

CT CHILDREN'S MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME CCMC CORPORATION		
1	Affiliate Description	PARENT COMPANY TO CT CHILDREN'S MEDICAL CENTER, CCMC FOUNDATION, CCMC VENTURES, AND CCMC AFFILIATES
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
B. AFFILIATE NAME CCMC AFFILIATES		
1	Affiliate Description	CONSIST OF A SCHOOL.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C. AFFILIATE NAME CCMC FOUNDATION		
1	Affiliate Description	FUNDRAISING FOR CCMC
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	MARTHA SCHALL
9	CEO Title	PRESIDENT
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D.	AFFILIATE NAME	CCMC VENTURES
1	Affiliate Description	CURRENTLY INACTIVE
2	Affiliate type of service	Health Education Services
3	Tax Status	For Profit
4	Street Address	282 WASHINGTON ST., HARTFORD, CT.
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Martin J. Gavin
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
E.	AFFILIATE NAME	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT
1	Affiliate Description	RUNS PROGRAMS WHICH SUPPORT IMPROVEMENT IN PEDIATRIC AND PRIMARY CARE IN CONNECTICUT. PRIMARY FOCUS IS TOWARDS UNDERPRIVILEGED CHILDREN.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	270 Farmington Avenue, Suite 3, Farmington, CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Judith Meyers
9	CEO Title	President & CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	One Commercial Plaza, Hartford, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
F.	AFFILIATE NAME	CONNECTICUT CHILDREN'S SPECIALTY GROUP
1	Affiliate Description	PEDIATRIC PHYSICIAN PRACTICE
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	282 WASHINGTON ST
5	Town	HARTFORD
6	State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	06106 -
8	CEO Name	JEFFREY THOMSON
9	CEO Title	PRESIDENT
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA
13	CT Agent Town	HARTFORD
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
G.	AFFILIATE NAME	THE CHILDREN'S FUND OF CONNECTICUT, INC.
1	Affiliate Description	TO FUND PROGRAMS THAT WILL ENABLE DISADVANTAGED CHILDREN IN CONNECTICUT TO HAVE ACCESS TO A COMPREHENSIVE AND EFFECTIVE COMMUNITY-BASED HEALTH AND MENTAL HEALTH CARE SYSTEM.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	270 Farmington Ave, Suite 367, Farmington CT
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Judith Meyers
9	CEO Title	President and CEO
10	CT Agent Name	DAVID HADDEN
11	CT Agent Company	ROBINSON & COLE LLP
12	CT Agent Company Street Address	ONE COMMERCIAL PLAZA, HARTFORD, CT
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

**CT CHILDREN'S MEDICAL CENTER
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . CT CHILDREN'S MEDICAL CENTER			
1		Unrestricted	\$74,193,342
2		Temporarily Restricted by Donor	\$26,184,898
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$100,223,725
5		Intercompany Eliminations	\$0
		Total:	\$200,601,965
B . CCMC CORPORATION			
1		Unrestricted	(\$389,706)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		Total:	(\$390,706)
C . CCMC AFFILIATES			
1		Unrestricted	\$4,290,655
2		Temporarily Restricted by Donor	\$53,231
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,343,886
D . CCMC FOUNDATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$87,072,609
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$17,337,854
5		Intercompany Eliminations	(\$104,410,463)
		Total:	\$0
E . CCMC VENTURES			
1		Unrestricted	(\$18,853)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$18,853)
F . CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT			
1		Unrestricted	\$380,987
2		Temporarily Restricted by Donor	\$6,443
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$387,430
G . CONNECTICUT CHILDREN'S SPECIALTY GROUP			
1		Unrestricted	(\$7,011,657)
2		Temporarily Restricted by Donor	\$0

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$7,011,657)
H .	THE CHILDREN'S FUND OF CONNECTICUT, INC.		
1		Unrestricted	\$34,709,511
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$65,775
		Total:	\$34,775,286
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$337,033,039
	Intercompany Eliminations		(\$104,345,688)
	Total of all Affiliates	Fund Balance:	\$232,687,351

