

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to 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

2014

**Open to Public
Inspection**

Name of the organization **JOHNSON MEMORIAL HOSPITAL INC** Employer identification number **06-0646696**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		305	90,100.		90,100.	.12%
b Medicaid (from Worksheet 3, column a)		643	12619262.	6984768.	5634494.	7.68%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		948	12709362.	6984768.	5724594.	7.80%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	2,462	59,714.		59,714.	.08%
f Health professions education (from Worksheet 5)	1	90	63,775.		63,775.	.09%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	200	2,786.		2,786.	.00%
j Total. Other Benefits	14	2,752	126,275.		126,275.	.17%
k Total. Add lines 7d and 7j	14	3,700	12835637.	6984768.	5850869.	7.97%

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 JOHNSON MEMORIAL HOSPITAL
201 CHESTNUT HILL ROAD
STAFFORD SPRINGS, CT 06076
WWW.JMMC.COM
0072

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: 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 or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.JMMC.COM</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input 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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.JMMC.COM</u>		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group JOHNSON MEMORIAL HOSPITAL

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>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</p> <p>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</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input type="checkbox"/> The FAP was widely available on a website (list url): _____</p> <p>b <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____</p> <p>c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____</p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>f <input 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)</p> <p>g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input type="checkbox"/> Other (describe in Section C)</p>		

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 checked="" 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 JOHNSON 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 checked="" type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input 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.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: THE CHNA CONSISTED OF A SERIES OF INTERVIEWS WITH LOCAL PROVIDERS, A COMMUNITY SURVEY, AND INFORMATION GATHERED FROM LOCAL HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS. IN ADDITION THREE FOCUS GROUPS WERE INFORMALLY SURVEYED THROUGH THE JMMC INTERFAITH CLERGY COUNCIL, POST ACUTE CARE COUNCIL, AND GEOGRAPHIC COUNCIL. COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA INCLUDE: OBESITY, DIABETES, BEHAVIORAL HEALTH, SUBSTANCE ABUSE/ALCOHOLISM, AND HEART FAILURE. AN IMPLEMENTATION PLAN WAS DESIGNED TO ADDRESS THOSE NEEDS WITH ACTIVITIES THAT ALIGN WITH THE JMH MISSION, VISION, AND VALUES.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: INPUT WAS FROM INDIVIDUALS, THE EMERGENCY AID ASSOCIATION, NORTH CENTRAL DISTRICT HEALTH DEPT., AND COMMUNITY HEALTH CENTER, UCONN, CONNECTICUT AREA HEALTH EDUCATION CENTER (AHEC). MIGRANT FARM WORKER CLINIC WERE INVOLVED IN PREVIOUS CHNA. FOCUS GROUPS CONSISTING OF PEOPLE FROM OUTSIDE HEALTH AND WELLBEING ORGANIZATIONS WERE ALSO INTERVIEWED.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: THE ORGANIZATION HAS SETUP SUPPORT GROUPS AND HEALTH CARE PROFESSIONAL LECTURES TO EDUCATE THE COMMUNITY ON NEEDS IDENTIFIED IN THE PREVIOUS CHNA. THE ORGANIZATION HAS ALSO STEPPED UP ITS FREE SCREENING/CLINICAL SERVICES IN AN ATTEMPT TO EDUCATE AND CATCH HEALTH

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.

ISSUES BEFORE THEY BECOME A SERIOUS THREAT.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 22D: JOHNSON MEMORIAL HOSPITAL INC - PATIENTS

APPLY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE "FINANCIAL ASSISTANCE POLICY" SCHEDULE.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 JMH DBA JOHNSON SURGERY CENTER 148 HAZARD AVENUE ENFIELD, CT 06083	OUTPATIENT CENTER SURGERY AND DIAGNOSTIC IMAGING CENTER WITH LAB DRAW
2 JOHNSON MEMORIAL HOSPITAL 151 HAZARD AVENUE ENFIELD, CT 06083	PHYSICAL THERAPY SERVICES/SLEEP LAB
3 JOHNSON MEMORIAL HOSPITAL 15 PALOMBA DRIVE, UNIT 9 ENFIELD, CT 06083	CARDIAC REHAB SERVICES
4 JMH DBA TOLLAND MEDICAL SPECIALISTS 384 L MERROW ROAD TOLLAND, CT 06084	PHYSICIAN SESSION SPACE WITH LAB AND X-RAY SERVICES
5 JOHNSON MEMORIAL HOSPITAL 15 PALOMBA DRIVE ENFIELD, CT 06083	LAB DRAW STATION
6 JOHNSON MEMORIAL HOSPITAL 140 HAZARD AVENUE, SUITE 106 ENFIELD, CT 06083	WOUND CARE SERVICES (ADVANCED WOUND CENTER)
7 JOHNSON MEMORIAL HOSPITAL 142 HAZARD AVENUE ENFIELD, CT 06083	INFUSION THERAPY SERVICES (KAREN DAVIS KRYNOWEK INFUSION CENTER)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

RATIO OF COST TO CHARGES WAS UTILIZED. ALSO ACTUAL ACCUMULATED COSTS WITH OVERHEAD ALLOCATIONS BASED ON RECENT MEDICARE COST STUDY.

PART II

COMMUNITY BUILDING ACTIVITIES CONTRIBUTE TO THE HEALTH AND WELL BEING OF THE COMMUNITY WE SERVE BY EDUCATION AND ENHANCING THE BONDS WITH THE COMMUNITY. JMH PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES BY COMMITTING EXPERTISE AND RESOURCES TO SUPPORT LOCAL COMMUNITY MEMBERS AND ORGANIZATIONS. FOR EXAMPLE, JMH HAS A COALITION WITH TWO AREA HIGH SCHOOLS (SOMERS CT AND STAFFORD CT) THAT PROVIDES THE SCHOOLS WITH ATHLETIC TRAINERS. THIS PROMOTES THE HEALTH AND SAFETY OF STUDENT ATHLETES BY PROVIDING THEM WITH TRAINING AND MEDICAL SERVICES THEY OTHERWISE WOULDN'T HAVE ACCESS TO.

PART III, LINE 4:

GROSS CHARGES WRITTEN TO BAD DEBT WERE REDUCED TO COST BY APPLYING APPLICABLE (UPDATED QUARTERLY) RATIO OF COST TO CHARGES. THE DIRECTOR OF

Part VI Supplemental Information (Continuation)

PATIENT ACCOUNTS REVIEWED DETAILED REPORTS AND ESTIMATED THAT APPROXIMATELY 7 PERCENT MAY HAVE BEEN CHARITY CARE.

PART III, LINE 8:

LINES 5 & 6 WERE COMPUTED FROM THE 2015 MEDICARE COST STUDY (D&E WORKSHEETS). THE SHORTFALL FROM MEDICARE CONTRIBUTES IMPORTANTLY TO THE WELFARE AND BENEFIT OF OUR COMMUNITY BY PROVIDING HIGH QUALITY HEALTHCARE AT AFFORDABLE PRICES.

PART III, LINE 9B:

PATIENTS WHO CAN DEMONSTRATE THAT PAYMENT OF A HOSPITAL BILL WOULD BE A HARDSHIP FOR THEM MAY APPLY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 2

THE CHNA CONSISTED OF A SERIES OF INTERVIEWS WITH LOCAL PROVIDERS, A COMMUNITY SURVEY, AND INFORMATION GATHERED FROM LOCAL HEALTH DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS. IN ADDITION THREE FOCUS GROUPS WERE INFORMALLY SURVEYED THROUGH THE JMMC INTERFAITH CLERGY COUNCIL, POST ACUTE CARE COUNCIL, AND GEOGRAPHIC COUNCIL. COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA INCLUDE: OBESITY, DIABETES, BEHAVIORAL HEALTH, SUBSTANCE ABUSE/ALCOHOLISM, AND HEART FAILURE. AN IMPLEMENTATION PLAN WAS DESIGNED TO ADDRESS THOSE NEEDS WITH ACTIVITIES THAT ALIGN WITH THE JMH MISSION, VISION, AND VALUES.

PART VI, LINE 3

JOHNSON MEMORIAL HOSPITAL HAS A CUSTOMER SERVICE POSITION IN THE PATIENT ACCOUNTS DEPARTMENT. THAT POSITION ASSISTS PATIENTS IN THE MEDICAID AND OR FINANCIAL ASSISTANCE PROCESS. THE HOSPITAL ALSO HAS A

Part VI Supplemental Information (Continuation)

CERTIFIED NAVIGATOR FOR THE CT EXCHANGE PROGRAMS HELPING PATIENTS WITH THE APPLICATION PROCESS.

PART VI, LINE 4

JOHNSON MEMORIAL HOSPITAL IS AN ACUTE CARE HOSPITAL WHICH SERVES COMMUNITIES IN NORTH CENTRAL CONNECTICUT AND WESTERN MASSACHUSETTS. THE PRIMARY SERVICE AREA ENCOMPASSES EIGHT ZIP CODES WHICH RELATE TO THE TOWNS OF ASHFORD, ELLINGTON, SOMERS, STAFFORD, UNION, SUFFIELD, TOLLAND, AND WILLINGTON. THE MAJORITY OF THESE TOWNS ARE LOCATED IN TOLLAND COUNTY CT HOWEVER ENFIELD/SUFFIELD ARE LOCATED IN HARTFORD COUNTY AND ASHFORD IS IN WINDHAM COUNTY. THE COMBINED POPULATION OF THESE COMMUNITIES IS APPROXIMATELY 180,000 RESIDENTS WITH AN AVERAGE HOUSEHOLD INCOME OF ABOUT \$80,000. ABOUT 10% OF THE RESIDENTS UNDER THE AGE OF 65, FOR ALL INCOME LEVELS, ARE UNINSURED. JMH PROVIDED \$90,100 IN CHARITY CARE IN FY2015. EASTERN CONNECTICUT HEALTH NETWORK, HARTFORD HOSPITAL, AND SAINT FRANCIS HOSPITAL ALSO PROVIDE SERVICES IN THE JMH SERVICE AREA. BAYSTATE MEDICAL CENTER, LOCATED IN MASSACHUSETTS, ALSO PROVIDES SERVICES IN OUR AREA.

PART VI, LINE 5

COMMUNITY HEALTH EDUCATION PROGRAMS ARE OFFERED TO THE COMMUNITY AND INCLUDE LECTURE PROGRAMS, HEALTH SCREENINGS, SUPPORT GROUPS, AND HEALTH FAIR PARTICIPATION. LECTURES, SCREENINGS, AND SUPPORT GROUPS ARE DONE ON CAMPUS AND AT OTHER ORGANIZATIONS (MALL, SENIOR CENTER, SCHOOLS, FOOD KITCHENS, ETC.) FINANCIAL AND IN-KIND SERVICES AND GOODS ARE DONATED TO COMMUNITY GROUPS. FACILITY SPACE IS ALSO USED TO HOST AMERICAN RED CROSS BLOOD DRIVES AND MEETINGS FOR OTHER NON-PROFIT ORGANIZATIONS AND SUPPORT GROUPS.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6

JOHNSON MEMORIAL MEDICAL CENTER, JMMC, THE PARENT ORGANIZATION OF
 JOHNSON MEMORIAL HOSPITAL, EVERGREEN HEALTH CARE CENTER, AND HOME AND
 COMMUNITY HEALTH SERVICES; AND SAINT FRANCIS CARE, INC., THE PARENT
 ORGANIZATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, HAVE
 FORMALLY SIGNED AN AFFILIATION AGREEMENT DESIGNED TO MAINTAIN JOHNSON
 MEMORIAL AS AN INDEPENDENT SOURCE OF HIGH QUALITY HEALTHCARE AND EXPAND
 ITS CLINICAL SERVICES IN NORTH CENTRAL CONNECTICUT. UNDER THE TERMS OF
 THE AGREEMENT, JMMC IS A SAINT FRANCIS CARE PARTNER, BUT BOTH JMMC AND
 SAINT FRANCIS WILL CONTINUE TO BE SEPARATELY LICENSED INSTITUTIONS,
 EACH WITH SEPARATE BOARDS OF DIRECTORS.

PART VI, LINE 7

CONNECTICUT