SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
LAWRENCE & MEMORIAL HOSPITAL

Employer identification number
06-0646704

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	1a	X	
b	If "Yes," was it a written policy?	1b	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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 250.0000 %	3a	X	
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: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

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)		1624	822,218.		822,218.	.23
b Medicaid (from Worksheet 3, column a)		26445	55,626,089.	27,389,825.	28,236,264.	8.06
c Costs of other means-tested government programs (from Worksheet 3, column b)		818	1,720,395.	847,108.	873,287.	.25
d **Total** Financial Assistance and Means-Tested Government Programs		28887	58,168,702.	28,236,933.	29,931,769.	8.54
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	45	6406	1,503,450.	338,156.	1,165,294.	.33
f Health professions education (from Worksheet 5)	24	3869	1,568,350.	3,500.	1,564,850.	.45
g Subsidized health services (from Worksheet 6)	9	5739	8,971,377.	2,850,362.	6,121,015.	1.75
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	8	560	51,340.		51,340.	.01
j **Total.** Other Benefits	86	16574	12,094,517.	3,192,018.	8,902,499.	2.54
k **Total.** Add lines 7d and 7j	86	45461	70,263,219.	31,428,951.	38,834,268.	11.08

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	894	46,004.		46,004.	.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	3		12,870.		12,870.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	5	894	58,874.		58,874.	.01

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 10,752,282.			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3 322,568.			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	132,091,765.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	158,576,054.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-26,484,289.
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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
1 LAWRENCE & MEMORIAL HOSPITAL 365 MONTAUK AVE NEW LONDON CT 06320 WWW.LMHOSPITAL.ORG 0047	X	X					X	X		
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[ ] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[X] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE PART V, SECTION C			
b	[ ] Other website (list url):			
c	[ ] Made a paper copy available for public inspection without charge at the hospital facility			
d	[X] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[ ] The FAP was widely available on a website (list url):			
b	[ ] The FAP application form was widely available on a website (list url):			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.LMHOSPITAL.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[ ] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group LAWRENCE & MEMORIAL HOSPITAL

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☐ 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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☒ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ 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 Section C)			
d	☐ Other (describe in Section C)			

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☐ 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
	If "Yes," explain in Section C.			

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

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

SCHEDULE H, PART V, SEC B, LINE 3J

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMPONENTS LISTED, THE L+M HOSPITAL CHNA REPORT INCLUDED ANALYSIS OF THE DATA IN TERMS OF STRENGTHS AND OPPORTUNITIES FOR ACTION. THIS ANALYSIS INFORMED THE CREATION OF THE COMMUNITY HEALTH INPLEMENATION PLAN.

SCHEDULE H, PART V, SEC B, LINE 5

UPON COMPLETION OF DATA COLLECTION AND ANALYSIS, L+M CONVENED A TEAM OF HOSPITAL AND COMMUNITY REPRESENTATIVES TO A COMMUNITY HEALTH STRATEGIC PLANNING SESSION IN MAY 2012. THIS SESSION WAS FACILITATED BY HOLLERAN CONSULTING. THE PURPOSE OF THE STRATEGIC PLANNING SESSION WAS TO SHARE THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, TO DISCUSS AND PRIORITIZE COMMUNITY HEALTH NEEDS, AND TO DEVELOP COMMUNITY HEALTH GOALS AND STRATEGIES TO GUIDE THE L+M COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP). AN ASSET MAPPING PROCESS WAS ALSO UNDERTAKEN IN ORDER TO IDENTIFY EXISTING RESOURCES, SERVICES, AND INITIATIVES IN THE HOSPITAL SERVICE AREA. THE FOLLOWING INDIVIDUALS COMPRISED THE PLANNING TEAM:

BRUCE CUMMINGS	CEO, L+M HOSPITAL
BILL STANLEY	VP DEVELOPMENT/COMMUNITY RELATIONS, L+M HOSPITAL
SHRADDHA PATEL	DIRECTOR OF PLANNING, L+M HOSPITAL
SUNG PARK	OUTPATIENT REHAB MANAGER, L+M HOSPITAL
MARY ANN NASH	NUTRITION PROGRAM COORDINATOR, L+M HOSPITAL
DREW HAFFEY	MANAGER, THERAPEUTIC FITNESS + SPORTS