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. CCMC CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$233,386
1		Management Fees	09/30/2014	\$61,429
2		Cash Transfer	09/30/2014	(\$1,000,000)
3		Bank Fees	09/30/2014	(\$19,608)
4		Hospital Cash Received	09/30/2014	\$916,610
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$191,817
B. CCMC AFFILIATES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,394,029
1		Management Fees	09/30/2014	\$172,068
2		Cash Transfer	09/30/2014	(\$6,040,000)
3		Fund Balance Transfer	09/30/2014	\$2,066,128
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$2,407,775)
C. CCMC FOUNDATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	(\$1,178,794)
1		Management Fees	09/30/2014	\$117,502
2		Fund Balance Transfer	09/30/2014	\$10,667,426
3		Capital Transfers	09/30/2014	(\$14,932,266)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$5,326,132)
D. CCMC VENTURES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$18,103
1		CT Corp Tax	09/30/2014	\$250
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$18,353
E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
F. CONNECTICUT CHILDREN'S SPECIALTY GROUP				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
1		Practice Support	09/30/2014	(\$8,120,793)
2		Rent	09/30/2014	\$547,056
3		Cash Transfer	09/30/2014	\$22,650,000
4		Fund Balance Transfer	09/30/2014	(\$15,076,263)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
			Grand Total:	(\$7,523,737)

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$4,930,734
A.	CCMC CORPORATION				
1		CCMC FOUNDATION	Cash Transfer	09/30/2014	\$30,000
			Total:	9/30/2014	\$30,000
B.	CCMC AFFILIATES				
1		CCMC CORPORATION	Cash Transfer	09/30/2014	\$109,880
2		CCMC AFFILIATES	Cash Transfer	09/30/2014	\$2,262,636
3		CCMC FOUNDATION	Cash Transfer	09/30/2014	\$2,639,651
			Total:	9/30/2014	\$5,012,167
C.	CCMC FOUNDATION				
1		CCMC AFFILIATES	Cash Transfer	09/30/2014	\$440,424
			Total:	9/30/2014	\$440,424
D.	CCMC VENTURES				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
E.	CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	CONNECTICUT CHILDREN'S SPECIALTY GROUP				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	THE CHILDREN'S FUND OF CONNECTICUT, INC.				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$10,413,325

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. CCMC CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. CCMC AFFILIATES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. CCMC FOUNDATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. CCMC VENTURES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. CONNECTICUT CHILDREN'S SPECIALTY GROUP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. THE CHILDREN'S FUND OF CONNECTICUT, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A. CCMC CORPORATION			
0	Nothing to Report	\$0	0
	Total:	\$0	
B. CCMC AFFILIATES			
1	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers guarantee attached	\$816,000	3
2	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers	\$942,240	5
3	Guarantee of lease payments to landlord, summary of lease highlighting Medical Centers guarantee attached	\$1,059,840	5
	Total:	\$2,818,080	
C. CCMC FOUNDATION			
0	Nothing to Report	\$0	0
	Total:	\$0	
D. CCMC VENTURES			
0	Nothing to Report	\$0	0
	Total:	\$0	
E. CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT			
0	Nothing to Report	\$0	0
	Total:	\$0	
F. CONNECTICUT CHILDREN'S SPECIALTY GROUP			
0	Nothing to Report	\$0	0
	Total:	\$0	
G. THE CHILDREN'S FUND OF CONNECTICUT, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$2,818,080	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$89,109.00	\$89,109.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$7,139.00	\$10,433.00	\$3,294.00	46%
3	Expenditures	\$7,139.00	\$10,433.00	\$3,294.00	46%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$89,109.00	\$89,109.00	\$0.00	0%
5	Projected Interest Income	\$2,000.00	\$2,000.00	\$0.00	0%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	<u>Amount</u>
1. Number of Applications for Hospital Bed Funds		8
2. A. Number of Patients receiving Hospital Bed Fund Grants		8
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds:		\$10,433.00
1	CLAIRE B DAVIS KRAMER FUND	\$919.00
2	CLAIRE B DAVIS KRAMER FUND	\$1,222.00
3	CLAIRE B DAVIS KRAMER FUND	\$438.00
4	CLAIRE B DAVIS KRAMER FUND	\$911.00
5	CLAIRE B DAVIS KRAMER FUND	\$675.00
6	CLAIRE B DAVIS KRAMER FUND	\$900.00
7	CLAIRE B DAVIS KRAMER FUND	\$5,159.00
8	CLAIRE B DAVIS KRAMER FUND	\$209.00
	Grand Total	\$10,433.00

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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	CLAIRE B DAVIS KRAMER FUND	\$89,108.00	\$10,433.00	\$0.00	\$10,433.00
	Total Bed Funds :	\$89,108.00	\$10,433.00	\$0.00	\$10,433.00

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	11.85%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	Nair and Levin
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	5.20%
B	Collection Agent	

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
1	Collection Agent Name	Century Financial Services
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.20%
C	Collection Agent	
1	Collection Agent Name	VIA Health
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	61.00%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
D	Collection Agent	
1	Collection Agent Name	EOS
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.34%
E	Collection Agent	
1	Collection Agent Name	Optimum
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.74%

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
F Collection Agent		
1	Collection Agent Name	Sherloq Solutions
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	8.20%
G Collection Agent		
1	Collection Agent Name	AAB
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Accounts are sent weekly to the agency based on an alpha split. Transfers to agencies/law firm are done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when internal collection efforts have not resolved the account.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	All collection agency/law firms: Billing to the hospital occurs the month after payments are received. Payments to the agencies and/or law firm are based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur and are paid subsequently.

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.46%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$482,954	\$135,227	\$618,181
2.	Senior VP Quality Improvement & Patient Safety	\$428,856	\$120,080	\$548,936
3.	Executive Vice President Community and Child Health	\$396,039	\$110,891	\$506,930
4.	Executive Vice President and Chief Operating Officer	\$347,528	\$97,308	\$444,836
5.	Senior VP & General Counsel	\$322,949	\$90,426	\$413,375
6.	Chief Medical Information Officer	\$261,916	\$73,336	\$335,252
7.	VP Marketing & Business Development	\$261,314	\$73,168	\$334,482
8.	Interim CFO	\$246,702	\$69,077	\$315,779
9.	Chief Information Officer	\$233,656	\$65,424	\$299,080
10.	VP Human Resources	\$228,142	\$63,880	\$292,022
	Grand Total:	\$3,210,056	\$898,817	\$4,108,873

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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . CCMC CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . CCMC AFFILIATES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . CCMC FOUNDATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . CCMC VENTURES				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . CONNECTICUT CHILDREN'S SPECIALTY GROUP				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . THE CHILDREN'S FUND OF CONNECTICUT, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	591	450	(141)	-24%
2.	Number of Approved Applicants	492	419	(73)	-15%
3.	Total Charges (A)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
	Average Charges	\$2,909	\$3,108	\$198	7%
4.	Ratio of Cost to Charges (RCC)	0.46916	0.44381	(0.025350)	-5%
	Total Cost	\$671,575	\$577,922	(\$93,653)	-14%
	Average Cost	\$1,365	\$1,379	\$14	1%
5.	Charity Care - Inpatient Charges	\$1,005,529	\$892,532	(\$112,997)	-11%
6.	Charity Care - Outpatient Emergency Department Charges	132,833	53,800	(79,033)	-59%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	293,079	355,851	62,772	21%
	Total Charges (A)	\$1,431,441	\$1,302,183	(\$129,258)	-9%
8.	Charity Care - Number of Patient Days	706	499	(207)	-29%
9.	Charity Care - Number of Discharges	75	68	(7)	-9%
10.	Charity Care - Number of Outpatient ED Visits	125	94	(31)	-25%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	321	258	(63)	-20%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	7	8	1	14%
2.	Number of Approved Applicants	7	8	1	14%
3.	Total Charges (B)	\$7,139	\$10,433	\$3,294	46%
	Average Charges	\$1,020	\$1,304	\$284	28%
4.	Ratio of Cost to Charges (RCC)	0.46916	0.443808	(0.025352)	-5%
	Total Cost	\$3,349	\$4,630	\$1,281	38%
	Average Cost	\$478	\$579	\$100	21%
5.	Bed Funds - Inpatient Charges	\$7,139	\$10,433	\$3,294	46%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$7,139	\$10,433	\$3,294	46%
8.	Bed Funds - Number of Patient Days	31	35	4	13%
9.	Bed Funds - Number of Discharges	7	8	1	14%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					

CT CHILDREN'S MEDICAL CENTER**ANNUAL REPORTING****FISCAL YEAR 2014****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 AMOUNT</u>	<u>FY 2014 AMOUNT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>