

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **LAWRENCE & MEMORIAL HOSPITAL INC.** Employer identification number **06-0646704**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		1,795	19,462,066.	5,731,639.	13,730,427.	3.98%
b Medicaid (from Worksheet 3, column a)		26,683	57,231,990.	40,491,363.	16,740,627.	4.86%
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs		28,478	76,694,056.	46,223,002.	30,471,054.	8.84%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	44	13,711	1,906,668.	508,065.	1,398,603.	.41%
f Health professions education (from Worksheet 5)	9	9,465	2,148,661.	19,600.	2,129,061.	.62%
g Subsidized health services (from Worksheet 6)	9	6,283	8,097,085.	3,628,288.	4,468,797.	1.30%
h Research (from Worksheet 7)	0	0	0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	721	157,518.	0.	157,518.	.05%
j Total. Other Benefits	73	30,180	12,309,932.	4,155,953.	8,153,979.	2.38%
k Total. Add lines 7d and 7j	73	58,658	89,003,988.	50,378,955.	38,625,033.	11.22%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and a Total row.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Form questions for Section A. Bad Debt Expense. Question 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes/No). Question 2: Enter the amount of the organization's bad debt expense. (Amount: 9,904,254.). Question 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Form questions for Section B. Medicare. Question 5: Enter total revenue received from Medicare (including DSH and IME) (Amount: 131,536,088.). Question 6: Enter Medicare allowable costs of care relating to payments on line 5 (Amount: 155,295,024.). Question 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (Amount: -23,758,936.). Question 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Check the box that describes the method used: [] Cost accounting system, [] Cost to charge ratio, [X] Other.

Section C. Collection Practices

Form questions for Section C. Collection Practices. Question 9a: Did the organization have a written debt collection policy during the tax year? (Yes/No). Question 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 LAWRENCE & MEMORIAL HOSPITAL
365 MONTAUK AVE
NEW LONDON, CT 06320
WWW.LMHOSPITAL.ORG
0047

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first two and last two columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.LEDGELIGHTHD.ORG/ASSESSMENT</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 3J: IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMPONENTS LISTED, THE LMH CHNA REPORT INCLUDED ANALYSIS OF THE DATA IN TERMS OF STRENGTHS AND OPPORTUNITIES FOR ACTION. THIS ANALYSIS INFORMED THE CREATION OF THE COMMUNITY HEALTH IMPLEMENTATION PLAN.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS WHICH WAS CO-LED BY LMH AND LEDGE LIGHT HEALTH DISTRICT, THE REGIONAL LOCAL PUBLIC HEALTH ENTITY. THROUGHOUT, PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF RESIDENTS AND COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

SCHEDULE H, PART V, SEC B, LINE 7A AND 10A:

WWW.LMHOSPITAL.ORG/ABOUT/COMMUNITY-INVOLVEMENT/COMMUNITY-PARTNERSHIPS.ASPX

LAWRENCE & MEMORIAL HOSPITAL:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6B: THE CHNA WAS GUIDED BY THE SOUTHEASTERN CT HEALTH IMPROVEMENT COLLABORATIVE, A COALITION OF HEALTH CARE PROVIDERS, LOCAL PUBLIC HEALTH, FEDERALLY QUALIFIED HEALTH CENTERS, TRIBAL REPRESENTATIVES, HIGHER EDUCATION, RESIDENTS, AND NUMEROUS NON-PROFIT ORGANIZATIONS SERVING THE REGION. PARTNERS INCLUDED:

NEW LONDON HOUSING AUTHORITY

SOUTHEASTERN MENTAL HEALTH AUTHORITY

THAMES VALLEY COUNCIL FOR COMMUNITY ACTION

SE REGIONAL ACTION COUNCIL

TOWN OF GROTON, PARKS AND REC

EASTERN AREA HEALTH EDUCATION CENTER

NEW LONDON PARKS AND RECREATION

UNITED COMMUNITY AND FAMILY SERVICES

NEW LONDON POLICE DEPARTMENT

THAMES VALLEY COUNCIL FOR COMMUNITY ACTION

CHILD AND FAMILY AGENCY

AFRICAN AMERICAN HEALTH COUNCIL

MINISTERIAL ALLIANCE OF SECT

UNITED COMMUNITY AND FAMILY SERVICES

L+M HEALTHCARE

CITY OF NEW LONDON

CONNECTICUT COLLEGE

SPARK MAKERSPACE

CT LEGAL SERVICES

VISITING NURSE ASSOCIATION OF SE CT

COMMUNITY HEALTH CENTER, INC.

SE CT ENTERPRISE REGION

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ALLIANCE FOR LIVING

SOUND COMMUNITY SERVICES

SE CT COUNCIL OF GOVERNMENTS

FRESH NL

GROTON PARKS AND REC

SE CT ENTERPRISE REGION

LEDGE LIGHT HEALTH DISTRICT

UNCAS HEALTH DISTRICT

HOLLERAN CENTER CONNECTICUT COLLEGE

HISPANIC ALLIANCE

NEW LONDON SOCIAL SERVICES

COMMUNITY FOUNDATION OF E CT

GROTON TOWN MANAGER

MAYOR, CITY OF NEW LONDON

TOWN OF WATERFORD DEPARTMENT OF PLANNING

TOWN OF GROTON DEPARTMENT OF PLANNING

CONNECTICUT COLLEGE

CHILD AND FAMILY AGENCY

MASHANTUCKET PEQUOT TRIBAL NATION

UNITED WAY

MOHEGAN TRIBAL HEALTH DEPARTMENT

HIGHER EDGE

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 7D: THE CHNA REPORT WAS RELEASED AT A

PRESENTATION OPEN TO THE PUBLIC ON MARCH 23, 2016. IN ATTENDANCE WERE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMMUNITY PARTNERS REPRESENTING OTHER NON-PROFIT ORGANIZATIONS, BUSINESS LEADERS, INDIVIDUALS REPRESENTING THE EDUCATION SECTOR, HOSPITAL STAFF, MEMBERS OF THE MEDIA, AND COMMUNITY MEMBERS.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: FOLLOWING THE COMPLETION OF THE CHNA, THE COLLABORATIVE ENGAGED IN A PROCESS TO PRIORITIZE ISSUES AND DEVELOP STRATEGIES TO IMPROVE HEALTH AND WELL-BEING IN THE REGION. THE PRIORITIZATION PROCESS INCLUDED SEVERAL ROUNDS OF REVIEW, DISCUSSION AND GROUP PRIORITIZATION EXERCISES. PRIORITY AREAS SELECTED WERE: 1. IMPROVE THE CONDITIONS THAT SUPPORT MENTAL WELLBEING AND REDUCE SUBSTANCE USE. INDICATORS:

OPIOID USE AND ANXIETY/DEPRESSION AMONG MINORITIES

2. SUPPORT AND NURTURE HEALTHY LIFESTYLES. INDICATOR: CONTRIBUTING FACTORS TO DIABETES

3. ENSURE ACCESS TO CARE. INDICATORS: PRENATAL CARE AND RELATED BIRTH OUTCOMES AND ACCESS TO CARE FOR THE LOW-INCOME POPULATION.

ALL TOLD, OVER 65 INDIVIDUALS, PRESENTING A BROAD RANGE OF PERSPECTIVES, PARTICIPATED IN THE PRIORITIZATION WORK.

TO LEARN MORE ABOUT HOW LMH AND ITS COMMUNITY PARTNERS ARE MEETING THESE NEEDS PLEASE REVIEW THE COMMUNITY HEALTH IMPROVEMENT PLAN ATTACHED TO THIS FILING. IN ADDITION, LMH WILL CONTINUE EXISTING PROGRAMS, SERVICES AND INITIATIVES IN THE AREAS OF ASTHMA, HIV OUTREACH, MATERNAL AND CHILD HEALTH, AND BREAST AND CERVICAL CANCER AND CARDIOVASCULAR DISEASE PREVENTION AND EARLY DETECTION.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

IN PARTNERSHIP WITH OTHER ORGANIZATIONS, ALL OF THE AREAS PRIORITIZED AREA BEING ADDRESSED. A DRIVING PHILOSOPHY OF LMH'S COMMUNITY BENEFIT EFFORTS IS TO BUILD ON COMMUNITY RESOURCES, PROGRAMS AND SERVICES AND TO NOT DUPLICATE THEM. AS SUCH, IN EXAMINING EACH OF THE PRIORITIZED COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY ASSETS WERE IDENTIFIED BEFORE CONSIDERING ANY NEW STRATEGIES THAT LMH MIGHT INITIATE AND/OR THOSE TO BE CONTINUED. WHERE THERE IS AN EXISTING COMMUNITY-BASED PROGRAM ADDRESSING ANY OF THE PRIORITIZED NEEDS, OR DUE TO RESOURCE LIMITATIONS, LMH WILL WORK TO SUPPORT AND BUILD CAPACITY OF THOSE PROGRAMS RATHER THAN TO CREATE SOMETHING NEW.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13B: HOSPITAL SHALL PROVIDE DISCOUNTED CARE ON A SLIDING SCALE FOR SELF-PAY PATIENTS IF THE PATIENT'S: (A) ANNUAL INCOME IS BETWEEN 251% AND UP TO 400% OF THE FEDERAL POVERTY LEVELS, TAKING INTO CONSIDERATION FAMILY UNIT SIZE; AND (B) ASSETS DO NOT EXCEED \$50,000 WHICH EXCEEDS THE ASSET THRESHOLD (AS DEFINED IN THE RHODE ISLAND STATEWIDE STANDARDS FOR THE PROVISION OF CHARITY CARE; SEE R23-17.14-HCA).

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13H: THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY.

LAWRENCE & MEMORIAL HOSPITAL:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 16I: WEBSITE PROVIDES DIRECT EMAIL LINK TO FINANCIAL COUNSELORS.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 20E: PRIOR TO INITIATION ANY COLLECTION ACTION, THE HOSPITAL DOCUMENTED ITS DETERMINATION OF WHETHER INDIVIDUALS WHO SUPPLIED A COMPLETED FINANCIAL ASSISTANCE APPLICATION WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY.

LAWRENCE & MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 22D: THE HOSPITAL PROVIDES FULL CHARITY CARE TO PATIENTS WITH ANNUAL INCOME UP TO AND INCLUDING 250% OF THE FEDERAL POVERTY GUIDELINES (FPG). HOSPITAL PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR SELF-PAY PATIENTS IF THE PATIENT'S: (A) ANNUAL INCOME IS BETWEEN 251% AND UP TO 400% OF THE FEDERAL POVERTY LEVELS, TAKING INTO CONSIDERATION FAMILY UNIT SIZE; AND (B) ASSETS DO NOT EXCEED \$50,000 WHICH EXCEEDS THE ASSET THRESHOLD. DISCOUNTS ARE BASED ON THE GROSS AMOUNTS CHARGED UNIFORMLY ACCORDING TO THE PUBLISHED CHARGEMASTER AND WILL BE AUTHORIZED AS FOLLOWS:

- 251% - 300% = 50%
- 301% - 350% = 40%
- 351% - 400% = 30%

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 16A, 16B AND 16C:

WWW.LMHOSPITAL.ORG/PATIENTS-VISITORS/PATIENTS/

BILLING-INSURANCE/FINANCIAL-ASSISTANCE.ASPX

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IT IS THE PHILOSOPHY AND POLICY OF LAWRENCE & MEMORIAL HOSPITAL THAT
 MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE AVAILABLE TO ALL
 INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY.

CHARITY CARE APPLIES TO ALL UNINSURED PATIENTS (DEFINED AS EARNING LESS
 THAN 250% OF THE POVERTY GUIDELINES). CARE WILL BE PROVIDED FREE FOR THOSE
 UNINSURED PATIENTS WHO REQUEST ASSISTANCE AND VERIFY THEIR ANNUAL INCOME
 IS LESS THAN 250% OF THE FEDERAL INCOME POVERTY LEVEL ("FPL").
 LIQUID ASSETS MUST NOT EXCEED \$50,000 (STOCKS, BONDS, CASH, IRA, CD, ETC.)
 EXCLUDING PRIMARY RESIDENCE AND PRIMARY MOTOR VEHICLE, BUSINESS ASSETS,
 RENTAL PROPERTY, SECONDARY RESIDENCES, RECREATIONAL VEHICLES AND OTHER
 SUCH LUXURY ITEMS WILL BE APPLIED TO THE LIQUID ASSETS. CARE WILL BE
 DISCOUNTED ON A SLIDING SCALE FOR SELF PAY PATIENTS WHO HAVE NO THIRD
 PARTY INSURANCE TO COVER SERVICES WITH AN ANNUAL INCOME THAT IS BETWEEN
 250% AND 400% OF THE FPL AND HAVE ASSETS LESS THAN \$50,000, IN ACCORDANCE
 WITH THE FOLLOWING:

251%-300%= COST OF CHARGE

Part VI Supplemental Information (Continuation)

301%-350%= 40%

351%-400%= 30%

PART I, LINE 7:

THE AMOUNTS REPORTED ON PART I, LINE 7 WERE CALCULATED AS DIRECT, SEPARATELY IDENTIFIABLE COSTS INCURRED BY THE HOSPITAL PLUS AN ALLOCATION OF OVERHEAD.

PART II, COMMUNITY BUILDING ACTIVITIES:

LMH, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

LMH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, LMH IS INCREASINGLY AWARE OF HOW SOCIAL

Part VI Supplemental Information (Continuation)

DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2016, LMH INVESTED IN COMMUNITY BUILDING EFFORTS THAT PROMOTE THRIVING AND HEALTHY COMMUNITIES IN OUR REGION.

PART III, LINE 2:

LAWRENCE & MEMORIAL HOSPITAL USES A COST REPORTING SYSTEM TO DETERMINE THE BAD DEBT EXPENSE. THE AMOUNT OF BAD DEBT EXPENSE (AT COST) REPORTED ON PART III, LINE 2 IS TAKEN DIRECTLY FROM THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 3:

THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A BAD DEBT FOOTNOTE.

PART III, LINE 8:

THE MEDICARE SHORTFALL REPORTED IN PART III, LINE 7 WAS CALCULATED BASED ON COST REPORTING. THE COSTING METHOD WAS FROM THE MEDICARE COST REPORT'S OWN METHODOLOGY OF ALLOCATING COST BY DEPARTMENT AND DERIVING A RATIO OF COST TO CHARGES. THIS AMOUNT SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE THE RATES PAID BY MEDICARE DO NOT ACCURATELY REFLECT THE COST OF

Part VI Supplemental Information (Continuation)

CARE PROVIDED BY LAWRENCE & MEMORIAL HOSPITAL. ACCORDINGLY, LAWRENCE & MEMORIAL HOSPITAL MUST SUBSIDIZE THE COST OF CARE PROVIDED TO MEDICARE BENEFICIARIES WITH OTHER REVENUES.

PART III, LINE 9B:

IN ACCORDANCE WITH ITS WRITTEN CREDIT AND COLLECTION POLICY, LAWRENCE & MEMORIAL HOSPITAL WILL NOT PURSUE COLLECTION EFFORTS, DIRECTLY OR THROUGH COLLECTION AGENCIES, ON THE PORTION OF A PATIENT'S BILL FOR WHICH THAT PATIENT HAS ESTABLISHED ELIGIBILITY FOR CHARITY CARE.

PART VI, LINE 2:

LAWRENCE & MEMORIAL HOSPITAL ("LMH") EMPLOYS A VARIETY OF STRATEGIES IN GAUGING THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), COVERING THE LAWRENCE & MEMORIAL PRIMARY SERVICE AREA, WAS CARRIED OUT IN PART (HOUSEHOLD SURVEY) THROUGH A PARTNERSHIP WITH DATAHAVEN. ADDITIONAL METHODS INCLUDED USING SCIENTIFICALLY VALID DATA, COMPARATIVE INFORMATION, AND INPUT FROM LOCAL RESIDENTS, PROVIDERS AND LEADERS. INDICATORS WERE COMPUTED FROM AN EXTENSIVE SET OF SECONDARY HEALTH-RELATED DATA.

LMH REVIEWS DISEASE INCIDENCE AND PREVALENCE RATES FOR THE LOCAL COMMUNITY, STATE, AND NATION. RATES ARE COLLECTED FROM MEDICAL JOURNALS, THE CT DEPARTMENT OF HEALTH, OR NATIONAL HEALTH RESOURCES SUCH AS THE KAISER FAMILY FOUNDATION OR CDC. THIS ANALYSIS INFORMS LMH ON THE HEALTH STATUS OF THE COMMUNITY AND IS USED TO FOCUS PROGRAM AND SERVICE DEVELOPMENT ON AREAS OF GREATEST CONCERN.

INFORMATION ON COMMUNITY NEEDS IS ALSO GATHERED THROUGH PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY, THE LEDGE LIGHT HEALTH DISTRICT, AND OTHER LOCAL NON-PROFITS. PERIODIC REVIEW OF DATA AND

Part VI Supplemental Information (Continuation)

UPDATING AS APPROPRIATE IS CONDUCTED. LMH COMPLETES A PHYSICIAN MANPOWER STUDY REGULARLY. THIS STUDY, CONDUCTED BY AN OUTSIDE CONSULTANT, DOCUMENTS THE DEMAND FOR PHYSICIANS BY SPECIALTY BASED ON PHYSICIAN-TO-POPULATION RATIOS, THE SUPPLY OF PHYSICIANS IN THE COMMUNITY, AND THE RESULTANT GAPS BETWEEN DEMAND AND SUPPLY. THE ANALYSIS INFORMS LMH OF DEFICIENCIES IN PHYSICIAN SUPPLY AND HELPS FOCUS RECRUITMENT EFFORTS TO MEET THE DEMANDS OF THE COMMUNITY. ALL COMMUNITY BENEFIT ACTIVITIES ARE REGULARLY EVALUATED FOR IMPACT AND EFFECTIVENESS AND AUDITED FOR COMPLIANCE WITH THE ORGANIZATION'S COMMUNITY BENEFIT POLICY.

PART VI, LINE 3:

IN ACCORDANCE WITH ITS CHARITY CARE POLICY, LMH NOTIFIES PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE USING SEVERAL METHODS.

- 1) SIGNAGE INDICATING THE AVAILABILITY OF CHARITY CARE IS POSTED IN ENGLISH AND SPANISH IN PATIENT ACCOUNTS, HEALTH ACCESS MANAGEMENT AND CERTAIN CLINICAL AREAS. SUMMARIES OF THE PROGRAMS WILL ALSO BE AVAILABLE IN THOSE AREAS.
- 2) PATIENT FINANCIAL ADVISORS WILL ATTEMPT TO VISIT ALL INPATIENTS REGISTERED AS SELF-PAY PATIENTS. A SUMMARY EXPLAINING CHARITY CARE WILL BE GIVEN TO THE PATIENT OR GUARANTOR WHEN THIS VISIT OCCURS.
- 3) PATIENTS WITH NO INSURANCE WILL RECEIVE AN INITIAL LETTER WITHIN ONE WEEK OF DISCHARGE INFORMING THEM THAT LMH CONSIDERS THEM "INSURED" PER THE CONNECTICUT GENERAL STATUTES SECTION 19A-673. IT IS THE RESPONSIBILITY OF THE PATIENT TO ADVISE LMH IF THEY BELIEVE THEY QUALIFY AS "UNINSURED" (AT OR UNDER 250% OF THE FPG).
- 4) A SERIES OF MONTHLY STATEMENTS WILL BE SENT FOLLOWING DISCHARGE. EACH STATEMENT WILL REMIND THE PATIENT OF THE AVAILABILITY OF CHARITY CARE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

GENERAL DEMOGRAPHICS

THE COMMUNITIES THAT COMPRISE THE SERVICE AREA OF LMH INCLUDE TEN TOWNS ALONG THE CONNECTICUT SHORELINE BETWEEN RHODE ISLAND AND THE CONNECTICUT RIVER AND INLAND TO MONTVILLE, CT. OUR COMMUNITIES REPRESENT A BROAD MIX OF URBAN, SUBURBAN, AND RURAL AREAS.

ACCORDING TO THE 2014 AMERICAN COMMUNITY SURVEY, THE POPULATION OF GREATER NEW LONDON IS 174,814, HAVING GROWN BY ABOUT 2,500 PEOPLE IN THE PAST 5 YEARS. THE POPULATION IS NEARLY EVENLY DIVIDED BY SEX, WITH 50.5% BEING MALE, THOUGH THE POPULATION 65 YEARS AND OLDER IS MADE UP OF MORE FEMALES (55.8%). OF PARTICULAR IMPORTANCE IS THE LARGE WAVE OF THOSE IN AND AROUND THE BABY BOOM GENERATION (AGES 50-70). AS THIS GROUP CONTINUES TO AGE, IT WILL PLACE INCREASING HEALTH, SOCIAL AND ECONOMIC PRESSURES ON FAMILIES, SOCIAL SERVICE AND GOVERNMENTAL AGENCIES. BOTH IN ABSOLUTE TERMS AND AS A PERCENTAGE OF THE POPULATION (24%), THE POPULATION OF NON-WHITE MINORITIES HAS GROWN IN GREATER NEW LONDON OVER THE PAST 5 YEARS (UP FROM 20% IN 2009). THEIR GROWTH HAS BEEN DRIVEN PRIMARILY BY THOSE IDENTIFYING AS HISPANIC OR LATINO, WHOSE POPULATION HAS GROWN FROM 7.7% OF THE POPULATION IN 2009 TO 10.4% IN 2014.

MAJOR EMPLOYERS

THE REGION HAS TRANSITIONED FROM A LARGELY DEFENSE INDUSTRY-BASED ECONOMY TO ONE THAT RELIES HEAVILY UPON EMPLOYMENT IN THE SERVICE AND TRADE SECTORS AND IN GENERAL HAS A HIGHER PERCENTAGE OF PERSONS EMPLOYED IN THOSE SECTORS -WITH CORRESPONDING LOWER RATES OF PAY- WHICH IS CORRELATED WITH THE LOWER PER CAPITA INCOME AND GREATER ECONOMIC VULNERABILITY.

MAJOR EMPLOYERS INCLUDE THE MASHANTUCKET PEQUOT AND MOHEGAN TRIBES

Part VI Supplemental Information (Continuation)

(FOXWOODS RESORT AND CASINO AND MOHEGAN SUN CASINO RESPECTIVELY), PFIZER GLOBAL RESEARCH AND DEVELOPMENT, EDUCATIONAL INSTITUTIONS (CONNECTICUT COLLEGE, MITCHELL COLLEGE AND THE U.S. COAST GUARD ACADEMY), GENERAL DYNAMICS/ELECTRIC BOAT, DOMINION, AND LMH.

PRIMARY SOCIAL AND HEALTH CARE FACTORS

IN THE URBAN CENTERS OF THE REGION, RACIAL AND ETHNIC HEALTH DISPARITIES, HIGHER POVERTY AND UNEMPLOYMENT RATES, LOWER LEVELS OF EDUCATIONAL ATTAINMENT, LIMITED ACCESS TO AFFORDABLE HOUSING AND TRANSPORTATION, HIGHER RATES OF DEATH FROM CHRONIC ILLNESS, AND A GREATER LIKELIHOOD OF RESIDENTS NOT HAVING HEALTH INSURANCE, ALL OF WHICH PRESENT PARTICULAR CHALLENGES. MEDIAN HOUSEHOLD INCOME IN THE LMH SERVICE AREA IS FAR BELOW THAT OF THE STATE, WITH AFRICAN AMERICAN AND HISPANIC FAMILIES' INCOMES SIGNIFICANTLY LOWER THAN WHITE FAMILIES' INCOMES. THE REGION INCLUDES ONE PRIORITY SCHOOL DISTRICT. THREE OF OUR COMMUNITIES HAVE A GREATER PERCENTAGE OF CHILDREN LIVING IN POVERTY THAN THE STATE AVERAGE OF 26.1% - GROTON 27.7%, NEW LONDON 59.7% AND NORWICH 43.4% (CHILDREN UNDER 200% OF THE FEDERAL POVERTY LEVEL 2006 - 2010, CT VOICES FOR CHILDREN).

PART VI, LINE 5:

LMH'S COMMUNITY BENEFIT PROGRAMS AND SERVICES FORWARD THE ORGANIZATIONAL MISSION "TO IMPROVE THE HEALTH OF THE REGION" AND ALIGN WITH THE PRINCIPLES AS SET FORTH IN THE ORGANIZATION'S COMMUNITY BENEFIT POLICY.

THOSE PRINCIPLES INCLUDE:

1. EMPHASIS ON PROGRAMS TO MEET A SIGNIFICANT UNMET HEALTH NEED INCLUDING EFFORTS TO IDENTIFY AND INCLUDE VULNERABLE POPULATIONS OR THOSE MOST AT-RISK AS DETERMINED BY RISK FACTORS WHICH PREDISPOSE THOSE POPULATIONS TOWARD A HIGHER INCIDENCE OF DISEASE AND/OR BARRIERS TO OBTAINING

Part VI Supplemental Information (Continuation)

APPROPRIATE HEALTHCARE.

2. EMPHASIS ON PRIMARY PREVENTION AND INCLUDING AT LEAST ONE OF THREE PRIMARY PREVENTION STRATEGIES: HEALTH PROMOTION, DISEASE PREVENTION, AND HEALTH PROTECTION. HEALTH PROMOTION ENTAILS ENCOURAGING HEALTHY LIFESTYLES; DISEASE PREVENTION FOCUSES ON INDIVIDUALS IDENTIFIED AS AT-RISK FOR HEALTH PROBLEMS; HEALTH PROTECTION ACTIVITIES INFLUENCE THE ENVIRONMENT TO SUPPORT HEALTHY BEHAVIORS.

3. PROGRAMS SHOULD DEVELOP EVIDENCE-BASED LINKS BETWEEN CLINICAL SERVICES AND HEALTH IMPROVEMENT ACTIVITIES DELIVERED BOTH INSIDE AND OUTSIDE THE HOSPITAL.

4. PROGRAMS SHOULD FOCUS ON TARGETING CHARITABLE RESOURCES THAT MOBILIZE AND BUILD CAPACITY WITHIN EXISTING COMMUNITY ASSETS WHILE MINIMIZING DUPLICATION OF EFFORT.

5. PROGRAMS SHOULD EMPHASIS COLLABORATION WITH COMMUNITY STAKEHOLDERS. AS EVIDENCED BY THE WIDE RANGE OF COMMUNITY BENEFIT PROGRAMS AND SERVICES OFFERED, LMH IS ENGAGED IN MEETING THE IDENTIFIED HEALTH NEEDS OF THE COMMUNITIES WE SERVE. THERE IS AN ORGANIZATIONAL HISTORY OF COLLECTING DATA TO DETERMINE HOW BEST TO DIRECT OUR RESOURCES AND HOW TO MAKE THE GREATEST IMPACT IN PROMOTING COMMUNITY HEALTH. OUR ANNUAL COMMUNITY BENEFIT REPORT PUBLICATION DESCRIBES A SAMPLING OF PROGRAMS AND THE AMOUNT OF INVESTMENT THAT LMH MAKES IN CARRYING OUT THESE PROGRAMS.

COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY GROUPS

COMMUNITY ENGAGEMENT IN THE PLANNING, IMPLEMENTATION AND EVALUATION OF LMH

Part VI Supplemental Information (Continuation)

INITIATIVES IS OF UTMOST IMPORTANCE. CONSUMERS AND STAKEHOLDER ORGANIZATIONS PARTICIPATE IN A RANGE OF ACTIVITIES SO AS TO ENSURE THAT MANY PERSPECTIVES ARE CONSIDERED. LMH'S BOARD OF TRUSTEES IS MADE UP OF COMMUNITY LEADERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE. THEY ARE INVOLVED IN THE STRATEGIC PLANNING, IN FUNDRAISING, AND IN GENERAL STEWARDSHIP AMONG OTHER RESPONSIBILITIES. OUR CORPORATORS ARE OUR COMMUNITY-LIAISONS AND REPRESENT ALL SECTORS OF OUR COMMUNITIES PROVIDING INPUT AND FEEDBACK REGULARLY. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

PART VI, LINE 6:

THE ENTITIES OF L+M HEALTHCARE INCLUDE LMH, THE L+M MEDICAL GROUP (LMMG, PHYSICIAN PRACTICES), THE VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT (VNASC), AND WESTERLY HOSPITAL (RHODE ISLAND) EACH OF WHICH HAVE A ROLE IN PROMOTING THE HEALTH OF OUR COMMUNITIES. THE L+M HOSPITAL ROLE IS DESCRIBED IN QUESTION 5 ABOVE AND WESTERLY HOSPITAL OPERATES IN SIMILAR FASHION: IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, PROVIDING OPPORTUNITIES FOR HEALTH PROFESSIONS STUDENTS, ENSURING ACCESS TO CARE, PROMOTING PRIMARY PREVENTIVE CARE, PROVIDING SUBSIDIZED HEALTH SERVICES AND SERVING AS A SAFETY NET PROVIDER. VNASC CARES FOR EVERYONE FROM THE ELDERLY WHO WISH TO REMAIN IN THEIR HOMES FOR AS LONG AS THEY CAN AND PATIENTS RECOVERING FROM SURGERY OR ILLNESS, TO NEW MOTHERS, SCHOOLCHILDREN, AND THE HOMELESS USING THE MOST CURRENT MEDICAL ADVANCES AND TECHNOLOGIES IN HOME HEALTHCARE, AND STRENGTHEN COMMUNITY RESOURCES FOR EVERYONE. LMMG, THROUGH ITS PATIENT-CENTERED MEDICAL HOME PRIMARY CARE AND SPECIALTY PRACTICES PROVIDES DIAGNOSTIC, THERAPEUTIC AND PREVENTIVE HEALTH CARE THROUGH PHYSICIANS OF FAMILY PRACTICE, INTERNAL

Part VI Supplemental Information (Continuation)

MEDICINE, PEDIATRICS, DERMATOLOGY, ENDOCRINOLOGY, GENERAL SURGERY,
ORTHOPEDIC SURGERY, NEUROSURGERY, BREAST AND RECONSTRUCTIVE SURGERY,
NEUROLOGY, REHABILITATION MEDICINE, OBSTETRICS, GYNECOLOGY, CARDIOLOGY AND
INTERVENTIONAL PAIN MANAGEMENT IN MULTIPLE LOCATIONS THROUGHOUT
SOUTHEASTERN CT AND SOUTHWESTERN RI.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT