

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization: CONNECTICUT CHILDREN'S MEDICAL CENTER
Employer identification number: 06-0646755

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	
1b 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 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		
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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input 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	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c 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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			326,806.		326,806.	.13
b Medicaid (from Worksheet 3, column a)			122,954,668.	85,691,090.	37,263,578.	15.09
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			123,281,474.	85,691,090.	37,590,384.	15.22
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,150,536.	151,625.	4,998,911.	2.02
f Health professions education (from Worksheet 5)			10,279,592.	1,157,920.	9,121,672.	3.69
g Subsidized health services (from Worksheet 6)			1,805,742.	158,145.	1,647,597.	.67
h Research (from Worksheet 7)			4,569,262.	27,219.	4,542,043.	1.84
i Cash and in-kind contributions for community benefit (from Worksheet 8)			38,900.		38,900.	.02
j Total. Other Benefits			21,844,032.	1,494,909.	20,349,123.	8.24
k Total. Add lines 7d and 7j.			145,125,506.	87,185,999.	57,939,507.	23.46

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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			1,067,610.		1,067,610.	.43
2 Economic development						
3 Community support			3,018,135.	125.	3,018,010.	1.22
4 Environmental improvements						
5 Leadership development and training for community members			201,268.		201,268.	.08
6 Coalition building			609,240.		609,240.	.25
7 Community health improvement advocacy			425,975.	7,372.	418,603.	.17
8 Workforce development						
9 Other						
10 Total			5,322,228.	7,497.	5,314,731.	2.15

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 2 Enter the amount of the organization's bad debt expense **2** 4,548,780.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy **3** 588,211.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 27,768.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 128,288.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -100,520.
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** X
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** X

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CONNECTICUT CHILDREN'S MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CONNECTICUT CHILDREN'S MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CONNECTICUT CHILDREN'S MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CONNECTICUT CHILDREN'S MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?		X
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?		X
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?		X
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 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 actions the hospital facility may take upon non-payment?		X
15 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 patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
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d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
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20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
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c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued) CONNECTICUT CHILDREN'S MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	X	
If "No," indicate why:			
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b	<input checked="" 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 type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
1 CONNECTICUT CHILDREN'S MEDICAL CENTER 100 RETREAT AVENUE, 4TH FLOOR HARTFORD CT 06106	SPEECH THERAPY
2 CONNECTICUT CHILDREN'S MEDICAL CENTER 11 SOUTH ROAD FARMINGTON CT 06032	SPEECH THERAPY, AUDIOLOGY
3 CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	OCCUPATIONAL & PHYSICAL THERAPY
4 CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	MOTION ANALYSIS
5 CONNECTICUT CHILDREN'S MEDICAL CENTER 320 WESTERN BOULEVARD GALSTONBURY CT 06033	OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AUDIOLOGY
6 CONNECTICUT CHILDREN'S MEDICAL CENTER 111 FOUNDERS PLAZA EAST HARTFORD CT 06108	CLINICAL NUTRITION
7 	
8 	
9 	
10 	

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COST

SCHEDULE H, PART I, QUESTION 7

LINES 7A AND 7B WERE DETERMINED USING A RATIO OF COST TO CHARGES. LINES 7E THROUGH 7I WERE ALL REPORTED AT TRUE COST, NOT USING A COST TO CHARGE RATIO.

SUBSIDIZED HEALTH SERVICES

SCHEDULE H, PART I; QUESTION 7G

THE SUBSIDIZED HEALTH SERVICE REPORTED ON LINE 7G ARE FOR SHARED PSYCHIATRIC SERVICES WITH THE INSTITUTE OF LIVING.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

CONNECTICUT CHILDREN'S CORE MISSION IS TO IMPROVE THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN ACROSS THE STATE OF CONNECTICUT. WE

Part VI Supplemental Information

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- 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.

RECOGNIZE THAT CHILDREN DO NOT LIVE IN ISOLATION: THEY ARE A PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL OUR MISSION, WE PROVIDE LEADERSHIP AND PARTICIPATE IN COMMUNITY BASED PROGRAMS THAT HELP BUILD HEALTHIER COMMUNITIES. TO THAT END, WE HAVE ADOPTED, AS ONE OF OUR FIVE KEY ORGANIZATIONAL STRATEGIES, THE CREATION OF THE OFFICE OF CHILD COMMUNITY HEALTH (OCCH). THE OCCH WILL SERVE AS OUR COORDINATING ENTITY FOR OUR COMMUNITY-ORIENTED PROGRAMS. IT WILL OVERSEE TWELVE COMMUNITY PROGRAMS:

CO-MANAGEMENT PROGRAM, EASY BREATHING, EDUCATING PRACTICES IN THE COMMUNITY (EPIC), HELP ME GROW NATIONAL CENTER, HARTFORD CHILDHOOD WELLNESS ALLIANCE, HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE GROUP (HYHIL), THE INJURY PREVENTION CENTER, LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP), MAINTENANCE OF CERTIFICATION, THE PRIMARY CARE CENTER/CHARTER OAK PARTNERSHIP, RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH (REACH), AND THE SPECIAL KIDS SUPPORT CENTER/HARTFORD AREA ARE COORDINATION COLLABORATIVE. ALL TWELVE PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE, SOME WORKING WITH LOCAL COMMUNITIES, SOME WITH STATE-WIDE COMMUNITIES, AND SOME WORKING WITH COMMUNITIES ON A

Part VI Supplemental Information

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- 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.

NATIONAL LEVEL. THE OCCH WILL HELP THESE EXISTING PROGRAMS PROGRESS AND EVOLVE, WHILE ALSO ACTING AN AS INCUBATOR FOR NEW, INNOVATIVE COMMUNITY-ORIENTED PROGRAMS. THE GOAL OF THE OFFICE IS TO MAXIMIZE OUR IMPACT IN THE COMMUNITY AND HELP MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE COUNTRY.

ADDITIONAL COMMUNITY BUILDING ACTIVITIES INCLUDE OUR WORK WITH A NEIGHBORHOOD PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE AND THE UNITED WAY.

SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE (SINA) IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL AND TRINITY COLLEGE. WE SHARE ONE OF HARTFORD'S POOREST NEIGHBORHOODS. EACH INSTITUTION PAYS DUES THAT ACT AS THE FOUNDATION FOR SINA'S ANNUAL OPERATING BUDGET. THREE EMPLOYEES OF CT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2012, 30 EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN OUR SURROUNDING NEIGHBORHOODS.

Part VI Supplemental Information

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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.

A FEW OF THE WAYS THAT WE SUPPORTED EDUCATION THROUGH SINA INCLUDED THE SPONSORSHIP OF THE CITY-WIDE SCIENCE FAIR. OUR GOAL WAS TO SUPPORT THE HARTFORD BOARD OF EDUCATION IN THEIR ENCOURAGEMENT OF PROMOTING STUDENT INTEREST IN THE SCIENCES. ALONG WITH A FINANCIAL SPONSORSHIP, 17 EMPLOYEES ACTED AS JUDGES FOR THE EVENT AND 4 ADDITIONAL EMPLOYEES SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION. WE DEVELOPED A COMPLIMENTARY ROLE MODELING PROGRAM WHEREBY STAFF FROM THE INSTITUTIONS VISITED A LOCAL SCHOOL TO TALK TO CLASSROOMS ABOUT HOW SCIENCE HAS BEEN USED IN THEIR JOBS. SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS. IN 2012, THREE GRADUATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR THEIR COMMUNITY SERVICE CONTRIBUTIONS, AND THREE ADULTS FROM THE NEIGHBORHOOD WHO ATTEND CAPITAL COMMUNITY COLLEGE RECEIVED A "SINA STUDENT SUPPORT SCHOLARSHIP" TO SUPPORT THEIR EFFORTS IN GETTING INTO A CAREER IN EITHER HEALTHCARE OR EDUCATION.

SINA'S HOUSING PROGRAM HAS FOCUSED ON TAKING BLIGHTED BUILDINGS, RAZING THEM, AND THEN BUILDING NEW SINGLE AND TWO-FAMILY HOMES. SINA HAS BEEN

Part VI Supplemental Information

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ABLE TO BRING TOGETHER FEDERAL, STATE, AND CITY FINANCIAL SUPPORT TO
 CONSTRUCT OVER 50 HOMES DURING THE PAST 6 YEARS, 6 OF THEM COMPLETED IN
 2012. ASIDE FROM IMPROVING THE NEIGHBORHOOD WITH 50 FIRST TIME
 HOMEOWNERS, WE ESTIMATE THAT THIS HAD ADDED MORE THAN \$250,000 TO THE TAX
 ROLL FOR THE CITY. SINA CONTINUES TO OWN RENTAL PROPERTIES THAT WERE
 OBTAINED SOME YEARS AGO TO ADDRESS THE NEED OF INADEQUATE QUALITY
 LOW-COST HOUSING FOR THE NEIGHBORHOOD, AND THROUGH SINA, WE CONTINUE TO
 DIALOGUE WITH THE COMMUNITY ON STRATEGIES TO BALANCE ALL OF OUR HOUSING
 EFFORTS TO MEET THE GREATEST COMMUNITY NEED.

PUBLIC SAFETY IS PROMOTED IN A NUMBER OF WAYS. SINA STAFF AND STAFF FROM
 CT CHILDREN'S PARTICIPATE IN ONE OF HARTFORD'S NEIGHBORHOOD
 REVITALIZATION ZONE (NRZ) MEETINGS. WE PARTICIPATE ON THE NRZ'S PUBLIC
 SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS. SINA ORGANIZES REGULAR
 MEETINGS WITH THE HARTFORD POLICE DEPARTMENT AND THE CAMPUS SAFETY
 MANAGERS OF THE THREE INSTITUTIONS TO DISCUSS COLLABORATIVE EFFORTS FOR
 PATROLLING THE NEIGHBORHOOD. IN 2012 SINA DONATED SPECIAL BIKES TO THE
 HARTFORD POLICE DEPARTMENT TO SUPPORT THEIR EFFORTS IN COMMUNITY POLICING

Part VI Supplemental Information

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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.

IN OUR NEIGHBORHOOD.

OUR WORK WITH THE UNITED WAY EXTENDS BEYOND A YEARLY EMPLOYEE CAMPAIGN TO RAISE MONEY THAT IS INVESTED IN THE COMMUNITY. IN SEPTEMBER OF 2012, MORE THAN 50 EMPLOYEES WERE INVOLVED IN "DAY OF CARING" ACTIVITIES THAT INCLUDED CREATING AND SERVING A MEAL AT A LOCAL HOMELESS SHELTER, CLEANING UP ONE OF HARTFORD'S HIGHLY VISIBLE PARKS, AND HELPING WITH CLEANING AND MAINTENANCE PROJECTS AT A LOCAL BOYS AND GIRLS CLUB. FOR THESE ACTIVITIES, EMPLOYEES PARTICIPATING WERE ABLE TO USE AN EMPLOYEE BENEFIT ALLOWING FOR 8 HOURS OF PAID TIME TO CONTRIBUTE TOWARD THE COMMUNITY. CT CHILDREN'S WAS ALSO REPRESENTED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS.

BAD DEBT EXPENSE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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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.

SCHEDULE H, PART III, SECTION A; QUESTION 4

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS WRITTEN OFF AT CHARGES.

CONNECTICUT CHILDREN'S MEDICAL CENTER ("CCMC") AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. CCMC'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL FACILITIES. THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CCMC AND SUBSIDIARIES.

PATIENT ACCOUNTS RECEIVABLE

PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT SERVICES ARE PERFORMED. AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES. THE MEDICAL CENTER RECORDS ITS

Part VI Supplemental Information

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PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING RECEIVABLES. WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED TO ITS POPULATION OF UNDERINSURED PATIENTS. AN UNDERINSURED PATIENT IS ONE WHO HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS. SELF-PAY PATIENTS ARE RARE IN THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN. SELF-PAY NET REVENUE APPROXIMATED \$4,380,000 IN THE FISCAL YEAR.

CHARITY CARE

THE MEDICAL CENTER 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 MEDICAL CENTER. ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED

Part VI Supplemental Information

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CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES.

THE COSTS OF CHARITY CARE INCURRED WERE APPROXIMATELY \$346,815 AND \$847,525 FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY.

THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

COMMUNITY BENEFIT

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2011 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE

Part VI Supplemental Information

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DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY

Part VI Supplemental Information

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CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN

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REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS

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INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE

Part VI Supplemental Information

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UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.
- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

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- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING

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REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY
BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 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.

CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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COLLECTION POLICY

SCHEDULE H, PART III, SECTION B; QUESTION 9B

CONNECTICUT CHILDREN'S MEDICAL CENTER WILL ONLY REFER THOSE ACCOUNTS TO
COLLECTION AGENCIES WHEN IT HAS BEEN DETERMINED THAT THE
PATIENT/GUARANTOR HAS THE MEANS TO PAY THE BALANCE AND HAS CHOSEN NOT TO
APPLY FOR PATIENT FINANCIAL ASSISTANCE.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTIONS 1J, 3, 4, 5C, 6I & 7

NOT APPLICABLE.

FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTIONS 9, 10, 11H, 15E, 16E, 17E, 18D, 19D, 20&21

NOT APPLICABLE.

Part VI Supplemental Information

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FACILITY INFORMATION

SCHEDULE H, PART V, SECTION B, QUESTION 13G

ON THE BOTTOM OF ALL BILLING INVOICES THERE IS A STANDARD NOTE INDICATING THE PATIENT FINANCIAL ASSISTANCE POLICY IS AVAILABLE ALONG WITH A PHONE NUMBER TO OBTAIN THE POLICY. ALSO, THE POLICY IS POSTED ON THE HOSPITAL'S INTERNET WEBSITE.

NEEDS ASSESSMENT

SCHEDULE H, PART VI; QUESTION 2

IN MARCH OF 2012, THE COLLABORATIVE MADE UP OF CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL, ST. FRANCIS HOSPITAL, UNIVERSITY OF CONNECTICUT HEALTH CENTER AND THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT RELEASED A COMMUNITY HEALTH NEEDS ASSESSMENT. THE ASSESSMENT FOCUSED SPECIFICALLY ON HARTFORD USING DATA FROM THE CITY'S HEALTH EQUITY INDEX, SURVEYS FROM AREA KEY INFORMANTS, THE HARTFORD SURVEY PROJECT, AND SECONDARY DATA, MUCH OF WHICH CAME FROM CONNECTICUT'S

Part VI Supplemental Information

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DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH OUTCOMES.

ADDITIONALLY, WE HAVE OPPORTUNITIES TO ASSESS NEEDS THROUGH A NUMBER OF

OTHER VEHICLES THAT ALLOW US TO LOOK DEEPER INTO HARTFORD, BUT ALSO THE

HEALTH OF CHILDREN THROUGHOUT THE STATE. SOME OF THOSE VEHICLES INCLUDE:

WE SIT ON THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE; WE COLLECT

INFORMATION ABOUT HEALTH TRENDS FROM OUR CLINICS AND EMERGENCY

DEPARTMENT; WE RESEARCH LOCAL AND NATIONAL HEALTH RELATED ISSUES; WE

PARTICIPATE ON NEIGHBORHOOD, LOCAL, STATEWIDE AND NATIONAL COMMITTEES,

COALITIONS, NETWORKS AND BOARDS OF DIRECTORS USING THOSE OPPORTUNITIES TO

GUIDE OUR DECISION MAKING; AND WE RESPOND TO GRANT OPPORTUNITIES WHICH

REQUIRE US TO ASSESS SPECIFIC NEEDS AS THEY RELATE TO A SPECIFIC GRANT.

OUR STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY

BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS. WE

ARE ABLE TO LOOK TO SEE WHAT THEY HAVE IDENTIFIED AS NEEDS IN PEDIATRICS

AT THEIR LOCAL LEVELS.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

SCHEDULE H, PART VI; QUESTION 3

AS WRITTEN IN THE CREDITS AND COLLECTIONS POLICY: POSTED TEXT IN GENERAL PUBLIC AREAS AND OTHER COMMUNICATIONS (IN ENGLISH AND SPANISH) WILL NOTIFY PATIENTS AND THEIR GUARANTORS OF THE AVAILABILITY OF HOSPITAL-BASED ASSISTANCE AND OTHER PROGRAMS OF PUBLIC ASSISTANCE. IF THE HOSPITAL DETERMINES THAT A PATIENT OR GUARANTOR IS POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT PROGRAM, IT WILL ENCOURAGE THE PATIENT OR GUARANTOR TO APPLY FOR SUCH PROGRAM AND THE FINANCIAL COUNSELORS WILL ASSIST PATIENT GUARANTORS IN APPLYING FOR MEDICAID, HOSPITAL-BASED ASSISTANCE, OR OTHER ASSISTANCE AND PAYMENT PLAN PROGRAMS WHEN APPROPRIATE. CONNECTICUT CHILDREN'S MEDICAL CENTER OFFERS HOSPITAL-BASED ASSISTANCE FOR MEDICALLY NECESSARY INPATIENT AND OUTPATIENT SERVICES FOR THOSE PATIENTS UNABLE TO PAY WHO CAN DEMONSTRATE FINANCIAL NEED ACCORDING TO CONNECTICUT CHILDREN'S MEDICAL CENTER'S PATIENT FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION METHODOLOGY. IT IS AVAILABLE AS A LAST RESORT AFTER ALL OTHER THIRD PARTY RESOURCES HAVE BEEN EXHAUSTED. ONCE APPROVED,

Part VI Supplemental Information

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THE DURATION FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE IS SIX MONTHS.

COMMUNITY INFORMATION

SCHEDULE H, PART VI; QUESTION 4

CONNECTICUT CHILDREN'S MEDICAL CENTER'S MAIN CAMPUS IS LOCATED IN ONE OF THE POOREST NEIGHBORHOODS IN ONE OF THE STATE'S POOREST CITIES. THOUGH WE SERVE CHILDREN AND FAMILIES THROUGHOUT THE ENTIRE STATE, WE WORK WITH OUR PARTNERS AT SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") TO IMPROVE LIVING CONDITIONS FOR ABOUT 2,500 HOUSEHOLDS IN OUR IMMEDIATE 14 BLOCK NEIGHBORHOOD, AND WORK WITH OTHER PARTNERS ON HEALTH IMPROVEMENT PROGRAMS IN THE CITY OF HARTFORD AND THROUGHOUT CONNECTICUT. CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES AN INPATIENT UNIT IN WATERBURY CONNECTICUT AT ST. MARY'S HOSPITAL.

SOME INFORMATION DESCRIBING THE NEIGHBORHOOD, HARTFORD, WATERBURY AND THE STATE: NEIGHBORHOOD - 2,500 HOUSEHOLDS; 75% LATINO; 44% WITH HOUSEHOLD INCOMES UNDER \$25,000; 45% OF THE RESIDENTS 18 AND OLDER HAVE LESS THAN A

Part VI Supplemental Information

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HIGH SCHOOL DEGREE. HARTFORD - POPULATION OF 124,817; 54,635 HOUSEHOLDS;

37% AFRICAN AMERICAN/BLACK; 42% LATINO; MEDIAN HOUSEHOLD INCOME OF

\$29,107. WATERBURY - POPULATION OF 110,075; 48,426 HOUSEHOLDS; 19%

AFRICAN AMERICAN/BLACK; 30% LATINO; MEDIAN HOUSEHOLD INCOME OF \$41,499.

CONNECTICUT - POPULATION OF 3,558,172; 1,482,798 HOUSEHOLDS; 9.8% AFRICAN

AMERICAN/BLACK; 13% LATINO; MEDIAN HOUSEHOLD INCOME OF \$69,243.

PROMOTION OF COMMUNITY HEALTH

SCHEDULE H, PART VI; QUESTION 5

CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE NATION. WHILE WE PROVIDE LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN OUR FACILITIES, SOME OF THE BEST WORK WE DO TO PROMOTE CHILDREN'S HEALTH HAPPENS WITHIN CONNECTICUT'S COMMUNITIES. THE OFFICE OF COMMUNITY CHILD HEALTH IS DEDICATED TO DEVELOPING AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. THIS UNIQUE APPROACH AMONG CHILDREN'S HOSPITALS BRINGS TOGETHER INTERNAL, LOCAL, STATE AND NATIONAL

Part VI Supplemental Information

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STAKEHOLDERS TO PROVIDE SPECIFIC PROGRAMS WHICH AIM TO PREVENT ILLNESS, INJURY, AND OTHER HARM AND ENSURE THAT ALL CHILDREN IN ALL COMMUNITIES RECEIVE THE BEST CARE POSSIBLE. THERE ARE CURRENTLY TWELVE COMMUNITY CHILD HEALTH PROGRAMS IN PROGRESS IN COMMUNITIES THROUGHOUT THE STATE. IN ADDITION TO THE OFFICE, THERE ARE A NUMBER OF OTHER VEHICLES IN PLACE THAT ARE USED TO PROMOTE COMMUNITY HEALTH. OUR CORPORATE COMMUNICATIONS OFFICE COORDINATES ALL EXTERNAL COMMUNICATIONS, MANY OF WHICH ARE DESIGNED FOR THE PURPOSE OF PROMOTING COMMUNITY HEALTH. OUR ANNUAL REPORT INFORMS THE COMMUNITY OF THE LATEST ADVANCES IN THE CARING FOR AND CURING OF CHILDHOOD ILLNESS AND DISEASES. OTHER PUBLICATIONS DESCRIBING THE PROGRAMS AND SERVICES AT CONNECTICUT CHILDREN'S MEDICAL CENTER ARE SENT OUT TO THE COMMUNITY THROUGHOUT THE YEAR. OUR CONTINUING MEDICAL EDUCATION OFFICE HOLDS PEDIATRIC GRAND ROUNDS THROUGHOUT THE YEAR WITH MANY OF THE ATTENDEES BEING COMMUNITY PROVIDERS. ADDITIONALLY, MANY OF OUR EMPLOYEES PARTICIPATE IN THE BOARDS OF DIRECTORS AND ADVISORY BOARDS AT THE LOCAL AND STATE-WIDE LEVEL.

Part VI Supplemental Information

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AFFILIATED HEALTHCARE SYSTEM

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CCMC

CORPORATION AND SUBSIDIARIES:

NOT FOR-PROFIT ENTITIES:

CCMC CORPORATION

CCMC CORPORATION IS THE TAX-EXEMPT PARENT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THIS ORGANIZATION IS THE SOLE MEMBER OR STOCKHOLDER OF EACH AFFILIATED ENTITY.

CCMC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

Part VI Supplemental Information

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AS THE PARENT ORGANIZATION, CCMC CORPORATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE RESIDENTS OF CONNECTICUT AND SURROUNDING COMMUNITIES. CCMC CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. CONNECTICUT CHILDREN'S MEDICAL CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. IT OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

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3. IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CCMC CORPORATION. BOTH BOARDS ARE COMPRISED OF A MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND ACTIVITIES.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

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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.

TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS
 CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE
 SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN
 PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A
 NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL
 ORIGIN, RELIGION OR ABILITY TO PAY.

CCMC AFFILIATES, INC.

CCMC AFFILIATES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL
 REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE
 §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE
 CODE §509(A)(2). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE
 SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX,
 NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

CONNECTICUT CHILDREN'S SPECIALTY GROUP

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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CONNECTICUT CHILDREN'S SPECIALTY GROUP IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

CHILDREN'S FUND OF CONNECTICUT, INC.

CHILDREN'S FUND OF CONNECTICUT, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

Part VI Supplemental Information

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CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC.

CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC. IS AN ORGANIZATION
RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO
INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT
TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION PROVIDES MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE,
COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

NORTHEAST PEDIATRIC SPECIALISTS, INC.

NORTHEAST PEDIATRIC SPECIALISTS, INC. IS AN ORGANIZATION RECOGNIZED BY
THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE
CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL
REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S
MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3)
TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES PROVIDING MEDICALLY NECESSARY
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SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

CAPITAL AREA HEALTH CONSORTIUM, INC.

CAPITAL AREA HEALTH CONSORTIUM, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY.

FOR-PROFIT ENTITIES:

CCMC VENTURES, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION. THE

Part VI Supplemental Information

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ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICUT. THIS ENTITY IS
CURRENTLY INACTIVE.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI; QUESTION 7

THE STATE OF CONNECTICUT REQUIRES HOSPITALS TO FILE A COMMUNITY BENEFIT
REPORT WITH CONNECTICUT'S OFFICE OF THE HEALTHCARE ADVOCATE. THE REPORT
IS SUBMITTED EVERY OTHER YEAR. A REPORT FOR FISCAL YEARS 2010 AND 2011
WERE SUBMITTED IN 2012.