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

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

MEDICINE, L+M HOSPITAL

TRISH PUGSLEY MANAGER, JOSLIN DIABETES CENTER, L+M HOSPITAL

ALEJANDRO MELENDEZ-COOPER SITE DIRECTOR, COMMUNITY HEALTH CENTER

JEN MUGGEO COMMUNITY EDUCATION, LEDGE LIGHT HEALTH DISTRICT

RUSSELL MELMED EPIDEMIOLOGIST, LEDGE LIGHT HEALTH DISTRICT

STEPHANYE CLARKE HEALTH PROGRAM COORDINATOR, LEDGE LIGHT HEALTH DISTRICT

STEVE SMITH, MD PHYSICIAN, COMMUNITY HEALTH CENTER

MARY LENZINI PRESIDENT, VISITING NURSE ASSOCIATION

JENNIFER O'BRIEN COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT

DINA SEARS-GRAVES VP OF COMMUNITY INVESTMENT, UNITED WAY

NANCY COWSER VP OF PLANNING, UNITED COMMUNITY + FAMILY SERVICES

DEBRA PENNUTO-MUNIZ EXECUTIVE DIRECTOR, ENCUENTROS DE ESPERANZA

MICHELLE DEVINE EXECUTIVE DIRECTOR, SOUTHEASTERN REGIONAL ACTION COUNCIL

RICK CALVERT COO, CHILD + FAMILY AGENCY

JOANN EACCARINO DIRECTOR-SCHOOL BASED HEALTH SERVICES, CHILD + FAMILY AGENCY

MICHAEL PASSERO PRESIDENT, NEW LONDON CITY COUNCIL

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

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

JASON MARTIN SUPERVISOR, THAMES VALLEY COUNCIL FOR

COMMUNITY ACTION

TRACEE REISER ASSOCIATE DEAN FOR COMMUNITY LEARNING,

CONNECTICUT COLLEGE

JERRY LOKKEN MANAGER, GROTON PARKS + RECREATION

FR. MICHAEL BELT PASTOR, ST. JAMES EPISCOPAL

CHRIS SOTO NEW LONDON COMMUNITY ACTIVIST

SCHEDULE H, PART V, SEC B, LINE 7A AND 10A

WWW.LMHOSPITAL.ORG/COMMUNITY-INVOLVEMENT/COMMUNITY-PARTNERSHIPS.ASPX

SCHEDULE H, PART V, SEC B, LINE 7D

THE CHNA REPORT WAS RELEASED AT A PRESENTATION OPEN TO THE PUBLIC ON JANUARY 23, 2013. IN ATTENDANCE WERE COMMUNITY PARTNERS REPRESENTING OTHER NON-PROFIT ORGANIZATIONS, BUSINESS LEADERS, INDIVIDUALS REPRESENTING THE EDUCATION SECTOR, HOSPITAL STAFF, MEMBERS OF THE PRESS, AND COMMUNITY MEMBERS.

SCHEDULE H, PART V, SEC B, LINE 11

THE PRIORITIZED COMMUNITY HEALTH NEEDS FOR L+M HOSPITAL WERE: OVERWEIGHT AND OBESITY, ACCESS TO CARE, CANCER, SEXUAL HEALTH, BEHAVIORAL HEALTH, AND ASTHMA. TO ADDRESS OBESITY, L+M HAS CONTINUED IMPLEMENTATION OF THE PEDIATRIC WEIGHT MANAGEMENT PROGRAM IN PARTNERSHIP WITH CHILD AND FAMILY AGENCY OF SOUTHEASTERN CONNECTICUT. INTERVENTION ON ACCESS TO CARE ISSUES HAVE INCLUDED EXPANSION OF PRIMARY CARE PROVIDERS AND DEVELOPMENT

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

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

OF PATIENT CENTERED MEDICAL HOMES, AND THE CREATION OF THE DISPENSARY OF HOPE PROGRAM TO IMPROVE MEDICATION ACCESS FOR INDIGENT PEOPLE.

TO ADDRESS CANCER STRATEGIES HAVE INCLUDED SCREENINGS, OUTREACH ON COLORECTAL CANCER, AND ADMINISTRATION OF THE CT EARLY DETECTION AND PREVENTION PROGRAM FOR BREAST AND CERVICAL CANCER SERVICES FOR INDIGENT WOMEN. BEHAVIORAL HEALTH STRATEGIES HAVE FOCUSED ON THE HOMELESS POPULATION AND HAVE SUPPORTED INDIVIDUALS IN OBTAINING STABLE HOUSING AND SECURING NECESSARY HEALTH CARE SERVICES. INTERVENTION ON ASTHMA INCLUDES SCHOOL AND COMMUNITY BASED PROGRAMS, REGULAR EDUCATIONAL CLASSES, AND A COMMUNITY HEALTH WORKER TO SUPPORT INDIVIDUALS WHO FREQUENTLY UTILIZE THE EMERGENCY DEPARTMENT TO BETTER MANAGE THEIR ASTHMA AND ACCESS APPROPRIATE COMMUNITY-BASED CARE.

DUE TO RESOURCE CONSTRAINTS, SOME OF THE IDENTIFIED NEEDS THROUGH THE CHNA WILL NOT BE ADDRESSED. IN OTHER CASES, OTHER ORGANIZATIONS ARE TAKING THE LEAD ON AN IDENTIFIED NEED AND L+M HOSPITAL IS COLLABORATING. A DRIVING PHILOSOPHY OF L+M'S COMMUNITY BENEFIT EFFORTS IS TO BUILD ON COMMUNITY RESOURCES, PROGRAMS AND SERVICES AND TO NOT DUPLICATE THEM. AS SUCH, IN EXAMINING EACH OF THE PRIORITIZED COMMUNITY HEALTH NEEDS, EXISTING COMMUNITY ASSETS WERE IDENTIFIED BEFORE CONSIDERING ANY NEW STRATEGIES THAT L+M MIGHT INITIATE AND/OR THOSE TO BE CONTINUED. WHERE THERE IS AN EXISTING COMMUNITY-BASED PROGRAM ADDRESSING ANY OF THE PRIORITIZED NEEDS, OR DUE TO RESOURCE LIMITATIONS, L+M WILL WORK TO SUPPORT AND BUILD CAPACITY OF THOSE PROGRAMS RATHER THAN TO CREATE

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

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

SOMETHING NEW.

