

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **MANCHESTER MEMORIAL HOSPITAL** Employer identification number **06-0646710**

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	X	
b If "Yes," was it a written policy?	X	
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 free 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>125</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)		921	630,629.	124,885.	505,744.	.25%
b Medicaid (from Worksheet 3, column a)		48,272	40119405.	28434151.	11685254.	5.67%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		49,193	40750034.	28559036.	12190998.	5.92%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	101,145	1149610.	101,446.	1048164.	.51%
f Health professions education (from Worksheet 5)	12	886	4047240.	1564402.	2482838.	1.21%
g Subsidized health services (from Worksheet 6)	4	2,023	6775614.	4222252.	2553362.	1.24%
h Research (from Worksheet 7)	1		34,815.		34,815.	.02%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	9	11,976	184,659.	3,550.	181,109.	.09%
j Total. Other Benefits	49	116,030	12191938.	5891650.	6300288.	3.07%
k Total. Add lines 7d and 7j	49	165,223	52941972.	34450686.	18491286.	8.99%

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 MANCHESTER 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?		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		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	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 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	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	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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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 SUPPLEMENTAL INFORMATION</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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	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?	X	
a If "Yes," (list url): <u>HTTP://WWW.ECHN.ORG/FILEMANAGER/USERFILES/PDFS/2016_</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 MANCHESTER 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>125</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input 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 checked="" 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>WWW.ECHN.ORG</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ECHN.ORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ECHN.ORG</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 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 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 MANCHESTER 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 checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input 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?	21	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?	23		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?	24		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.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: THE ASSESSMENTS INCORPORATE DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (PHONE SURVEYS) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA); THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY (OKIS).

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS SPONSORED BY A COLLABORATION OF COMMUNITY PARTNERS AND RELIED ON INFORMATION PROVIDED BY:

PUBLIC HEALTH AND VITAL STATISTICS DATA
A VARIETY OF EXISTING (SECONDARY) DATA
DATA REPRESENTING THE MOST RECENT BRFSS (BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM) PREVALENCE AND TRENDS DATA (PUBLISHED ONLINE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION)
STATE-WIDE RISK FACTOR DATA
NATIONWIDE RISK FACTOR DATA
HEALTHY PEOPLE 2020 WHICH PROVIDES SCIENCE-BASED, 10-YEAR NATIONAL OBJECTIVES FOR IMPROVING THE HEALTH OF ALL AMERICANS
PHONE SURVEYS (BASED ON THE CENTERS FOR DISEASE CONTROL BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY)
AND ONLINE KEY INFORMANT SURVEYS.

THE PARTICIPANTS FOR THE ONLINE SURVEYS INCLUDED INPUT FROM PHYSICIANS AND OTHER HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, SOCIAL SERVICE

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.

REPRESENTATIVES, AND COMMUNITY LEADERS. FOR A FULL LISTING OF PARTICIPATING AGENCIES, PLEASE REFERENCE THE 2016 CHNA FOR MANCHESTER MEMORIAL HOSPITAL OR THE 2016 CHNA FOR ROCKVILLE GENERAL HOSPITAL.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: FACILITY NAME:

MANCHESTER MEMORIAL HOSPITAL

DESCRIPTION:

THE CHNA WAS CONDUCTED BY EASTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES MANCHESTER MEMORIAL HOSPITAL AND ROCKVILLE GENERAL HOSPITAL.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: FACILITY NAME:

MANCHESTER MEMORIAL HOSPITAL

DESCRIPTION:

I. ACCESS TO HEALTHCARE SERVICES:

STRATEGY #1: BUILD THE CAPACITY OF ECMPF PRIMARY CARE OFFICES TO PROVIDE PRIMARY AND PREVENTIVE HEALTHCARE SERVICES WITH AT LEAST 2 PROVIDERS.

STRATEGY #2: EXPAND THE NUMBER OF FAMILY PRACTICE RESIDENTS TRAINED AT ECHN FROM 25 RESIDENTS PER YEAR TO 33 AND ACTIVELY RECRUIT GRADUATES TO PRACTICE LOCALLY.

STRATEGY #3: ENSURE THAT ECHN'S HOSPITAL AND HOME HEALTH CARE MANAGEMENT PROGRAMS AS WELL AS THE ECHN HOSPITALIST PRACTITIONERS PROVIDE EFFECTIVE TRANSITIONS OF CARE FOR PATIENTS TREATED AT ECHN FACILITIES WITH AN

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.

EMPHASIS ON COMMUNICATION WITH PRIMARY CARE PHYSICIANS.

II. CANCER

STRATEGY 1: COLON CANCER - COLORECTAL SCREENING AND EDUCATION

DEVELOP A MARKETING CAMPAIGN FOR COLON CANCER AWARENESS MONTH EACH YEAR
TO CREATE AWARENESS

HOLD A COLONOSCOPY SCREENING EVENT TO PROMOTE SCREENINGS, EDUCATE THE
COMMUNITY

PROMOTE THE OPEN ACCESS PROGRAM OFFERED BY LOCAL PHYSICIANS AT EVERGREEN
ENDOSCOPY CENTER THAT MAKES CONVENIENT APPOINTMENTS EASIER TO OBTAIN FOR
SCREENINGS

STRATEGY 2: LUNG CANCER - PROMOTE AND EDUCATE COMMUNITY ON ECHN'S LOW DOSE
CT SCREENING PROGRAM

MAINTAIN ECHN'S ACR ACCREDITATION AS A DESIGNATED CANCER SCREENING CENTER

DEVELOP MARKETING AND PROMOTIONAL MATERIAL TO CREATE AWARENESS OF THE
NEED FOR SCREENING AND THE COMMUNITY RESOURCES AVAILABLE

PROVIDE EDUCATION TO COMMUNITY AND PHYSICIANS THROUGH PRESENCE AT HEALTH
FAIRS AND BY HOSTING COMMUNITY EDUCATION LECTURES

STRATEGY 3: PROSTATE CANCER - HOST A PROSTATE SCREENING EVENT

DETERMINE ELIGIBILITY AND PROCESS TO ADHERE TO NATIONAL STANDARD OF
PROSTATE SCREENINGS

COLLABORATE WITH LOCAL PHYSICIANS AND HEALTH CARE WORKERS TO HOLD EVENT
MARKET AND PROMOTE A PROSTATE CANCER SCREENING EVENT

STRATEGY #1: EDUCATE WOMEN ABOUT THE IMPORTANCE OF PREVENTATIVE AND
SCREENING SERVICES AND LIFESTYLE CHANGES:

DEVELOP AND COORDINATE EDUCATIONAL LECTURES AND SEMINARS WHICH WILL BE
OFFERED TO THE COMMUNITY

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.

PUBLISH INFORMATION IN ECHN'S BETTER BEING NEWSLETTER REGARDING HEALTH SCREENINGS, EDUCATIONAL PROGRAMS AND LECTURES

PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS

COORDINATE WITH ECHN PROVIDERS TO PRESENT EDUCATIONAL PROGRAMS AND LECTURES RELATED TO WOMEN'S HEALTH, DIABETES AND HEART DISEASE

STRATEGY #2: BUILD COMMUNITY RELATIONSHIPS TO INCREASE AWARENESS OF THE ECHN EARLY DETECTION PROGRAM:

THE COMMUNITY HEALTH NAVIGATOR WILL ENGAGE AND COLLABORATE WITH COMMUNITY PARTNERS IN ORDER TO PROVIDE EDUCATION ON PROGRAM BENEFITS AND SERVICES AVAILABLE

THE COMMUNITY HEALTH NAVIGATOR WILL PROVIDE WRITTEN MATERIAL, IN BOTH ENGLISH AND SPANISH, TO COMMUNITY PARTNERS AND PROVIDERS DETAILING SERVICES AVAILABLE, AND CONTACT INFORMATION FOR ELIGIBILITY

STRATEGY 1: FREEDOM FROM SMOKING:

PROVIDE PROGRAM AT LEAST 3 TIMES A YEAR

ADVERTISE PROGRAM THROUGH BETTER BEING AND WITH COMMUNITY PARTNERS

INCREASE NUMBER OF FACILITATORS TO 2

PROVIDE PROGRAM AT MULTIPLE LOCATIONS

STRATEGY 2: OFFER SMOKING PREVENTION PRESENTATION TO PUBLIC AND PRIVATE SCHOOLS:

CONTACT SCHOOLS WITH 6TH GRADE CLASSES OFFERING PRESENTATIONS

PARTICIPATE IN HEALTH FAIRS AT HIGH SCHOOLS AND VOCATIONAL SCHOOLS

STRATEGY 3: PROVIDE CEU PROGRAM TO COMMUNITY PRIMARY CARE PHYSICIANS:

PROVIDE EDUCATION REGARDING AVAILABLE SMOKING PREVENTION AND CESSATION PROGRAMS

STRATEGY 4: PARTICIPATE IN HEALTH FAIRS:

PROVIDE MATERIAL ON NICOTINE ADDICTION

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.

PROVIDE MATERIAL ON FREEDOM FROM SMOKING

STRATEGY 1: OFFER SUPPORT TO CANCER SURVIVORS

ESTABLISHED PROCESS TO IDENTIFY PATIENTS WHO HAVE COMPLETED CANCER

THERAPY AND PROVIDE PATIENTS WITH SUMMARY CARE PLAN WHICH INCLUDES CANCER

DIAGNOSIS, STAGE AND TREATMENT RECEIVED

STRATEGY 2: EDUCATE CANCER SURVIVORS ON MANAGING LIFESTYLE BEHAVIORS AFTER

TREATMENT COMPLETION

SURVIVORSHIP CARE PLAN WILL ALSO INCLUDE ROAD MAP FOR RECOMMENDED FOLLOW

UP CARE

EDUCATE AND ENCOURAGE LIFESTYLE CHANGES TO REDUCE CANCER RECURRENCE

AND/OR IMPROVE QUALITY OF LIFE

III. HEART DISEASE & STROKE

STRATEGY #1: PROVIDE EDUCATION FOR CARDIOVASCULAR DISEASE RISK FACTORS

AND BEHAVIOR MODIFICATION

PRODUCE MULTI-YEAR PLAN TO IMPROVE HEALTH AND REDUCE RISKY BEHAVIORS OF

OUR ECHN EMPLOYEES AND FAMILIES

PROVIDE COMMUNITY EDUCATION LECTURE(S) ON THE SIGNS AND SYMPTOMS OF

STROKE AND HEART ATTACK, THE EARLY RECOGNITION OF SYMPTOMS AND IMPORTANCE

OF SEEKING IMMEDIATE MEDICAL CARE

PROMOTE NUTRITION COUNSELING SERVICES OFFERED BY LOCAL SUPERMARKETS AND

COMMUNITY CENTERS TO PROMOTE HEALTHY DIETS

PROMOTE PHYSICAL FITNESS ACTIVITIES/PROGRAMS AVAILABLE IN THE COMMUNITY

INCLUDING FITNESS CENTERS, CARDIAC REHABILITATION PROGRAMS, SCHOOLS, PARKS

AND RECREATION PROGRAMS

PARTICIPATE IN COMMUNITY HEALTH FAIRS THROUGHOUT SERVICE AREA WHERE BLOOD

PRESSURE, CHOLESTEROL, BODY FAT COMPOSITION ANALYSIS AND EDUCATION

RESOURCES WILL BE OFFERED

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.

STRATEGY #2: PROMOTE THE FREEDOM FROM SMOKING CESSATION PROGRAM

OFFER BEHAVIORAL COUNSELING ON THE SHORT AND LONG TERM PHYSIOLOGIC
BENEFITS AND QUALITY OF LIFE BENEFITS FROM SMOKING CESSATION

PROVIDE EDUCATION ABOUT FDA APPROVED SMOKING CESSATION MEDICATIONS

PROMOTE AVAILABLE SMOKING CESSATION PROGRAMS TO PHYSICIANS IN THE
COMMUNITY AND HOSPITALS AS AN OPTION FOR PATIENTS WHO SMOKE

STRATEGY #3: PROMOTE CARDIAC REHABILITATION

PROMOTE CARDIAC REHABILITATION SERVICES TO RESTORE PEOPLE WHO HAVE HAD A
HEART CONDITION OR HEART SURGERY TO THE HIGHEST POSSIBLE PHYSIOLOGICAL,
EMOTIONAL, SOCIAL, AND VOCATIONAL LEVEL

IV. INFANT HEALTH & FAMILY PLANNING

THIS STRATEGY WILL FOCUS ON THE SERVICE AREAS OF MANCHESTER AND VERNON

STRATEGY #1: IMPROVE ACCESS TO CARE AND EDUCATION

CONTINUE FAMILY PLANNING EDUCATION SESSIONS/TOURS

ENCOURAGE THE USE OF THE MATERNITY CARE CENTER (MCC) AT ROCKVILLE GENERAL
HOSPITAL

PROVIDE INFORMATION THROUGH ECHN DIGITAL BOARDS, READINESS COMMITTEES,
ECHN SOCIAL MEDIA AND ECHN WEBSITE

CONTINUE TO PUBLICIZE EDUCATIONAL OPPORTUNITIES THROUGH BETTER BEING
MAGAZINE

CONTINUE THE DISTRIBUTION OF ECHN PRENATAL FOLDERS THROUGH THE COMMUNITY
PRACTICES THAT CONTAIN COMPREHENSIVE TOPICAL INFORMATION

**STRATEGY #2: INCREASE PRECONCEPTION AND FIRST TRIMESTER PREGNANCY
EDUCATION**

ENCOURAGE REGULAR ECHN BIRTH CLASS ATTENDANCE

PROVIDE INFORMATION THROUGH ECHN DIGITAL BOARDS, READINESS COMMITTEES,
ECHN SOCIAL MEDIA AND WEBSITE

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.

PURSUE THE DEVELOPMENT OF A PRECONCEPTION AND AN EARLY PREGNANCY CLASS OFFERING

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13H:

DESCRIPTION:

FAMILY SIZE IS USED WITH INCOME LEVEL.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 16I:

DESCRIPTION:

THE HOSPITAL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH NOTICES POSTED IN PUBLIC AREAS AROUND THE HOSPITAL, ON THE PATIENT BILLS, ON OUR WEBSITE, AND FOR SELECTED PRE-SCHEDULED SERVICES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 22D:

DESCRIPTION:

PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL NOT BE CHARGED MORE THAN THE AMOUNT GENERALLY BILLED TO PATIENTS WITH INSURANCE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

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.

SCHEDULE H, PART II

DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY:

MANCHESTER MEMORIAL HOSPITAL (MMH), AS PART OF EASTERN CONNECTICUT HEALTH NETWORK, PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES BY COMMITTING THE EXPERTISE AND RESOURCES OF THE ORGANIZATION TO A NUMBER OF COMMUNITY BUILDING ACTIVITIES THAT SUPPORT ASSOCIATIONS, BUSINESSES, PROGRAMS, INITIATIVES AND OTHER VALUABLE LOCAL COMMUNITY ASSETS. THROUGH GRANTS PROVIDED BY THE FEDERAL AND STATE GOVERNMENTS, MMH OFFERS FREE SUPPORT PROGRAMS TO CHILDREN AND THEIR FAMILIES TO PROMOTE POSITIVE FAMILY LIFE SKILLS AND CHILD DEVELOPMENT. IN FY 2016, THESE PROGRAMS BENEFITED 581 INDIVIDUALS WITH MMH PROVIDING OVER \$117,000 OF IN-KIND RESOURCES AND SERVICES. OTHER COMMUNITY BUILDING ACTIVITIES PERFORMED IN FY 2016 INCLUDE PARTICIPATION IN REGIONAL EXERCISES TO EVALUATE THE READINESS OF THE HOSPITAL'S EMERGENCY PREPAREDNESS CAPABILITIES; PARTICIPATION IN THE BABY FRIENDLY PRACTICES STATEWIDE COLLABORATIVE AND THE STATEWIDE CPQC INITIATIVE; SERVING ON THE BOARD AND EXECUTIVE COMMITTEE OF REGIONAL CHAMBERS OF COMMERCE IN SUPPORT OF

Part VI Supplemental Information (Continuation)

THE LOCAL BUSINESS INDUSTRY; HOSTING ART EXHIBITS OF
 THE MANCHESTER ART ASSOCIATION; WORKING WITH THE MANCHESTER VETERANS
 COUNCIL TO HONOR VETERANS IN AN ANNUAL VETERANS DAY CEREMONY FOR THE
 COMMUNITY; PARTNERING WITH THE LOCAL SCHOOL SYSTEMS AND COLLEGES IN
 VARIOUS WORKFORCE DEVELOPMENT PROGRAMS; ATTENDING SCHOOL READINESS
 COUNCIL MEETINGS; PROVIDING VOCATIONAL SERVICES AND EMPLOYMENT
 ASSISTANCE TO RESIDENTS; SERVING ON THE AMERICAN HOSPITAL ASSOCIATION'S
 REGIONAL POLICY BOARD; AND SERVING ON THE DEPARTMENT OF PUBLIC HEALTH'S
 OFFICE OF EMERGENCY MEDICAL SERVICE MEDICAL ADVISORY COMMITTEE, THE
 CONNECTICUT EMS ADVISORY BOARD, THE CONNECTICUT EMS ADVISORY COMMITTEE,
 THE REGIONAL MEDICAL ADVISORY COMMITTEE, THE REGIONAL ED STANDARDS
 BOARD, THE STATE EMS EDUCATION AND TRAINING COMMITTEE, AND EMS CLINICAL
 COORDINATORS. AS A RESULT OF THESE
 ACTIVITIES, THERE HAS BEEN IMPROVED COLLABORATION AMONG COMMUNITY
 PROVIDERS AND OTHERS INVOLVED IN PROVIDING SERVICES TO CHILDREN,
 ADOLESCENTS AND THEIR FAMILIES AND OTHER ADULTS.

SCHEDULE H, PART III, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT:

THE NETWORK PROVIDES FOR A PROVISION FOR BAD DEBTS. FOR RECEIVABLES
 ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY
 COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE
 AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION
 FOR BAD DEBTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND
 COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET
 PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES
 THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES

Part VI Supplemental Information (Continuation)

ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE NETWORK RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.

FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE NETWORK OFFERS A DISCOUNT OFF ITS STANDARD RATES FOR SERVICES PROVIDED. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED UNCOLLECTIBLE.

SCHEDULE H, PART III, LINE 4

FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT: THE NETWORK PROVIDED FOR A PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE NETWORK ANALYZED CONTRACTUALLY DUE AMOUNTS AND PROVIDED AN ALLOWANCE FOR DOUBTFUL ACCOUNTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO WERE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH

Part VI Supplemental Information (Continuation)

THIRD-PARTY COVERAGE EXISTED FOR PART OF THE BILL), THE NETWORK RECORDED A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATED THAT MANY PATIENTS WERE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY WERE FINANCIALLY RESPONSIBLE.

FOR UNINSURED PATIENTS THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE NETWORK OFFERED A DISCOUNT OFF ITS STANDARD RATES FOR SERVICES PROVIDED. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS WRITTEN OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY WERE DETERMINED UNCOLLECTIBLE.

SCHEDULE H, PART III, LINE 8

DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED:

THE HOSPITAL PROVIDES QUALITY HEALTH CARE TO ALL, REGARDLESS OF THEIR ABILITY TO PAY. CHARITY CARE IS PROVIDED TO THOSE WHO ARE ELIGIBLE BASED ON MMH'S POLICY. MMH ALSO INCURS UNPAID COSTS FOR GOVERNMENT PROGRAMS BECAUSE REIMBURSEMENT IS NOT SUFFICIENT TO COVER COSTS ASSOCIATED WITH MEDICARE AND MEDICAID PATIENTS. THE ORGANIZATION'S MEDICARE COST REPORT WAS USED TO CALCULATE ACTUAL COSTS REPORTED ON PART III, LINE 6. THE ACCESS TO HEALTHCARE BY PATIENTS COVERED BY MEDICARE IS A FUNDAMENTAL PART OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM.

SCHEDULE H, PART III, LINE 9B

DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR

Part VI Supplemental Information (Continuation)

PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE:

INTERNAL AND EXTERNAL COLLECTION POLICIES AND PROCEDURES TAKE INTO ACCOUNT THE EXTENT TO WHICH A PATIENT IS QUALIFIED FOR CHARITY CARE OR DISCOUNTS. IN ADDITION, PATIENTS WHO QUALIFY FOR PARTIAL DISCOUNTS ARE REQUIRED TO MAKE A GOOD FAITH EFFORT TO HONOR PAYMENT AGREEMENTS WITH THE HOSPITAL, INCLUDING PAYMENT PLANS AND DISCOUNTED HOSPITAL BILLS.

MMH IS COMMITTED TO WORKING WITH PATIENTS TO RESOLVE THEIR ACCOUNTS, AND AT ITS DISCRETION, MAY PROVIDE EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS. MMH WILL NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST CHARITY CARE PATIENTS WHO HAVE COOPERATED WITH THE HOSPITAL TO RESOLVE THEIR ACCOUNTS AND HAVE DEMONSTRATED THEIR INCOME AND/OR ASSETS ARE INSUFFICIENT TO PAY MEDICAL BILLS.

PART VI, LINE 2:

IN 2016, MMH COLLABORATED WITH ROCKVILLE GENERAL HOSPITAL, ALSO AN AFFILIATE OF ECHN, TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA WAS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF MANCHESTER MEMORIAL HOSPITAL. SUBSEQUENTLY, THE INFORMATION WAS USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS.

THE CHNA PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THE CHNA WILL SERVE AS A TOOL TOWARD REACHING THREE BASIC GOALS:

TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE. A HEALTHY COMMUNITY IS NOT ONLY ONE

Part VI Supplemental Information (Continuation)

WHERE ITS RESIDENTS SUFFER LITTLE FROM PHYSICAL AND MENTAL ILLNESS, BUT ALSO ONE WHERE ITS RESIDENTS ENJOY A HIGH QUALITY OF LIFE.

TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS. BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA, IT WILL BE POSSIBLE TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES. INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS MAY THEN BE DEVELOPED TO COMBAT SOME OF THE SOCIO-ECONOMIC FACTORS WHICH HAVE HISTORICALLY HAD A NEGATIVE IMPACT ON RESIDENTS' HEALTH.

TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS. MORE ACCESSIBLE PREVENTIVE SERVICES WILL PROVE BENEFICIAL IN ACCOMPLISHING THE FIRST GOAL (IMPROVING HEALTH STATUS, INCREASING LIFE SPANS, AND ELEVATING THE QUALITY OF LIFE), AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASES RESULTING FROM A LACK OF PREVENTIVE CARE.

THIS ASSESSMENT WAS CONDUCTED ON BEHALF OF THE EASTERN CONNECTICUT HEALTH NETWORK AND MANCHESTER MEMORIAL HOSPITAL BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC). PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS SUCH AS THIS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994.

PART VI, LINE 3:

THE HOSPITAL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH NOTICES POSTED IN PUBLIC AREAS AROUND THE HOSPITAL, ON THE PATIENT BILLS, ON OUR WEBSITE, AND SELECTED PRE-SCHEDULED SERVICES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTHCARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

ECHN'S COMMUNITY, AS DEFINED FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDED EACH OF THE RESIDENTIAL ZIP CODES THAT COMPRISE THE HOSPITAL'S TOWN LOCATION INCLUDING 06040 AND 06042 FOR MANCHESTER MEMORIAL HOSPITAL AND 06066 FOR ROCKVILLE GENERAL HOSPITAL.

THIS COMMUNITY DEFINITION WAS DETERMINED BECAUSE THE MAJORITY OF ECHN'S PATIENTS ORIGINATE FROM THESE AREAS FOR USE OF OUR HOSPITAL SERVICES.

DEMOGRAPHICS OF THE COMMUNITY

THE POPULATION OF MANCHESTER MEMORIAL HOSPITAL'S SERVICE AREA IS ESTIMATED AT 58,253 PEOPLE. IT IS PREDOMINANTLY NON-HISPANIC WHITE (71.4%), BUT ALSO HAS SUBSTANTIAL AFRICAN AMERICA (12.3%) AND HISPANIC (12%) POPULATIONS.

PART VI, LINE 5:

O COMMUNITY HEALTH EDUCATION INITIATIVES/PROGRAMS ARE OFFERED TO THE COMMUNITY AND INCLUDE LECTURE PRESENTATIONS; DEVELOPMENT AND DISTRIBUTION OF A WELLNESS MAGAZINE TO MORE THAN 150,000 HOUSEHOLDS IN THE SERVICE AREA; AND DEMONSTRATIONS AND HEALTH FAIR PARTICIPATION.

EXAMPLES OF PROGRAMS ARE

O LECTURE PRESENTATIONS, SUCH AS COFFEE & CONVERSATION: BREAST HEALTH SCREENING; ENDING OBESITY: STEP BY STEP; NUTRITIONAL NEEDS DURING PREGNANCY; PRE-DIABETES, LET'S TAKE ACTION!; AND EMBRACING WELLNESS IN THE MIDST OF CANCER.

O A FREEDOM FROM SMOKING PROGRAM THAT IS FACILITATED BY AN ALA CERTIFIED HEALTH ARE PROFESSIONAL AND INCLUDES EIGHT 1- TO 2-HOUR SESSIONS OVER 7 WEEKS, THE 4TH SESSION BEING QUIT DAY. THE SESSIONS IS PROVIDED AT THE WORKSITE OR OTHER LOCATION, DAYTIME OR EVENING.

O LUNCH AND LEARN PROGRAMS WHICH ARE FREE WORKSHOPS FOR CANCER PATIENTS

Part VI Supplemental Information (Continuation)

AND THEIR CAREGIVERS.

O PRESENTATIONS ON WOMEN'S HEALTH ISSUES MADE IN THE COMMUNITY ABOUT BREAST CANCER, PREVENTATIVE/SCREENING RECOMMENDATIONS, BONE DENSITY EXAMS, AND FREE SCREENING PROGRAMS. IN 2016, THESE PRESENTATIONS WERE MADE AT THE MANCHESTER AREA CONFERENCE OF CHURCHES, EAST HARTFORD SENIOR CENTER, MANCHESTER COMMUNITY COLLEGE HEALTH INFORMATION TABLE, MOBILE FOODSHARE, MANCHESTER TOWN HEALTH FAIR, CROSSROADS ANNUAL HEALTH FAIR, SOUTH WINDSOR WAPPING FAIR, TOWN OF HARTFORD CT HEALTH I-TEAM FAIR, 9TH ANNUAL THINKING OF YOU COMMUNITY FAIR, AND THE OFFICE OF MIGRATION, REFUGEE, AND IMMIGRATION SERVICES AT CATHOLIC CHARITIES OF HARTFORD.

O THE PROMOTION AND SUPPORT OF BREASTFEEDING THROUGH BREASTFEEDING CLASSES, PEER MENTOR PROGRAMS, A NEW MOTHER'S SUPPORT GROUP, AND LACTATION CONSULTANTS. OTHER EXAMPLES OF COMMUNITY BENEFIT INCLUDE INTEGRATIVE MEDICINE PROGRAMS FOR STRESS REDUCTION, A "HEART TALK" COMMUNITY PROGRAM FOR PEOPLE LIVING WITH HEART FAILURE, REGULAR CANCER SUPPORT GROUP MEETINGS, CANCER CAREGIVER WORKSHOPS, DIABETES SELF-MANAGEMENT PROGRAM, NUTRITION COUNSELING FOR INDIVIDUALS ALREADY DIAGNOSED WITH DIABETES, FAMILY SUPPORT GROUPS FOR FAMILIES WHO ARE DEALING WITH BEHAVIORAL HEALTH OR ADDICTION ISSUES, TEEN SMOKING PREVENTION LECTURES AT AREA SCHOOLS, AND OTHER LECTURE PRESENTATIONS.

OVER 97,000 PEOPLE BENEFITTED FROM THESE INITIATIVES AND PROGRAMS IN FY 16.

FREE HEALTH SCREENINGS INCLUDING DIABETIC FOOT CHECKS, LUNG CANCER SCREENING, MAMMOGRAMS, HEART DISEASE SCREENINGS, BLOOD PRESSURE, BONE DENSITY, PAP TEST AND CERVICAL CANCER SCREENINGS, AND VITAL SIGN CHECKS

Part VI Supplemental Information (Continuation)

ARE OFFERED TO THE COMMUNITY. FOR EXAMPLE, BLOOD PRESSURE SCREENINGS WERE DONE DURING WEAR RED DAY; BREAST CANCER AND EDUCATION SCREENINGS WERE DONE AT PINK RIBBON DAY; A MAMMOS AND MIMOSAS EVENT; AND AT A BIG Y BREAST CANCER AWARENESS EVENT. TARGETING UNINSURED/UNDERINSURED POPULATIONS, 124 PEOPLE BENEFITTED FROM ALL THESE SERVICES IN FY 16.

HEALTHCARE SUPPORT SERVICES ARE PROVIDED BY THE HOSPITAL TO INCREASE ACCESS AND QUALITY OF CARE TO INDIVIDUALS IN NEED. EFFORTS INCLUDE FREE TRANSPORTATION TO BEHAVIORAL HEALTH PATIENTS, ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, REFERRALS TO SOCIAL SERVICES, AND HELP IN FINDING PHYSICIANS WHO ACCEPT MEDICAID OR OTHER GOVERNMENT PROGRAMS. NURSE NAVIGATION SERVICES HELP PATIENTS AND THEIR LOVED ONES NAVIGATE THROUGH THE HEALTHCARE SYSTEM, FINDING SUPPORT AND RESOURCES TO MANAGE SYMPTOMS, GET A SECOND OPINION, SCHEDULE TESTS AND TREATMENT, FIND HOMECARE SERVICES AND COORDINATE CARE. A SOCIAL WORKER WHO SERVES AS A SURVIVORSHIP NAVIGATOR IS AVAILABLE TO PROVIDE SUPPORTIVE COUNSELING AND ASSISTANCE IN LOCATING RESOURCES TO HELP WITH FINANCES, DISABILITY, MEDICAL INSURANCE, ADVANCE DIRECTIVES AND POST TREATMENT SURVIVORSHIP CARE PLANNING. THREE THOUSAND EIGHT HUNDRED FIFTY-FOUR (3,854) PEOPLE BENEFITTED FROM THESE EFFORTS IN FY 16.

PARTNERING WITH LOCAL EDUCATIONAL INSTITUTIONS, MANCHESTER MEMORIAL HOSPITAL PROVIDES A CLINICAL SETTING FOR PHYSICIANS AND INTERNS, MEDICAL STUDENTS, NURSING STUDENTS, RADIOLOGIC TECHNICIANS, PHLEBOTOMY STUDENTS, RESPIRATORY TECHNICIANS, DIETETIC INTERNS, PHARMACY STUDENTS, PHYSICAL THERAPISTS AND OTHERS FROM THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, UNIVERSITY OF CONNECTICUT, MANCHESTER COMMUNITY COLLEGE, GOODWIN COLLEGE, CAPITAL COMMUNITY COLLEGE, UNIVERSITY OF ST. JOSEPH, SOUTHERN CT STATE UNIVERSITY, ASNUNTUCK COMMUNITY COLLEGE,

Part VI Supplemental Information (Continuation)

NAUGATUCK VALLEY COMMUNITY COLLEGE, AND THE UNIVERSITY OF HARTFORD.

PRESENTATIONS ARE ALSO GIVEN TO LOCAL GROUPS ON NEW EMERGENCY MANAGEMENT SERVICES GUIDELINES AND UPDATES, EMT EDUCATION, PARAMEDIC SKILLS TRAINING, REGIONAL SKILLS VALIDATIONS, NARCAN AND CPAP TRAINING.

HEALTH SERVICES WHICH ARE SUBSIDIZED BY THE HOSPITAL INCLUDE NEONATAL SERVICES, DIABETES SELF-MANAGEMENT, DIALYSIS SERVICES AND THE BEHAVIORAL HEALTH CLINIC.

SPECIFIC RESEARCH INITIATIVES CONDUCTED BY THE HOSPITAL INCLUDE AN INSTITUTIONAL REVIEW COMMITTEE, WHICH HAS THE PRIMARY RESPONSIBILITY TO PROTECT THE RIGHTS AND WELFARE OF RESEARCH SUBJECTS AND TO APPROVE ALL RESEARCH STUDIES IN ACCORDANCE WITH FEDERAL REGULATIONS. THE HOSPITAL ALSO MAINTAINS A CANCER REGISTRY AND DATEBASE.

FINANCIAL AND IN-KIND SERVICES AND GOODS ARE DONATED TO COMMUNITY GROUPS AND OTHER NOT FOR PROFIT ORGANIZATIONS, INCLUDING PATIENT MEALS, LOCAL FUNDRAISERS, FACILITY SPACE TO HOST BLOOD DRIVES, CONFERENCE ROOMS FOR HEALTH SUPPORT GROUPS ORGANIZATIONS' MEETINGS, AND FOR ONCOLOGY CLINICAL RESEARCH. FOR EXAMPLE, THE HOSPITAL PROVIDES FREE MEETING SPACE FOR THE ACOA SUPPORT GROUP ADULT CHILDREN OF ALCOHOLICS, AL-ANON, ALCOHOLICS ANONYMOUS, NOT SO TYPICAL AUTISM SUPPORT GROUP, BRAIN INJURY ALLIANCE OF CT SUPPORT GROUP, NARCOTICS ANONYMOUS, FAMILY SUPPORT NIGHT, OLDER ADULTS RECOVERY & SUPPORT GROUP, ECHN PROSTATE CANCER SUPPORT GROUP, AND SWEET TALK - DIABETES SUPPORT GROUP.

THE EXPERTISE AND RESOURCES OF THE ORGANIZATION ARE DEDICATED TO A NUMBER OF COMMUNITY BUILDING ACTIVITIES THAT SUPPORT ASSOCIATIONS, BUSINESSES,

Part VI Supplemental Information (Continuation)

PROGRAMS, INITIATIVES AND OTHER VALUABLE LOCAL COMMUNITY ASSETS.

O THROUGH GRANTS PROVIDED BY THE FEDERAL AND STATE GOVERNMENTS, MMH OFFERS FREE SUPPORT PROGRAMS TO PRENATAL INDIVIDUALS AND PARENTS TO PROMOTE POSITIVE FAMILY LIFE SKILLS AND CHILD DEVELOPMENT. IN FY 2016, THESE PROGRAMS BENEFITED 581 INDIVIDUALS WITH MMH PROVIDING OVER \$117,000 IN IN-KIND RESOURCES AND SERVICES.

OTHER COMMUNITY BUILDING ACTIVITIES PERFORMED IN FY 2016 INCLUDE PARTICIPATION IN REGIONAL EXERCISES TO EVALUATE THE READINESS OF THE HOSPITAL'S EMERGENCY PREPAREDNESS CAPABILITIES; PARTICIPATION IN THE BABY FRIENDLY PRACTICES STATEWIDE COLLABORATIVE AND THE STATEWIDE CPQC INITIATIVE; SERVING ON THE BOARD AND EXECUTIVE COMMITTEE OF REGIONAL CHAMBERS OF COMMERCE IN SUPPORT OF THE LOCAL BUSINESS INDUSTRY; HOSTING ART EXHIBITS OF THE MANCHESTER ART ASSOCIATION; WORKING WITH THE MANCHESTER VETERANS COUNCIL TO HONOR VETERANS IN AN ANNUAL VETERANS DAY CEREMONY FOR THE COMMUNITY; PARTNERING WITH THE LOCAL SCHOOL SYSTEMS AND COLLEGES IN VARIOUS WORKFORCE DEVELOPMENT PROGRAMS; ATTENDING SCHOOL READINESS COUNCIL MEETINGS; PROVIDING VOCATIONAL SERVICES AND EMPLOYMENT ASSISTANCE TO RESIDENTS; SERVING ON THE AMERICAN HOSPITAL ASSOCIATION'S REGIONAL POLICY BOARD; AND SERVING ON THE DEPARTMENT OF PUBLIC HEALTH'S OFFICE OF EMERGENCY MEDICAL SERVICE MEDICAL ADVISORY COMMITTEE, THE CONNECTICUT EMS ADVISORY BOARD, THE CONNECTICUT EMS ADVISORY COMMITTEE, THE REGIONAL MEDICAL ADVISORY COMMITTEE, THE REGIONAL ED STANDARDS BOARD, THE STATE EMS EDUCATION AND TRAINING COMMITTEE, AND EMS CLINICAL COORDINATORS.

PART VI, LINE 6:

MANCHESTER MEMORIAL HOSPITAL (MMH) IS AN AFFILIATE OF EASTERN CONNECTICUT HEALTH NETWORK (ECHN), A HEALTH CARE SYSTEM SERVING 19 TOWNS IN EASTERN

Part VI Supplemental Information (Continuation)

CONNECTICUT. THE ECHN NETWORK OF AFFILIATES

INCLUDES:

MANCHESTER MEMORIAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 249 BEDS AND 34 BASSINETS, THAT OFFERS MEDICAL AND SURGICAL SERVICES, 24-HOUR EMERGENCY CARE, MEDICAL IMAGING, A MODERN FAMILY BIRTHING CENTER AND NEONATOLOGY SERVICES, REHABILITATION SERVICES, A CERTIFIED SLEEP DISORDERS CENTER, INTENSIVE CARE SUITES, A WOUND HEALING CENTER WITH HYPERBARIC THERAPY, HOSPICE CARE, DIABETES SELF-MANAGEMENT PROGRAM, CARDIAC & PULMONARY REHABILITATION, A COMPREHENSIVE RANGE OF ADOLESCENT AND ADULT INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, NUTRITION COUNSELING, LABORATORY SERVICES, MEDICAL EDUCATION (FAMILY MEDICINE RESIDENCY & INTERNSHIP PROGRAM; UNECOM MEDICAL STUDENTS; AND CONTINUING EDUCATION) AND THE EASTERN CONNECTICUT CANER INSTITUTE AT THE JOHN A. DEQUATTO CANCER CENTER.

ROCKVILLE GENERAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 102 BEDS, THAT OFFERS INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL SERVICES, AMBULATORY (ONE-DAY) SURGERY, 24-HOUR EMERGENCY CARE, MEDICAL IMAGING, CARDIAC & PULMONARY REHABILITATION, PHYSICAL REHABILITATION, HOSPICE CARE, A MATERNITY CARE CENTER, OUTPATIENT ADOLESCENT BEHAVIORAL HEALTH SERVICES, AND LABRATORY SERVICES.

WOODLAKE AT TOLLAND, A 130-BED LONG-TERM SKILLED NURSING CARE AND SHORT-TERM REHABILITATION FACILITY THAT OFFERS CUSTOMIZED REHABILITATION TREATMENT SERVICES INCLUDING JOINT REPLACEMENT REHABILITATION, ORTHOPEDIC POST-HOSPITAL CARE, STROKE/NEUROLOGICAL REHAB, POST MEDICAL/SURGICAL RECONDITIONING, PRE-DISCHARGE HOME

Part VI Supplemental Information (Continuation)

EVALUATIONS, PATIENT AND FAMILY INSTRUCTION, AND PERSONALIZED, PROGRESSIVE, AND INTERDISCIPLINARY CARE PLANS.

EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC. (ECMPF), A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE THAT OFFERS A FULL RANGE OF HEALTHCARE SERVICES, INCLUDING PRIMARY AND SPECIALTY CARE IN THE TOWNS OF EAST HARTFORD, ELLINGTON, MANCHESTER, SOUTH WINDSOR, TOLLAND AND VERNON/ROCKVILLE. GLASTONBURY WELLNESS CENTER COMBINES FITNESS AND MEDICAL SERVICES UNDER ONE ROOF, INCLUDING PHYSICIAN PRACTICES, LABORATORY DRAW SERVICES, MEDICAL IMAGING DIAGNOSTIC SERVICES, AND REHABILITATION SERVICES.

ECHN MEDICAL BUILDINGS AT EVERGREEN WALK (SOUTH WINDSOR): 2400 TAMARACK AVENUE OCCUPANTS INCLUDE EVERGREEN ENDOSCOPY CENTER, CENTRAL CONNECTICUT GASTROENTEROLOGY, THE COLON & RECTAL SURGEONS OF GREATER HARTFORD, ECMPF PRIMARY CARE PHYSICIANS, RHEUMATOLOGY PHYSICIANS, WALDEN BEHAVIORAL CARE EATING DISORDERS CLINIC, ACCLAIM BEHAVIORAL SERVICES, LLC, AND LABORATORY SERVICES.

2600 TAMARACK AVENUE INCLUDES THE WOMEN'S CENTER FOR WELLNESS, ECHN BREAST CARE COLLABORATIVE, AND THE OB/GYN GROUP OF EASTERN CONNECTICUT. THE CONFERENCE ROOM IS USED FOR COMMUNITY PROGRAMS.

2800 TAMARACK AVENUE HOUSES EVERGREEN IMAGING CENTER, ECHN REHABILITATION SERVICES, A LABORATORY DRAW STATION, AND A SERIES OF MEDICAL PRACTICES (INCLUDING ORTHOPEDIC SURGERY, OPHTHALMOLOGY, AND OTOLARYNGOLOGY), CORPCARE, AND SOUTH WINDSOR URGENT CARE. 353 MAIN STREET, MANCHESTER HOUSES DIGESTIVE HEALTH SPECIALISTS OF EASTERN CT, LLC AND A GASTROENTEROLOGIST.

Part VI Supplemental Information (Continuation)

945 MAIN STREET, MANCHESTER HOUSES DIGESTIVE HEALTH PHYSICIANS.

460 HARTFORD TURNPIKE, VERNON, INCLUDES AN ENDOCRINOLOGIST AND DAVITA
DIALYSIS

ECHN MANCHESTER MEDICAL OFFICE BUILDINGS: 150 NORTH MAIN STREET OFFERS A
VARIETY OF ADULT BEHAVIORAL HEALTH SERVICES. 130 HARTFORD ROAD, OFFERS
PRIMARY CARE AND LABORATORY SERVICES.

VISITING NURSE & HEALTH SERVICES OF CONNECTICUT, PROVIDES AT-HOME NURSING
CARE AND HOSPICE CARE.

ECHN HAS 388 PHYSICIANS (305 ACTIVE, 34 COURTESY, 16 CONSULTING, 33
PART-TIME), 105 ALLIED HEALTH PROFESSIONALS, 10 MEDICAL DEPARTMENTS AND 16
SERVICES AS WELL AS 18 UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC
MEDICINE THIRD-YEAR MEDICAL STUDENTS AVAILABLE TO CARE
FOR THE COMMUNITY. IN ADDITION, ECHN HAS 87 ELECTIVE STUDENTS FROM VARIOUS
UNIVERSITIES WHO COME FOR ONE ROTATION PER YEAR.

ADDITIONAL INFORMATION

MANCHESTER MEMORIAL HOSPITAL IS A NOT-FOR-PROFIT 249-BED ACUTE CARE
HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE
SERVICES FOR RESIDENTS OF MANCHESTER, CT AND SURROUNDING TOWNS. THE
HOSPITAL IS A SUBSIDIARY OF EASTERN CONNECTICUT HEALTH NETWORK,
INC., WHICH WAS FORMED IN 1995 BY A MERGER OF MMH CORP. AND ROCKVILLE
AREA HEALTH SERVICES, INC. ECHN WAS ORGANIZED TO PROVIDE A BROADER
HEALTH CARE SYSTEM FOR THE SURROUNDING COMMUNITIES WITH QUALITY MEDICAL
CARE AT A REASONABLE COST AND TO FOSTER AN ENVIRONMENT CONDUCIVE TO
HEALTH AND WELL BEING WHETHER IN THE HOME OR IN THE COMMUNITY.

Part VI Supplemental Information (Continuation)

MANCHESTER MEMORIAL HOSPITAL PATIENTS NOT HAVING INSURANCE COVERING EMERGENCY OR OTHER MEDICALLY QUALIFIED CARE (UNINSURED PATIENTS), AS WELL AS UNDERINSURED PATIENTS, SUBJECT TO INCOME LIMITS AND FAMILY SIZE RECEIVE FREE OR DISCOUNTED CARE. MANCHESTER MEMORIAL HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE. CHARGES FOR CARE PROVIDED TO PATIENTS ARE DETERMINED BY ESTABLISHED RATES, SUBJECT TO POSSIBLE ADJUSTMENTS OR DISCOUNTS FOR LOW INCOME PATIENTS; CONTRACTUAL DISCOUNTS, OR DISCOUNTS FOR PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICIES.

CHARITY CARE FOR FY 2016 WAS \$2,300,726 FOR 921 TOTAL APPROVED APPLICANTS. EXPENSES RELATED TO SERVICES PERFORMED FOR PATIENTS OF MANCHESTER MEMORIAL HOSPITAL CONTRIBUTE IMPORTANTLY TO ITS EXEMPT PURPOSE BECAUSE THE EXPENSES ARE INCURRED IN THE DIAGNOSIS, CURE, MITIGATION, TREATMENT AND PREVENTION OF DISEASE, AND FOR MEDICAL PURPOSES AFFECTING THE STRUCTURE OR FUNCTION OF THE HUMAN BODY. MANCHESTER MEMORIAL HOSPITAL PROVIDED NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY.

9,442 INPATIENTS WERE CARED FOR IN FY16 REPRESENTING 44,775 PATIENT DAYS.

198,558 OUTPATIENT VISITS WERE RECORDED.

INCLUDED IN THE 9,442 INPATIENTS WERE 6,107 GOVERNMENT RELATED PATIENTS. THE GOVERNMENT INPATIENTS FALL INTO THE FOLLOWING GROUPS.
MEDICARE... 2,547

Part VI Supplemental Information (Continuation)

MEDICARE MANAGED CARE... 929

MEDICAID...2,586

CHAMPUS...45

TOTAL GOV PATIENTS... 6,107

INCLUDED IN THE 198,558 OUTPATIENT VISITS WERE 119,886 GOVERNMENT RELATED VISITS. THE VISITS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP TO TOTAL VISITS. THE GOVERNMENT VISITS FALL INTO THE FOLLOWING GROUPS.

MEDICARE...65,893

MEDICARE MANAGED CARE...28,122

MEDICAID...25,125

CHAMPUS...746

TOTAL GOV PATIENTS...119,886

THE HOSPITAL PROVIDED UNCOMPENSATED CARE TO 48,272 MEDICAID PATIENTS FOR A NET COMMUNITY BENEFIT AMOUNT OF \$11,685,255 AFTER MEDICAID REIMBURSEMENT.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT: CT