

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **JOHNSON MEMORIAL HOSPITAL, INC** Employer identification number **47-5676956**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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:	X	
<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:	X	
<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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		30	46,188.		46,188.	.09%
b Medicaid (from Worksheet 3, column a)		4,203	3053064.		3053064.	6.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)			892,509.		892,509.	1.77%
d Total Financial Assistance and Means-Tested Government Programs		4,233	3991761.		3991761.	7.92%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,048	14,849.		14,849.	.03%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		190	1,365.		1,365.	.00%
j Total. Other Benefits		2,238	16,214.		16,214.	.03%
k Total. Add lines 7d and 7j		6,471	4007975.		4007975.	7.95%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,674.		1,674.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		120	1,170.		1,170.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		120	2,844.		2,844.	.00%

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?	X	
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		
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		
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)	9,843,395.
6 Enter Medicare allowable costs of care relating to payments on line 5	13,052,281.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-3,208,886.
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: <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?	X
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	X

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 %

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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.TRINITYHEALTH-NE.ORG/COMMUNITY-HEALTH</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/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.JMMC.COM/FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.JMMC.COM/FINANCIAL-ASSISTANCE</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
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 nonpayment?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input type="checkbox"/> Processed incomplete and complete FAP applications		
d <input type="checkbox"/> Made presumptive eligibility determinations		
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)			

Part V Facility Information *(continued)*

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

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

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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? If "Yes," explain in Section C.	23	X
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? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2016

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 3J: THE HOSPITAL PUBLISHED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT IN SEPTEMBER OF 2016. THE PROCESS BEGAN IN JANUARY OF 2015 WITH PARTNERSHIP DISCUSSIONS AND INVESTMENTS IN THE DATA HAVEN WELL BEING TELEPHONE SURVEY WHICH WAS USED TO GATHER PRIMARY DATA FROM RESIDENTS ABOUT THEIR HEALTH AND WELL-BEING. THIS PRIMARY DATA AND SECONDARY DATA INCLUDING CENSUS DATA; INFORMATION FROM THE SAINT FRANCIS COMMUNITY PROFILE FROM THE CT HOSPITAL ASSOCIATION; LOCAL REPORTS ON ASTHMA; OBESITY AND ACCESS TO HEALTHY FOODS AND OTHER RESOURCES WERE ANALYZED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS AND THE RESULTS WERE USED TO DEVELOP KEY INFORMANT INTERVIEWS WHICH WERE COMPLETED IN JUNE - AUG OF 2015. ADDITIONALLY FOCUS GROUPS WERE HELD WITH THE ENFIELD HUNGER ACTION TEAM TO TALK SPECIFICALLY ABOUT FOOD INSECURITY ISSUES. SUBSEQUENT TO THIS PUBLICATION AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: PERSONS INVOLVED IN PLANNING THE CHNA INCLUDED LEADERS OF LOCAL COMMUNITY AGENCIES; FAITH LEADERS; HEALTHCARE PROVIDERS; GOVERNMENT EMPLOYEES AND FOUNDATIONS STAFF. DURING THE DATA GATHERING PROCESS COMMUNITY MEMBERS WERE INTERVIEWED AND COMMUNITY CONVERSATIONS WERE HELD ONCE PRELIMINARY ANALYSIS WAS COMPLETED TO IDENTIFY PRIORITIES AND CONFIRM THE FINDINGS FROM THE PERSPECTIVE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED. ADDITIONALLY, HEALTH LEADERS FROM THE COMMUNITIES WERE CONSULTED TO DETERMINE IF THE FINDINGS REFLECTED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

THEIR COMMUNITY NEEDS AS WELL.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES WHO PARTICIPATED IN THE CHNA INCLUDED MOUNT SINAI HOSPITAL; SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND CONNECTICUT CHILDREN'S MEDICAL CENTER.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS INCLUDED IN CONDUCTING THE CHNA INCLUDED HARTFORD FOUNDATION FOR PUBLIC GIVING, DATA HAVEN, HARTFORD HEALTH AND HUMAN SERVICES, TRINITY HEALTH NEW ENGLAND AND COMMUNITY SOLUTIONS.

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY ADOPTED 2/7/17 ADDRESSES THE NEEDS FOUND IN THE CHNA INCLUDING:

- 1. SUPPORT FOR HEALTHY BEHAVIOR CHANGE
- 2. SUBSTANCE ABUSE AND TOBACCO CESSATION
- 3. ACCESS TO CARE

ACTIVITIES HAVE BEEN DEVELOPED BY SAINT FRANCIS AND WITH COMMUNITY PARTNERS TO ADDRESS THE NEEDS IDENTIFIED, THEY INCLUDE:

- 1. SUPPORT FOR HEALTHY BEHAVIOR CHANGE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- DIABETES PREVENTION PROGRAMS

- AMERICAN HEART ASSOCIATION

2. SUBSTANCE ABUSE AND TOBACCO CESSATION

- MATCH COALITION

- REGIONAL HEALTH MINISTRIES AND POLICY SUPPORT FOR TOBACCO 21

3. ACCESS TO HEALTHCARE (BEHAVIORAL HEALTH SERVICES)

- SAINT FRANCIS HOSPITAL

- ACCESS HEALTH CT

- FINANCIAL AID COUNSELORS

- FOUNDATION SUPPORT

JOHNSON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 13B: THNE RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT."

EXAMPLES OF PRESUMPTIVE SUPPORT CASES INCLUDE:

A. DECEASED PATIENTS WITH NO KNOWN ESTATE

B. HOMELESS

C. UNEMPLOYED PATIENTS WITH NO SPOUSE OR ASSETS

D. NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS

QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

E. OUT OF STATE MEDICAID IN WHICH WE ARE NOT A PROVIDER

F. PATIENT WHO IS CURRENTLY ON PUBLIC ASSISTANCE BUT WAS INELIGIBLE AT THE TIME OF SERVICE

G. DISCHARGED BANKRUPTCIES

H. MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER

FOR PATIENTS WHO ARE NON-RESPONSIVE TO THE FAP APPLICATION PROCESS, OTHER SOURCES OF INFORMATION, IF AVAILABLE SHOULD BE USED TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCIAL NEED. THIS INFORMATION WILL ENABLE THNE TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF NON-RESPONSIVE PATIENTS.

JOHNSON MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.JMMC.COM/FINANCIAL-ASSISTANCE

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

N/A

PART I, LINE 4

FINANCIAL ASSISTANCE IS OFFERED FOR THE BENEFIT OF OUR COMMUNITY TO UNINSURED OR UNDERINSURED PATIENTS WHO ARE UNABLE TO PAY FOR THEIR CARE. JOHNSON MEMORIAL HOSPITAL IS COMMITTED TO PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY, AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND UNDERSERVED IN OUR COMMUNITIES; CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES; AND ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THAT THEY RECEIVE.

PART I, LINE 6A:

COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED ON THE WEBSITE FOR FULL VIEWING.

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.
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- 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

THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS. REALLOCATION OF COMMUNITY BENEFIT DOLLARS FOR COMMUNITY TRANSFORMATION IS A NEW INITIATIVE WHICH WILL SUPPORT THIS WORK.

THE CHEMICAL DEPENDENCY PROGRAM IS PART OF THE PSYCHIATRIC SERVICES OFFERED BY JOHNSON MEMORIAL HOSPITAL. THE OUTPATIENT PROGRAM, LOCATED IN ENFIELD, CT TREATS INDIVIDUALS WHO HAVE SUBSTANCE ABUSE DISORDERS, AS WELL AS THOSE WITH CO-OCCURRING DISORDERS.

SINCE 1908, HOME & COMMUNITY HEALTH SERVICES HAS PROVIDED HOME HEALTH

Part VI Supplemental Information

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AND HOSPICE CARE TO RESIDENTS OF NORTH CENTRAL CONNECTICUT AND THE
 BORDERING TOWNS OF WESTERN MASSACHUSETTS. HOME & COMMUNITY HEALTH
 SERVICES IS LOCATED ON 101 PHOENIX AVENUE IN ENFIELD, CT AND IS
 LICENSED BY BOTH THE STATES OF CONNECTICUT AND MASSACHUSETTS.

JOHNSON OCCUPATIONAL MEDICINE CENTER IS AN OCCUPATIONAL HEALTH FACILITY
 IN ENFIELD, CT WHICH PROVIDES OCCUPATIONAL AND INDUSTRIAL MEDICINE
 SERVICES TO LOCAL BUSINESSES.

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
 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 2016 MEDICARE COST STUDY (D&E
 WORKSHEETS). THE SHORTFALL FROM MEDICARE CONTRIBUTES IMPORTANTLY TO THE

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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 III, LINE 4

JOHNSON MEMORIAL HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOME. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING

Part VI Supplemental Information

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PURPOSED.

PART III, LINE 8

NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT.

PART VI, LINE 2

THE PROCESS BEGAN WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS; ENGAGE DATAHAVEN, A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH, TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS; INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES). ALL ASPECTS OF THE INFORMATION-GATHERING PROCESS WERE DESIGNED TO REACH BEYOND THE WALLS OF THE HOSPITAL TO GET ANSWERS TO THE QUESTIONS: WHO? WHAT? WHERE? HOW?

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THROUGHOUT, THE EMPHASIS WAS ON SIGNIFICANT COMMUNITY INPUT-IN THE FORM OF TELEPHONE INTERVIEWS WITH COMMUNITY MEMBERS, SURVEYS OF PROGRAM PARTICIPANTS, INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS AND INTERVIEWS WITH KEY INFORMANTS & FOCUS GROUPS TO GAIN A BETTER UNDERSTANDING OF WHAT IS AFFECTING THE HEALTH OF THE JOHNSON MEMORIAL HOSPITAL SERVICE AREA. THE TEAM COLLECTED DATA AT THE LOCAL LEVEL TO FACILITATE AND IDENTIFY WHERE THE GREATEST NEEDS ARE CONCENTRATED AND THE PROCESS BEGAN WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS; ENGAGE DATAHAVEN, A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH, TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS; INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES).

PART VI, LINE 3

COMMUNITY HEALTH EDUCATION PROGRAMS ARE OFFERED TO THE COMMUNITY AND

Part VI Supplemental Information

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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, LINE 4

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 222,746 RESIDENTS. THE POPULATION IS MOSTLY WHITE (83%), FOLLOWED BY BLACK/AFRICAN AMERICAN (8%), HISPANIC/LATINO (5%), AND ASIAN (3%). THIS MAKES THE JOHNSON SERVICE AREA LESS DIVERSE THAN THE STATE AS A WHOLE (CT TOTAL 70% WHITE). THAT BEING SAID, THE SERVICE AREA MEETS STATE AVERAGES FOR AGE AND GENDER DEMOGRAPHICS. 21% OF THE JOHNSON SERVICE AREA IS YOUNGER THEN 18 YEARS OLD AND 15% IS OVER 64 YEARS OF AGE. THE STATE TOTAL IS 22% AND 15% RESPECTIVELY.

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THE JOHNSON SERVICE AREA POPULATION HAS AN EVEN 50-50 SPLIT IN TERMS OF GENDER, WHICH IS ALMOST IDENTICAL TO THE STATE TOTAL OF 49% MALE AND 51% FEMALE. ACCORDING TO COUNTY HEALTH RANKINGS, PUBLISHED BY COUNTYHEALTHRANKINGS.ORG, 91% OF RESIDENTS IN TOLLAND COUNTY HAVE A HIGH SCHOOL DEGREE AND 72% HAVE SOME COLLEGE EXPERIENCE. THIS IS HIGHER THAN THE CT AVERAGE OF 86% HAVING A HIGH SCHOOL DEGREE AND 68% WITH COLLEGE EXPERIENCE. HAMPDEN COUNTY HAS A HIGH SCHOOL GRADUATION RATE OF 73% WHILE 57.9% OF RESIDENTS HAVE COLLEGE EXPERIENCE. THIS FALLS BELOW THE 85% HIGH SCHOOL GRADUATION AND 71% COLLEGE EXPERIENCE MASSACHUSETTS AVERAGE.

CONNECTICUT HEALTH RANKINGS WERE REVIEWED FOR 2015 AND 2016 WITH REGARD TO HEALTH OUTCOMES AND HEALTH FACTORS. HEALTH OUTCOME RANKINGS ARE BASED ON MORTALITY AND MORBIDITY MEASURES (WEIGHTED EQUALLY) AND HEALTH FACTORS ARE WEIGHTED ON SCORES WITH REGARD TO BEHAVIORAL HEALTH, CLINICAL, SOCIAL AND ECONOMIC AND ENVIRONMENTAL FACTORS. OF THE EIGHT COUNTIES IN CONNECTICUT, TOLLAND COUNTY IS RANKED #1 FOR HEALTH OUTCOMES AND #2 IN THE STATE FOR HEALTH FACTORS FOR BOTH YEARS.

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HARTFORD COUNTY IS RANKED #7 FOR HEALTH OUTCOMES AND #5 FOR HEALTH FACTORS. THESE RANKINGS PUT TOLLAND COUNTY IN THE 90TH PERCENTILE, MEANING ONLY 10% IN THE COUNTRY ARE BETTER.

PART VI, LINE 5

LEADERSHIP DEVELOPMENT:

EXECUTIVE STAFF AT JOHNSON ARE EXPECTED TO PARTICIPATE IN COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

ADVOCACY FOR HEALTH IMPROVEMENTS:

IN PARTNERSHIP WITH SAINT FRANCIS HOSPITAL AND TRINITY HEALTH OF NEW ENGLAND CORPORATION INC, JOHNSON MEMORIAL MEDICAL CENTER ENGAGES WITH TOBACCO CESSATION ACTIVITIES AT THE COALITION LEVEL BY PARTICIPATION IN THE MATCH COALITION - A GROUP WORKING TO IMPROVE LAWS AND POLICIES WHICH LIMIT ACCESS TO TOBACCO BY YOUTH. THIS PARTNERSHIP EXTENDS TO TRINITY HEALTH CORPORATE WHICH IS ABLE TO PROVIDE A MYRIAD OF RESOURCES

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TO MOVE THIS AGENDA FORWARD.

POLICY WORK IN THE AREAS OF SUPPORT FOR BREASTFEEDING AND ACCESS TO HEALTHY FOODS AS WELL AS WORK TO IMPROVE THE OPPORTUNITIES FOR ACTIVE LIVING HAVE ALSO BECOME PRIORITIES.

THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON THE IMPROVING THE HEALTH OF THE COMMUNITY OVERALL INCLUDING COLLABORATIVE EFFORTS WITH THE LOCAL HEALTH DEPARTMENT AND LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS.

PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

MERCY HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE

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ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE.

TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE.

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO

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ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECEIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.

AS A NOT-FOR-PROFIT HEALTH SYTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMITING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT
 WWW.TRINITYHEALTH-NE.ORG.

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE
 OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT
 IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS
 POSTED ON THE WEBSITE FOR FULL VIEWING.

PART VI, LINE 7
 CONNECTICUT