THERE ARE THREE SPECIFIC EXAMPLES OF AREAS WHERE THE DATA DEMONSTRATE THAT THE L+M COMMUNITY IS AN OUTLIER AS COMPARED TO NATIONAL BENCHMARKS. THE USE OF TOBACCO IN THE L+M SERVICE AREA, WHILE HAVING DECREASED, CONTINUES TO EXCEED THE HEALTHY PEOPLE 2020 GOAL. L+M OFFERS CESSATION SUPPORT TO EMPLOYEES PRESENTLY. ALTHOUGH THIS INDICATOR IS DIRECTLY LINKED TO THE PRIORITY AREA OF CANCER, DUE TO RESOURCE LIMITATIONS, L+M WILL NOT UNDERTAKE PROGRAMMING INTENDED FOR THE WIDER COMMUNITY RELATED TO TOBACCO CESSATION.

SIMILARLY, ALTHOUGH EXCESSIVE DRINKING IN ADULTS OVER AGE 18 IN NEW LONDON COUNTY EXCEEDS THE NATIONAL BENCHMARK, AND CAN BE LINKED TO CANCER AND MENTAL HEALTH PRIORITY AREAS, L+M WILL SUPPORT EFFORTS LED BY COMMUNITY PARTNERS BUT WILL NOT TAKE THE LEAD IN PROGRAMMING AROUND THIS ISSUE. FOR EXAMPLE, MUCH WORK AROUND SUBSTANCE ABUSE AND ADDICTION ISSUES IS BEING CARRIED OUT BY THE SOUTHEASTERN CT REGIONAL ACTION COUNCIL, AN ENTITY ESTABLISHED BY THE CT LEGISLATURE TO ASSIST COMMUNITIES IN THIS AREA. ADDITIONALLY, THERE ARE COMMUNITY PARTNERS RECEIVING FEDERAL AND STATE GRANT FUNDS TO ADDRESS THIS AREA. L+M PARTNERS IN THESE EFFORTS BUT WILL NOT INITIATE NEW STRATEGIES.

LAST, THE URBAN CENTER OF NEW LONDON CONTINUES TO DEMONSTRATE VARIANCE FROM STATE RATES IN BIRTHS TO TEENS AND SEXUALLY TRANSMITTED INFECTIONS. ALTHOUGH L+M WILL WORK TO SUPPORT COMMUNITY PARTNERS IN ADDRESSING THESE

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

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

ISSUES, RESOURCE LIMITATIONS WILL NO LONGER ALLOW L+M TO PLAY A

LEADERSHIP ROLE.

SCHEDULE H, PART V, SEC B, LINE 13B

THE HOSPITAL PROVIDES FULL CHARITY CARE TO PATIENTS WITH ANNUAL INCOME UP

TO AND INCLUDING 250% OF THE FEDERAL POVERTY GUIDELINES (FPG). HOSPITAL

PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR SELF-PAY PATIENTS IF THE

PATIENT'S: (A) ANNUAL INCOME IS BETWEEN 251% AND UP TO 400% OF THE

FEDERAL POVERTY LEVELS, TAKING INTO CONSIDERATION FAMILY UNIT SIZE; AND

(B) ASSETS DO NOT EXCEED $50,000 WHICH EXCEEDS THE ASSET THRESHOLD.

SCHEDULE H, PART V, SEC B, LINE 16I

WEBSITE PROVIDES DIRECT EMAIL LINK TO FINANCIAL COUNSELORS.

SCHEDULE H, PART V, SEC, LINE 22D

THE HOSPITAL PROVIDES FULL CHARITY CARE TO PATIENTS WITH ANNUAL INCOME UP

TO AND INCLUDING 250% OF THE FEDERAL POVERTY GUIDELINES (FPG). HOSPITAL

PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR SELF-PAY PATIENTS IF THE

PATIENT'S: (A) ANNUAL INCOME IS BETWEEN 251% AND UP TO 400% OF THE

FEDERAL POVERTY LEVELS, TAKING INTO CONSIDERATION FAMILY UNIT SIZE; AND

(B) ASSETS DO NOT EXCEED $50,000 WHICH EXCEEDS THE ASSET THRESHOLD.

DISCOUNTS ARE BASED ON THE GROSS AMOUNTS CHARGED UNIFORMLY ACCORDING TO

THE PUBLISHED CHARGEMASTER, AND WILL BE AUTHORIZED AS FOLLOWS:

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

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

251% - 300% = 50%

301% - 350% = 40%

351% - 400% = 30%

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

Section D. 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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3C:

IT IS THE PHILOSOPHY AND POLICY OF LAWRENCE & MEMORIAL HOSPITAL ("L+M HOSPITAL") THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY.

