.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<2,375,316.>			
b Net investment income (if negative, enter -0-)		4,753,783.		
c Adjusted net income (if negative, enter -0-)			13,078.	

Operating and Administrative Expenses

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing		61,526.	61,526.
	2 Savings and temporary cash investments	1,395,146.	968,398.	968,398.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	40,217.	35,143.	35,143.
	10a Investments - U S and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other Stmt 8	103,219,432.	111,290,053.	111,290,053.
	14 Land, buildings, and equipment basis ▶ 256,749.			
	Less accumulated depreciation ▶ 219,179.	19,814.	37,570.	37,570.
	15 Other assets (describe ▶ Statement 9)	801,000.	824,000.	824,000.
	16 Total assets (to be completed by all filers)	105,475,609.	113,216,690.	113,216,690.
Liabilities	17 Accounts payable and accrued expenses	26,618.	53,616.	
	18 Grants payable	1,535,294.	1,046,666.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 10)	35,000.	376,000.	
	23 Total liabilities (add lines 17 through 22)	1,596,912.	1,476,282.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	103,878,697.	111,740,408.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	103,878,697.	111,740,408.	
	31 Total liabilities and net assets/fund balances	105,475,609.	113,216,690.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	103,878,697.
2	Enter amount from Part I, line 27a	2	<2,375,316.>
3	Other increases not included in line 2 (itemize) ▶ See Statement 7	3	10,237,027.
4	Add lines 1, 2, and 3	4	111,740,408.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	111,740,408.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
1a	Net gains generated from pooled investments	P		
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	13,964,068.		13,036,661.	927,407.
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				927,407.
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	927,407.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	4,789,226.	107,821,685.	.044418
2010	5,012,253.	101,666,088.	.049301
2009	5,069,341.	92,131,179.	.055023
2008	5,867,395.	111,335,080.	.052700
2007	6,119,155.	123,844,069.	.049410

2	Total of line 1, column (d)	2	.250852
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.050170
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	108,352,220.
5	Multiply line 4 by line 3	5	5,436,031.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	47,538.
7	Add lines 5 and 6	7	5,483,569.
8	Enter qualifying distributions from Part XII, line 4	8	5,527,310.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b	1	47,538.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	47,538.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	47,538.
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a: 121,820.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 100,000.		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	221,820.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	174,282.
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ 174,282. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ www.mehaf.org

14 The books are in care of ▶ Wendy J. Wolf, M.D., M.P.H. Telephone no ▶ (207) 620-8266

Located at ▶ 150 Capitol Street, Suite 4, Augusta, ME ZIP+4 ▶ 04330

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶	16		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☒ No If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2012 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☒ Yes ☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		5b	X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☒ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 11		177,165.	18,727.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Barbara Leonard 150 Capitol Street, Augusta, ME 04330	VP - Programs 40.00	106,313.	16,200.	0.
Becky Hays Boober 150 Capitol Street, Augusta, ME 04330	Program Officer 40.00	70,630.	7,279.	0.
Leonard Bartel 150 Capitol Street, Augusta, ME 04330	Program Officer 40.00	54,313.	18,029.	0.
Catherine Luce 150 Capitol Street, Augusta, ME 04330	Grant Manager 37.50	57,362.	14,283.	0.
Morgan Floyd 150 Capitol Street, Augusta, ME 04330	Program Associate 40.00	46,274.	14,759.	0.

Total number of other employees paid over $50,000 ▶ 2

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 **Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Prime Buchholz & Associates 40 Pleasant Street, Portsmouth, NH 03801	Investment advisory	60,094.

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Various direct charitable activities and contracts. Please see attached statements 6 and 14.	1,681,257.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2012)

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	14,470.
b	Average of monthly cash balances		1b	109,987,784.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	110,002,254.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	110,002,254.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,650,034.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	108,352,220.
6	**Minimum investment return.** Enter 5% of line 5		6	5,417,611.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	5,417,611.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	47,538.		
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	2,361.		
c	Add lines 2a and 2b			2c	49,899.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	5,367,712.
4	Recoveries of amounts treated as qualifying distributions			4	13,078.
5	Add lines 3 and 4			5	5,380,790.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	5,380,790.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,527,310.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,527,310.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	47,538.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,479,772.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				5,380,790.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			5,238,889.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 5,527,310.				
a Applied to 2011, but not more than line 2a			5,238,889.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				288,421.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				5,092,369.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

See statement 15

b The form in which applications should be submitted and information and materials they should include

See statement 15

c Any submission deadlines

See statement 15

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

See statement 15

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
See statement 14	N/A	Public	Enhance health care in Maine	3,846,053.
Total			▶ 3a	3,846,053.
b *Approved for future payment*				
See statement 14	N/A	Public	Enhance health care in Maine	1,046,666.
Total			▶ 3b	1,046,666.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	7,500.	
4 Dividends and interest from securities	900099	19,063.	14	2,553,098.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	927,407.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a See Statement 12				8,223.	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		19,063.		3,496,228.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	3,515,291.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
11	All revenue is used to promote affordable and quality healthcare for Maine people. Please see statement 14.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee | Date: August 8 2013 | Title: PRESIDENT/CEO

May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
E. Drew Cheney	E. Drew Cheney	8/8/13		P00182972

Firm's name ▶ Baker Newman & Noyes — Firm's EIN ▶ 01-0494526

Firm's address ▶ Box 507, Portland, ME 04112 — Phone no (207) 879-2100

Form **990-PF** (2012)

223622
12-05-12

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization

Maine Health Access Foundation, Inc.

Employer identification number

01-0535144

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Maine Health Access Foundation, Inc.

Employer identification number: 01-0535144

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Northeast Delta Dental Foundation P.O. Box 2002 Concord, NH 03302-2002	$ 13,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	Tufts Medical Center, Inc. 800 Washington Street Boston, MA 02111-1533	$ 28,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: Maine Health Access Foundation, Inc.

Employer identification number: 01-0535144

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
Maine Health Access Foundation, Inc.	01-0535144

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

MAINE HEALTH ACCESS FOUNDATION 01-0535144
FORM 990-PF: SUPPLEMENTAL STATEMENT 13 12/31/2012

PART I, LINE 19 & PART II, LINE 14

	COST	DEPREC.	A/D
FURNITURE & EQUIPMENT	256,749	11,524	219,179

Part IX-A: Summary of Direct Charitable Activities

The Maine Health Access Foundation (MeHAF) is the state's largest private, 501(c)(3) nonprofit health care foundation with a mission to *promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.*

Since the foundation's inception in April 2000, MeHAF has strived to be an independent and visionary leader in health philanthropy. The foundation is non-partisan, does not have members, and has a self-sustaining funding source through its invested endowment. MeHAF does not rely on public funding or contributions for any of its activities.

MeHAF is a mission-driven organization that uses its human and fiscal resources to ensure that people have access to high quality, affordable health care for the benefit of preserving or achieving better health. As a statewide organization, we serve all Maine people. However, people with low incomes, those affected by health disparities, the elderly, and people suffering from chronic illnesses in Maine face disproportionate barriers to accessing health care services and achieving optimal health. For this reason, our programs are especially directed toward initiatives and projects that focus on more vulnerable people.

MeHAF is governed by a 15-member statewide Board of Trustees that works closely with a statewide Community Advisory Committee. From the start, the MeHAF Board has consistently reached out to engage health care leaders, Maine businesses, policymakers, and everyday people for advice on how we can promote access, improve health and rein in the soaring cost of care.

The foundation uses its expertise in health and health care systems to research and develop funding opportunities that move critical issues forward, cultivate connections between grantees and policy leaders, and ensure that key initiatives strengthen and improve Maine's health care system so people across every region of our state have access to quality care for better health.

Annually, MeHAF provides approximately $3.5 to $4 million in grant and program support to achieve its mission. Since 2002, MeHAF has awarded over $48 million in grants and program support to more than 250 organizations across Maine to advance transformative change driven by sound public policy and innovative program initiatives. The majority of MeHAF's programs and grantmaking focus on four strategic priority areas:

- Advancing Health System Reform
- Improving Access to Quality Care
- Promoting Patient-Centered Care
- Achieving Better Health in Communities

As the state's largest, dedicated nonprofit health funder, we have the resources to encourage grantees to test, refine and spread successful innovations. MeHAF is equally prepared to encourage and support grantees as they try some high risk/high reward ventures. Our Board knows that if every grant program is a success, we're not being bold enough to help our partners test new solutions to challenging issues. Some examples of programs that promote access and better care delivery include:

- Educating and engaging the public so Maine people understand the facts about the Affordable Care Act (ACA) and what these changes in coverage and care delivery mean for them;
- Expanding affordable coverage through support for the development of and marketing by Maine's new ACA-funded nonprofit insurance CO-OP (Maine Community Health Options);
- Advancing payment reform strategies both align with the ACA and beyond that are designed to promote better health care quality at lower costs;
- Supporting advocacy to ensure that health reform implementation in Maine meets the needs of all Maine people, particularly those who are uninsured, underserved and living in low-income families;
- Promoting greater access to high quality care by strengthening and expanding Maine's community health center network and migrant health services; and
- Driving improvements in health care delivery, primarily by promoting the integration of primary and behavioral health care services.

In 2012, MeHAF worked with an array of partners from diverse sectors to advance our mission. The following represent examples of projects funded by our grant and program support in 2012.

Community Care Teams: *Making house calls and phone calls*

Every patient has a story. But not every patient has a health care provider to listen to her story and understand its significance to her unique treatment choices and needs.

Providers and policymakers know that a relatively small group of patients with complex or chronic conditions too often end up in the emergency department (ED) or in-patient hospital care. Many of these patients are admitted for multiple expensive hospitalizations that might have been prevented had health or life issues been addressed more proactively.

MeHAF grantee Maine Quality Counts created eight "Community Care Teams" (CCTs) to better address costly hospital and ED overuse. The CCTs, which are generally comprised of a nurse, a social worker and nurse-program manager, work with primary care practices that are part of the Maine Patient-Centered Medical Home Pilot. Patients at high risk for ED use and hospitalization are identified for CCT support through hospital usage data.

The CCT based at Androscoggin Home Care and Hospice uses a 'home health' approach to helping these vulnerable patients. Team members first establish a relationship with patients and work to reconnect them with a primary care provider. But the most important approach is a simple one. They take the time to listen.

Often the reason for a patient's over use of hospital or ED care is not a need for better medical or drug management, but is more basic. One elderly patient with several chronic conditions had a spike in emergency room visits after she started traveling to visit her ailing husband in a facility located far from their home. The patient's medical record didn't contain this critical information, which she incidentally mentioned to the CCT nurse when the nurse asked, "What would you most like to change about your life now?" Rather than talk about her own condition, the patient replied, "I'd like my husband to live closer." Listening to the patient's concerns led to changes in her husband's placement that improved the patient's quality of life and dramatically decreased her ED use.

