

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine 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>b</b> Did the organization use FPG to determine 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	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
<b>5c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>6b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		2,467	1,615,082.	12,435.	1,602,647.	1.10%
<b>b</b> Medicaid (from Worksheet 3, column a)		43,688	27,823,160.	21,601,566.	6,221,594.	4.27%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		46,155	29,438,242.	21,614,001.	7,824,241.	5.37%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	29	100,282	648,391.	135.	648,256.	.44%
<b>f</b> Health professions education (from Worksheet 5)	10	269	667,026.	0.	667,026.	.46%
<b>g</b> Subsidized health services (from Worksheet 6)	1	193	3,096,426.	1,908,336.	1,188,090.	.82%
<b>h</b> Research (from Worksheet 7)	2	0	252,042.	0.	252,042.	.17%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	12	16,989	182,563.	150.	182,413.	.13%
<b>j Total</b> Other Benefits	54	117,733	4,846,448.	1,908,621.	2,937,827.	2.02%
<b>k Total</b> Add lines 7d and 7j	54	163,888	34,284,690.	23,522,622.	10,762,068.	7.39%

**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.

	(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
1 Physical improvements and housing						
2 Economic development	3	12	1,472.		1,472.	.00%
3 Community support	5	1,726	1,321,424.		1,321,424.	.91%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		9,303.		9,303.	.01%
7 Community health improvement advocacy	3		420.		420.	.00%
8 Workforce development		221	2,632.		2,632.	.00%
9 Other						
10 Total	12	1,959	1,335,251.		1,335,251.	.92%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1  Yes  No

2 Enter the amount of the organization's bad debt expense 2 6,382,307.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy 3 4,954,240.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) 5 45,795,230.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 53,784,911.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -7,989,681.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.  
Check the box that describes the method used:  
 Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? 9a  Yes  No

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 9b  Yes  No

**Part IV Management Companies and Joint Ventures (see instructions)**

(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 %
1 NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC	ONCOLOGY SERVICES	25.00%		
2 TOLLAND IMAGING CENTER	MEDICAL IMAGING SERVICES	35.00%		
3 EVERGREEN ENDOSCOPY CENTER	ENDOSCOPY SERVICES	50.00%		
4 EVERGREEN IMAGING CENTER, LLC	MEDICAL IMAGING SERVICES	50.00%		
5 MEDICAL PRACTICE PARTNERS	MANAGEMENT SERVICES	50.00%		

**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 and address

1 MANCHESTER MEMORIAL HOSPITAL  
71 HAYNES STREET  
MANCHESTER, CT 06040

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
X	X		X			X		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: MANCHESTER MEMORIAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
<b>a</b> <input type="checkbox"/> Hospital facility's website		
<b>b</b> <input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b> <input type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b> <input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>125</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) MANCHESTER MEMORIAL HOSPITAL

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b> Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	X	
<b>12</b> Explained the method for applying for financial assistance?	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	X	

**Billing and Collections**

<b>14</b> 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 actions the hospital facility may take upon non-payment?	X	
<b>15</b> 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 patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) MANCHESTER MEMORIAL HOSPITAL

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? .....

	Yes	No
18	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

**19** 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  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)


**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....

If "Yes," explain in Part VI.

20		X

**21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

21		X



**Part VI** Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 II: AS PART OF EASTERN CONNECTICUT HEALTH NETWORK,  
 MANCHESTER MEMORIAL HOSPITAL (MMH) 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 PRENATAL INDIVIDUALS AND PARENTS TO  
 PROMOTE POSITIVE FAMILY LIFE SKILLS AND CHILD DEVELOPMENT. IN FY 2012,  
 THESE PROGRAMS BENEFITED 1,533 INDIVIDUALS WITH MMH PROVIDING NEARLY  
 \$94,000 IN IN-KIND RESOURCES AND SERVICES. OTHER COMMUNITY BUILDING  
 ACTIVITIES INCLUDE  
 SERVING ON THE BOARD AND EXECUTIVE COMMITTEE OF REGIONAL CHAMBERS OF  
 COMMERCE IN SUPPORT OF THE LOCAL BUSINESS INDUSTRY, CREATING WORK  
 EXPERIENCES FOR ADULTS WITH SPECIAL NEEDS THROUGH THE MANCHESTER  
 PUPIL PERSONNEL SERVICES PROGRAM; 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 SYSTEM AND MANCHESTER COMMUNITY COLLEGE IN VARIOUS  
 WORKFORCE DEVELOPMENT PROGRAMS; PARTICIPATING IN THE CONNECTICUT COMMUNITY



**Part VI** Supplemental Information

COLLEGE'S REGIONAL ECONOMIC SUMMIT, DISCUSSING REGIONAL BUSINESS DEVELOPMENT AND ECONOMIC GROWTH; VOLUNTEER EFFORTS TO REDUCE ENVIRONMENTAL HAZARDS ALONG THE HOCKANUM RIVER; SERVING ON THE DEPARTMENT OF PUBLIC HEALTH'S OFFICE OF EMERGENCY MEDICAL SERVICE MEDICAL ADVISORY COMMITTEE AND NUMEROUS COMMUNITY COALITIONS THAT ADDRESS ADOLESCENT BEHAVIORAL HEALTH CONCERNS; AND SUPPORTING THE CHARITABLE EFFORTS OF THE MANCHESTER CHAPTER OF UNICO.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11H: FAMILY SIZE IS USED WITH INCOME LEVEL.

MANCHESTER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 19D: CHARGES ARE UNIFORMALY SET FOR ALL PATIENTS REGARDLESS OF PAYOR, AND CHARITY CARE DISCOUNT IS APPLIED BASED ON INCOME.

PART VI, LINE 2: MANCHESTER MEMORIAL HOSPITAL, AS PART OF THE EASTERN CONNECTICUT HEALTH NETWORK, CONDUCTS A REGULAR COMMUNITY HEALTH NEEDS ASSESSMENT TO GATHER CURRENT STATISTICS AND QUALITATIVE INPUT TO DETERMINE THE KEY HEALTH ISSUES FACING RESIDENTS OF ITS 19-TOWN SERVICE AREA. THE ASSESSMENT IS COMPRISED OF TWO RESEARCH COMPONENTS: 1. A SECONDARY DATA PROFILE, WHICH COLLECTS DATA FROM COMMUNITY, CIVIC AND SOCIAL SERVICE AGENCIES TO DEPICT THE DEMOGRAPHICS, MORBIDITY AND MORTALITY STATISTICS AND HEALTH INDICATORS WITHIN THE SERVICES AREA. 2, PRIMARY STATISTICAL RESEARCH USING THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) TOOL.

**Part VI** Supplemental Information

THE MOST RECENT ASSESSMENT WAS CONDUCTED IN 2010 AND IDENTIFIED SPECIFIC AREAS OF NEED, WHICH HAVE BEEN USED TO DEVELOP TARGETED COMMUNITY BENEFIT AND EDUCATION PROGRAMS AND INITIATIVES THROUGHOUT THE ORGANIZATION.

WITH THE SUPPORT OF A COMMUNITY PROGRAM ADVISORY COMMITTEE, CONSISTING OF MEDICAL STAFF LEADERSHIP AND ECHN ADMINISTRATION, THE ORGANIZATION'S COMMUNITY BENEFIT & EDUCATION DEPARTMENT EVALUATES, COORDINATES AND IMPLEMENTS PROGRAMS TO ADDRESS THESE NEEDS. EFFORTS INCLUDE FREE HEALTH EDUCATION LECTURES PRESENTED BY THE MEDICAL STAFF, HEALTH SCREENINGS, HEALTH FAIR PARTICIPATION, AND SUPPORT GROUPS.

COMMUNITY HEALTH NEEDS ARE ALSO IDENTIFIED THROUGH REGULAR SOLICITATION OF THE GENERAL PUBLIC AND THE MEDICAL COMMUNITY TO IDENTIFY PERTINENT HEALTH NEEDS THEY FEEL NEED TO BE ADDRESSED.

PART VI, LINE 4: MANCHESTER MEMORIAL HOSPITAL, PART OF THE EASTERN CONNECTICUT HEALTH NETWORK, PRIMARILY SERVES THE FOLLOWING TOWNS LOCATED EAST OF THE CONNECTICUT RIVER IN NORTHERN CONNECTICUT: MANCHESTER, SOUTH WINDSOR, BOLTON, COVENTRY, ANDOVER, ELLINGTON, TOLLAND, VERNON, WILLINGTON. ITS SECONDARY SERVICE AREA INCLUDES THE TOWNS OF ASHFORD, SOMERS, STAFFORD, UNION, EAST HARTFORD, EAST WINDSOR, GLASTONBURY, HEBRON, COLUMBIA AND MANSFIELD. THE SERVICE AREAS CONTAIN MUNICIPALITIES IN HARTFORD, TOLLAND AND WINDHAM COUNTIES.

BASED ON DATA COLLECTED IN 2010, THE POPULATION OF THE MMH/ECHN SERVICE AREA IS OVER 328,000; 49 PERCENT MALE, 51 PERCENT FEMALE. RESIDENTS BETWEEN 45 AND 64 YEARS OF AGE REPRESENT THE HIGHEST PERCENTAGE OF THE

**Part VI** Supplemental Information

POPULATION (28%), FOLLOWED BY RESIDENTS BETWEEN 25 AND 44 YEARS OF AGE (26%) AND OVER THE AGE OF 65 YEARS OF AGE (18%). THE RACE OF THE RESIDENTS IS PREDOMINANTLY WHITE (83%) FOLLOWED BY BLACK/AFRICAN AMERICAN (7.5) AND HISPANIC OR LATINO (7%). EIGHTY-SEVEN PERCENT OF THE POPULATION AGE 25 AND OVER HAVE A HIGH SCHOOL DEGREE AND 32 PERCENT HAVE A BACHELOR® DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA IS \$71,280. SEVEN PERCENT OF HOUSEHOLDS HAVE ANNUAL INCOME LESS THAN \$15,000. THE UNEMPLOYMENT RATE IS 2.6%.

PART VI, LINE 5: 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, DEMONSTRATIONS, AND HEALTH FAIR PARTICIPATION. AREAS OF PARTICULAR FOCUS INCLUDE:

ARTHRITIS, BREAST HEALTH, CARDIOVASCULAR DISEASE, CHOLESTEROL AWARENESS, COLORECTAL CANCER, DIABETES, HYPERTENSION AWARENESS, LYME DISEASE AND PRE-NATAL CARE, WHICH WERE IDENTIFIED AS AREAS OF NEED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2010. NEARLY 95,000 PEOPLE BENEFITTED FROM THESE SERVICES IN FY 12.

FREE HEALTH SCREENINGS INCLUDING DIABETIC FOOT CHECKS, PROSTATE AND SKIN CANCER SCREENINGS, MAMMOGRAMS, BLOOD PRESSURE, BONE DENSITY, GLUCOSE READINGS, INJURY SCREENINGS, VITAL SIGN CHECKS AND MEDICAL EXAMS ARE OFFERED IN THE COMMUNITY. TARGETING UNINSURED/UNDERINSURED POPULATIONS, 316 PEOPLE BENEFITTED FROM THESE SERVICES IN FY 12.

HEALTHCARE SUPPORT SERVICES ARE PROVIDED BY THE HOSPITAL TO INCREASE

**Part VI** Supplemental Information

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 PHYSICIANS ACCEPTING MEDICAID OR OTHER GOVERNMENT PROGRAMS, FREE LIFELINE PERSONAL RESPONSE SYSTEM SERVICE. 5,173 PEOPLE BENEFITTED FROM THESE EFFORTS IN FY 12.

PARTNERING WITH LOCAL EDUCATIONAL INSTITUTIONS, MANCHESTER MEMORIAL HOSPITAL PROVIDES A CLINICAL SETTING FOR PHYSICIANS, NURSES, RADIOLOGIC TECHNICIANS, RESPIRATORY TECHNICIANS AND PHYSICAL THERAPISTS AND OTHERS FROM THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, UNIVERSITY OF CONNECTICUT, MANCHESTER COMMUNITY COLLEGE, CENTRAL CONNECTICUT STATE UNIVERSITY, CAMBRIDGE COLLEGE, GOODWIN COLLEGE, CAPITAL COMMUNITY COLLEGE, SPRINGFIELD TECHNICAL COMMUNITY COLLEGE, ST. JOSEPH COLLEGE, QUINNIPIAC UNIVERSITY, UNIVERSITY OF HARTFORD AND SACRED HEART UNIVERSITY.

SPECIFIC RESEARCH INITIATIVES CONDUCTED BY THE HOSPITAL INCLUDE MAINTENANCE OF CANCER REGISTRY DATABASE AND AN INSTITUTIONAL REVIEW COMMITTEE.

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 FIVE BLOOD DRIVES AND 20 HEALTH SUPPORT GROUPS ORGANIZATIONS MEETINGS.

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 CONNECTICUT. THE ECHN NETWORK OF AFFILIATES INCLUDES:

**Part VI** Supplemental Information

MMH, 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, AND THE EASTERN CONNECTICUT CANCER INSTITUTE AT THE JOHN A. DEQUATTRO CANCER CENTER.

ROCKVILLE GENERAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 102 BEDS, THAT OFFERS MEDICAL AND SURGICAL SERVICES, 24-HOUR EMERGENCY CARE, MEDICAL IMAGING, CARDIAC & PULMONARY REHABILITATION, PHYSICAL REHABILITATION, HOSPICE CARE, A MATERNITY CARE CENTER FOR UNINSURED WOMEN, OUTPATIENT ADOLESCENT BEHAVIORAL HEALTH SERVICES, AND LABORATORY SERVICES.

WOODLAKE AT TOLLAND SKILLED NURSING & REHABILITATION CENTER, A 130-BED LONG-TERM SKILLED NURSING CARE AND SHORT-TERM REHABILITATION FACILITY. CUSTOMIZED REHABILITATION TREATMENT SERVICES INCLUDE JOINT REPLACEMENT REHABILITATION, ORTHOPEDIC POST-HOSPITAL CARE, STROKE/NEUROLOGICAL REHAB, POSTMEDICAL/SURGICAL RECONDITIONING, AND PERSONALIZED, PROGRESSIVE, AND INTERDISCIPLINARY CARE SERVICES.

EASTERN CONNECTICUT MEDICAL PROFESSIONALS (ECMP) FOUNDATION, INC., A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE THAT OFFERS A FULL RANGE OF HEALTHCARE SERVICES, INCLUDING PRIMARY AND SPECIALTY CARE IN THE TOWNS

**Part VI** Supplemental Information

OF EAST HARTFORD, ELLINGTON, MANCHESTER, SOMERS, 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, AND ECMP  
PRIMARY CARE, RHEUMATOLOGY PHYSICIANS, WALDEN BEHAVIORAL CARE EATING  
DISORDERS CLINIC, AND LABORATORY SERVICES. 2600 TAMARACK AVENUE INCLUDES  
THE WOMEN® CENTER FOR WELLNESS, ECHN BREAST CARE COLLABORATIVE, AND THE  
OB/GYN GROUP OF EASTERN CONNECTICUT. 2800 TAMARACK AVENUE HOUSES EVERGREEN  
IMAGING CENTER, ECHN REHABILITATION SERVICES, A LABORATORY DRAW  
STATION, AND A SERIES OF MEDICAL PRACTICES, INCLUDING ORTHOPEDIC SURGERY,  
OTOLARYNGOLOGY (ENT), AND GENERAL SURGERY, CORPCARE, AND SOUTH WINDSOR  
URGENT CARE.

ECHN MANCHESTER MEDICAL OFFICE BUILDINGS: 150 NORTH MAIN STREET OFFERS A  
VARIETY OF BEHAVIORAL HEALTH SERVICES.

VISITING NURSE & HEALTH SERVICES OF CONNECTICUT, PROVIDES AT-HOME NURSING  
CARE AND HOSPICE CARE. ECHN HAS 432 PHYSICIANS (317 ACTIVE, 65 COURTESY,  
12 CONSULTING, 38 PART-TIME), 83 ALLIED HEALTH PROFESSIONALS, 10 MEDICAL  
DEPARTMENTS AND 16 SERVICES AS WELL AS 15 UNIVERSITY OF NEW ENGLAND  
COLLEGE OF OSTEOPATHIC MEDICINE THIRD-YEAR MEDICAL STUDENTS AVAILABLE TO  
CARE FOR THE COMMUNITY.

**Part VI** Supplemental Information

## 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.

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 2012 WAS \$4,954,240, FOR 2,467 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.

**Part VI** Supplemental Information

MANCHESTER MEMORIAL HOSPITAL PROVIDED NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY. EIGHT THOUSAND EIGHT HUNDRED THREE ONE (8,831) INPATIENTS WERE CARED FOR IN FY12 REPRESENTING 43,475 PATIENT DAYS. TWO HUNDRED FIFTY ONE THOUSAND SIX HUNDRED FORTY (251,640) OUTPATIENT VISITS WERE RECORDED. INCLUDED IN THE 8,831 INPATIENTS WERE 5,763 GOVERNMENT RELATED PATIENTS. THE GOVERNMENT INPATIENTS FALL INTO THE FOLLOWING GROUPS:

MEDICARE	2,898
MEDICARE MANAGED CARE	639
MEDICAID	1,794
MEDICAID MANAGED CARE	204
CHAMPUS	228

TOTAL GOV PATIENTS	5,763
--------------------	-------

TOTAL NON GOV PATIENTS	3,068
------------------------	-------

TOTAL PATIENTS	8,831
----------------	-------

INCLUDED IN THE 251,640 OUTPATIENT VISITS THE FOLLOWING WERE GOVERNMENT RELATED. THE VISITS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP TO TOTAL VISITS.

MEDICARE	81,022
MEDICARE MANAGED CARE	22,493
MEDICAID	31,850
MEDICAID MANAGED CARE	5,049



**Part VI** Supplemental Information

CHAMPUS 4,149

TOTAL GOV PATIENTS 144,563

TOTAL NON GOV PATIENTS 107,077

TOTAL OUTPATIENT VISITS 251,640

THE HOSPITAL PROVIDED UNCOMPENSATED CARE TO 43,668 MEDICAID PATIENTS FOR A NET COMMUNITY BENEFIT AMOUNT OF \$6,221,594 AFTER MEDICAID REIMBURSEMENT.

## ADDITIONAL INFORMATION REGARDING PROGRAMS FOR THE COMMUNITY AT MMH:

## COMMUNITY HEALTH IMPROVEMENT SERVICES (A)

COMMUNITY HEALTH EDUCATION (A1)	94,793	\$	368,043
COMMUNITY BASED CLINICAL SERVICES (A2)	316	\$	6,816
HEALTH CARE SUPPORT SERVICES (A3)	5,173	\$	134,853
**** COMMUNITY HEALTH IMPROVEMENT SERVICES	100,282	\$	509,712

## HEALTH PROFESSIONS EDUCATION (B)

PHYSICIANS/MEDICAL STUDENTS (B1)	18	\$	240,782
NURSES/NURSING STUDENTS (B2)	158	\$	374,311
OTHER HEALTH PROFESSIONAL EDUCATION (B3)	93	\$	51,933
**** HEALTH PROFESSIONS EDUCATION	269	\$	667,026

## SUBSIDIZED HEALTH SERVICES (C)

NEONATAL INTENSIVE CARE (C2)	193	\$	1,188,090
**** SUBSIDIZED HEALTH SERVICES	193	\$	1,188,090

**Part VI** Supplemental Information

## RESEARCH (D)

OTHER RESEARCH (D3)	0	\$	252,042
**** RESEARCH	0	\$	252,042

## FINANCIAL AND IN-KIND CONTRIBUTIONS (E)

CASH DONATIONS (E1)	0	\$	19,221
GRANTS (E2)	200	\$	3,201
IN-KIND DONATIONS (E3)	16,789	\$	159,991
**** FINANCIAL AND IN-KIND CONTRIBUTIONS	16,989	\$	182,413

## COMMUNITY BUILDING ACTIVITIES (F)

ECONOMIC DEVELOPMENT (F2)	12	\$	1,472
COMMUNITY SUPPORT (F3)	1,726	\$	1,321,424
COALITION BUILDING (F6)	0	\$	9,303
COMMUNITY HEALTH IMPROVEMENT ADVOCACY (F7)	0	\$	420
WORKFORCE DEVELOPMENT (F8)	221	\$	2,632
**** COMMUNITY BUILDING ACTIVITIES	1,959	\$	1,335,251

## COMMUNITY BENEFIT OPERATIONS (G)

DEDICATED STAFF (G1)	0	\$	138,544
**** COMMUNITY BENEFIT OPERATIONS	0	\$	138,544

## FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE	2,467	\$	1,602,647
**** FINANCIAL ASSISTANCE	2,467	\$	1,602,647

## GOVERNMENT SPONSORED HEALTH CARE

**Part VI** Supplemental Information

MEDICAID	43,688	\$6,221,594
**** GOVERNMENT SPONSORED HEALTH CARE	43,688	\$6,221,594
TOTALS - COMMUNITY BENEFIT	165,847	\$12,097,319
GRAND TOTALS	165,847	\$12,097,319

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

CT