

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

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 **Windham Community Memorial Hospital** Employer identification number **06-0646966**

**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	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy? 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"/>	
<b>2</b> <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<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>250</u> %	<input checked="" type="checkbox"/>	
<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 _____ %	<input checked="" type="checkbox"/>	
<b>c</b> If the organization used factors other than FPG in determining 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, 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
	(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)			1,224,611.		1,224,611.	1.38%
<b>b</b> Medicaid (from Worksheet 3, column a)			23,676,715.	15,173,898.	8,502,817.	9.60%
<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			24,901,326.	15,173,898.	9,727,428.	10.98%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			638,824.	10,536.	628,288.	.71%
<b>f</b> Health professions education (from Worksheet 5)			735,156.		735,156.	.83%
<b>g</b> Subsidized health services (from Worksheet 6)			399,632.		399,632.	.45%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			408,154.	208,254.	199,900.	.23%
<b>j Total.</b> Other Benefits			2,181,766.	218,790.	1,962,976.	2.22%
<b>k Total.</b> Add lines 7d and 7j			27,083,092.	15,392,688.	11,690,404.	13.20%



Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

1 Windham Community Memorial Hospital
112 Mansfield Avenue
Willimantic, CT 06226

Table with columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , , , X, , .

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group Windham Community Memorial Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9	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 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 Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5 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		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" 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 CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a 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
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, 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) **Windham Community Memorial Hospital**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" 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)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The 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 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 type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	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	
16	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 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)		
17	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? .....		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
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)		

**Part V Facility Information** (continued) **Windham Community Memorial Hospital**

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

19 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?

	Yes	No
19	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

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

20 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  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?

21		X
22		X

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.



**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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 3c: Organization uses Federal Poverty Guidelines (FPG)

to determine eligibility.

Part I, Line 7: The organization utilizes the Medicare cost report  
developed Ratio of Cost to Charges (RCC) to accumulate actual costs  
related to Part I, Lines 7 b, e, & f. This same percentage is applied to  
the Financial Assistance amount on Part I line 7a.

Part I, Line 7g: No physician clinic costs were included in the  
subsidized Health Services cost calculations.

Part II: Our participation in Community Building activities  
plays an important role in promoting the health and well being of our  
community. We work closely with key community partners, such as fire,  
police, health districts and town governments to ensure the safety of the  
community and to prepare for potential disasters. Windham Hospital also  
partners with Windham County SafeKids to ensure that all children have  
access to car seats and bicycle helmets as well as other safety

**Part VI** Supplemental Information

information to keep our children safe. Many of the community initiatives would not be successful or effective without the involvement, support and expertise of hospital administrative and clinical staff on an in-kind basis. The Hospital spent approximately \$12,000 on community building activities in fiscal year 2013.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 16 of the Audited Financial Statement.

Bad debt attributable to patients eligible for charity care taken from procedure analysis report. 98-Bad Debt Payment / 09518-BD ADJ-IP Charity Care 09226-BD ADJ-OP Charity Care

Part III, Line 8: Providing for those in need, including Medicare patients, and serving all patients regardless of ability to pay is an essential part of our community benefit standards, as well as our mission in our community. We serve those patients without regard to any payment shortfall. Therefore the Medicare shortfall should be considered to be a community benefit. The organization utilizes the Medicare cost report developed ratio of cost to charge.

Part III, Line 9b: The following is included in the Financial Assistance Policy: For those that qualify for financial assistance the Hospital will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts. Once a patient qualifies for financial assistance, the patient will be contacted via written communication and the patient account will be documented as appropriate to reflect the level of approval

Schedule H (Form 990)

Part VI Supplemental Information

that was granted. Patient Accounting will make all necessary adjustments to the account. Other parties such as collection agencies, and other billing parties will also be notified of the adjustments.

Windham Community Memorial Hospital:

Part V, Section B, Line 3: The needs assessment took into account the comments and observation of seven focus groups that were made up of first responders, Latinos, community leaders, school based health providers, boomers, faith based groups and youth groups. The telephone survey consisted of 630 interviews of residents from 15 municipalities.

Windham Community Memorial Hospital:

Part V, Section B, Line 4: Windham conducted the hospital facility's CHNA with Natchaug Hospital and Day Kimball HealthCare.

Windham Community Memorial Hospital:

Part V, Section B, Line 5c: The Needs Assessment results were posted on the hospital's website and made available upon request. In addition, a news release on the completion of the needs assessment was made to the local media.

Windham Community Memorial Hospital:

Part V, Section B, Line 7: For the hospital to be the most effective and make the greatest impact on our community, it is understood that not all needs can be addressed at once. The following areas of need uncovered in

**Part VI** Supplemental Information

the 2011 Needs assessment that are not being directly addressed by Windham Hospital are health insurance, physical activity, dental visits, heart attacks, stroke, smoking, flu shots, prostate cancer screening, fruit and vegetables.

