

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**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.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|   |   |
|---|---|
| <b>Name of the organization</b><br>MANCHESTER MEMORIAL HOSPITAL | <b>Employer identification number</b><br>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 . . . . .  | ✓   |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .  | ✓   |    |
| <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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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) 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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %  | ✓   |    |
| <b>b</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: . . . . .<br><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 _____ %                      | ✓   |    |
| <b>c</b> 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.   |     |    |
| <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"? . . . . .  | ✓   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | ✓   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  |     | ✓  |
| <b>c</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? . . . . .   | ✓   |    |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .   | ✓   |    |

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

| <b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>                                   |  |                                      |  |                                      |  |                                     |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   | <b>(a) Number of activities or programs (optional)</b> | <b>(b) Persons served (optional)</b> | <b>(c) Total community benefit expense</b> | <b>(d) Direct offsetting revenue</b> | <b>(e) Net community benefit expense</b> | <b>(f) Percent of total expense</b> |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |  | 808                                  | 444,075                                    | 2,743                                | 441,332                                  | 0.24                                |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |  | 47,894                               | 37,926,045                                 | 27,575,139                           | 10,350,906                               | 5.73                                |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |  |                                      | 0  | 0                                    | 0  | 0.00                                |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                                     | 0  | 48,702                               | 38,370,120                                 | 27,577,882                           | 10,792,238                               | 5.97                                |
| <b>Other Benefits</b>  |  |                                      |  |                                      |  |                                     |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . | 23   | 102,225                              | 1,004,412                                  | 19,760                               | 984,652                                  | 0.54                                |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   | 12   | 643                                  | 3,735,466                                  | 1,324,246                            | 2,411,220                                | 1.33                                |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   | 4  | 6,003                                | 5,373,231                                  | 2,792,189                            | 2,581,042                                | 1.43                                |
| <b>h</b> Research (from Worksheet 7) . . . . .   | 1  |                                      | 30,264                                     | 0                                    | 30,264                                   | 0.02                                |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   | 10   | 13,081                               | 192,671                                    | 1,168                                | 191,503                                  | 0.11                                |
| <b>j Total.</b> Other Benefits . . . . .   | 50   | 121,952                              | 10,336,044                                 | 4,137,363                            | 6,198,681                                | 3.43                                |
| <b>k Total.</b> Add lines 7d and 7j . . . . .  | 50   | 170,654                              | 48,706,164                                 | 31,715,245                           | 16,990,919                               | 9.40                                |

**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                         |   |                               |                                      |                               | 0                                  | 0.00                         |
| 2 Economic development                                      | 1   |                               | 100                                  |                               | 100                                | 0.00                         |
| 3 Community support   | 3   | 1,091                         | 1,645,933                            | 1,506,445                     | 139,488                            | 0.08                         |
| 4 Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0.00                         |
| 5 Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0.00                         |
| 6 Coalition building  | 5   | 1                             | 39,439                               |                               | 39,439                             | 0.02                         |
| 7 Community health improvement advocacy                     | 1   |                               | 2,454                                |                               | 2,454                              | 0.00                         |
| 8 Workforce development                                     | 5   | 32                            | 380,854                              | 309,060                       | 71,794                             | 0.04                         |
| 9 Other   |   |                               |                                      |                               | 0                                  | 0.00                         |
| 10 Total  | 15  | 1,124                         | 2,068,780                            | 1,815,505                     | 253,275                            | 0.14                         |

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

**Section A. Bad Debt Expense**

|   |   | Yes | No        |
|---|---|-----|-----------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | 1   | ✓         |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .  | 2   | 6,806,310 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . . | 3   | 1,553,798 |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |     |           |

**Section B. Medicare**

|   |   |   |             |
|---|---|---|-------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) . . . . .  | 5 | 45,538,033  |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 | 54,026,481  |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 | (8,488,448) |
| 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:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |             |

**Section C. Collection Practices**

|    |   |    |   |
|----|---|----|---|
| 9a | Did the organization have a written debt collection policy during the tax year? . . . . .   | 9a | ✓ |
| 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 | ✓ |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—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                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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)

|  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| <b>1</b> MANCHESTER MEMORIAL HOSPITAL<br>71 HAYNES STREET, MANCHESTER 06040<br>WWW.ECHN.ORG STATE LICENSE NO. : 0048 | ✓                 | ✓                          |                     | ✓                 |                          |                   | ✓           |          |                  |                          |
| <b>2</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>3</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>4</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>5</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>6</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>7</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>8</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>9</b>   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| <b>10</b>  |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

**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

**Community Health Needs Assessment**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? . . . . .   |     | ✓  |
| <b>2</b> 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 . . . . .  |     | ✓  |
| <b>3</b> 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):  | ✓   |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b> <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  |     |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b> <input checked="" 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 Section C)   |     |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>  |     |    |
| <b>5</b> 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 . . . . . | ✓   |    |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  | ✓   |    |
| <b>b</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 . . . . .  |     | ✓  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public?<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | ✓   |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>  |     |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b> 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 . . . . .  | ✓   |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 12</u>  |     |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .   | ✓   |    |
| <b>a</b> If "Yes," (list url): <u>WWW.ECHN.ORG/ABOUT-ECHN/COMMUNITY-BENEFIT-REPORTING.ASPX</u>  |     |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b> 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.  |     |    |
| <b>12a</b> 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)? . . . . .  |     | ✓  |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b> 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 |
|-----------|--|-----|----|
| <b>13</b> | Did the hospital facility have in place during the tax year a written financial assistance policy that:<br>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP: | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>1</u> <u>2</u> <u>5</u> %<br>and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %                                    |     |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)   |     |    |
| <b>c</b>  | <input type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency  |     |    |
| <b>e</b>  | <input type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input type="checkbox"/> Underinsurance status   |     |    |
| <b>g</b>  | <input type="checkbox"/> Residency   |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b> | Explained the basis for calculating amounts charged to patients?   | ✓   |    |
| <b>15</b> | Explained the method for applying for financial assistance?<br>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):                                     | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application   |     |    |
| <b>b</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   |     |    |
| <b>c</b>  | <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   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>16</b> | Included measures to publicize the policy within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  | ✓   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ECHN.ORG</u>  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| <b>e</b>  | <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)  |     |    |
| <b>f</b>  | <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)   |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility   |     |    |
| <b>h</b>  | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <input checked="" type="checkbox"/> Other (describe in Section C)  |     |    |

**Billing and Collections**

|           |  |   |  |
|-----------|--|---|--|
| <b>17</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 all of the actions the hospital facility or other authorized party may take upon non-payment? |   |  |
| <b>18</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 the individual's eligibility under the facility's FAP:                       | ✓ |  |
| <b>a</b>  | <input type="checkbox"/> Reporting to credit agency(ies)   |   |  |
| <b>b</b>  | <input type="checkbox"/> Selling an individual's debt to another party   |   |  |
| <b>c</b>  | <input type="checkbox"/> Actions that require a legal or judicial process  |   |  |
| <b>d</b>  | <input type="checkbox"/> Other similar actions (describe in Section C)   |   |  |
| <b>e</b>  | <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 |
|---|-----|----|
| <b>19</b> 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? . . . . . |     | ✓  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| <b>20</b> 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):   |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission   |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge   |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills  |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                     |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |     |    |

**Policy Relating to Emergency Medical Care**

|   |    |   |  |
|---|----|---|--|
| <b>21</b> 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 | ✓ |  |
| If "No," indicate why:  |    |   |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |   |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |    |   |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |    |   |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |    |   |  |

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

|  |    |  |   |
|--|----|--|---|
| <b>22</b> 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.   |    |  |   |
| <b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  |    |  |   |
| <b>b</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  |    |  |   |
| <b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged   |    |  |   |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)   |    |  |   |
| <b>23</b> 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 |  | ✓ |
| If "Yes," explain in Section C.  |    |  |   |
| <b>24</b> 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 |  | ✓ |
| If "Yes," explain in Section C.  |    |  |   |

**Part V, Section C**

**Supplemental Information.** 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.

| Return Reference                       | Identifier   | Explanation   |
|--|--|---|
| SCHEDULE H, PART V, SECTION B, LINE 5  | INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>AS PART OF ITS CHNA, MMH INVITED COMMUNITY AGENCIES AND ORGANIZATIONS THROUGHOUT THE SERVICE AREA, REPRESENTING A VARIETY OF MEDICALLY UNDESERVED, LOW-INCOME AND MINORITY POPULATIONS, TO PARTICIPATE IN AN ONLINE SURVEY, WHICH ASKED QUESTIONS ABOUT WHAT THE INDIVIDUALS PERCEIVED TO BE HEALTHY AND UNHEALTHY ABOUT THE COMMUNITY, WHAT THEIR PERCEPTION IS OF MMH AND THE PROGRAMS AND SERVICES IT OFFERS, AND WHAT MMH CAN DO TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITY. AGENCIES AND ORGANIZATIONS RESPONDING TO THE SURVEY INCLUDED THE DEPARTMENT OF PUBLIC HEALTH WIC PROGRAM, COMMUNITY CHILD GUIDANCE CLINIC, VERNON YOUTH SERVICES BUREAU, TOWN OF ELLINGTON HUMAN SERVICES, TOWN OF MANCHESTER HEALTH DEPARTMENT, TOWN OF ANDOVER ELDER SERVICES, MAPLE STREET SCHOOL IN VERNON, VERNON ADULT EDUCATION, INDIAN VALLEY YMCA, AND MARC, INC.</p>  |
| SCHEDULE H, PART V, SECTION B, LINE 6A | CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES            | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>THE CHNA WAS CONDUCTED BY EASTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES MANCHESTER MEMORIAL HOSPITAL AND ROCKVILLE GENERAL HOSPITAL.</p>  |
| SCHEDULE H, PART V, SECTION B, LINE 7  | HOSPITAL FACILITY'S WEBSITE (LIST URL)                               | <a href="http://WWW.ECHN.ORG/ABOUT-ECHN/COMMUNITY-BENEFIT-REPORTING.ASPX">WWW.ECHN.ORG/ABOUT-ECHN/COMMUNITY-BENEFIT-REPORTING.ASPX</a>  |
| SCHEDULE H, PART V, SECTION B, LINE 11 | HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA         | <p>FACILITY NAME:<br/>MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/>THE STRATEGIES TO ADDRESS THE HEALTH NEEDS ARE AS FOLLOWS:</p> <p>I. HEART DISEASE</p> <p>1. EDUCATE THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT DIET, BLOOD PRESSURE, CHOLESTEROL, WEIGHT, PHYSICAL ACTIVITY, AND STRESS</p> <p>(A.) OFFER FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS</p> <p>(B.) PROVIDE EDUCATION IN BETTER BEING, COMMUNITY FREE WELLNESS MAGAZINE</p> <p>(C.) PARTICIPATE IN COMMUNITY HEALTH FAIRS</p> <p>(D.) DEVELOP "FREEDOM FROM SMOKING" SMOKING CESSATION PROGRAM</p> <p>(E.) PROVIDE NUTRITION COUNSELING SERVICES</p> <p>(F.) OFFER INTEGRATIVE MEDICINE PROGRAMS FOR STRESS REDUCTION</p> <p>2. PROVIDE INFORMATION AND SERVICES TO INDIVIDUALS DIAGNOSED WITH HEART DISEASE TO HELP THEM BEST MANAGE THEIR SYMPTOMS</p> <p>(A.) DEVELOP "HEART TALK" COMMUNITY PROGRAM FOR PEOPLE LIVING WITH HEART FAILURE</p> <p>(B.) PROMOTE CARDIAC REHABILITATION SERVICES</p> <p>II. CANCER</p> <p>1. MONITOR REPORTS OF NEWLY- DIAGNOSED CANCER CASES IN THE SERVICE AREA USING THE NATIONAL CANCER CENTER DATA BASE (NCDB) TO IDENTIFY SIGNIFICANT CHANGES, TRENDS OR ABNORMAL ACTIVITY.</p> <p>2. EDUCATE THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT CANCER RISKS</p> <p>(A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS</p> <p>(B.) ARTICLES IN BETTER BEING</p> <p>(C.) HEALTH FAIR PARTICIPATION</p> <p>(D.) "FREEDOM FROM SMOKING" SMOKING CESSATION PROGRAM</p> <p>3. PROVIDE FREE SCREENINGS THROUGH THE COMMUNITY AND ACCESS TO FOLLOW-UP CARE</p> <p>4. OFFER COMPREHENSIVE SUPPORT PROGRAMS FOR CANCER SURVIVORS AND CAREGIVERS</p> <p>(A.) ONCOLOGY NURSE NAVIGATOR AND SURVIVORSHIP NAVIGATORS SERVICES</p> <p>(B.) ANNUAL CANCER SURVIVORS DAY EVENT</p> <p>(C.) REGULAR SUPPORT GROUP MEETINGS</p> <p>(D.) CANCER CAREGIVER WORKSHOPS</p> <p>III. DIABETES</p> <p>1. RAISE AWARENESS OF DIABETES PREVENTABLE RISK FACTORS AND EDUCATE THE PUBLIC ON WAYS TO MANAGE LIFESTYLE BEHAVIORS THAT AFFECT THEM INCLUDING DIET, WEIGHT AND PHYSICAL ACTIVITY</p> <p>(A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS</p> <p>(B.) ARTICLES IN BETTER BEING</p> <p>(C.) HEALTH FAIR PARTICIPATION</p> <p>2. OFFER DIABETES SELF-MANAGEMENT PROGRAM AND NUTRITION</p> |

| Return Reference                        | Identifier   | Explanation  |
|---|--|--|
|   |  | <p>COUNSELING FOR INDIVIDUALS ALREADY DIAGNOSED WITH DIABETES.<br/> IV. ARTHRITIS<br/> 1. EDUCATE THE PUBLIC ABOUT WAYS TO HELP PREVENT OR SLOW THE PROGRESSION OF ARTHRITIS AND MANAGE THE SYMPTOMS OF JOINT PAIN.<br/> (A.) FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS<br/> (B.) ARTICLES IN BETTER BEING<br/> (C.) HEALTH FAIR PARTICIPATION<br/> 2. OFFER FREE PROGRAM TO HELP INDIVIDUALS WITH ARTHRITIS PREPARE FOR HIP OR KNEE REPLACEMENT SURGERY AND ACHIEVE THE BEST OUTCOME.<br/> 3. DEVELOP A COMPREHENSIVE SURGICAL SPINE PROGRAM TO SUPPORT INDIVIDUALS EXPERIENCING CHRONIC NECK AND BACK PAIN INCLUDING SYMPTOM MANAGEMENT AND PERIOPERATIVE CARE.</p> <p>COMMUNITY COLLABORATION<br/> AN IMPORTANT COMPONENT OF THESE STRATEGIES WILL BE COLLABORATION WITH COMMUNITY RESOURCES INCLUDING THOSE CURRENTLY AVAILABLE TO RESPOND TO THE HEALTH NEEDS INCLUDING:<br/> • CORNERSTONE FOUNDATION<br/> • EASTERN HIGHLANDS HEALTH DISTRICT<br/> • HOCKANUM VALLEY COMMUNITY COUNCIL, INC.<br/> • JOHNSON HEALTH NETWORK<br/> • MANCHESTER AREA CONFERENCES OF CHURCHES<br/> • MARC, INC. OF MANCHESTER<br/> • NATCHAUG HOSPITAL<br/> • NORTH CENTRAL HEALTH DEPARTMENT<br/> • TOWN DEPARTMENTS OF HEALTH &amp; HUMAN SERVICES<br/> • TOWN DEPARTMENTS OF SOCIAL SERVICES<br/> • TRI-TOWN SHELTER SERVICES<br/> • UNITED WAY</p> <p>NOT ALL THE NEEDS IDENTIFIED HAVE BEEN ADDRESSED. AFTER REVIEWING THE CHNA DATA, THE OVERSIGHT COMMITTEE IDENTIFIED EIGHT HEALTH AREAS OF NEED: HEART DISEASE INCIDENCE, CANCER INCIDENCE, DIABETES INCIDENCE, ARTHRITIS INCIDENCE, ALZHEIMER'S DISEASE INCIDENCE, MULTIPLE SCLEROSIS INCIDENCE, SUBSTANCE ABUSE AND CHILDHOOD LEAD SCREENING. HOWEVER, IT WAS DETERMINED THAT ALL NEEDS COULD NOT BE ADDRESSED BASED ON THE HOSPITAL'S ABILITY TO IMPACT THE NEEDS AND THE AVAILABILITY OF RESOURCES THAT EXIST TO ADDRESS THEM. THE FOLLOWING HEALTH NEEDS WERE IDENTIFIED AS THE HIGHEST PRIORITY: HEART DISEASE INCIDENCE, CANCER INCIDENCE, DIABETES INCIDENCE AND ARTHRITIS INCIDENCE.</p> |
| SCHEDULE H, PART V, SECTION B, LINE 13H | OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE          | <p>FACILITY NAME:<br/> MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/> FAMILY SIZE IS USED WITH INCOME LEVEL.</p>  |
| SCHEDULE H, PART V, SECTION B, LINE 16I | OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY   | <p>FACILITY NAME:<br/> MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/> 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.</p>  |
| SCHEDULE H, PART V, SECTION B, LINE 16B | FAP APPLICATION FORM WEBSITE                                 | WWW.ECHN.ORG   |
| SCHEDULE H, PART V, SECTION B, LINE 16C | PLAIN LANGUAGE FAP SUMMARY WEBSITE                           | WWW.ECHN.ORG   |
| SCHEDULE H, PART V, SECTION B, LINE 22D | HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED | <p>FACILITY NAME:<br/> MANCHESTER MEMORIAL HOSPITAL</p> <p>DESCRIPTION:<br/> 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.</p>  |



**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

| Name and address | Type of Facility (describe) |
|------------------|-----------------------------|
| 1                |                             |
|                  |                             |
| 2                |                             |
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| 3                |                             |
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| 4                |                             |
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| 7                |                             |
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| 8                |                             |
|                  |                             |
| 9                |                             |
|                  |                             |
| 10               |                             |
|                  |                             |

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 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.

| Return Reference             | Identifier   | Explanation   |
|------------------------------|--|---|
| 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 2015, THESE PROGRAMS BENEFITED 1,091 INDIVIDUALS WITH MMH PROVIDING OVER \$118,000 OF IN-KIND RESOURCES AND SERVICES. OTHER COMMUNITY BUILDING ACTIVITIES PERFORMED IN FY 2015 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. 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                                | <p>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 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.</p> <p>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.</p>   |
| SCHEDULE H, PART III, LINE 4 | FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING 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  |

| Return Reference              | Identifier  | Explanation  |
|-------------------------------|---|--|
|                               |   | <p>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 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.</p> <p>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.</p>   |
| 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 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.   |
| SCHEDULE H, PART VI           | ADDITIONAL INFORMATION  | <p>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.</p> <p>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 2015 WAS \$1,553,798 FOR 808 TOTAL APPROVED APPLICANTS.</p> <p>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.</p> <p>MANCHESTER MEMORIAL HOSPITAL PROVIDED NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY. EIGHT THOUSAND EIGHT HUNDRED AND SIX (8,806) INPATIENTS WERE CARED FOR IN FY15 REPRESENTING 40,692 PATIENT DAYS. TWO HUNDRED FORTY FIVE THOUSAND SEVEN HUNDRED SEVENTY-SEVEN (245,777) OUTPATIENT VISITS WERE RECORDED.</p> <p>INCLUDED IN THE 8,806 INPATIENTS WERE 5,698 GOVERNMENT RELATED PATIENTS. THE GOVERNMENT INPATIENTS FALL INTO THE FOLLOWING GROUPS.</p> <p>MEDICARE... 2,576<br/> MEDICARE MANAGED CARE... 777<br/> MEDICAID...2,269<br/> CHAMPUS...76</p> <p>TOTAL GOV PATIENTS... 5,698</p> |

| Return Reference            | Identifier            | Explanation   |
|-----------------------------|-----------------------|---|
|                             |                       | <p>TOTAL NON GOV PATIENTS...3,108</p> <p>TOTAL PATIENTS...8,806</p> <p>INCLUDED IN THE 245,777 OUTPATIENT VISITS WERE 145,774 GOVERNMENT RELATED VISITS. THE VISITS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP TO TOTAL VISITS. THE GOVERNMENT VISITS FALL INTO THE FOLLOWING GROUPS.</p> <p>MEDICARE...73,707<br/> MEDICARE MANAGED CARE...28,872<br/> MEDICAID...42,173<br/> CHAMPUS...1,022</p> <p>TOTAL GOV PATIENTS...145,774<br/> TOTAL NON GOV PATIENTS...100,003</p> <p>TOTAL PATIENTS...245,777</p> <p>THE HOSPITAL PROVIDED UNCOMPENSATED CARE TO 47,894 MEDICAID PATIENTS FOR A NET COMMUNITY BENEFIT AMOUNT OF \$10,350,906 AFTER MEDICAID REIMBURSEMENT.</p>  |
| SCHEDULE H, PART VI, LINE 2 | NEEDS ASSESSMENT      | <p>IN 2013, MMH COLLABORATED WITH ROCKVILLE GENERAL HOSPITAL, ALSO AN AFFILIATE OF ECHN, TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE GOALS OF THE ASSESSMENT WERE: TO IDENTIFY CURRENT AND FUTURE HEALTHCARE NEEDS IN THE COMMUNITY AND TO IMPROVE AND STRENGTHEN PROGRAMS AND SERVICES PROVIDED TO ADDRESS THEM. THE CHNA PROCESS WAS LED BY AN OVERSIGHT COMMITTEE THAT INCLUDED MEMBERS OF THE ORGANIZATION WITH ESTABLISHED RELATIONSHIPS WITH COMMUNITY GROUPS AND AGENCIES. DATA COLLECTED FOR THE CHNA INCLUDED: HEALTH, SOCIAL, AND DEMOGRAPHIC DATA SPECIFIC TO MMH'S SERVICE AREA OBTAINED FROM LOCAL PUBLIC HEALTH AGENCIES, NATIONAL HEALTH ASSOCIATIONS AND OTHER DATA SOURCES; HEALTH BEHAVIOR INFORMATION COLLECTED FROM 1,047 RESIDENTS WHO RESPONDED TO A COMMUNITY SURVEY; INPUT FROM 12 COMMUNITY STAKEHOLDERS FROM LOCAL ORGANIZATIONS INVESTED IN THE HEALTH OF UNDESERVED POPULATIONS. ONCE ALL DATA WAS COLLECTED AND ANALYZED, THE OVERSIGHT COMMITTEE IDENTIFIED AND PRIORITIZED THE SERVICE AREA'S KEY HEALTH NEEDS AND DEVELOPED AN IMPLEMENTATION STRATEGY TO RESPOND TO THE NEEDS.</p> <p>IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, MANAGEMENT HAS REGULAR MEETINGS WITH THE MEDICAL STAFF TO DISCUSS PATIENT NEEDS AND THE PROGRAMS OFFERED BY THE ORGANIZATION TO ADDRESS PATIENTS' NEEDS. IN ADDITION, A STRATEGIC PLANNING PROCESS IS CONDUCTED REGULARLY WHICH INCLUDES THE COLLECTION AND REVIEW OF MORTALITY DATA, THE UTILIZATION OF SERVICES AND PHYSICIAN STAFFING FOR THE COMMUNITIES SERVED BY THE HOSPITAL. FROM THE ANALYSIS OF THIS DATA, PLANS ARE MADE TO ADDRESS THE HEALTH NEEDS OF THE COMMUNITY.</p> |
| SCHEDULE H, PART VI, LINE 3 | PATIENT EDUCATION     | <p>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.</p>  |
| SCHEDULE H, PART VI, LINE 4 | COMMUNITY INFORMATION | <p>MANCHESTER MEMORIAL HOSPITAL, AS PART OF EASTERN CONNECTICUT HEALTH NETWORK, SERVES A 19-TOWN PRIMARY AND SECONDARY SERVICE AREA LOCATED EAST OF THE CONNECTICUT RIVER IN NORTHERN CONNECTICUT WITH MUNICIPALITIES IN HARTFORD, TOLLAND AND WINDHAM COUNTIES.</p> <p>THE PRIMARY SERVICE AREA INCLUDES ANY TOWN WHERE TOTAL INPATIENT AND NEWBORN DISCHARGES ARE GREATER THAN OR EQUAL TO 20 PERCENT AND INCLUDES THE TOWNS OF MANCHESTER, SOUTH WINDSOR, BOLTON, COVENTRY, ANDOVER, ELLINGTON, TOLLAND, VERNON/ROCKVILLE AND WILLINGTON.</p> <p>THE SECONDARY SERVICE AREA INCLUDES ANY TOWN WHERE TOTAL INPATIENT AND NEWBORN DISCHARGES ARE GREATER THAN OR EQUAL TO FIVE PERCENT AND LESS THAN 20 PERCENT AND INCLUDES THE TOWNS OF ASHFORD, SOMERS, STAFFORD, UNION, EAST HARTFORD, EAST WINDSOR, GLASTONBURY, HEBRON, COLUMBIA AND MANSFIELD.</p> <p>BASED ON DATA COLLECTED IN 2013, THE POPULATION OF THE ENTIRE SERVICE AREA IS 341,000; 49% MALE, 51% FEMALE. THE MEDIAN AGE OF RESIDENTS IS 39.5 YEARS WITH 33.3% OF THE POPULATION 50 YEARS OR OLDER. THE RACE OF THE RESIDENTS IS PREDOMINANTLY WHITE (80%) FOLLOWED BY BLACK/AFRICAN AMERICAN (8.3%), OTHER/MULTI-RACE (6.1%) AND ASIAN (5.3%). APPROXIMATELY 91.5% PERCENT OF THE POPULATION HAS A HIGH SCHOOL DEGREE AND 35.6% PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA IS \$82,075 PER YEAR. JUST UNDER 8% OF HOUSEHOLDS HAVE ANNUAL INCOME AT THE FEDERAL POVERTY RATE. THE UNEMPLOYMENT RATE IS 7.4% AND THE</p>  |

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| SCHEDULE H, PART VI,<br>LINE 5 | PROMOTION OF<br>COMMUNITY HEALTH | <p>AVERAGE HOUSEHOLD SIZE IS 2.61 PEOPLE.</p> <p>COMMUNITY HEALTH EDUCATION INITIATIVES AND PROGRAMS ARE OFFERED TO THE COMMUNITY. THE EDUCATION PROGRAMS INCLUDE EDUCATING THE PUBLIC ABOUT MANAGING LIFESTYLE BEHAVIORS THAT IMPACT DIET, BLOOD PRESSURE, CHOLESTEROL, WEIGHT, PHYSICAL ACTIVITY, STRESS, CANCER RISKS, DIABETES AND ARTHRITIS. INITIATIVES INCLUDE BETTER BEING (A FREE COMMUNITY WELLNESS MAGAZINE SENT TO THE COMMUNITY), PARTICIPATION IN COMMUNITY HEALTH FAIRS, NUTRITION COUNSELING SERVICES, LACTATION CONSULTING SERVICES FOR NEW MOTHERS, LECTURE PRESENTATIONS IN THE COMMUNITY AND HEALTH FAIR PARTICIPATION. FOR EXAMPLE, A FREEDOM FROM SMOKING PROGRAM IS AVAILABLE THAT IS FACILITATED BY AN ALA CERTIFIED HEALTH CARE PROFESSIONAL AND INCLUDES EIGHT 1.5- TO 2-HOUR SESSIONS OVER 7 WEEKS, THE 4TH SESSION BEING QUIT DAY. THE SESSIONS CAN BE PROVIDED AT THE WORKSITE OR OTHER LOCATION, DAYTIME OR EVENING.</p> <p>ANOTHER EXAMPLE IS WOMEN'S HEALTH PRESENTATIONS IN THE COMMUNITY ABOUT BREAST CANCER, PREVENTATIVE/SCREENING RECOMMENDATIONS, BONE DENSITY EXAMS, AND FREE SCREENING PROGRAMS. THESE PRESENTATIONS WERE MADE AT THE GREATER HARTFORD WOMEN'S CONFERENCE; A WOMEN AND YOUTH ADVISORY PANEL DISCUSSION AT MANCHESTER COMMUNITY COLLEGE; THE TOWN OF SOUTH WINDSOR HEALTH AND WELLNESS FAIR; CROSSROADS COMMUNITY CATHEDRAL CHURCH HEALTH FAIR; WOMEN TO WOMEN-A COMFORTABLE CONVERSATION; LET'S TALK MENOPAUSE PANEL COMMUNITY PROGRAM; THE VERNON CENTER MIDDLE SCHOOL; AND THE OFFICE OF MIGRATION, REFUGEE, AND IMMIGRATION SERVICES AT CATHOLIC CHARITIES OF HARTFORD.</p> <p>OTHER EXAMPLES 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, A GROCERY STORE TOUR TO EDUCATE RESIDENTS ABOUT HEALTHY SHOPPING HABITS, AND OTHER LECTURE PRESENTATIONS SUCH AS DIABETES MADE SIMPLE AND PRE-DIABETES, LET'S TAKE ACTION.</p> <p>FREE HEALTH SCREENINGS INCLUDING DIABETIC FOOT CHECKS, MAMMOGRAMS, BLOOD PRESSURE, BONE DENSITY, GLUCOSE READINGS, INJURY SCREENINGS, VITAL SIGN CHECKS AND MEDICAL EXAMS ARE OFFERED IN THE COMMUNITY, TARGETING UNINSURED/UNDERINSURED POPULATIONS. FOR EXAMPLE, BLOOD PRESSURE SCREENINGS WERE DONE DURING WEAR RED DAY.</p> <p>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, AND REFERRALS TO SOCIAL SERVICES AND PHYSICIANS ACCEPTING 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.</p> <p>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, AND PHYSICAL THERAPISTS AND OTHERS. STUDENTS ARE FROM THE UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE, UNIVERSITY OF CONNECTICUT, MANCHESTER COMMUNITY COLLEGE, CENTRAL CONNECTICUT STATE UNIVERSITY, GOODWIN COLLEGE, CAPITAL COMMUNITY COLLEGE, SPRINGFIELD TECHNICAL COMMUNITY COLLEGE, UNIVERSITY OF ST. JOSEPH, QUINNIPIAC UNIVERSITY, ASNUNTUCK COMMUNITY COLLEGE, THE UNIVERSITY OF HARTFORD, AND EASTERN CONNECTICUT STATE UNIVERSITY. OTHER HEALTH PROFESSIONS EDUCATION IS PROVIDED THROUGH PRESENTATIONS TO LOCAL GROUPS ON NEW EMERGENCY MANAGEMENT SERVICE GUIDELINES AND UPDATES, EMT EDUCATION, PARAMEDIC SKILLS TRAINING, SPECIALTY CARE TRANSPORT COURSES, AND NARCAN AND CPAP TRAINING.</p> <p>HEALTH SERVICES WHICH ARE SUBSIDIZED BY THE HOSPITAL INCLUDE NEONATAL SERVICES, DIABETES SELF-MANAGEMENT, DIALYSIS SERVICES AND THE BEHAVIORAL HEALTH CLINIC.</p> <p>SPECIFIC RESEARCH INITIATIVES CONDUCTED BY THE HOSPITAL INCLUDE AN INSTITUTIONAL REVIEW COMMITTEE, WHICH PROTECTS THE RIGHTS AND WELFARE OF RESEARCH SUBJECTS AND APPROVES ALL RESEARCH STUDIES IN ACCORDANCE WITH FEDERAL REGULATIONS. THE HOSPITAL ALSO MAINTAINS A CANCER REGISTRY AND DATABASE.</p> |

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|  |  | <p>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 AND HEALTH SUPPORT GROUPS ORGANIZATIONS' MEETINGS. FOR EXAMPLE, THE HOSPITAL PROVIDES FREE MEETING SPACE FOR MEETINGS OF THE ACOA SUPPORT GROUP FOR ADULT CHILDREN OF ALCOHOLICS, AL-ANON, ALCOHOLICS ANONYMOUS, NOT SO TYPICAL AUTISM SUPPORT GROUP, BRAIN INJURY ALLIANCE OF CT, MULTIPLE SCLEROSIS SOCIETY CAREGIVERS, NARCOTICS ANONYMOUS, NATIONAL ALLIANCE ON MENTAL ILLNESS, OLDER ADULTS RECOVERY &amp; SUPPORT GROUP, AND SWEET TALK DIABETES SUPPORT GROUP.</p> <p>THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY, INCLUDING HAVING A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NOT EMPLOYEES OR INDEPENDENT CONTRACTORS, AND EXTENDING MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALISTS.</p>  |
| <p>SCHEDULE H, PART VI,<br/>LINE 6</p> | <p>DESCRIPTION OF<br/>AFFILIATED GROUP</p> | <p>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:</p> <p>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 &amp; PULMONARY REHABILITATION, A COMPREHENSIVE RANGE OF ADOLESCENT AND ADULT INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, NUTRITION COUNSELING, LABORATORY SERVICES, MEDICAL EDUCATION (FAMILY MEDICINE RESIDENCY &amp; INTERNSHIP PROGRAM; UNECOM MEDICAL STUDENTS; AND CONTINUING EDUCATION) AND THE EASTERN CONNECTICUT CANER INSTITUTE AT THE JOHN A. DEQUATTRO CANCER CENTER.</p> <p>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 &amp; PULMONARY REHABILITATION, PHYSICAL REHABILITATION, HOSPICE CARE, A MATERNITY CARE CENTER, OUTPATIENT ADOLESCENT BEHAVIORAL HEALTH SERVICES, AND LABRATORY SERVICES.</p> <p>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 EVALUATIONS, PATIENT AND FAMILY INSTRUCTION, AND PERSONALIZED, PROGRESSIVE, AND INTERDISCIPLINARY CARE PLANS.</p> <p>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.</p> <p>ECHN MEDICAL BUILDINGS AT EVERGREEN WALK (SOUTH WINDSOR): 2400 TAMARACK AVENUE OCCUPANTS INCLUDE EVERGREEN ENDOSCOPY CENTER, CENTRAL CONNECTICUT GASTROENTEROLOGY, THE COLON &amp; RECTAL SURGEONS OF GREATER HARTFORD, ECMPF PRIMARY CARE PHYSICIANS, RHEUMATOLOGY PHYSICIANS, WALDEN BEHAVIORAL CARE EATING DISORDERS CLINIC, ACCLAIM BEHAVIORAL SERVICES, LLC, AND LABORATORY SERVICES.</p> <p>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.</p> <p>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.</p> <p>ECHN MANCHESTER MEDICAL OFFICE BUILDINGS: 150 NORTH MAIN STREET OFFERS A VARIETY OF ADULT BEHAVIORAL HEALTH SERVICES. 130 HARTFORD ROAD, OFFERING PRIMARY CARE AND LABORATORY SERVICES.</p> <p>VISITING NURSE &amp; HEALTH SERVICES OF CONNECTICUT, PROVIDES AT-HOME NURSING CARE AND HOSPICE CARE.</p> |

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|                                |  | ECHN HAS 391 PHYSICIANS (303 ACTIVE, 41 COURTESY, 13 CONSULTING, 34 PART-TIME), 92 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. |
| SCHEDULE H, PART VI,<br>LINE 7 | STATE FILING OF<br>COMMUNITY BENEFIT<br>REPORT | CT  |