Using techniques that shift the focus from "treating the diagnosis" to understanding all the elements of patients' lives and circumstances that can affect their health, the CCT can devise practical and creative solutions to help people "graduate" from CCT-management back to less intensive management by their primary care provider.

In a modern twist on house calls, inexpensive visits with phone support and taking the time to listen all become powerful prevention tools that exponentially reduce hospital-related costs.

Community Wellness: *Reimagining a path to health benefits*

Traditional public health programs often work because they are delivered through a trusted and frequented location or institution – think of immunizations provided at public schools. The Greater Somerset Public Health Collaborative (GSPHC) – a Health Maine partnership – uses a similar model to foster community wellness and improve the health and quality of life of all Somerset County residents.

GSPHC is comprised of diverse community groups and members, including Redington-Fairview General Hospital and the Somerset County Chamber of Commerce. After coming together with Medical Care Development, MeHAF's support allowed the group to explore ways that small businesses with as few as 2-10 employees could support wellness programs to promote the health and well-being of their employees. In the wellness program, local employers, with centralized support from GSPHC, administered employee health risk appraisals, and offered benefits such as gym memberships and nutrition coaching. The response of both employers and employees to the wellness program was overwhelmingly positive.

But raising awareness of the benefits of a healthy lifestyle, and increasing employee morale and productivity were just the beginning of this effort. With MeHAF's support, GSPHC is currently developing a pilot for employers to provide basic primary care services to their employees.

Because the success of the wellness program built trust among employers, employees, and members of GSPHC, there is momentum and a commitment to explore next steps together. "It takes our whole community working together to stay healthy," observes Bill Primmerman of Redington-Fairview General Hospital, Co-Director of the program.

And once participants in the wellness program - employees and employers alike - began to see the payback, "They want more."

Affordable Coverage: *Building options from the ground up*

Many people have heard the term "co-op" in the context of real estate ownership or as a way for farmers or fisherman to work together to market their products. But how about a "CO-OP"- a Consumer Operated and Oriented Plan - for health insurance?

Maine Community Health Options (MCHO) is a new twist on an old concept. The federal Affordable Care Act (ACA) health reform law encouraged groups of providers and other key community leaders to create new nonprofit, member-directed health insurers that would expand access to more affordable, high-quality coverage for small businesses, individuals and families. To ensure accountability, members of the CO-OP are responsible for electing MCHO's Board of Directors, and a majority of Directors must be members.

In addition, unlike a for-profit health insurer where net income is paid to shareholders, MCHO will return its net income to the CO-OP insurance program to enhance benefits and reduce premium costs.

In 2011, MeHAF provided early support to the start-up through a grant to its partner, Maine Primary Care Association, enabling MCHO to secure $62 million in federal loans. Currently, MCHO is in the process of creating high-quality, high-value services for policyholders from the ground up using evidence-based approaches in its benefit design and economic incentives to keep costs down.

At the end of 2012, the MeHAF Board approved a grant of $300,000 to MCHO that will help the nonprofit get the word out about this new health insurance product. MeHAF's support - the first grant of its kind to an ACA-authorized organization - was vital as MCHO is prohibited from using any portion of its federal loans to market its product. Now MCHO can communicate directly with potential subscribers to describe the value of the plans that will be available for enrollment on the new Health Insurance Exchange beginning on October 1, 2013.

With MeHAF's support, Maine's only nonprofit health insurer is hard at work building out home grown options that will leverage many of the health reform efforts that have been taking root in Maine over the last decade.

***Holistic Care:** Teaming up to meet patient needs*

When Penobscot Community Health Care (PCHC) set out to re-imagine how they could deliver better care for their patients, they knew that putting patients at the center of care would lead them in the right direction.

Consider these common health care needs:

- a child who needs to see a pediatrician on a Sunday whose family does not have health insurance
- a worker who can only visit his primary care doctor outside normal business hours
- a young woman with an undiagnosed mental health condition who has recently lost her job, her insurance, and become homeless, but who needs urgent care

After nearly a decade of innovation, with MeHAF's support, PCHC has redesigned care delivery for the more than 60,000 people they see annually to meet the needs of all of their patients. PCHC provides fully integrated, seamless and cost-effective care at 16 practices including community settings such as public housing residences and shelters. The holistic care PCHC provides includes family medicine, pediatrics, geriatrics, oral health, pharmacy, behavioral and mental health, many medical specialties and care management.
PCHC's dedication to expanding access to patient-centered care has garnered national recognition--PCHC was recently named by the Robert Wood Johnson Foundation as an 'exemplar practice' for innovative practices in primary care. But recognition isn't driving this change. Every PCHC professional knows that providing care that is convenient and that treats the whole person is simply the right thing to do. It's the smart thing to do, too because it prevents or reduces the need for emergency care, hospitalizations, and more expensive interventions or reparative treatment.

The philosophy of integrated care permeates every part of the PCHC organization - from the physical layout of its practice sites to the training of the next generation of health professionals in four graduate residency programs. Members of a care management team are always located under the same roof and interact informally throughout the day. PCHC care teams are able to review electronic medical records from different providers in real time to ensure that patients receive coordinated, informed care. At the end

of every visit, patient feedback is solicited so PCHC can learn how to do an even better job caring for people in their community.

Many health professionals describe practicing in this setting as "health care heaven." With holistic care, improved access and reduced costs, PCHC has set the standard for quality patient-centered care of the future.

Customer Service: *The doctor buys in*

Businesses from neighborhood restaurants to large retailers know the importance of providing excellent customer service. How do they know what customers want? They make an effort get feedback and then act on their customers' advice.

Borrowing a page from the business world, MaineGeneral Medical Center is committed to improving patient care by listening to their customers: patients. Through new Patient-Family Advisory Councils (PFACs), patients and family members meet with providers to discuss and share ideas to improve care delivery and patient experience.

With MeHAF funding and the full support of its management, MaineGeneral has established PFACs at several locations, including Winthrop Family Medicine and Winthrop Pediatrics and Adolescent Medicine. The Winthrop PFAC is staffed by a full-time coordinator and a physician champion, Winthrop Family Medicine's Medical Director Dr. John Barnes.

Although the team has been meeting for just over two years, it has already made a number of positive changes. Telephone support has been improved during peak office hours so that callers are not kept waiting for long periods. Photo portraits with the names and job titles of all provider team members greet patients when they enter reception. Other small but meaningful improvements have been made.

The community is feeling the positive changes, too. Following a town council discussion about improving health consciousness and physical activity among Winthrop middle-school students, the PFAC and students jointly produced an engaging health education postcard. "Winthrop Plays Outside" includes a list, developed by the students, of many recreational opportunities offered in the community on one side, and a photo of middle school students "planking" the message on the other. The card is being distributed as part of child wellness checks at both Winthrop practices and throughout the community.

The PFACs ensure there is a roadmap for turning good ideas into tangible change. The Winthrop PFAC is poised to tackle more complex patient-provider issues in the coming year and is energized by the positive and immediate response to suggestions so far. As one member of the PFAC put it, "I can't imagine this practice operating without the input of a PFAC from now on."

These projects represent examples of how MeHAF deploys an array of strategies to advance our work. In 2012, we used single and multi-year grants, consultant engagement to advance targeted work and technical assistance on various initiatives, and conducted research and analysis to advance our priorities and our mission

The following is a complete list of the grant and contract payments provided in fiscal year 2012

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid In 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Advancing Health System Reform - Payment Reform									
2012C-0001	The Aroostook Medical Center 140 Academy Street PO Box 151 Presque Isle, ME 04769	$193,642 00	$97,851 00	$95,791 00	X				The Aroostook Medical Center (TAMC) will develop a community wide program, the Northern Maine Advanced Medical Home Collaborative, to address extremely high admission rates, Emergency Dept (ED) and Walk-In Care (WIC) visits in Aroostook County The program will identify high use patients without a primary care provider or with limited primary care engagement and effectively assign patients to TAMC's North Street practice, without regard to insurance coverage Patients will be supported to stay connected with primary care and will be part of program development and planning
2012C-0002	Eastern Maine Medical Center One Cumberland Place, Suite 300 Bangor, ME 04401-5090	$187,641 00	$90,557 00	$97,084 00	X				Building upon the Bangor Beacon Community (BBC) project, Eastern Maine Medical Center proposes to demonstrate that engaging uninsured and underinsured patients within Patient-Centered Medical Homes (PCMH) will be sustainable (Return of Investment analysis) within an Accountable Care Organization (ACO) environment, to explore how patient activation a) improves the quality of care, b) improves the patient's experience, and c) reduces health care costs, and to determine which interventions are effective to activate patients within a PCMH
2012C-0003	Franklin Memorial Hospital 111 Franklin Health Commons Farmington, ME 04938	$197,818 40	$98,909 20	$98,909 20	X				Franklin Memorial Hospital (FMH) proposes to implement Franklin C A R E S , a Nurse Navigator pilot program to improve care coordination, access to primary and specialty care and integration of behavioral health care for uninsured and underinsured patients offered specifically to those patients qualifying for free or discounted care under FCHN/FMH's Financial Assistance policy FMH will establish a Consumer Advisory Council to inform the process, assess barriers and service gaps and to assist in the evaluation of the pilot program
2011C-0003	HealthInfoNet 125 Presumpscot Street Box 8 Portland, ME 04103	$198,659 00	$99,017 00	$0 00	X				HealthInfoNet, as the statewide health information exchange and one of the leading exchanges in the country, is well positioned to play a critical role in the implementation and evaluation of payment reform initiatives in Maine By the end of 2012, twenty-seven hospitals representing 85% of the inpatient and emergency room utilization in Maine and approximately 900,000 patients will be participating in the exchange HealthInfoNet will be building a centralized, robust statewide health data information system to support various payment reform efforts across the State of Maine HealthInfoNet will expand the clinical data collected by the exchange, transfer the data to a data warehouse environment, demonstrate integration of the statewide clinical data set with claims data, and build the capacity for data use The project will develop a data policy and related procedures for data access and use while also planning for the use of clinical data in a Personal Health Record application HealthInfoNet will work closely with the participants of the exchange, the provider community, the Maine Health Management Coalition, employers, health plans, state agencies including the Office of the State Coordinator, and other interested parties
2010D-0005	Maine Health Management Coalition Foundation 2 Union Street, Suite 301 Portland, ME 04101-4295	$198,256 00	$99,128 00	$0 00	X				A number of new ACO consultants are entering the market, but MHMC is the only organization building bridges to all stakeholders simultaneously - employers, payers, consumers, and providers - and actively promoting the development of multi-stakeholder ACOs There is no 'ACO development road map' or replicable pathway to guide system transformation MHMC will develop this replicable and supportive pathway, leveraging the expertise of professionals available through our current RWJF Payment Reform grant, the resources and expertise of statewide QI and payment reform projects in which we are principles, and the expertise of MHMC stakeholders Our project will provide (1) support for organizations transitioning to ACO status, (2) peer-to-peer education and support for specific aspects of ACO development, (3) consideration for underserved populations, (4) a common set of measures, (5) engagement of employers and payers, (6) engagement of consumers, and, (7) public education on payment reform, system transformation, and MHMC

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2012D-0001	Maine Health Management Coalition Foundation 2 Union Street, Suite 301 Portland, ME 04101-4295	$75,000 00	$50,000 00	$25,000 00	X				Successful 2010D activities have included creating an Accountable Care Implementation (ACI) committee supporting organizations transforming to Accountable Care Organizations (ACOs), developing an ACO Resource Center link on our website, annual Symposia, creating affinity groups providing peer-to-peer support for aspects of ACO development, Webinars around the needs of rural and underserved populations, developing a common statewide set of performance measures and targets for QI and cost reduction, launching 'Get Better Maine' to engage consumers in supporting ACO development and payment reform, developing a media plan to educate the public about payment reform An added focus area for continuation funding will be supporting our convening efforts to achieve cost reductions in one or more identified priority areas Achieving our previous goals has been critical for payment reform statewide Continuation funding will allow us to build on the considerable momentum achieved so far
2012C-0004	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$189,888 00	$94,944 00	$94,944 00	X				The Maine Medical Education Trust (MMET) seeks to assist physician practices in understanding and engaging in payment reform efforts The MMET will contract with the Maine Medical Association (MMA) to educate physicians about shared savings and Accountable Care Organization (ACO) models, global payments, bundled payments and pay-for-performance strategies using webinars, newsletter articles and the MMA website The MMA will also provide physician practices with the tools and resources necessary to participate in payment reform by contracting with private health care attorneys to create sample legal documents, creating a robust database of consultants and private attorneys willing to work with small, independent practices and facilitating the linkages between practices and private attorneys Finally, the MMA will provide physicians the support they need to be leaders in payment reform by hosting four regional education and networking forums for physicians and by reestablishing its Payer Liaison Committee to meet regularly with payer representatives
2011C-0004	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$200,000 00	$100,000 00	$0 00	X				The Maine Primary Care Association (MPCA) has identified a cross-cutting team of partners to engage the small business community and network of safety net providers in the formation of a successful Maine-based CO-OP This project will design the benefits and other attributes that prospective owners of a Maine-based Consumer Oriented and Operated Plan (the enrolled subscribers themselves) want and need in order to motivate participation and enrollment and will be based on cost, quality and utilization data Through this project, Maine will also be positioned to best utilize available federal start-up and solvency loans and subsequently launch a successful CO-OP by the fourth quarter of 2013
2010D-0009	Maine Quality Counts 30 Association Drive PO Box 190 Manchester, ME 04351	$199,959 00	$99,984 00	$0 00	X				Maine Quality Counts will create a sustainable structure and payment system to support community-based, multi-disciplinary primary care-integrated "Community Health Teams" (CHTs) to improve care and reduce avoidable costs for Maine people, especially those with complex or chronic conditions The CHT model has been established and highly successful in other communities and states (e g Vermont), and helps people work with their primary care provider and community self-management resources to improve quality and patient experience of care, prevent complications and avoidable hospitalizations, and reduce costs, particularly around transitions of care such as reducing avoidable Emergency Department use and hospitalizations
2012D-0002	Maine Quality Counts 30 Association Drive PO Box 190 Manchester, ME 04351	$74,985 75	$49,996 25	$24,989 50	X				Maine Quality Counts seeks to continue the Maine Patient-Centered Medical Home (PCMH) Pilot - Community Care Teams (CCT) initiative As part of Medicare's Multi-Payer Advanced Primary Care Practice (MAPCP) Demo, CCTs were introduced in 2011 as a key strategy for improving care and reducing avoidable costs for high-cost, high-need patients in the 26 PCMH Pilot practices CCTs coordinate and connect patients to additional health care and community resources in order to support their health improvement goals, achieve better health outcomes and reduce avoidable costs CCTs work with PCMH Pilot practices to identify patients at high risk and/or with high utilization who need additional support and link them to resources in the health care environment or the community

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2010D-0007	MaineGeneral Health And Affiliates 6 E Chestnut St Augusta, ME 04330-5717	$199,885 00	$99,957 00	$0 00	X				MaineGeneral Health and the State of Maine, are embarking on a five year pilot to effect delivery system reform aimed at redesigning both clinical care and payment systems that support and accept responsibility for caring for a defined patient population and delivering comprehensive care that achieves the "Triple Aim" outcomes (1) improving population health, (2) improving patient experience of care, and, (3) decreasing healthcare costs This project will address Patient and Family Engagement in Primary Care Transformation The goal is longitudinal patient-focused care that routinely incorporates values of patients and families Five practices will develop models that fit their size and scope
2012D-0003	MaineGeneral Medical Center 30 Chase Ave Waterville, Me 04901	$75,000 00	$50,000 00	$25,000 00	X				MGMC will grow patient engagement as a key component of medical home and health care reform initiatives by extending the advisor role through development of patient peer navigators These navigators, dealing with chronic disease themselves, will draw on their own experience and be trained to support other vulnerable practice patients Recruited by the practice and Prevention Center staff and working closely with the patient advisory councils, they will then be trained and supported by MaineGeneral Prevention Center's staff and our Volunteer Services to work with leaders of evidence-based chronic disease prevention programs
2012C-0005	MaineHealth 110 Free Street Portland, ME 04101	$196,200 00	$98,300 00	$97,900 00	X				Rapid identification and implementation of an alternative to fee-for-service reimbursement - particularly in primary care - is critical to unlock the capability of health care systems to deliver patient-centered care aligned with the Triple Aim MaineHealth's newly-formed Accountable Care Organization (ACO) and the Maine Medical Center (MMC) Physician-Hospital Organization (PHO) propose to collaborate with physicians, administrators, and commercial and public insurers to develop and successfully implement a new model of primary care reimbursement that 1) aligns with principles of PCMHs and Healthcare 3 0, 2) has maximum potential for rapid implementation throughout the MaineHealth system and for integration in MaineHealth payer contracts, 3) can be replicated by other providers and ACOs in Maine and nationally, and 4) has no unintended negative consequences on the uninsured and/or medically underserved MaineHealth will engage consultants to support leaders at MaineHealth and the MMC PHO in a multi-payer, multi-stakeholder effort to assess different payment models, develop a promising model for integration into our ACO contracts, and support initial implementation
2010D-0012	Medical Care Development 11 Parkwood Drive Augusta, ME 04330	$200,000 00	$100,000 00	$0 00	X				Medical Care Development (MCD) in partnership with the Greater Somerset Public Health Collaborative (GSPHC) -- the Somerset County HMP-- will develop a worksite wellness add-on to coverage for micro-businesses and individuals The add-on will bundle services needed to earn tax credits or discounts for wellness, as described in the ACA, enabling individuals and very small businesses to take advantage of this opportunity This project will simulate a tax credit or incentive payment through a nominal rebate to participating sites Working with insurers, brokers, employees of very small firms and community-based wellness and primary care providers in a governing committee and advisory task forces, we will develop a product, define criteria for meeting wellness objectives, test a prototype for a worksite wellness tax credit, and market a micro-worksite wellness add-on to insurers We will develop a business model for a Healthy Maine Partnership community-based wellness outreach to very small workplaces, testing alternative approaches to funding the wellness component (fee-for-service or pre-paid)

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2012D-0004	Medical Care Development 11 Parkwood Drive Augusta, ME 04330	$75,000 00	$50,000 00	$25,000 00	X				The Somerset microwellness initiative demonstrated that very small businesses can pool efforts to join in activities that align wellness and coverage --a healthy, cost-effective strategy MCD proposes three activities to put its investment in microwellness on a path to sustainability MCD will • Partner with the Maine Development Foundation's Downtown Center to offer an adaptation of the Somerset County activity to two of its existing downtown organizations Packaging the initiative as "Healthy Maine Streets," we will demonstrate that an existing downtown development group can provide support to its members so that they can implement wellness in very small workplaces, by sharing wellness activities in the downtown area • Continue to collaborate with regulators and carriers so that the community-based workplace wellness model, including financial incentives, is included in coverage offered under health reform, and • Work with clinical leadership from Greater Somerset Public Health Collaborative on a plan to mitigate emerging gaps due to underinsurance and bridge wellness to primary care by developing access to primary care services that can be supported by employers
2012C-0006	Mercy Hospital 144 State Street Portland, ME 04101	$197,052 00	$99,996 00	$97,056 00	X				Our Medical Neighborhood Model is a partnership between Mercy Hospital (which includes three Hospital campuses, nine primary care centers, eighteen subspecialty practices and a VNA Home Health & Hospice) and three community partners In addition, we will leverage our "Preferred" relationship with two commercial insurers Aetna and Cigna This project will build and continually improve an integrative system of care Our goal is to build a low cost, high value integrated healthcare delivery system in the form of a Medical Neighborhood to offer to the population of southern Maine Mercy will implement a care and utilization management program for our hundred most costly charity care members We will implement management activities for this population that will be consistent with activities in our commercially insured Accountable Care populations
2010D-0008	Prescription Policy Choices PO Box 204 Hallowell, ME 04347	$177,865 00	$89,487 00	$0 00	X				Prescription Policy Choices' (PPC) Show ME the Evidence Reform to Improve Quality and Contain Costs project will assist with meeting specific goals and objectives of Maine's State Health Plan including reducing inefficient practices and waste and paying for what matters in an effort to achieve improve outcomes, better health status, and affordable health care and prescription drugs for all Maine people Show ME the Evidence helps ensure access to quality and affordable health care under Maine's public and private health programs and for uninsured and underinsured people living in Maine who are likely to become insured as the Affordable Health Care Act is implemented in Maine
2012D-0005	Prescription Policy Choices PO Box 204 Hallowell, ME 04347	$74,987 00	$49,995 00	$24,992 00	X				"Show Me the Evidence" promotes clinically appropriate prescription drugs, avoiding expensive brand-name drugs when safe, cost-effective alternatives exist Containing drug costs can help the uninsured access medicine and preserve public and private health program benefits PPC will augment past work with payers and focus on the un/underinsured, who unfairly pay more for drugs, to engage consumers in assessing affordable options for accessing the medicine they need
2011C-0008	State of Maine, Dept of Health and Human Services, MaineCare 242 State Street 11 SHS Augusta, ME 04333	$200,000 00	$100,000 00	$0 00			X		MaineCare will develop and implement a Medicaid Health Homes program that supports practice and payment change needed to deliver more patient-centered, high-value care Medicaid Health Home services will be delivered through a combination of enhanced primary care/Patient Centered Medical Home (PCMH) services, linked with Community Care Teams to improve care and lower costs for the highest-need MaineCare members MaineCare will also implement a "MaineCare Accountable Communities" program that supports both practice and payment change needed for health systems, hospitals, and other provider groups to deliver more patient-centered, high-value care Medicaid will develop alternative contracting models for providers that are willing to partner in the MaineCare Accountable Communities program, which will set expected targets for quality and cost outcomes and encourage flexibility and innovation from the provider community

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2011CON-0012	*USM/Edmund S Muskie School of Public Service, Cutler Institute for Health & Social Policy 34 Bedford Street P O Box 9300 Portland, ME 04104-9300*	*$293,087 00*	*$71,235 00*	*$184,409 00*	*X*				*Evaluation of MeHAF's Advancing Cost Containment and Payment Reform Strategies in Support of the Affordable Care Act*
Advancing Health System Reform - Outreach & Education									
2011G-0001	Consumers for Affordable Health Care Foundation 12 Church Street Augusta, ME 04330	$40,000 00	$40,000 00	$0 00	X				CAHC will provide eligibility workers with information about new benefits available from the ACA, other resources available for un/underinsured people, and where to refer people for more assistance A portion of this work will be in collaboration with Maine Medical Association We will provide young adults with information about new dependent coverage that is available up to age 26 through social media and press events We will work with Maine Council of Churches to educate the Bangor faith community on new ACA benefits and garner press coverage to further disseminate the message We will provide web and print resources for diverse communities, working with MEJP, SCDA, and MMH on translation, and serve as a subject-matter experts to diverse communities at community events organized by trusted community leaders We will provide our un/underinsured HelpLine callers with information about new ACA benefits and other resources for accessing care We will improve our web resources to better serve people seeking web resources on new ACA benefits Throughout this work, CAHC will track and report on HelpLine and web site data points, and will use messages and scripts developed by the grantee group
2012E-0001	Consumers for Affordable Health Care Foundation 12 Church Street Augusta, ME 04330	$55,000 00	$55,000 00	$0 00	X				CAHC will inform people about existing coverage resources (e g MaineCare options for many low-income people, including how to use the MaineCare online portal), new benefits from the Affordable Care Act (e g the Pre-existing Condition Insurance Plan, dependent coverage up to age 26), and benefits that will be coming later in 2013 and 2014 (e g the exchange, federal subsidies to purchase insurance, and the Co-op plan) The heaviest focus will be on the exchange We will update our training and event materials, web site resources, and HelpLine protocols as needed to integrate new information We will also integrate Health Insurance Literacy information into our offerings Our strategies include direct HelpLine assistance, earned media, social media, trainings and workshops, mailings, and data collection and analysis to provide evaluation information to the project
2011G-0002	Eastern Area Agency on Aging 450 Essex Street Bangor, ME 04401	$39,969 00	$39,969 00	$0 00	X				In partnership with Seniors Plus, Spectrum Generations and Southern Maine Agency on Aging, EAAA will work to educate consumers across the state Through community outreach we will educate and evaluate Medicare beneficiaries across the state about the preventive health benefits available to them
2012E-0002	Eastern Area Agency on Aging 450 Essex Street Bangor, ME 04401	$39,819 00	$39,819 00	$0 00	X				The Eastern Area Agency on Aging will focus on two main messages in 2013, the Medicare wellness visit and enrolling in the health care exchange We will work with Maine Medical Association to ensure that we are creating a consistent message about what specific services the wellness visit covers to lessen the confusion and frustration by Medicare beneficiaries and providers We will also work collaboratively with all other grantees to educate all consumers under age 65 without Medicare about the benefits of the health care exchange
2011G-0003	Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330-7040	$38,000 00	$38,000 00	$0 00	X				Legal Services for the Elderly will promote the Preventive Benefits provided by Medicare and will educate beneficiaries and their providers about the distinction between the Welcome to Medicare Wellness Visit, the Annual Wellness Visit and a traditional physical exam

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2012E-0003	Legal Services for the Elderly 5 Wabon Street Augusta, ME 04330-7040	$40,000 00	$40,000 00	$0 00	X				LSE will educate people on Medicare about the improvements to Medicare as the result of the ACA with an emphasis on accessing preventive benefits and the Annual Wellness Visit as well as strategies to prevent Medicare errors, fraud and abuse
2011G-0004	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$30,137 00	$30,137 00	$0 00	X				Maine Equal Justice will provide immigrant communities in Maine with information and resources about MaineCare benefits and restrictions, Emergency MaineCare and other public assistance resources Given the recent limitations to benefits enacted by the Maine legislature, we can provide critical information to legal immigrants so that they can better understand how to access health care services and other supports MEJP will also target health care providers, particularly those that serve immigrants with our outreach and education efforts We will provide current, accurate information on MaineCare eligibility and benefits, including the scope of Emergency MaineCare so that they are better able to assist their patients in accessing services MEJP will develop and distribute materials for both consumers and providers, and will ensure that the consumer information is translated in languages spoken by the various immigrant populations
2012E-0004	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$40,934 00	$40,934 00	$0 00	X				MEJP will conduct educational activities with providers of it's target populations and with the target populations directly, to inform them of coverage options under the ACA and how to enroll in the various programs We will also conduct outreach and education with other community groups, using our expertise in Medicaid to explain coverage options under the ACA
2011G-0005	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$39,904 75	$39,904 75	$0 00	X				The Maine Medical Education Trust, working with the Maine Medical Association, will provide education to patients who are eligible for coverage or benefits under the Patient Protection and Affordable Care Act (ACA) The MMA will expand on its work under the past year of the grant and will also partner with the Maine Osteopathic Association to reach new osteopathic practices In addition to partnering with practices to distribute materials, the MMA will provide education to practices statewide about benefits under the ACA, using webinars, newsletters and the MMA website
2012E-0005	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$39,100 00	$39,100 00	$0 00	X				The Maine Medical Education Trust, working with the Maine Medical Association, will provide education to patients who are eligible for coverage or benefits under the Affordable Care Act (ACA) The MMA will expand on its work under the past year of the grant to identify additional practices and health systems that serve low-income patients and want to partner with the MMA to distribute resource materials The MMA will also continue to partner with the Maine Osteopathic Association to reach osteopathic practices In addition to partnering with practices, the MMA will provide education to practices statewide about benefits under the ACA using webinars, in person trainings, newsletters, the MMA website, tabling at events and earned media opportunities
2011G-0006	Maine Migrant Health Program 9 Green Street P O Box 405 Augusta, ME 04332	$15,181 00	$15,181 00	$0 00	X				ReINFORMA! will share information about MaineCare Eligibility, public benefits in Maine, sliding scale clinics and programs for uninsured individuals, and updates on the Affordable Care Act with Hispanic/Latino and Haitian immigrants in the state of Maine Drawing on the expertise of Maine Equal Justice Partners and Consumers for Affordable Health Care, the Maine Migrant Health Program (MMHP) will develop culturally and linguistically appropriate resources on these topics MMHP will provide one-on-one outreach to farm workers throughout the state through both outreach workers and Camp Health Aides Additionally, MMHP will share resources with partner agencies that will connect with other members of the immigrant population This project will create access to accurate information about health access and public benefits to assure that immigrants are able to enroll in programs and benefits for which they are eligible
2012E-0006	Maine Migrant Health Program 9 Green Street P O Box 405 Augusta, ME 04332	$23,266 00	$23,266 00	$0 00	X				Through the REinFORMA! project, MMHP and its partners will raise awareness about the Affordable Care Act and how it impacts members of the immigrant community in Maine This project will ensure that members of the immigrant population have the information needed to access the appropriate health insurance based on the implementation of the Affordable Care Act Additionally, MMHP and partners will provide education on how to be consumers of health insurance for individuals who are newly insured Messages will be provided in a culturally and linguistically appropriate manner in each respective language

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2011G-0007	Maine People's Resource Center 565 Congress St Portland, ME 04101	$40,000 00	$40,000 00	$0 00	X				MPRC will work to educate Mainers about the benefits available to them under the national Affordable Care Act, mostly through face-to-face conversations with people at their homes An earned media and social media campaign will accompany our efforts in Bangor in the hopes we can demonstrate a measurable shift in the level of public awareness about the benefits available through the ACA in the City of Bangor
2012E-0007	Maine People's Resource Center 565 Congress St Portland, ME 04101	$50,000 00	$50,000 00	$0 00	X				MPRC will work to increase levels of awareness about the new benefits amongst target populations in order to increase utilization of these benefits MPRC's primary outreach will be door-to-door canvassing MPRC will also engage in outreach to it's Maine Small Business Coalition in order to determine the most frequently-asked questions small business owners have about the ACA and the exchange and to increase the number of Maine small business owners who know how/where to get their questions answered MPRC will conduct professional polls (internally developed) to measure the success of MPRC's outreach and to inform the larger grantee group's outreach priorities and messages
2011G-0008	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$32,477 00	$32,477 00	$0 00	X				The Maine Primary Care Association will inform the FQHC provider community around the Affordable Care Act, both in terms of what it means for their patients, as well as their practices MPCA will also disseminate information around changes to Medicare, Medicaid, and expanded coverage for young adults Through targeted outreach campaigns, MPCA will offer it's full membership a series of 20-minute, topic-specific webinars to address various aspects of the new law
2012E-0008	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$32,477 00	$32,477 00	$0 00	X				MPCA will focus it's outreach and education on FQHC providers and outreach staff and continue working with the grantee cohort to develop materials to educate and improve both provider and community member understanding of health insurance exchanges, as well as new ACA provisions that arise As community health centers are reflective of the communities in which they operate, our aim is to develop FQHCs as points of community expertise in exchanges and insurance enrollment under the ACA MPCA will also provide education and outreach to new community partners, to promote a broad-based understanding of how patients and community members can benefit from the exchanges and ACA implementation
2011G-0009	MaineHealth 110 Free Street Portland, ME 04101	$36,790 00	$36,790 00	$0 00	X				CarePartners/MedAccess and the Maine Colorectal Cancer Control Program will educate consumers and providers on new health care coverage and benefit opportunities in the Affordable Care Act in 2012 CP/MA/MCRCCP will collaborate with several other state and local agencies to provide information related to MaineCare, expanded coverage options for the currently un-insured, refugee and immigrant coverage opportunities and information on expanded Medicare benefits
2012E-0009	MaineHealth 110 Free Street Portland, ME 04101	$36,600 00	$36,600 00	$0 00	X				MaineHealth's CarePartners and MedAccess programs, will promote relevant Health Reform initiatives to low income un- and underinsured individuals and health care providers residing in Southern and Coastal Maine counties MaineHealth will use the existing CarePartners/MedAccess infrastructure, as well as expanded strategies to disseminate health reform information in a variety of methods to ensure broad reach and appeal Successful implementation of the strategies and activities in this project will result in increased awareness, understanding, and ability to act on relevant health care reform initiatives, by individuals
2011G-0010	Somali Culture And Development Association (MESOM) Post Office Box 8676 - mailing 107 Elm Street - Suite 100E - physical Portland, ME 04101	$25,414 00	$25,414 00	$0 00	X				MESOM will train community leaders from Somali, Sudan, Burundi and Rwanda to be "go-to" health care resources and referral specialists for their communities The African community leaders will work together to refine translated messages, continuing to make materials available to community members Simplified, targeted messages clarify benefits and alternate resources available to asylum seekers Additional messages in the form of Q & A in neighborhood newspapers respond to specific concerns raised by community members

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2012E-0010	Somali Culture And Development Association (MESOM) Post Office Box 8676 - mailing 107 Elm Street - Suite 100E - physical Portland, ME 04101	$30,440 50	$30,440 50	$0 00	X				MESOM will focus on Maine's African Immigrant Community (with a strong focus on Somali and Sudanese communities with outreach to French speaking African Communities, Djibouti, Ethiopian and Arabic speaking communities) to provide information about access to health care and community/state/federal resources (pictogram and flowchart documents), the ACA, the Exchanges, updates on federal and state changes, and to provide education sessions to help refugee communities understand the health care system
2011G-0011	Western Maine Community Action PO Box 200 20A Church St East Wilton, ME 04234	$35,878 00	$35,878 00	$0 00	X				Western Maine Community Action will provide outreach to three target populations - those under 26 who may remain on their parent's insurance, those who already have a child and may qualify for MaineCare, and those who have an identified pre-existing condition who may be able to take advantage of the state PCIP Partners will provide training in the availability of the 'MyMaineConnection' website so appropriate clients can apply for MaineCare benefits online
2012E-0011	Western Maine Community Action PO Box 200 20A Church St East Wilton, ME 04234	$35,891 81	$35,891 81	$0 00	X				Western Maine Community Action will work with low income individuals and families who have no health insurance, are eligible for subsidies and/or have MaineCare that may change In addition, WMCA will work with Community Action Agencies throughout the state of Maine to identify how and where to reach the target population, train staff on how to educate about the Affordable Care Act, and how to make the appropriate referrals to local exchanges to obtain health care coverage
2012CON-0006	*University of New England Northeast Osteopathic Medical Education Network (NEOMEN) 11 Hills Beach Road Biddeford, ME 04005*	*$29,986 00*	*$29,986 00*	*$0 00*	*X*				*UNE will evaluate the public's awareness and understanding of and response to information disseminated in Maine communities designed to inform the priority populations of key services available through the 2010 Patient Protection and Affordable Care Act (ACA)*
Advancing Health System Reform - Advocacy									
2011D-0001	Consumers for Affordable Health Care Foundation 12 Church Street Augusta, ME 04330	$137,500 00	$87,500 00	$0 00	X				Consumers for Affordable Health Care (CAHC) will focus on administrative processes in five key areas community rating, the exchange, reinsurance, geographic access, and out-of-state insurance CAHC's goal is to advance the voice of uninsured, underinsured, and underserved people in administrative forums and by doing so, increase their access to quality affordable health care and minimize potentially negative impacts CAHC's objectives are to 1) educate and engage consumers in administrative advocacy, 2) provide a consistent and informed consumer voice in technical and substantive rulemaking processes, and 3) convene and/or coordinate partners to align administrative advocacy goals and activities
2012FI-0010	Consumers for Affordable Health Care Foundation 12 Church Street Augusta, ME 04330	$55,200 00	$55,200 00	$0 00	X				The Health Care for Maine Alliance (HC4ME) is a group of organizations that believe every person in Maine should have access to high quality health care at a cost s/he can afford HC4ME will be focusing on three main issues Maine's participation in the Medicaid expansion, the successful implementation of the Affordable Care Act leading up to the beginning of the first open enrollment period on October 1, 2013, and monitoring the impacts of Chapter 90
2011D-0002	Indian Township Tribal Government/Passamaquoddy Health Center P O Box 97 Princeton, ME 04668	$137,500 00	$87,500 00	$0 00			X		The Waponahki Health Policy Collaboration provides a forum for Maine Tribes, their leadership and other appropriate staff to obtain an understanding of how the provisions of the Affordable Care Act may impact their communities Specific emphasis will be given to the Maine Health Insurance Exchange due to the potential impact that it may have on the Indian Health System for Maine Tribes Expanded coverage under Private Insurance and Medicaid Eligibility provides an opportunity for increased access to health care for many Native American including members of the Maine Tribes This collaborative effort includes bi-monthly sessions for the Tribe and other key stakeholders to review current and proposed State policies These sessions will be used to strategize and determine the best methods to maximize policy provisions or minimize any potential adverse effects Additionally, the Waponahki Health Policy Collaboration will engage Tribal and State officials to develop a formal consultation process reflective of the government-to-government relationship

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2011D-0004	Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	$137,197 00	$87,197 00	$0 00	X				Maine Equal Justice's goal is to maximize the benefits of the ACA for people with low income MEJP seeks to ensure that Maine achieves effective integration of MaineCare and the Exchange, and that new Medicaid eligibility policies and procedures facilitate access for eligible beneficiaries MEJP will focus on implementation of the State Exchange, Medicaid reforms that impact coordination with the Exchange, Medicaid expansions, and the Basic Health Program MEJP's objective in each of these areas is to impact the development of public policy, such that the needs and experience of people who are uninsured and underserved are addressed in the administrative processes and resulting rules
2011D-0005	Maine Medical Education Trust 30 Association Drive P O Box 190 Manchester, ME 04351	$124,750 00	$78,750 00	$0 00	X				MMET seeks to ensure access to primary care, preventive benefits and behavioral health services in the face of significant regulatory changes proposed under the Affordable Care Act and Maine's Chapter 90 MMET, working with the Maine Medical Association, will center it's activities around acquiring meaningful, informed input by patients in the priority populations (low income, uninsured and those with behavioral and mental health conditions), providers and appropriate organizations to enhance the quality of rulemaking comments submitted directly to administrative agencies and to aid in the development of MMA's administrative rulemaking comments in five key areas
Advancing Health System Reform - Other									
2010FI-0006	Grantmakers In Health 1100 Connecticut Ave , NW, Suite 1200 Washington, DC 20036	$75,000 00	$25,000 00	$0 00	X				GIH will support the philanthropic field in defining its role in the implementation of health reform and considering the implications of effective implementation for future grantmaking GIH's goal is to provide sound, strategic, and actionable information and advice to funders, as they (1) raise the visibility of emerging issues, promising approaches, and critical roles that foundations can play, (2) frame the policy context that can impede or further efforts to bring change, (3) institutionalize opportunities for funders to candidly exchange information and learn from each other's experience, and (4) facilitate communication between funders and federal policymakers
Subtotal, Advancing Health System Reform Grant (47) & Contract (2) Payments = 2,937,768.51									
Promoting Patient-Centered Care - Integrated Care									
2009B-0005	Eastern Maine Medical Center One Cumberland Place, Suite 300 Bangor, ME 04401-5090	$220,770 00	$69,960 00	$0 00	X				EMMC Center for Family Medicine (CFM) will implement a Clinical Services project The proposed Screening, Brief Intervention, and Referral for Treatment (SBIRT) model will strengthen integration of behavioral and mental health care services within the CFM EMMC Family Medicine Residency Program is within in the Center for Family Medicine, and the training of residents will ensure that future Primary Care Physicians are well versed in integrated health care services Substance Abuse Counselors from Wellspring, Inc , and The Acadia Hospital will be co-located on-site at the CFM to provide counseling services to patients screened and determined to need these services
2012FI-0008	Grantmakers In Health 1100 Connecticut Ave , NW, Suite 1200 Washington, DC 20036	$7,000 00	$7,000 00	$0 00	X				Grantmakers in Health (GIH) will host a meeting of funders interested in bidirectional integrated care on November 14, 2012 in Washington, DC and will also conduct follow up activities as outlined in their proposal
2009B-0006	HealthReach Community Health Centers 10 Water Street, Suite 305 Waterville, ME 04901	$230,000 00	$75,000 00	$0 00	X				This project will create the HealthReach Integrated Behavioral Health Initiative (HIBHI) within 6 of 11 Federally Qualified Health Centers (FQHCs) As integrated members of the FQHC teams, the new Behavioral Health Consultants (BHC) will provide assessments and short term interventions to patients receiving primary care services HealthReach provides medical and preventive services to patients of all ages in medically underserved rural areas The HIBHI fits well into our overall plan of increasing focus on patient and family

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2012FI-0003	Maine Primary Care Association 73 Winthrop Street Augusta, ME 04330	$200,000 00	$100,000 00	$100,000 00	X				MPCA will develop a peer-to-peer FQHC mentorship program and a direct technical assistance support structure to ensure that all FQHCs in Maine have implemented some level of integrated behavioral health and primary care by 2015 Maine Primary Care Association's Behavioral Health Integration (BHI) Project supports Maine's Federally Qualified Health Centers (FQHC)/Community Health Centers (CHC) in planning and implementing sustainable BHI models to increase provision of comprehensive, patient-centered care so a patient's total health needs are met in one setting
2009B-0013	Maine Quality Counts 30 Association Drive PO Box 190 Manchester, ME 04351	$229,955 00	$76,129 00	$0 00	X				Maine Quality Counts will develop the Behavioral Health Integration (BHI) Metrics System to promote and sustain integration by providing data to guide appropriate, service delivery enhancements, public policy decisions, payment reforms, and consumer choice of healthcare setting and provider This initiative builds upon, and expands, Quality Counts pilot BHI Metrics project, a MeHAF-funded planning initiative launched in 2008 Comparative data from integrated and non-integrated practices will be analyzed and distributed back to participating provider practices
2012FI-0004	Maine Quality Counts 30 Association Drive PO Box 190 Manchester, ME 04351	$320,000 00	$160,000 00	$160,000 00	X				Maine Quality Counts will provide technical assistance to additional primary care practices to transform to a "Patient Centered Medical Home" (PCMH) model of care Specifically, QC staff will provide technical assistance to PCMH and Health Home practices to support improvements in their integration of physical and behavioral health care, and to improve their capacity to engage patients as partners in this effort as part of QC's support of the wider adoption of the PCMH model
2009B-0012	Mercy Hospital 144 State Street Portland, ME 04101	$230,000 00	$65,000 00	$0 00	X				Mercy Health System, in partnership with Community Counseling Center (CCC) and other key collaborators, will implement an integrated clinical services Patient-Centered Care Management (P-CCM) pilot program Mercy will apply a patient and family-centered, primary care approach to a target population of adults with dual diagnoses (chronic behavioral/mental illness and chronic disease) Many of these individuals utilize Emergency Room services as their chief source for health care treatment and may also be at a disadvantage due to Limited English Proficiency skills Building on the integrated strengths of Mercy, CCC, Community Dental, and Amistad as a way to take advantage of each organization's resources, we will employ a Patient Care Navigator (PCN) as part of an Integrated Care Management Team The PCN will help guide patients in accessing appropriate health care services and treatment and help them connect to care that it is patient and family-centered, culturally effective and more immediately responsive to an array of physical and behavioral health issues
2012FI-0009	Regents of the University of Colorado Grants and Contracts, Mail Stop F428 Anschutz Medical Campus 13001 East 17th Place, Bldg 500, Room W1126 Aurora, CO 80045	$26,762 00	$26,762 00	$0 00	X				This project will create competencies needed for workforce development to help meet the needs of integrated primary care settings, thus improving the future of how behavioral health is delivered in primary care settings The grantee will expand its current project to include practices in Maine who meet its inclusion criteria
2009B-0015	State of Maine, DHHS, Maine Center for Disease Control and Prevention 286 Water Street - Key Plaza, 9th Floor 11 State House Station Augusta, ME 04333	$229,999 00	$65,000 00	$0 00			X		This project will advance changes at the systems, rather than the health practice or patient level, to integrate public health and mental health programs and planning to improve the health of all Mainers These systems have been largely isolated from one another, with separate target populations, policy development, infrastructure, funding streams, and programming The initiative will fill gaps in knowledge about population-based mental health indicators, use mental health data to inform community public health efforts, and support linkages between community-based prevention/health promotion partners and community mental health systems The project will expand the integration of mental health into chronic disease programming as a critical next step in the development of full integration of mental health into essential public health activities

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid In 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2009B-0016	Tri-County Mental Health Services PO Box 2008 1155 Lisbon Street Lewiston, ME 04241-2008	$230,000 00	$72,000 00	$0 00	X				This Integrated Health Care project will increase access to behavioral health care services provided by Tri-County Mental Health Services to the approximately 12,000 people of all ages in the Bridgton region who are patients of Bridgton Hospital Physicians Group's multiple practices The project will embed mental health clinicians in the practices to provide brief, solution-oriented behavioral health treatment, streamline referrals for other TCMHS services offered in the community, provide information and education about behavioral health issues for staff of Bridgton Hospital Physician's Group, and create an integrated record for patients seen in the primary care setting This project represents an expansion of Tri-County's current integration activities in the Rumford area in partnership with another Central Maine Healthcare affiliate, in order to replicate the systems and infrastructure developed over the last six months to an underserved region of the state
2011CON-0004	*John Snow, Inc (JSI) 44 Farnsworth Street Boston, MA 02210-1211*	*$198,816 00*	*$48,816 00*	*$0 00*				*X*	*JSI will provide consulting services to support MeHAF's Integration Initiative cross-site evaluation*
2012CON-0003	*John Snow, Inc (JSI) 44 Farnsworth Street Boston, MA 02210-1211*	*$150,000 00*	*$150,000 00*	*$0 00*				*X*	*JSI will provide consulting services to support MeHAF's Integration Initiative cross-site evaluation*
Promoting Patient-Centered Care -Integrated Care Technical Assistance									
2012B-0001	MaineHealth 110 Free Street Portland, ME 04101	$5,000 00	$5,000 00	$0 00	X				MaineHealth's Mental Health Integration (MHI) program will provide consultative technical assistance to primary and specialty health care teams who are interested in increasing their level of integration and collaboration with mental health providers The MHI team will provide consultative technical assistance for up to 10 practices throughout Maine over a one year period
2012B-0002	NAMI-Maine 1 Bangor Street Augusta, ME 04330	$5,000 00	$5,000 00	$0 00	X				NAMI Maine, Amistad, and Alpha One will use a three step model to improve how integrated clinical sites assure that the care they provide is patient and family centered The project will advance the field of knowledge about how to meaningfully engage patients and families Three health care practices will measure existing practice, build an action plan for change, and measure outcomes that result from that change Using evidence-based assessment tools, selected sites will improve how effectively they engage patients and families and the current status of their patient centered care delivery All partners in this project will also collaborate to demonstrate to the larger field of integrated practice how this simple method can establish meaningful patient and family involvement and improve outcomes
2012G-0001	Tri-County Mental Health Services PO Box 2008 1155 Lisbon Street Lewiston, ME 04241-2008	$5,000 00	$5,000 00	$0 00	X				TCMHS has a successful, sustainable, and replicable model for Integrated Primary Care, and nearly three years of experience making it work in multiple sites Tri-County will provide consultative technical assistance to other organizations to advance the field of Integrated Primary Care Specifically, we will create an IPC Tool-Kit that can be used as a launch manual, offer a one-day training and professional consultation, either in-person or by phone, to organizations using it to guide their program development
Subtotal, Promoting Patient-Centered Care Grant (13) & Contract (2) Payments = $930,667									

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Improving Access to Quality Care - Oral Health									
2012F-0001	Aroostook Dental Clinic 122 Academy St Suite A Presque Isle, ME 04769	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0002	Community Dental 276 Canco Rd Portland, ME 04103	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0003	Community Dental 276 Canco Rd Portland, ME 04103	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0009	DentaQuest Institute, Inc 2400 Computer Drive Westborough, MA 01581	$60,000 00	$60,000 00	$0 00	X				Safety Net Solutions will work with eight oral health providers to provide data-driven practice analysis, development of a performance improvement plan, improvement plan implementation support, and on-going collaborative learning opportunities for twelve months on national and regional issues of interest
2012F-0004	Fish River Rural Health PO Box 309 Eagle Lake, ME 04739	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0005	Health Care for the Homeless, Public Health Department City of Portland 20 Portland Street Portland, ME 04101	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0006	HealthWays/Regional Medical Center at Lubec, Inc 43 South Lubec Road Lubec, ME 04652	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0007	Lincoln County Dental Inc 748 Main St Damariscotta, ME 04553	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2012F-0008	York County Community Action Corporation 6 Spruce Street Sanford, ME 04073	$5,000 00	$0 00	$5,000 00	X				Project will support practice management consulting to the safety net dental practice The consulting will focus on clinical productivity and financial viability with the intention of ensuring access to care for MeHAF priority populations, with the possibility of increasing access for the underserved
2011CON-0016	*Health Research, Inc* *Riverview Center* *150 Broadway, Suite 560* *Menands, NY 12204-2719*	*$40,000 00*	*$25,000 00*	*$0 00*				*X*	*The Center for Health Workforce Studies (the Center) will perform an in-depth study of Maine's oral health workforce The primary project activity will be oral health workforce surveys of all dentists, dental hygienists, and expanded function dental assistants in Maine*
Subtotal, Improving Access to Quality Care Grant (9) & Contract (1) Payments = $85,000									

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Achieving Better Health in Communities - Community Programs									
2012A-0001	AOS 93 767 Main St Damariscotta, ME 04543	$20,000 00	$20,000 00	$0 00		X			AOS No 93 seeks funding to expand the current work of the grassroots organization Focus on Agriculture in Rural Maine Schools (FARMS) FARMS will expand their work to bring local foods and farms into the schools by creating a FARMS to School Coordinator position to create "food learning centers," within the classroom and school cafeterias Additionally, FARMS seeks to change the culture of student food choice behaviors through educating AOS #93's 1625 students about healthy choices with a three pronged approach This approach includes setting benchmarks for the schools health and nutrition programs, curriculum development involving taste testing and seed to table discussions and the analysis of local health data in collaboration with the local primary care practices and the local health care organization
2012A-0002	Child and Family Opportunities, Inc 18 Avery Lane PO Box 648 Ellsworth, Maine 04605	$20,000 00	$20,000 00	$0 00	X				Good Food Community Based Support for Healthy Eating, a project in Sedgwick Maine, will make healthy eating easier, fun, and socially normative This project will combine education with economic, social, and environmental support
2012FI-0002	Penobscot Indian Nation/Penobscot Nation Health Department 23 Wabanaki Way Indian Island, Maine 04468	$50,000 00	$50,000 00	$0 00			X		Penobscot Nation Health Department is committed to working in partnership with the community to support health and wellness and provide care for individuals and families in the physical, mental, emotional and spiritual healing process The Penobscot Nation Health Department will promote a healthy environment and provide the highest quality care by maximizing all available resources, honoring Penobscot traditions, respecting the dignity of each person, and observing the highest possible moral and ethical standards "
2012A-0003	Rangeley Lakes Heritage Trust Inc 52 Carry Road P O Box 249 Oquossoc, ME 04964	$7,500 00	$7,500 00	$0 00	X				EcoVenture and partner Rangeley Region Health and Wellness Partnership (RRHWP) will implement an expanded version of EcoVenture's award-winning program to address childhood obesity in Rangeley Collaborating with RRHWP, the EcoVenture program will increase the physical activity of its campers and provide nutritional education by expanding the program's length, scope of activities and number of campers Designed to dovetail with the Rangeley Lakes Regional School's (RLRS) team-based "Fit 'N Fun" program, and based loosely on the Rangeley's "Biggest Loser" contest sponsored by RRHWP, the program will insure that health-based progress made by children during the school year are retained or improved while attending EcoVenture
2012CON-0014	*Altarum Institute* *3520 Green Court, Suite 300* *Ann Arbor, MI 48105*	*$22,401 00*	*$22,401 00*	*$0 00*	*X*				*Altarum Institute will conduct an environmental scan and analysis of community health improvement efforts both within and outside of Maine*
Subtotal, Achieving Better Health in Communities Grant (4) & Contract (1) Payments = $119,901									

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Leadership Development & Capacity Building									
2012FI-0001	Blue Cross and Blue Shield of Massachusetts Foundation, Inc 401 Park Drive M/S 01/04 Boston, MA, ME 02215	$18,000 00	$18,000 00	$0 00	X				The Blue Cross Blue Shield of Massachusetts Foundation Health Coverage Fellowship (the Fellowship) is a 9-day residential educational program designed to help print, radio, and television media do a better job covering critical health care issues The first of its kind in the country, the Fellowship aims to enhance the awareness and knowledge of both the public and policy makers regarding critical health issues, especially those affecting the low income and the uninsured, by intensively training medical journalists The Fellowship curriculum features more than 70 top health officials, policy people, and researchers as speakers It also brings the Fellows out to watch first-hand how the system works, from walking the streets at night with mental health case workers to riding a Medflight helicopter
2012FI-0012	Center for Health Policy Development 10 Free Street Portland, ME 04101	$4,440 00	$4,440 00	$0 00	X				MeHAF funds will be used to sponsor health policy leaders from Maine to attend NASHP's State Health Policy Conference
2012FI-0006	Daniel Hanley Center for Health Leadership 217 Commercial Street, Suite 201 Portland, ME 04101	$55,000 00	$15,000 00	$40,000 00	X				This project will support and accelerate work that is now under way to address serious health disparities that exist in communities across Maine, build and strengthen interdisciplinary teams that are providing integrated physical and behavioral health care services and those that are serving uninsured and MaineCare populations, and, provide targeted tuition assistance to 4-6 health professionals each year (for a three year period) from organizations that serve populations that are negatively impacted by health disparities and/or are building integrated care teams aimed at improving the coordination and quality of care for patients
2012FI-0007	Maine Community Foundation, Inc 245 Main Street Ellsworth, ME 04605	$5,000 00	$5,000 00	$0 00	X				The Maine Nonprofit Effectiveness Initiative (NEI), established by the Maine Nonprofit Sector Collaboration (Collaboration), will provide a structured, supported learning opportunity for nonprofit organizations to examine the ongoing viability and effectiveness of their mission, programs, structure and finances NEI was created in response to the economic crisis, and its participants believe that all nonprofit organizations, whether operating in strong or weak economic climates, benefit from periodic assessment of their viability and options for strengthening impact The Collaboration is now exploring how the NEI could be used as a platform to advance a concerted effort in Maine towards greater collective action, because for any single organization to enter into more collaborative and collective work with others it must first be well-informed of its own strengths and weakness
2012FI-0005	Maine Development Foundation 295 Water Street, Suite 5 Augusta, ME 04330	$25,000 00	$25,000 00	$0 00	X				PLA educates legislators on a variety of policy issues through a combination of lectures and experiential learning The purpose of PLA is to give legislators context for the decisions they will be asked to make throughout their session MeHAF's support and role as a partner will allow us to include important basic information about the health care system as well as opportunities to further explore current health and health care issues that are relevant to Maine
2011CON-0009	*USM/Edmund S Muskie School of Public Service, Cutler Institute for Health & Social Policy* *34 Bedford Street* *P O Box 9300* *Portland, ME 04104-9300*	*$4,626 00*	*$4,626 00*	*$0 00*	*X*				*The Muskie School of Public Service will further develop the Medication Assistance Evaluation publication for submission to the journal, Health Affairs*
Subtotal, Leadership Development Grant (5) & Contract (1) Payments = $72,066									

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Discretionary Grants & Meeting Support									
2012DIS-0006	American Academy Of Pediatrics Maine Chapter Inc PO Box 453 Blue Hill, ME 04614	$2,000 00	$2,000 00	$0 00	X				Meeting support for "Back to School School Based Health and Pediatric and Adolescent Hot Topics"
2012DIS-0014	Community Concepts, Inc 240 Bates Street Lewiston, ME 04240	$2,000 00	$2,000 00	$0 00	X				"Putting Collective Impact into Practice in Maine Communities" will give participants understanding of the collective impact process, how it is different from traditional collaborations, and how to start its implementation
2012DIS-0010	Daniel Hanley Center for Health Leadership 217 Commercial Street, Suite 201 Portland, ME 04101	$2,000 00	$2,000 00	$0 00	X				The Forum will launch the second phase of a statewide stakeholder planning process aimed at determining Maine's future public health workforce needs and positioning Maine CDC for accreditation 80 key leaders representing a diverse range of public health interests will attend the Forum
2012DIS-0011	Division of Public Health, HHS Dept , City of Portland 389 Congress Street Room 307 Portland, ME 04101	$1,000 00	$1,000 00	$0 00			X		The Breathe Easy Coalition of Maine's Annual Meeting will feature a presentation on an emerging health issue, third hand smoke, and updates for Coalition members and partners on tobacco-free policy successes from the past year
2012DIS-0017	Eastern Maine Development Corporation 40 Harlow Street Bangor, ME 04401	$2,000 00	$2,000 00	$0 00	X				A third Grant Summit for the newly formalized "Maine Community Capital Coalition" provided the venue to continue discussions about organizational collaboration, partnerships to increase funding potential for this region, and enhancing the toolkits for effective grants development
2012DIS-0008	Kennebec Valley Dental Coalition, Inc d/b/a Community Dental Center 93 Main Street Waterville, ME 04901	$4,935 75	$4,935 75	$0 00	X				Community Dental Center will purchase a StatIM 5000 rapid steam autoclave to replace both its existing 12 year-old sterilizer, as well as a very small, donated machine Both of these are slow, problematic, and limited in capacity for the number of hand pieces and instruments that need to be sterilized
2012DIS-0001	Lewiston School Department 36 Oak St Lewiston, Maine Lewiston, ME 04240	$950 00	$950 00	$0 00		X			Meeting support for "The Bath Salts Forum Creating a Community Prevention Plan"
2012DIS-0012	Maine Coast Memorial Hospital 50 Union Street Ellsworth, ME 04605	$2,000 00	$2,000 00	$0 00	X				This conference increases awareness of Maine's social service programs and the eligibility requirements of each program New to the program is information on services available to veterans and their families

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
2012DIS-0009	Maine Development Foundation 295 Water Street, Suite 5 Augusta, ME 04330	$2,000 00	$2,000 00	$0 00	X				The 12th annual Maine Downtown Conference is Maine's premier downtown revitalization gathering where over 300 people will learn, network and be inspired to lead their local efforts
2012DIS-0015	Maine Long-Term Care Ombudsman Program 61 Winthrop Street Augusta, ME 04332	$2,000 00	$2,000 00	$0 00	X				The Maine Partnership to Improve Dementia Care in Nursing Homes Workgroup conference will focus on providing education for nursing home staff to implement an action plan to improve behavioral health safeguarding residents by reducing the use antipsychotic drugs
2012DIS-0005	Maine Quality Counts 30 Association Drive PO Box 190 Manchester, ME 04351	$2,000 00	$2,000 00	$0 00	X				The QC2012 conference offers specific models and tools for collaboration within communities to improve health and health care Stakeholders can learn and identify steps for transforming care, focusing on engaging consumers Experts will share best practices about partnering with and engaging people to achieve high value, patient-centered care
2012DIS-0016	Maine Sea Coast Mission 127 West Street Bar Harbor, ME 04609	$2,000 00	$2,000 00	$0 00	X				In its third year the Island Eldercare Conference continues to create and strengthen elder care on Maine's islands, explore and initiate avenues for working together, share information to assist island communities seeking to develop eldercare facilities, and lay a foundation for continued communication
2012DIS-0007	Pleasant Point Passamaquoddy P O Box 351 11 Back Road Perry, ME 04667	$9,962 00	$9,962 00	$0 00			X		This project will allow Pleasant Point Passamaquoddy to provide neurofeedback (NF) services to Passamaquoddy patients This treatment type requires certified clinicians and guidance of a mentor who will make recommendations for change as needed
2012DIS-0019	Redington-Fairview General Hospital 46 Fairview Avenue PO Box 468 Skowhegan, ME 04976	$10,000 00	$10,000 00	$0 00	X				This project will prepare a Federally Qualified Health Center (FQHC) application for Jackman Area Primary Care (JAPC) The goal is to maintain primary care and stabilize other health care resources for the benefit of all members of this geographically isolated rural community
2012DIS-0002	River Valley Healthy Communities Coalition 94 River Street P O Box 86 Rumford, ME 04276	$500 00	$500 00	$0 00	X				This project will provide an overview of the Maine Healthy Homes Initiative and presentations of the seven core qualities of a healthy home
2012DIS-0004	SeniorsPlus 8 Falcon Road Lewiston, ME 04240	$7,367 00	$7,367 00	$0 00	X				To prepare to apply for a Center for Medicare and Medicaid (CMS) funded program to provide improved care transitions for Medicare patients in Franklin county, SeniorsPlus will convene collaborators to plan and implement systems change, carry out a pilot project, and complete the application

Subtotal, Discretionary Grant and Meeting Support (16) Payments = $52,714.75

Ref. #	Organization	Total Amount for Grant or Contract	Amount Paid in 2012	Ending Balance 2012	Public Charity	Educational Inst.	Govt. Entity	Other	Project Description
Charitable Gifts									
2012CGF-0003	Habitat for Humanity of Greater Portland P O Box 10505 Portland, ME 04104	$1,500 00	$1,500 00	$0 00	X				General support
2012CGF-0002	Maine Initiatives 295 Water Street, Suite 100 P O Box 2248 Augusta, ME 04338	$5,000 00	$5,000 00	$0 00	X				General support
2012CGF-0001	Maine Philanthropy Center USM Glickman Family Library P O Box 9301 Portland, ME 04104-9301	$3,500 00	$3,500 00	$0 00	X				Maine Philanthropy Center (MPC) will host and help launch an initial discussion among foundations interested in working with the tribal communities in Maine In addition, MPC will support the convening of program officers group
Subtotal, Charitable Gifts (3) = $10,000									

Total Grants Paid in 2012 (94)	$3,846,053 26
Total Contracts Paid in 2012 (7)	$352,064.00
Total Charitable Gifts in 2012 (3)	$10,000.00
Total Payments in 2012	$4,208,117.26

Total New Grant Awards (Newly allocated in 2012) = 77 grants = $3,649,413.96

Grants Payable At Year End	$1,046,665.70

MAINE HEALTH ACCESS FOUNDATION
FORM 990-PF: SUPPLEMENTAL STATEMENT 15
Year Ended December 31, 2012 01-0535144

Part XV, Line 2: Information Regarding Grant Programs

Line 2a: Grant applications should be addressed to:

Catherine Luce, Grants Manager
Maine Health Access Foundation
150 Capitol Street, Suite 4
Augusta, Maine 04330
email: cluce@mehaf.org
Phone: (207) 620-8266; ext 104

Questions about specific funding opportunities are typically directed to individual program staff supervising the grant program. The responsible staff person is listed in each request for proposals (RFP) which are posted on the MeHAF web site (www.mehaf.org).

Line 2b: Information regarding MeHAF's funding priorities and grant opportunities, including all RFPs, are available on the MeHAF website. All RFPs are publicized via MeHAF's e-mail newsletter, *AccessPoints*. Each RFP provides explicit information on the submission requirements, application forms and other relevant project materials for major strategic programs and policy grants. All competitive grants rounds included one or more in-person or webinar-based applicant assistance meetings and/or technical assistance calls. In addition, all open competitive grants rounds were submitted via online application forms.

The MeHAF Board approved a new strategic plan two years ago, in April 2011. Calendar year 2012 represents the first full year in which some of the new strategic priorities were implemented and others entered concentrated planning for implementation in 2013. The four strategic priority areas for 2011 – 2016 are listed on the MeHAF website and below, with asterisks indicating the priories within which new initiatives were still under development for roll-out in 2013.

- *Advancing Health System Reform*
- *Promoting Patient-Centered Care**
- *Improving Access to Quality Care**
- *Achieving Better Health in Communities*

One notable aspect of grantmaking in 2012 is that relatively few Requests for Proposals (RFPs) were released since a high proportion of funds were awarded as renewals or extensions of existing grants as well as through the foundation-initiated (invited) grant process. Four competitive RFPs were released and three sets of renewal grants were completed. A total of 83 grants and contracts were approved.

MeHAF continues to use the model of convening grantees for regular meetings to share information and for "learning communities" at which experts share relevant information and research. Feedback from grantees indicates that this is viewed as helpful to their work and staff views this as among the most important things that MeHAF can do to ensure grantee success. In addition, Program Officers maintain regular contact with the directors of the grants they oversee (both competitive and foundation-initiated), often through regularly scheduled progress update calls, and generally after reviewing interim and final

reports from grantees. Grants manager Cathy Luce holds regular webinar trainings on budgeting, reporting, and on-line applications which have been recorded and are available to replay from the MeHAF website.

Line 2c: All submission deadlines are outlined in the foundation's requests for proposals available through the website: www.mehaf.org. In addition to RFP solicitations, MeHAF offers open funding opportunities through the discretionary grants programs and foundation-initiated (invited) grants. In 2012, MeHAF also provided several renewal funding opportunities to grantees to continue projects. Guidance is available on the MeHAF website.

Line 2d: MeHAF is a mission-driven organization that provides funding to promote access, advance higher quality health care delivery, and help Maine people regain or preserve good health. The foundation generally limits its grant awards offered through competitive RFPs to 501(c)(3) tax-exempt charitable organizations, educational institutions, governmental entities or other public, non-profit entities. Private foundations, individuals, fiscal sponsorships and organizations with pending non-profit status are generally ineligible to receive funding through the competitive RFP process. MeHAF primarily funds Maine-based organizations; however, qualified organizations from outside the state may apply for funding if the project activities focus on Maine's health care system or Maine residents.

It should be noted that in 2012, the MeHAF Board approved a grant award to Maine Community Health Options, which is the state's new nonprofit CO-OP insurance plan. This entity falls within a new tax category of non-profit: the 501(c)(29). Significant research as well as consultation with MeHAF's legal counsel was needed to determine the appropriate mode of grantmaking and monitoring.

MAINE HEALTH ACCESS FOUNDATION
FORM 990-PF: SUPPLEMENTAL STATEMENT 16
Year Ended December 31, 2012 01-0535144

Part VII-A, Line 5c: Statement Required by Regs. Section 53-4945-5(d)

1. Name and address of grantee:

Blue Cross and Blue Shield of Massachusetts Foundation, Inc.
The Landmark Center
401 Park Drive
Boston, MA 02215-3326

2. Date and amount of the grant:

Approval Date: 2/17/2012
Grant Amount: $18,000
Grant Period: 4/27/2012 – 5/26/2013

3. Purpose of the grant:

The Health Coverage Fellowship Program is designed to help the New England media do a better job covering critical health care issues. The goal of the Fellowship is to deepen the media's understanding of the intricate and dynamic world of medicine and health care, with an emphasis on the special problems facing low-income and uninsured individuals and families. MeHAF funding is to insure that this ground-breaking journalist training program includes a Maine participant.

4. Amounts expended by the grantee (based on the most recent report):

The MeHAF grant is provided to BC BS of Massachusetts to offset the tuition costs that are incurred by a Maine journalist who is participating in the program.

5. Statement regarding fund diversion:

To the best of Maine Health Access Foundation's knowledge, the grantee has not diverted any portion of the fund from the purpose of the grant.

6. Dates of any reports received from the grantee:

Narrative and financial reports were received June 16, 2013.

7. Dates and results of verification of grantee's reports:

Upon receipt of narrative and financial reports, the CEO reviewed the reports from Blue Cross and Blue Shield of Massachusetts Foundation, to ensure the appropriate use of grant funds. This review was completed July 22, 2013 and the final report was approved by Dr. Wolf.

Form 990-PF Other Income Statement 1

Description	(a) Revenue Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income
Expense rebates	4,781.	0.	
Proposal reviews	1,439.	0.	
Other income	2,003.	0.	
Net adjustment for investment income on schedules K-1	1,676,569.	1,676,569.	
(not recorded on books)	<1,676,569.>	0.	
Total to Form 990-PF, Part I, line 11	8,223.	1,676,569.	

Form 990-PF Legal Fees Statement 2

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal	5,429.	0.		5,429.
To Fm 990-PF, Pg 1, ln 16a	5,429.	0.		5,429.

Form 990-PF Accounting Fees Statement 3

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting	38,984.	2,000.		36,984.
To Form 990-PF, Pg 1, ln 16b	38,984.	2,000.		36,984.

Form 990-PF Other Professional Fees Statement 4

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting on behalf of MeHAF	7,047.	0.		7,047.
To Form 990-PF, Pg 1, ln 16c	7,047.	0.		7,047.

Form 990-PF Taxes Statement 5

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Excise taxes	420,120.	0.		0.
Payroll taxes	47,874.	0.		47,874.
To Form 990-PF, Pg 1, ln 18	467,994.	0.		47,874.

Form 990-PF Other Expenses Statement 6

Description	(a) Expenses Per Books	(b) Net Invest-ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Office supplies & expenses	39,914.	0.		39,914.
Website	3,225.	0.		3,225.
Insurance	15,361.	0.		15,361.
Telecommunications	8,400.	0.		8,400.
Investment fees	419,854.	419,854.		0.
Program related contracts (see statement 14)	352,064.	0.		352,064.
Other program-related funding and minor donations (see statement 14)	10,000.	0.		10,000.
Program related expenses: consultants	68,902.	0.		68,902.
Program related expenses: conferences	1,988.	0.		1,988.
Program related expenses: grant management	27,882.	0.		27,882.
Program related expenses: communications	25,179.	0.		25,179.

Program related expenses: strategic planning	0.	0.		0.
Program related expenses: technical assistance	91,675.	0.		91,675.
Program related expenses: other	49,417.	0.		49,417.
Accrual to cash conversion	0.	0.		<32,127.>
To Form 990-PF, Pg 1, ln 23	1,113,861.	419,854.		661,880.

Form 990-PF Other Increases in Net Assets or Fund Balances Statement 7

Description	Amount
Net unrealized gain on investments	10,223,949.
Refunded grants	13,078.
Total to Form 990-PF, Part III, line 3	10,237,027.

Form 990-PF Other Investments Statement 8

Description	Valuation Method	Book Value	Fair Market Value
Pimco Total Return Fund	FMV	6,791,198.	6,791,198.
Vanguard Inflation Protected	FMV	4,719,292.	4,719,292.
Vanguard Long Term Treasury	FMV	2,540,411.	2,540,411.
Vanguard Total Stock Market Index	FMV	10,222,841.	10,222,841.
ING Glogal Real Estate Fund	FMV	2,573,598.	2,573,598.
Vanguard MSCI Emerging Market	FMV	4,042,923.	4,042,923.
Adage Capital Partners	FMV	17,135,993.	17,135,993.
Axiom	FMV	10,782,613.	10,782,613.
Artisan Midcap Growth Fund	FMV	5,128,071.	5,128,071.
Colchester Global LP	FMV	5,952,024.	5,952,024.
Silchester International Tobacco Free	FMV	15,404,368.	15,404,368.
Wellington CTF Strategy Real Asset	FMV	7,851,510.	7,851,510.
Archstone Market	FMV	14,079,775.	14,079,775.
Adamas Opportunities, L.P.	FMV	4,065,436.	4,065,436.
Total to Form 990-PF, Part II, line 13		111,290,053.	111,290,053.

Form 990-PF Other Assets Statement 9

Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Program-related investment	750,000.	750,000.	750,000.
Refundable income taxes	51,000.	74,000.	74,000.
To Form 990-PF, Part II, line 15	801,000.	824,000.	824,000.

Form 990-PF Other Liabilities Statement 10

Description	BOY Amount	EOY Amount
Deferred excise tax liability	35,000.	376,000.
Total to Form 990-PF, Part II, line 22	35,000.	376,000.

Form 990-PF Part VIII - List of Officers, Directors Trustees and Foundation Managers Statement 11

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
Wendy J. Wolf, MD, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	President & CEO 40.00	177,165.	18,727.	0.
Frank Johnson 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Nancy Fritz 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Karen O'Rourke, MPH 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Lisa Sockabasin, BSN 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.

Shirley Weaver, PhD 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Cheryl Lee Rust 150 Capitol Street, Suite 4 Augusta, ME 04330	Secretary 3.00	0.	0.	0.
Lee Webb 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Jeff Wahlstrom 150 Capitol Street, Suite 4 Augusta, ME 04330	Chair 4.00	0.	0.	0.
Sara Gagne-Holmes, ESQ. 150 Capitol Street, Suite 4 Augusta, ME 04330	Vice Chair 3.00	0.	0.	0.
Constance Sandstrom, MPA 150 Capitol Street, Suite 4 Augusta, ME 04330	Treasurer 3.00	0.	0.	0.
Constance Adler, MD, FAAFP 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Roy Hitchings, Jr., FACHE 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Anthony Marple, MBA 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 2.00	0.	0.	0.
Ted Sussman, MD, MACP 150 Capitol Street, Suite 4 Augusta, ME 04330	Trustee 3.00	0.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		177,165.	18,727.	0.

Form 990-PF Other Revenue Statement 12

Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income
Expense rebates			01	4,781.	
Proposal reviews			01	1,439.	
Other income			01	2,003.	
Net adjustment for investment income on schedules K-1				1,676,569.	
(not recorded on books)				<1,676,569.>	
Total to Form 990-PF, Pg 12, ln 11				8,223.	

Form **8868** (Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions	Maine Health Access Foundation, Inc.	01-0535144
	Number, street, and room or suite no. If a P.O. box, see instructions. 150 Capitol Street, No. 4	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Augusta, ME 04330	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Wendy J. Wolf, M.D., M.P.H. 150 Capitol Street, Suite 4 - Augusta, ME 04330
  Telephone No ▶ (207) 620-8266 FAX No. ▶ (207) 620-8269
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2012 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 221,820.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 121,820.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 100,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.