The two key priority areas identified, diabetes and access to care, are expected to also have a significantly influential impact on BMI's, diets containing fruits and vegetables, physical activity, cardiac disease and strokes. In order to avoid duplication of efforts, behavioral and mental health issues in the community will be led by the specialists at Natchaug Hospital and United Services. However, the hospital is currently working on a strategic initiative with Natchaug Hospital to develop and implement an inpatient program to identify behavioral and mental health issues as comorbidities to coordinate care and decrease length of stay for the patient.

Windham Community Memorial Hospital:

Part V, Section B, Line 18e: Financial Assistance Policy is also available upon request

Windham Community Memorial Hospital:

Part V, Section B, Line 20d: Part V, Section B, Line 19b: Windham Hospital is in the process of adopting proposed 501r regulations. Once the regulations are final, the hospital will be in compliance.

**Part VI Supplemental Information**

Part VI, Line 2: A variety of methods is used to assess needs for programs that we offer to the community. Needs assessment data is collected when applying for grants at the local, state, and federal level utilizing census data, public health district data, state agency data, as well as federal data from the Centers for Disease Control and Prevention and other sources. More informal methods to assess needs include feedback from Advisory Councils, support groups, and individuals who may need assistance in accessing healthcare services. We coordinate closely with the federally qualified health center in Willimantic, which serves the healthcare needs of low-income residents, as well as numerous other organizations including the public schools, other non-profit organizations, senior centers, and government agencies in our region. The statewide Connecticut Hospital Association, of which we are a member, provides data collection and networking opportunities with other hospitals in Connecticut so that we can share best practices in this area. Secondary data from other organizations is also utilized to take advantage of other resources such as the United Way, Eastern Highlands Health District, Visiting Nurses, and partner organizations within Hartford Healthcare.

Part VI, Line 3: Windham Hospital disseminates information about its Financial Assistance Policy as follows: (i) provide signage regarding the policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications; (iii) post the Policy on the Hospital's home web

Schedule H (Form 990)

**Part VI Supplemental Information**

page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4: Windham Hospital services 17 towns in Eastern Connecticut which include a portion of Windham County and several towns in New London and Tolland counties. Census data for 2010 reports a population of 118,145 in Windham County. People of Hispanic origin make up 10.9 percent of Connecticut population, and 14.4 percent of the total U.S. population, however in four Connecticut counties, including Windham County, the Hispanic population more than doubled between 1990 and 2005. In the Town of Windham, where the Hospital is located, 29.9% ( 2010 Census) of the population is of Hispanic origin.

The poverty rate in Windham County is 10.3% ( 2010 Census) as compared to 8.7 % statewide. The unemployment rate is 9.3 in Windham County (October 2012), with a rate of 7.8% for the State of Connecticut (December 2012). Average income per median household in Windham County is \$60,063 as compared to \$69,243 in CT, based on 2010 census data.

County Health Rankings, a program of the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute reported in 2010 that Windham County ranked last of eight counties with respect to health outcomes (mortality and morbidity), as well as health behaviors including tobacco use, diet & exercise, alcohol use and unsafe sex. Social and economic factors including education, employment, income, family & social support and community safety were also ranked last in Windham County.

Part VI Supplemental Information

Windham Hospital receives 50% of its revenue from Medicare and Medicaid.

Payers include:

- \* Commercial insurance 40%
- \* Medicare 31%
- \* Medicaid 19%
- \* Charity care, self-pay, other 10%

Part VI, Line 5: Windham Community Memorial Hospital was formed to serve its community and has been an important resource for nearly 80 years. A local community board governs the hospital, is responsible for maintaining outstanding quality services, and credentials its medical staff. All members of the Board of Directors reside in our service area and are neither employees, family members, nor contractors of the Hospital. The Hospital extends medical staff privileges to all qualified physicians in its community. The Windham Hospital Foundation, a related organization, raises funds to assure that the latest advancements in technology are available to our patients, as well as a range of community benefit programs that are not funded by other sources. We are a true community resource as we offer space for other community groups to meet at no charge, bring together other health providers for health fairs and educational sessions for the community, and encourage the involvement of our staff on various boards and councils that promote the overall health of the community. The Hospital uses its surplus funds to provide additional benefits to its patients and the community it serves.

Part VI, Line 6: Windham Community Memorial Hospital is a subsidiary of Hartford HealthCare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services

Part VI Supplemental Information

needed by the community. The Strategic Planning and Community Benefit Committee of the HHC Board of directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

HHC affiliation creates a strong integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital, the flagship tertiary medical center.

The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT