

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **ROCKVILLE GENERAL HOSPITAL** Employer identification number **06-0653151**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>125</u> %	X	
<b>b</b> Did the organization use FPG 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<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?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		529	452,861.	70,395.	382,466.	.52%
<b>b</b> Medicaid (from Worksheet 3, column a)		16,057	14252671.	7446951.	6805720.	9.32%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		16,586	14705532.	7517346.	7188186.	9.84%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	11	41,754	155,360.	1,439.	153,921.	.21%
<b>f</b> Health professions education (from Worksheet 5)	9	275	387,019.	78,294.	308,725.	.42%
<b>g</b> Subsidized health services (from Worksheet 6)	4	1,258	941,510.	331,001.	610,509.	.84%
<b>h</b> Research (from Worksheet 7)	1		14,859.		14,859.	.02%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	3	447	16,933.		16,933.	.02%
<b>j Total.</b> Other Benefits	28	43,734	1515681.	410,734.	1104947.	1.51%
<b>k Total.</b> Add lines 7d and 7j	28	60,320	16221213.	7928080.	8293133.	11.35%





**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 ROCKVILLE GENERAL 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
<b>Community Health Needs Assessment</b>		
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? .....		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 .....		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 .....	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 checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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 .....	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 .....	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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	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>HTTP://WWW.ECHN.ORG/COMMUNITY-BENEFIT-REP</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>HTTP://WWW.ECHN.ORG/COMMUNITY-BENEFIT-REPORTING</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
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 ROCKVILLE GENERAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
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>125</u> % and FPG family income limit for eligibility for discounted care of <u>400</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>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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? .....	<b>X</b>	
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>WWW.ECHN.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ECHN.ORG</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>X</b>	
<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 ROCKVILLE GENERAL 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? .....		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"/> Actions that require a legal or judicial process		
d <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):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 5: THE ASSESSMENTS INCORPORATE DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH (PHONE SURVEYS) AND SECONDARY RESEARCH (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA); THESE QUANTITATIVE COMPONENTS ALLOW FOR COMPARISON TO BENCHMARK DATA AT THE STATE AND NATIONAL LEVELS. QUALITATIVE DATA INPUT INCLUDES PRIMARY RESEARCH GATHERED THROUGH AN ONLINE KEY INFORMANT SURVEY (OKIS).

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS SPONSORED BY A COLLABORATION OF COMMUNITY PARTNERS AND RELIED ON INFORMATION PROVIDED BY:

PUBLIC HEALTH AND VITAL STATISTICS DATA  
 A VARIETY OF EXISTING (SECONDARY) DATA  
 DATA REPRESENTING THE MOST RECENT BRFSS (BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM) PREVALENCE AND TRENDS DATA (PUBLISHED ONLINE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION)  
 STATE-WIDE RISK FACTOR DATA  
 NATIONWIDE RISK FACTOR DATA  
 HEALTHY PEOPLE 2020 WHICH PROVIDES SCIENCE-BASED, 10-YEAR NATIONAL OBJECTIVES FOR IMPROVING THE HEALTH OF ALL AMERICANS  
 PHONE SURVEYS (BASED ON THE CENTERS FOR DISEASE CONTROL BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY)  
 AND ONLINE KEY INFORMANT SURVEYS.

THE PARTICIPANTS FOR THE ONLINE SURVEYS INCLUDED INPUT FROM PHYSICIANS AND OTHER HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, SOCIAL SERVICE

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

REPRESENTATIVES, AND COMMUNITY LEADERS. FOR A FULL LISTING OF PARTICIPATING AGENCIES, PLEASE REFERENCE THE 2016 CHNA FOR ROCKVILLE GENERAL HOSPITAL.

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 6A: FACILITY NAME:

ROCKVILLE GENERAL HOSPITAL

DESCRIPTION:

THE CHNA WAS CONDUCTED BY EASTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES MANCHESTER MEMORIAL HOSPITAL AND ROCKVILLE GENERAL HOSPITAL.

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 11: FACILITY NAME:

ROCKVILLE GENERAL HOSPITAL

DESCRIPTION:

I. ACCESS TO HEALTHCARE SERVICES:

STRATEGY #1: BUILD THE CAPACITY OF ECOMPF PRIMARY CARE OFFICES TO PROVIDE PRIMARY AND PREVENTIVE HEALTHCARE SERVICES WITH AT LEAST 2 PROVIDERS.

STRATEGY #2: EXPAND THE NUMBER OF FAMILY PRACTICE RESIDENTS TRAINED AT ECHN FROM 25 RESIDENTS PER YEAR TO 33 AND ACTIVELY RECRUIT GRADUATES TO PRACTICE LOCALLY.

STRATEGY #3: ENSURE THAT ECHN'S HOSPITAL AND HOME HEALTH CARE MANAGEMENT PROGRAMS AS WELL AS THE ECHN HOSPITALIST PRACTITIONERS PROVIDE EFFECTIVE TRANSITIONS OF CARE FOR PATIENTS TREATED AT ECHN FACILITIES WITH AN



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

EMPHASIS ON COMMUNICATION WITH PRIMARY CARE PHYSICIANS.

II. CANCER

STRATEGY 1: COLON CANCER - COLORECTAL SCREENING AND EDUCATION

DEVELOP A MARKETING CAMPAIGN FOR COLON CANCER AWARENESS MONTH EACH YEAR TO CREATE AWARENESS

HOLD A COLONOSCOPY SCREENING EVENT TO PROMOTE SCREENINGS, EDUCATE THE COMMUNITY

PROMOTE THE OPEN ACCESS PROGRAM OFFERED BY LOCAL PHYSICIANS AT EVERGREEN ENDOSCOPY CENTER THAT MAKES CONVENIENT APPOINTMENTS EASIER TO OBTAIN FOR SCREENINGS

STRATEGY 2: LUNG CANCER - PROMOTE AND EDUCATE COMMUNITY ON ECHN'S LOW DOSE CT SCREENING PROGRAM

MAINTAIN ECHN'S ACR ACCREDITATION AS A DESIGNATED CANCER SCREENING CENTER

DEVELOP MARKETING AND PROMOTIONAL MATERIAL TO CREATE AWARENESS OF THE NEED FOR SCREENING AND THE COMMUNITY RESOURCES AVAILABLE

PROVIDE EDUCATION TO COMMUNITY AND PHYSICIANS THROUGH PRESENCE AT HEALTH FAIRS AND BY HOSTING COMMUNITY EDUCATION LECTURES

STRATEGY 3: PROSTATE CANCER - HOST A PROSTATE SCREENING EVENT

DETERMINE ELIGIBILITY AND PROCESS TO ADHERE TO NATIONAL STANDARD OF PROSTATE SCREENINGS

COLLABORATE WITH LOCAL PHYSICIANS AND HEALTH CARE WORKERS TO HOLD EVENT MARKET AND PROMOTE A PROSTATE CANCER SCREENING EVENT

STRATEGY #1: EDUCATE WOMEN ABOUT THE IMPORTANCE OF PREVENTATIVE AND SCREENING SERVICES AND LIFESTYLE CHANGES:

DEVELOP AND COORDINATE EDUCATIONAL LECTURES AND SEMINARS WHICH WILL BE OFFERED TO THE COMMUNITY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PUBLISH INFORMATION IN ECHN'S BETTER BEING NEWSLETTER REGARDING HEALTH SCREENINGS, EDUCATIONAL PROGRAMS AND LECTURES

PARTICIPATE IN HEALTH FAIRS AND COMMUNITY EVENTS

COORDINATE WITH ECHN PROVIDERS TO PRESENT EDUCATIONAL PROGRAMS AND LECTURES RELATED TO WOMEN'S HEALTH, DIABETES AND HEART DISEASE

STRATEGY #2: BUILD COMMUNITY RELATIONSHIPS TO INCREASE AWARENESS OF THE ECHN EARLY DETECTION PROGRAM:

THE COMMUNITY HEALTH NAVIGATOR WILL ENGAGE AND COLLABORATE WITH COMMUNITY PARTNERS IN ORDER TO PROVIDE EDUCATION ON PROGRAM BENEFITS AND SERVICES AVAILABLE

THE COMMUNITY HEALTH NAVIGATOR WILL PROVIDE WRITTEN MATERIAL, IN BOTH ENGLISH AND SPANISH, TO COMMUNITY PARTNERS AND PROVIDERS DETAILING SERVICES AVAILABLE, AND CONTACT INFORMATION FOR ELIGIBILITY

STRATEGY 1: FREEDOM FROM SMOKING:

PROVIDE PROGRAM AT LEAST 3 TIMES A YEAR

ADVERTISE PROGRAM THROUGH BETTER BEING AND WITH COMMUNITY PARTNERS

INCREASE NUMBER OF FACILITATORS TO 2

PROVIDE PROGRAM AT MULTIPLE LOCATIONS

STRATEGY 2: OFFER SMOKING PREVENTION PRESENTATION TO PUBLIC AND PRIVATE SCHOOLS:

CONTACT SCHOOLS WITH 6TH GRADE CLASSES OFFERING PRESENTATIONS

PARTICIPATE IN HEALTH FAIRS AT HIGH SCHOOLS AND VOCATIONAL SCHOOLS

STRATEGY 3: PROVIDE CEU PROGRAM TO COMMUNITY PRIMARY CARE PHYSICIANS:

PROVIDE EDUCATION REGARDING AVAILABLE SMOKING PREVENTION AND CESSATION PROGRAMS

STRATEGY 4: PARTICIPATE IN HEALTH FAIRS:

PROVIDE MATERIAL ON NICOTINE ADDICTION

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PROVIDE MATERIAL ON FREEDOM FROM SMOKING

STRATEGY 1: OFFER SUPPORT TO CANCER SURVIVORS

ESTABLISHED PROCESS TO IDENTIFY PATIENTS WHO HAVE COMPLETED CANCER

THERAPY AND PROVIDE PATIENTS WITH SUMMARY CARE PLAN WHICH INCLUDES CANCER

DIAGNOSIS, STAGE AND TREATMENT RECEIVED

STRATEGY 2: EDUCATE CANCER SURVIVORS ON MANAGING LIFESTYLE BEHAVIORS AFTER

TREATMENT COMPLETION

SURVIVORSHIP CARE PLAN WILL ALSO INCLUDE ROAD MAP FOR RECOMMENDED FOLLOW

UP CARE

EDUCATE AND ENCOURAGE LIFESTYLE CHANGES TO REDUCE CANCER RECURRENCE

AND/OR IMPROVE QUALITY OF LIFE

III. HEART DISEASE & STROKE

STRATEGY #1: PROVIDE EDUCATION FOR CARDIOVASCULAR DISEASE RISK FACTORS

AND BEHAVIOR MODIFICATION

PRODUCE MULTI-YEAR PLAN TO IMPROVE HEALTH AND REDUCE RISKY BEHAVIORS OF

OUR ECHN EMPLOYEES AND FAMILIES

PROVIDE COMMUNITY EDUCATION LECTURE(S) ON THE SIGNS AND SYMPTOMS OF

STROKE AND HEART ATTACK, THE EARLY RECOGNITION OF SYMPTOMS AND IMPORTANCE

OF SEEKING IMMEDIATE MEDICAL CARE

PROMOTE NUTRITION COUNSELING SERVICES OFFERED BY LOCAL SUPERMARKETS AND

COMMUNITY CENTERS TO PROMOTE HEALTHY DIETS

PROMOTE PHYSICAL FITNESS ACTIVITIES/PROGRAMS AVAILABLE IN THE COMMUNITY

INCLUDING FITNESS CENTERS, CARDIAC REHABILITATION PROGRAMS, SCHOOLS, PARKS

AND RECREATION PROGRAMS

PARTICIPATE IN COMMUNITY HEALTH FAIRS THROUGHOUT SERVICE AREA WHERE BLOOD

PRESSURE, CHOLESTEROL, BODY FAT COMPOSITION ANALYSIS AND EDUCATION

RESOURCES WILL BE OFFERED

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

**STRATEGY #2: PROMOTE THE FREEDOM FROM SMOKING CESSATION PROGRAM**

OFFER BEHAVIORAL COUNSELING ON THE SHORT AND LONG TERM PHYSIOLOGIC  
BENEFITS AND QUALITY OF LIFE BENEFITS FROM SMOKING CESSATION

PROVIDE EDUCATION ABOUT FDA APPROVED SMOKING CESSATION MEDICATIONS

PROMOTE AVAILABLE SMOKING CESSATION PROGRAMS TO PHYSICIANS IN THE  
COMMUNITY AND HOSPITALS AS AN OPTION FOR PATIENTS WHO SMOKE

**STRATEGY #3: PROMOTE CARDIAC REHABILITATION**

PROMOTE CARDIAC REHABILITATION SERVICES TO RESTORE PEOPLE WHO HAVE HAD A  
HEART CONDITION OR HEART SURGERY TO THE HIGHEST POSSIBLE PHYSIOLOGICAL,  
EMOTIONAL, SOCIAL, AND VOCATIONAL LEVEL

**IV. INFANT HEALTH & FAMILY PLANNING**

THIS STRATEGY WILL FOCUS ON THE SERVICE AREAS OF MANCHESTER AND VERNON

**STRATEGY #1: IMPROVE ACCESS TO CARE AND EDUCATION**

CONTINUE FAMILY PLANNING EDUCATION SESSIONS/TOURS

ENCOURAGE THE USE OF THE MATERNITY CARE CENTER (MCC) AT ROCKVILLE GENERAL  
HOSPITAL

PROVIDE INFORMATION THROUGH ECHN DIGITAL BOARDS, READINESS COMMITTEES,  
ECHN SOCIAL MEDIA AND ECHN WEBSITE

CONTINUE TO PUBLICIZE EDUCATIONAL OPPORTUNITIES THROUGH BETTER BEING  
MAGAZINE

CONTINUE THE DISTRIBUTION OF ECHN PRENATAL FOLDERS THROUGH THE COMMUNITY  
PRACTICES THAT CONTAIN COMPREHENSIVE TOPICAL INFORMATION

**STRATEGY #2: INCREASE PRECONCEPTION AND FIRST TRIMESTER PREGNANCY  
EDUCATION**

ENCOURAGE REGULAR ECHN BIRTH CLASS ATTENDANCE

PROVIDE INFORMATION THROUGH ECHN DIGITAL BOARDS, READINESS COMMITTEES,  
ECHN SOCIAL MEDIA AND WEBSITE

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PURSUE THE DEVELOPMENT OF A PRECONCEPTION AND AN EARLY PREGNANCY CLASS OFFERING

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 13H: DESCRIPTION:

FAMILY SIZE IS USED WITH INCOME LEVEL.

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 16I: DESCRIPTION:

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.

ROCKVILLE GENERAL HOSPITAL:

PART V, SECTION B, LINE 22D: DESCRIPTION:

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.



**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.

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

ROCKVILLE GENERAL HOSPITAL (RGH), AS PART OF EASTERN CONNECTICUT HEALTH NETWORK (ECHN), 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. COMMUNITY BUILDING ACTIVITIES INCLUDE SERVING ON THE BOARD AND EXECUTIVE COMMITTEE OF REGIONAL CHAMBERS OF COMMERCE IN SUPPORT OF THE LOCAL BUSINESS INDUSTRY; PARTNERING WITH THE LOCAL SCHOOL SYSTEMS AND COLLEGES IN VARIOUS WORKFORCE DEVELOPMENT PROGRAMS; SERVING ON THE VERNON SCHOOL READINESS COUNCIL, THE CANCER COMMUNITY OUTREACH COMMITTEE AND THE AMERICAN HOSPITAL ASSOCIATION'S REGIONAL POLICY BOARD; AND NUMEROUS COMMUNITY COALITIONS THAT ADDRESS ADOLESCENT BEHAVIORAL HEALTH CONCERNS. 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.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

METHODOLOGY USED TO ESTIMATE 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 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.

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.

PART III, LINE 4:

FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT:



**Part VI** Supplemental Information (Continuation)

THE NETWORK PROVIDED FOR A PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE NETWORK ANALYZED CONTRACTUALLY DUE AMOUNTS AND PROVIDED AN ALLOWANCE FOR DOUBTFUL ACCOUNTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO WERE 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 EXISTED FOR PART OF THE BILL), THE NETWORK RECORDED A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATED THAT MANY PATIENTS WERE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY WERE FINANCIALLY RESPONSIBLE.

FOR UNINSURED PATIENTS THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE, THE NETWORK OFFERED 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 WERE DETERMINED UNCOLLECTIBLE.

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 RGH'S POLICY. RGH ALSO INCURS UNPAID COSTS FOR

**Part VI** Supplemental Information (Continuation)

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.

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. RGH IS COMMITTED TO WORKING WITH PATIENTS TO RESOLVE THEIR ACCOUNTS, AND AT ITS DISCRETION, MAY PROVIDE EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS. RGH 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.

PART VI, LINE 2:

IN 2016, RGH COLLABORATED WITH MANCHESTER MEMORIAL HOSPITAL, ALSO AN AFFILIATE OF ECHN, TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA WAS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF ROCKVILLE GENERAL HOSPITAL. SUBSEQUENTLY, THIS INFORMATION WAS USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH

**Part VI** Supplemental Information (Continuation)

AND WELLNESS.

A CHNA PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THIS CHNA WILL SERVE AS A TOOL TOWARD REACHING THREE BASIC GOALS:

TO IMPROVE RESIDENTS' HEALTH STATUS, INCREASE THEIR LIFE SPANS, AND ELEVATE THEIR OVERALL QUALITY OF LIFE. A HEALTHY COMMUNITY IS NOT ONLY ONE WHERE ITS RESIDENTS SUFFER LITTLE FROM PHYSICAL AND MENTAL ILLNESS, BUT ALSO ONE WHERE ITS RESIDENTS ENJOY A HIGH QUALITY OF LIFE.

TO REDUCE THE HEALTH DISPARITIES AMONG RESIDENTS. BY GATHERING DEMOGRAPHIC INFORMATION ALONG WITH HEALTH STATUS AND BEHAVIOR DATA, IT WILL BE POSSIBLE TO IDENTIFY POPULATION SEGMENTS THAT ARE MOST AT-RISK FOR VARIOUS DISEASES AND INJURIES. INTERVENTION PLANS AIMED AT TARGETING THESE INDIVIDUALS MAY THEN BE DEVELOPED TO COMBAT SOME OF THE SOCIO-ECONOMIC FACTORS WHICH HAVE HISTORICALLY HAD A NEGATIVE IMPACT ON RESIDENTS' HEALTH.

TO INCREASE ACCESSIBILITY TO PREVENTIVE SERVICES FOR ALL COMMUNITY RESIDENTS. MORE ACCESSIBLE PREVENTIVE SERVICES WILL PROVE BENEFICIAL IN ACCOMPLISHING THE FIRST GOAL (IMPROVING HEALTH STATUS, INCREASING LIFE SPANS, AND ELEVATING THE QUALITY OF LIFE), AS WELL AS LOWERING THE COSTS ASSOCIATED WITH CARING FOR LATE-STAGE DISEASES RESULTING FROM A LACK OF PREVENTIVE CARE.

THIS ASSESSMENT WAS CONDUCTED ON BEHALF OF THE EASTERN CONNECTICUT HEALTH NETWORK AND ROCKVILLE GENERAL HOSPITAL BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC). PRC IS A NATIONALLY RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS SUCH AS THIS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 3:

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.

PART VI, LINE 4:

ECHN'S COMMUNITY, AS DEFINED FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, INCLUDED EACH OF THE RESIDENTIAL ZIP CODES THAT COMPRISE THE HOSPITAL'S TOWN LOCATION INCLUDING 06040 AND 06042 FOR MANCHESTER MEMORIAL HOSPITAL AND 06066 FOR ROCKVILLE GENERAL HOSPITAL.

THIS COMMUNITY DEFINITION WAS DETERMINED BECAUSE THE MAJORITY OF ECHN'S PATIENTS ORIGINATE FROM THESE AREAS FOR USE OF OUR HOSPITAL SERVICES.

DEMOGRAPHICS OF THE COMMUNITY

THE POPULATION OF ROCKVILLE GENERAL HOSPITAL'S SERVICE AREA IS ESTIMATED AT 29,179 PEOPLE. IT IS PREDOMINANTLY NON-HISPANIC WHITE (85.1%), BUT ALSO HAS SUBSTANTIAL AFRICAN AMERICA (5.8%) AND HISPANIC (6.5%) POPULATIONS.

PART VI, LINE 5:

COMMUNITY HEALTH EDUCATION INITIATIVES AND PROGRAMS ARE OFFERED TO THE COMMUNITY AND INCLUDE FREE COMMUNITY HEALTH EDUCATIONAL PROGRAMS, DEVELOPMENT AND DISTRIBUTION OF A WELLNESS MAGAZINE TO MORE THAN 150,000 HOUSEHOLDS IN THE SERVICE AREA, DEMONSTRATIONS, AND HEALTH FAIR PARTICIPATION. FOR EXAMPLE, THE HOSPITAL HOSTED A SERIES OF HEART TALK EDUCATION PROGRAMS FOR PEOPLE LIVING WITH HEART FAILURE, TO HELP PEOPLE LEARN HOW TO PROACTIVELY MANAGE HEART DISEASE AND IMPROVE QUALITY OF LIFE.

**Part VI** Supplemental Information (Continuation)

OTHER PRESENTATIONS WERE MADE TO THE COMMUNITY ABOUT BREAST CANCER, PREVENTATIVE/SCREENING RECOMMENDATIONS, AND FREE SCREENING PROGRAMS. THESE PRESENTATIONS WERE MADE AT THE GREATER HARTFORD WOMEN'S CONFERENCE, TOWN OF ELLINGTON SENIOR HEALTH FAIR, 4TH DISTRICT HEALTH FAIR, MOBILE FOOD SHARE, TOWN OF VERNON "SENIORHOOD" FAIR, WOODLAKE AT TOLLAND HEALTH CENTER FAIR, A CONVERSATION: WOMEN TO WOMEN PRESENTATION, AND THE CRESTFIELD MANOR HEALTH FAIR. OTHER AREAS OF PARTICULAR FOCUS INCLUDE: ACCESS TO HEALTHCARE SERVICES, CANCER, HEART DISEASE AND STROKE, INFANT HEALTH, MENTAL HEALTH, NUTRITION/PHYSICAL ACTIVITY/WEIGHT, SUBSTANCE ABUSE, DIABETES, AND TOBACCO USE, WHICH WERE IDENTIFIED AS AREAS OF NEED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED IN 2016. MORE THAN 40,000 PEOPLE BENEFITTED FROM THESE INITIATIVES AND PROGRAMS IN FY 16.

FREE HEALTH SCREENINGS INCLUDING DIABETIC FOOT CHECKS, MAMMOGRAMS, HEART DISEASE SCREENINGS, GLUCOSE READINGS, INJURY SCREENINGS, BLOOD PRESSURE, VITAL SIGN CHECKS AND MEDICAL EXAMS ARE OFFERED IN THE COMMUNITY. FOR EXAMPLE, RISK FACTOR SCREENINGS WERE DONE AT THE WEAR RED DAY. BLOOD PRESSURE SCREENINGS WERE DONE AT THE WOMEN'S CENTER FOR WELLNESS. THREE DIABETIC FOOT SCREENINGS WERE DONE DURING THE YEAR. TARGETING UNINSURED/UNDERINSURED POPULATIONS, 33 PEOPLE BENEFITTED FROM THESE SERVICES IN FY 16.

HEALTHCARE SUPPORT SERVICES ARE PROVIDED BY THE HOSPITAL TO INCREASE ACCESS AND QUALITY OF CARE TO INDIVIDUALS IN NEED. EFFORTS INCLUDE ASSISTANCE TO ENROLL IN PUBLIC PROGRAMS, REFERRALS TO SOCIAL SERVICES, AND HELP IN FINDING PHYSICIANS WHO ACCEPT MEDICAID OR OTHER GOVERNMENT PROGRAMS. FIFTEEN (15) PEOPLE BENEFITTED FROM THESE EFFORTS IN FY 16.

PARTNERING WITH LOCAL EDUCATIONAL INSTITUTIONS, ROCKVILLE GENERAL

**Part VI** Supplemental Information (Continuation)

HOSPITAL PROVIDES A CLINICAL SETTING FOR MEDICAL STUDENTS, NURSING STUDENTS, RADIOLOGIC TECHNICIANS, PHLEBOTOMY STUDENTS, RESPIRATORY TECHNICIANS, DIETETIC INTERNS, PHARMACY STUDENTS, PHYSICAL THERAPISTS AND OTHERS 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, AMERICAN INTERNATIONAL COLLEGE, SPRINGFIELD TECHNICAL COMMUNITY COLLEGE, ASNUNTUCK COMMUNITY COLLEGE, STONE ACADEMY, UNIVERSITY OF SAINT JOSEPH'S, AND THE UNIVERSITY OF HARTFORD. FOR EXAMPLE, THE RGH PHARMACY ROTATED 2ND AND 4TH YEAR PHARMACY STUDENTS THROUGH THE PHARMACY.

HEALTH SERVICES WHICH ARE SUBSIDIZED BY THE HOSPITAL INCLUDE THE EARLY DETECTION PROGRAM, THE MATERNITY CARE CENTER, DIALYSIS SERVICES, AND THE RYAN WHITE PART A PROGRAM.

SPECIFIC RESEARCH INITIATIVES CONDUCTED BY THE HOSPITAL INCLUDE AN INSTITUTIONAL REVIEW COMMITTEE, WHICH HAS THE PRIMARY RESPONSIBILITY TO PROTECT THE RIGHTS AND WELFARE OF RESEARCH SUBJECTS AND TO APPROVE ALL RESEARCH STUDIES IN ACCORDANCE WITH FEDERAL REGULATIONS. THE HOSPITAL ALSO MAINTAINS A CANCER REGISTRY DATABASE.

FINANCIAL AND IN-KIND SERVICES AND GOODS ARE DONATED TO COMMUNITY GROUPS AND OTHER NOT FOR PROFIT ORGANIZATIONS, INCLUDING LOCAL FUNDRAISERS, FACILITY SPACE TO HOST BLOOD DRIVES, AND CONFERENCE ROOMS FOR HEALTH SUPPORT GROUPS ORGANIZATIONS' MEETINGS. FOR EXAMPLE, THE HOSPITAL PROVIDES FREE MEETING SPACE FOR THE ECHN PROSTATE CANCER SUPPORT GROUP, THE BREAST CANCER NETWORK OF STRENGTH, AND OVEREATERS ANONYMOUS.

**Part VI** Supplemental Information (Continuation)

THE EXPERTISE AND RESOURCES OF THE ORGANIZATION ARE DEDICATED TO A NUMBER OF COMMUNITY BUILDING ACTIVITIES THAT SUPPORT ASSOCIATIONS, BUSINESSES, PROGRAMS, INITIATIVES AND OTHER VALUABLE LOCAL COMMUNITY ASSETS. FOR EXAMPLE, THE HOSPITAL AND ITS EMPLOYEES PARTICIPATE IN REGIONAL EXERCISES TO EVALUATE THE READINESS OF THE HOSPITAL'S EMERGENCY PREPAREDNESS CAPABILITIES, PARTNER WITH THE LOCAL SCHOOL SYSTEMS AND COLLEGES IN VARIOUS WORKFORCE DEVELOPMENT PROGRAMS, SERVE ON THE VERNON SCHOOL READINESS COUNCIL, AND THE CANCER COMMUNITY OUTREACH COMMITTEE.

PART VI, LINE 6:

ROCKVILLE GENERAL HOSPITAL (RGH) 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: 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 & PULMONARY REHABILITATION, A COMPREHENSIVE RANGE OF ADOLESCENT AND ADULT INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES, NUTRITION COUNSELING, LABORATORY SERVICES, AND THE EASTERN CONNECTICUT CANCER INSTITUTE AT THE JOHN A. DEQUATTO CANCER CENTER.

ROCKVILLE GENERAL HOSPITAL, A COMMUNITY HOSPITAL LICENSED FOR 102 BEDS,

**Part VI** Supplemental Information (Continuation)

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

WOODLAKE AT TOLLAND IS A SKILLED NURSING & REHABILITATION CENTER, A 130-BED LONG-TERM SKILLED NURSING CARE AND SHORT-TERM REHABILITATION FACILITY.

CUSTOMIZED REHABILITATION TREATMENT

SERVICES INCLUDE JOINT REPLACEMENT REHABILITATION, ORTHOPEDIC POSTHOSPITAL CARE, STROKE/NEUROLOGICAL REHAB, POST MEDICAL SURGICAL RECONDITIONING, AND PERSONALIZED, PROGRESSIVE, AND INTERDISCIPLINARY CARE SERVICES.

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.

ECHN MEDICAL BUILDINGS AT EVERGREEN WALK (SOUTH WINDSOR): 2400 TAMARACK AVENUE OCCUPANTS INCLUDE EVERGREEN ENDOSCOPY CENTER, CENTRAL CONNECTICUT GASTROENTEROLOGY, THE COLON & RECTAL SURGEONS OF GREATER HARTFORD, ECMPF PRIMARY CARE PHYSICIANS, RHEUMATOLOGY PHYSICIANS, WALDEN BEHAVIORAL CARE EATING DISORDERS CLINIC, ACCLAIM BEHAVIORAL SERVICES, LLC, AND LABORATORY SERVICES.



**Part VI** Supplemental Information (Continuation)

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.

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.

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. 353 MAIN STREET, MANCHESTER HOUSES DIGESTIVE HEALTH SPECIALISTS OF EASTERN CT, LLC AND A GASTROENTEROLOGIST. 945 MAIN STREET, MANCHESTER HOUSES DIGESTIVE HEALTH PHYSICIANS. 460 HARTFORD TURNPIKE, VERNON, INCLUDES AN ENDOCRINOLOGIST AND DAVITA DIALYSIS.

VISITING NURSE & HEALTH SERVICES OF CONNECTICUT, PROVIDES AT-HOME NURSING CARE AND HOSPICE CARE.

ECHN HAS 388 PHYSICIANS (305 ACTIVE, 34 COURTESY, 16 CONSULTING, 33 PART-TIME), 105 ALLIED HEALTH PROFESSIONALS, 10 MEDICAL DEPARTMENTS AND 16 SERVICES AS WELL AS 18 UNIVERSITY OF NEW ENGLAND COLLEGE OF OSTEOPATHIC MEDICINE THIRD-YEAR MEDICAL STUDENTS AVAILABLE TO CARE FOR THE COMMUNITY. IN ADDITION, ECHN HAS 87 ELECTIVE STUDENTS FROM VARIOUS UNIVERSITIES WHO COME FOR ONE ROTATION PER YEAR.

**Part VI** Supplemental Information (Continuation)

SCHEDULE H, PART VI - ADDITIONAL INFORMATION

THE ROCKVILLE GENERAL HOSPITAL, INC. IS A NOT-FOR-PROFIT 102-BED ACUTE CARE HOSPITAL THAT PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES FOR RESIDENTS OF VERNON-ROCKVILLE, CT AND SURROUNDING TOWNS.

THE HOSPITAL IS A SUBSIDIARY OF THE 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.

ROCKVILLE GENERAL 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. ROCKVILLE GENERAL 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 2016 WAS \$1,504,520 FOR 529 APPROVED APPLICANTS.

EXPENSES RELATED TO SERVICES PERFORMED FOR PATIENTS OF ROCKVILLE GENERAL HOSPITAL CONTRIBUTE IMPORTANTLY TO ITS EXEMPT PURPOSE BECAUSE THE EXPENSES ARE INCURRED IN THE DIAGNOSIS, CURE, MITIGATION, TREATMENT AND PREVENTION OF DISEASE, AND FOR MEDICAL PURPOSES AFFECTING THE STRUCTURE OR FUNCTION OF THE HUMAN BODY.

**Part VI** Supplemental Information (Continuation)

ROCKVILLE GENERAL HOSPITAL PROVIDED NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY INDIVIDUAL'S ABILITY TO PAY. TWO THOUSAND ONE HUNDRED TWELVE (2,052) INPATIENTS WERE CARED FOR IN FY16 REPRESENTING 10,022 PATIENT DAYS.

67,723 OUTPATIENT VISITS WERE RECORDED. INCLUDED IN THE 2,052 INPATIENTS WERE 1,610 GOVERNMENT RELATED PATIENTS. THE GOVERNMENT INPATIENTS FALL INTO THE FOLLOWING GROUPS.

- MEDICARE...928
- MEDICARE MANAGED CARE... 382
- MEDICAID... 295
- CHAMPUS... 5
- TOTAL GOV PATIENTS...1,610

INCLUDED IN THE 67,723 OUTPATIENT VISITS WERE 35,475 GOVERNMENT RELATED VISITS. THE VISITS ARE A PRODUCT OF GROSS REVENUE RELATIONSHIP TO TOTAL VISITS. THE GOVERNMENT VISITS FALL INTO THE FOLLOWING GROUPS.

- MEDICARE... 16,469
- MEDICARE MANAGED CARE... 7,675
- MEDICAID... 11,150
- CHAMPUS... 181
- TOTAL GOV PATIENTS... 35,475

THE HOSPITAL PROVIDED UNCOMPENSATED CARE TO 16,057 MEDICAID PATIENTS FOR A NET COMMUNITY BENEFIT AMOUNT OF \$6,805,721 AFTER MEDICAID REIMBURSEMENT.

SCHEDULE H, PART VI, LINE 7

**Part VI** Supplemental Information (Continuation)

STATE FILING OF COMMUNITY BENEFIT REPORT: CT

Multiple horizontal lines for supplemental information.