CHARITY CARE APPLIES TO ALL UNINSURED PATIENTS (DEFINED AS EARNING LESS THAN 250% OF THE POVERTY GUIDELINES) AS DESCRIBED IN § 19A-673 OF THE CONNECTICUT GENERAL STATUTES. L+M HOSPITAL WILL MEET OR EXCEED THE GUIDELINES SET-FORTH BY THE CONNECTICUT HOSPITAL ASSOCIATION ("CHA") ON THE STATEWIDE DISCOUNT POLICY FOR UNINSURED PATIENTS. CARE WILL BE PROVIDED FREE FOR THOSE UNINSURED PATIENTS WHO REQUEST ASSISTANCE AND VERIFY THEIR ANNUAL INCOME IS LESS THAN 250% OF THE FEDERAL INCOME POVERTY LEVEL ("FPL"). LIQUID ASSETS MUST NOT EXCEED $50,000 (STOCKS, BONDS, CASH, 401, IRA, CD ETC.) EXCLUDING PRIMARY RESIDENCE AND PRIMARY MOTOR VEHICLE). BUSINESS ASSETS, RENTAL PROPERTY, SECONDARY RESIDENCE, RECREATIONAL VEHICLES AND OTHER SUCH LUXURY ITEMS WILL BE APPLIED TO THE LIQUID ASSETS. CARE WILL BE DISCOUNTED ON A SLIDING SCALE FOR SELF-PAY PATIENTS WHO HAVE NO THIRD PARTY INSURANCE TO COVER SERVICES WITH AN

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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ANNUAL INCOME THAT IS BETWEEN 250% AND 400% OF THE FPL AND HAVE ASSETS

LESS THAN $50,000, IN ACCORDANCE WITH THE FOLLOWING:

251% - 300% = COST OF CHARGE

301% - 350% = 40%

351% - 400% = 30%

SCHEDULE H, PART I, LINE 7:

THE AMOUNTS REPORTED ON PART I, LINE 7 WERE CALCULATED AS DIRECT,

SEPARATELY IDENTIFIABLE COSTS INCURRED BY THE HOSPITAL PLUS AN ALLOCATION

OF OVERHEAD.

SCHEDULE H, PART II:

L+M HOSPITAL, WITH A MISSION TO "IMPROVE THE HEALTH OF THE REGION,"

DEFERS TO THE WORLD HEALTH ORGANIZATION DEFINITION OF HEALTH: "A STATE OF

COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE

ABSENCE OF DISEASE OR INFIRMITY." IN ADDITION TO MEETING AN IDENTIFIED

NEED IN THE COMMUNITY, L+M HOSPITAL CONTRIBUTES TO AN OVERALL HEALTHY

Part VI Supplemental Information

Provide the following 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.

COMMUNITY AND SUPPORTS THE HOSPITAL'S ROLE AS GOOD CORPORATE CITIZEN.

THIS SOCIAL IMPACT IS MEASURED IN TERMS OF COMMUNITY VIBRANCY, AND

BREADTH AND DEPTH OF COMMUNITY ACTIVITIES THAT ENHANCE THE QUALITY OF

LIFE IN THE REGION. THE MAJORITY OF THE HOSPITAL'S COMMUNITY BUILDING

ACTIVITIES FALL INTO THE CATEGORY OF IN-KIND AND FINANCIAL SUPPORT FOR

PARTNER NON-PROFITS ALSO ENGAGED IN COMMUNITY DEVELOPMENT SUCH AS THE

DISBURSEMENT OF SCHOLARSHIPS. WE PARTICIPATE IN ECONOMIC DEVELOPMENT

ACTIVITIES THROUGH THE REGION'S CHAMBERS OF COMMERCE. ALL OF THESE

ACTIVITIES HAVE AS THEIR PRIMARY PURPOSE TO BENEFIT THE COMMUNITY AND ARE

CARRIED OUT WITHOUT REMUNERATION.

SCHEDULE H, PART III, LINES 2 AND 3:

L+M HOSPITAL USES A COST REPORTING SYSTEM TO DETERMINE THE BAD DEBT

EXPENSE. THE AMOUNT OF BAD DEBT EXPENSE (AT COST) REPORTED ON PART III,

LINE 2 IS TAKEN DIRECTLY FROM THE AUDITED FINANCIAL STATEMENTS. THE

AMOUNT OF BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE

UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS CALCULATED AS 3% OF THE

AMOUNT OF BAD DEBT (AT COST) FROM THE AUDITED FINANCIAL STATEMENTS. THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

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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.

AMOUNT OF 3% REPRESENTS THE BAD DEBT AMOUNT THAT COULD HAVE BEEN

QUALIFIED FOR CHARITY CARE AS THIS IS THE PERCENTAGE OF GROSS REVENUE

THAT IS SELF PAID.

SCHEDULE H, PART III, LINE 4

THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A BAD DEBT

FOOTNOTE.

SCHEDULE H, PART III, LINE 8:

THE MEDICARE SHORTFALL OF ($26,484,289) REPORTED IN PART III, LINE 7 WAS

CALCULATED BASED ON COST REPORTING. THE COSTING METHOD WAS FROM THE

MEDICARE COST REPORT'S OWN METHODOLOGY OF ALLOCATING COST BY DEPARTMENT

AND DERIVING A RATIO OF COST TO CHARGES. THIS AMOUNT SHOULD BE TREATED

AS COMMUNITY BENEFIT BECAUSE THE RATES PAID BY MEDICARE DO NOT ACCURATELY

REFLECT THE COST OF CARE PROVIDED BY L+M HOSPITAL. ACCORDINGLY, L+M

HOSPITAL MUST SUBSIDIZE THE COST OF CARE PROVIDED TO MEDICARE

BENEFICIARIES WITH OTHER REVENUES.

Part VI Supplemental Information

Provide the following 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.

SCHEDULE H, PART III, LINE 9B:

IN ACCORDANCE WITH ITS WRITTEN CREDIT AND COLLECTION POLICY, L+M HOSPITAL WILL NOT PURSUE COLLECTION EFFORTS, DIRECTLY OR THROUGH COLLECTION AGENCIES, ON THE PORTION OF A PATIENT'S BILL FOR WHICH THAT PATIENT HAS ESTABLISHED ELIGIBILITY FOR CHARITY CARE.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

L&M HOSPITAL EMPLOYS A VARIETY OF STRATEGIES IN GAUGING THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), COVERING THE LAWRENCE + MEMORIAL PRIMARY SERVICE AREA WAS CONDUCTED UNDER THE GUIDANCE OF AN OUTSIDE EXPERT. THE ASSESSMENT UPDATES THE LAST COMPREHENSIVE CHNA AND FURTHER ANALYZES HEALTH STATUS AS IT RELATES TO IDENTIFIED HEALTH CARE AND PUBLIC HEALTH ISSUES IN NEW LONDON COUNTY. METHODS INCLUDED USING SCIENTIFICALLY VALID DATA, COMPARATIVE INFORMATION, AND INPUT FROM LOCAL RESIDENTS, PROVIDERS AND LEADERS. INDICATORS WERE COMPUTED FROM AN EXTENSIVE SET OF SECONDARY HEALTH-RELATED DATA.

Part VI Supplemental Information

Provide the following 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 CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

L+M HOSPITAL REVIEWS DISEASE INCIDENCE AND PREVALENCE RATES FOR THE LOCAL COMMUNITY, STATE, AND NATION. RATES ARE COLLECTED FROM MEDICAL JOURNALS, THE CT DEPARTMENT OF HEALTH, OR NATIONAL HEALTH RESOURCES SUCH AS THE KAISER FAMILY FOUNDATION OR CDC. THIS ANALYSIS INFORMS L+M ON THE HEALTH STATUS OF THE COMMUNITY AND IS USED TO FOCUS PROGRAM AND SERVICE DEVELOPMENT ON AREAS OF GREATEST CONCERN.

INFORMATION ON COMMUNITY NEEDS IS ALSO GATHERED THROUGH PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY, THE LEDGE LIGHT HEALTH DISTRICT, AND OTHER LOCAL NON-PROFITS. PERIODIC REVIEW OF DATA AND UPDATING AS APPROPRIATE IS CONDUCTED. L+M HOSPITAL COMPLETES A PHYSICIAN MANPOWER STUDY REGULARLY. THIS STUDY, CONDUCTED BY AN OUTSIDE CONSULTANT, DOCUMENTS THE DEMAND FOR PHYSICIANS BY SPECIALTY BASED ON PHYSICIAN-TO-POPULATION RATIOS, THE SUPPLY OF PHYSICIANS IN THE COMMUNITY, AND THE RESULTANT GAPS BETWEEN DEMAND AND SUPPLY. THE ANALYSIS INFORMS L+M OF DEFICIENCIES IN PHYSICIAN SUPPLY AND HELPS FOCUS RECRUITMENT EFFORTS TO MEET THE DEMANDS OF THE COMMUNITY.

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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.

ALL COMMUNITY BENEFIT ACTIVITIES ARE REGULARLY EVALUATED FOR IMPACT AND EFFECTIVENESS AND AUDITED FOR COMPLIANCE WITH THE ORGANIZATION'S COMMUNITY BENEFIT POLICY.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

IN ACCORDANCE WITH ITS CHARITY CARE POLICY, L+M HOSPITAL NOTIFIES PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE USING SEVERAL METHODS. 1) SIGNAGE INDICATING THE AVAILABILITY OF CHARITY CARE IS POSTED IN ENGLISH AND SPANISH IN PATIENT ACCOUNTS, HEALTH ACCESS MANAGEMENT AND CERTAIN CLINICAL AREAS. SUMMARIES OF THE PROGRAMS WILL ALSO BE AVAILABLE IN THOSE AREAS. 2) PATIENT FINANCIAL ADVISORS WILL ATTEMPT TO VISIT ALL INPATIENTS REGISTERED AS SELF-PAY PATIENTS. A SUMMARY EXPLAINING CHARITY CARE WILL BE GIVEN TO THE PATIENT OR GUARANTOR WHEN THIS VISIT OCCURS. 3) PATIENTS WITH NO INSURANCE WILL RECEIVE AN INITIAL LETTER WITHIN ONE WEEK OF DISCHARGE INFORMING THEM THAT L+M HOSPITAL CONSIDERS THEM "INSURED" PER THE CONNECTICUT GENERAL STATUTES SECTION 19A-673. IT IS THE RESPONSIBILITY OF THE PATIENT TO ADVISE L+M

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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.

HOSPITAL IF THEY BELIEVE THEY QUALIFY AS "UNINSURED" (AT OR UNDER 250% OF

THE FPG). 4) A SERIES OF MONTHLY STATEMENTS WILL BE SENT FOLLOWING

DISCHARGE. EACH STATEMENT WILL REMIND THE PATIENT OF THE AVAILABILITY OF

CHARITY CARE.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

POPULATION SIZE

THE COMMUNITIES THAT COMPRISE THE SERVICE AREA OF LAWRENCE & MEMORIAL

INCLUDE TEN TOWNS ALONG THE CONNECTICUT SHORELINE BETWEEN RHODE ISLAND

AND THE CONNECTICUT RIVER AND INLAND TO SALEM, CT, WITH A TOTAL

POPULATION OF APPROXIMATELY 180,000 PEOPLE YEAR-ROUND, INCREASING TO

250,000 IN THE SUMMER. OUR COMMUNITIES REPRESENT A BROAD MIX OF URBAN,

SUBURBAN, AND RURAL AREAS.

GENERAL DEMOGRAPHICS

THE TOWNS AND CITIES IN THIS AREA ARE VERY DIVERSE, NOT ONLY

SOCIO-ECONOMICALLY BUT ALSO IN TERMS OF RACE, ETHNICITY, FAITH TRADITION,

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RESIDENT TRANSIENCE, EMPLOYMENT, HEALTH INSURANCE STATUS, AND EDUCATIONAL ATTAINMENT. FROM 2000 TO 2010, THERE WAS A SLIGHT OVERALL GROWTH IN POPULATION WITH DRAMATIC CHANGES OCCURRING IN ETHNIC AND RACIAL COMPOSITION OF THE LOCAL POPULATION; THE PERCENTAGE OF HISPANICS INCREASED BY 75.4%, AFRICAN AMERICANS INCREASED BY 16.9%, NATIVE AMERICANS INCREASED BY 0.7%, ASIANS INCREASED BY 124% AND THOSE WHO INDICATE "OTHER" INCREASED BY 64%. OTHER INCREASES HAVE OCCURRED IN THE EASTERN EUROPEAN, AND HAITIAN POPULATIONS, AMONG OTHERS, WITH LOCAL SCHOOL DISTRICTS REPORTING SIGNIFICANT PERCENTAGES OF CHILDREN WHO ARE ENGLISH LANGUAGE LEARNERS (21.6 PERCENT IN NEW LONDON, 11.5 PERCENT IN NORWICH). CHANGES IN THE ETHNIC AND RACIAL MAKEUP OF COUNTY RESIDENTS ARE IMPACTING THE BURDEN OF DISEASE AND DEMAND FOR HEALTH SERVICES.

ACCORDING TO THE CDC OFFICE OF MINORITY HEALTH & HEALTH EQUITY (2012), RACE AND ETHNICITY CORRELATE WITH SIGNIFICANT HEALTH DISPARITIES. SPECIFICALLY, HISPANIC/LATINOS ARE AT HIGHER RISK FOR ASTHMA, DIABETES, HIV/AIDS, CERVICAL CANCER, LACK OF PRENATAL CARE, AND INFANT MORTALITY. BLACKS/AFRICAN AMERICANS ARE AT HIGHER RISK FOR HEART DISEASE,

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HYPERTENSION, DIABETES, AND INFANT MORTALITY. BOTH POPULATIONS ARE ALSO

AT HIGHER RISK FOR OVERWEIGHT/ OBESITY ISSUES.

MAJOR EMPLOYERS

THE REGION HAS TRANSITIONED FROM A LARGELY DEFENSE INDUSTRY-BASED ECONOMY

TO ONE THAT RELIES HEAVILY UPON EMPLOYMENT IN THE SERVICE AND TRADE

SECTORS AND IN GENERAL HAS A HIGHER PERCENTAGE OF PERSONS EMPLOYED IN

THOSE SECTORS -WITH CORRESPONDING LOWER RATES OF PAY- WHICH IS CORRELATED

WITH THE LOWER PER CAPITA INCOME AND GREATER ECONOMIC VULNERABILITY.

MAJOR EMPLOYERS INCLUDE THE MASHANTUCKET PEQUOT AND MOHEGAN TRIBES

(FOXWOODS RESORT AND CASINO AND MOHEGAN SUN CASINO RESPECTIVELY), PFIZER

GLOBAL RESEARCH AND DEVELOPMENT, EDUCATIONAL INSTITUTIONS (CONNECTICUT

COLLEGE, MITCHELL COLLEGE AND THE U.S. COAST GUARD ACADEMY), GENERAL

DYNAMICS/ELECTRIC BOAT, DOMINION, AND LAWRENCE + MEMORIAL.

THERE ARE PRIMARY SOCIAL AND HEALTH CARE FACTORS IN THE URBAN CENTERS OF

THE REGION, RACIAL AND ETHNIC HEALTH DISPARITIES, HIGHER POVERTY AND

UNEMPLOYMENT RATES, LOWER LEVELS OF EDUCATIONAL ATTAINMENT, LIMITED

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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.

ACCESS TO AFFORDABLE HOUSING AND TRANSPORTATION, HIGHER RATES OF DEATH FROM CHRONIC ILLNESS, AND A GREATER LIKELIHOOD OF RESIDENTS NOT HAVING HEALTH INSURANCE, ALL OF WHICH PRESENT PARTICULAR CHALLENGES. MEDIAN HOUSEHOLD INCOME IN THE L+M SERVICE AREA IS FAR BELOW THAT OF THE STATE, WITH AFRICAN AMERICAN AND HISPANIC FAMILIES' INCOMES SIGNIFICANTLY LOWER THAN WHITE FAMILIES' INCOMES. THE REGION INCLUDES ONE PRIORITY SCHOOL DISTRICT. THREE OF OUR COMMUNITIES HAVE A GREATER PERCENTAGE OF CHILDREN LIVING IN POVERTY THAN THE STATE AVERAGE OF 26.1% - GROTON 27.7%, NEW LONDON 59.7% AND NORWICH 43.4% (CHILDREN UNDER 200% OF THE FEDERAL POVERTY LEVEL 2006 - 2010, CT VOICES FOR CHILDREN).

THE CHRONIC DISEASE BURDEN IS HIGH THROUGHOUT NEW LONDON COUNTY WITH NORWICH AND NEW LONDON HAVING HIGHER PERCENTAGES WITH 3+ CHRONIC CONDITIONS THAN OTHER REGIONS. NEW LONDON AND NORWICH ALSO HAVE A HIGHER PERCENTAGE OF PEOPLE WHO SELF-IDENTIFY AS "NOT WELL" AND, ALONG WITH SOME OUTLYING TOWNS, HAVE THE LEAST FAVORABLE INDICATORS FOR CHRONIC DISEASE.

Part VI Supplemental Information

Provide the following information.

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

L+M HOSPITAL'S COMMUNITY BENEFIT PROGRAMS AND SERVICES FORWARD THE ORGANIZATIONAL MISSION "TO IMPROVE THE HEALTH OF THE REGION" AND ALIGN WITH THE PRINCIPLES AS SET FORTH IN THE ORGANIZATION'S COMMUNITY BENEFIT POLICY. THOSE PRINCIPLES INCLUDE:

1. EMPHASIS ON PROGRAMS TO MEET A SIGNIFICANT UNMET HEALTH NEED INCLUDING EFFORTS TO IDENTIFY AND INCLUDE VULNERABLE POPULATIONS OR THOSE MOST AT-RISK AS DETERMINED BY RISK FACTORS WHICH PREDISPOSE THOSE POPULATIONS TOWARD A HIGHER INCIDENCE OF DISEASE AND/OR BARRIERS TO OBTAINING APPROPRIATE HEALTHCARE.

2. EMPHASIS ON PRIMARY PREVENTION AND INCLUDING AT LEAST ONE OF THREE PRIMARY PREVENTION STRATEGIES: HEALTH PROMOTION, DISEASE PREVENTION, AND HEALTH PROTECTION. HEALTH PROMOTION ENTAILS ENCOURAGING HEALTHY LIFESTYLES; DISEASE PREVENTION FOCUSES ON INDIVIDUALS IDENTIFIED AS AT-RISK FOR HEALTH PROBLEMS; HEALTH PROTECTION ACTIVITIES INFLUENCE THE ENVIRONMENT TO SUPPORT HEALTHY BEHAVIORS.

3. PROGRAMS SHOULD DEVELOP EVIDENCE-BASED LINKS BETWEEN CLINICAL SERVICES

Part VI Supplemental Information

Provide the following information.

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AND HEALTH IMPROVEMENT ACTIVITIES DELIVERED BOTH INSIDE AND OUTSIDE THE

HOSPITAL.

4. PROGRAMS SHOULD FOCUS ON TARGETING CHARITABLE RESOURCES THAT MOBILIZE

AND BUILD CAPACITY WITHIN EXISTING COMMUNITY ASSETS WHILE MINIMIZING

DUPLICATION OF EFFORT.

5. PROGRAMS SHOULD EMPHASIZE COLLABORATION WITH COMMUNITY STAKEHOLDERS.

AS EVIDENCED BY THE WIDE RANGE OF COMMUNITY BENEFIT PROGRAMS AND SERVICES

OFFERED, L+M IS ENGAGED IN MEETING THE IDENTIFIED HEALTH NEEDS OF THE

COMMUNITIES WE SERVE. THERE IS AN ORGANIZATIONAL HISTORY OF COLLECTING

DATA TO DETERMINE HOW BEST TO DIRECT OUR RESOURCES AND HOW TO MAKE THE

GREATEST IMPACT IN PROMOTING COMMUNITY HEALTH. OUR ANNUAL COMMUNITY

BENEFIT REPORT PUBLICATION DESCRIBES A SAMPLING OF PROGRAMS AND THE

AMOUNT OF INVESTMENT THAT L+M MAKES IN CARRYING OUT THESE PROGRAMS.

COMMUNITY INVOLVEMENT IN GOVERNANCE AND ADVISORY GROUPS

COMMUNITY ENGAGEMENT IN THE PLANNING, IMPLEMENTATION AND EVALUATION OF

L+M HOSPITAL INITIATIVES IS OF UTMOST IMPORTANCE. CONSUMERS AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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STAKEHOLDER ORGANIZATIONS PARTICIPATE IN A RANGE OF ACTIVITIES SO AS TO ENSURE THAT MANY PERSPECTIVES ARE CONSIDERED. ONE EXAMPLE OF BROAD COMMUNITY INVOLVEMENT IS IN OUR FACILITATION OF A MULTI-SECTOR STAKEHOLDER COLLABORATIVE TO BRING A COMMUNITY FITNESS CENTER TO OUR HOME COMMUNITY. THE RECONNECTING THE HOMELESS PROGRAM ENGAGES IN COMMUNITY COLLABORATIVES THAT PROVIDE IMPORTANT INPUT FOR THE PROGRAM AND EMPHASIS IS PLACED ON HOSPITAL REPRESENTATIVE PARTICIPATION IN OTHER COMMUNITY ORGANIZATIONS SO AS TO PROVIDE OPPORTUNITIES TO HEAR FROM OUR CONSUMERS. LAWRENCE + MEMORIAL'S BOARD OF DIRECTORS IS MADE UP OF COMMUNITY LEADERS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA. THESE VOLUNTEERS GIVE COUNTLESS HOURS OF SERVICE TO THE HOSPITAL IN THEIR OVERSIGHT ROLE. THEY ARE INVOLVED IN THE STRATEGIC PLANNING, IN FUNDRAISING, AND IN GENERAL STEWARDSHIP AMONG OTHER RESPONSIBILITIES. OUR CORPORATORS ARE OUR COMMUNITY-LIAISONS AND REPRESENT ALL SECTORS OF OUR COMMUNITIES PROVIDING INPUT AND FEEDBACK REGULARLY. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

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SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM:

THE ENTITIES OF L+M HEALTHCARE INCLUDE L+M HOSPITAL, THE L+M MEDICAL GROUP (LMPA, PHYSICIAN PRACTICES), THE VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT (VNASC), AND LMW HEALTHCARE (RHODE ISLAND) EACH OF WHICH HAVE A ROLE IN PROMOTING THE HEALTH OF OUR COMMUNITIES. THE L+M HOSPITAL ROLE IS DESCRIBED IN QUESTION 5 ABOVE AND WESTERLY HOSPITAL OPERATES IN SIMILAR FASHION: IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT ACTIVITIES, PROVIDING OPPORTUNITIES FOR HEALTH PROFESSIONS STUDENTS, ENSURING ACCESS TO CARE, PROMOTING PRIMARY PREVENTIVE CARE, PROVIDING SUBSIDIZED HEALTH SERVICES AND SERVING AS A SAFETY NET PROVIDER. VNASC CARES FOR EVERYONE FROM THE ELDERLY WHO WISH TO REMAIN IN THEIR HOMES FOR AS LONG AS THEY CAN AND PATIENTS RECOVERING FROM SURGERY OR ILLNESS, TO NEW MOTHERS, SCHOOLCHILDREN, AND THE HOMELESS USING THE MOST CURRENT MEDICAL ADVANCES AND TECHNOLOGIES IN HOME HEALTHCARE, AND STRENGTHENS COMMUNITY RESOURCES FOR EVERYONE. LMPA, THROUGH ITS PATIENT-CENTERED MEDICAL HOME PRIMARY CARE AND SPECIALTY PRACTICES PROVIDES DIAGNOSTIC, THERAPEUTIC AND PREVENTIVE HEALTH CARE THROUGH PHYSICIANS OF FAMILY PRACTICE, INTERNAL

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MEDICINE, PEDIATRICS, DERMATOLOGY, ENDOCRINOLOGY, GENERAL SURGERY,

ORTHOPEDIC SURGERY, NEUROSURGERY, BREAST AND RECONSTRUCTIVE SURGERY,

NEUROLOGY, REHABILITATION MEDICINE, OBSTETRICS, GYNECOLOGY, CARDIOLOGY

AND INTERVENTIONAL PAIN MANAGEMENT IN MULTIPLE LOCATIONS THROUGHOUT

SOUTHEASTERN CT AND SOUTHWESTERN RI.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT:

L+M HOSPITAL FILES ITS COMMUNITY BENEFIT REPORT IN CONNECTICUT ONLY. THE

L+M HEALTHCARE AFFILIATED ORGANIZATION, WESTERLY HOSPITAL, FILES REPORTS

IN RHODE ISLAND.

OTHER INFORMATION:

A MAJORITY OF L+M HOSPITAL'S TRUSTEES ARE MEMBERS OF THE COMMUNITY SERVED

BY L+M HOSPITAL AND ARE NOT EMPLOYED BY L+M HOSPITAL NOR ARE THEY FAMILY

MEMBERS OF PERSONS EMPLOYED BY L+M HOSPITAL. L+M HOSPITAL EXTENDS

MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY WHO

WISH TO JOIN THE STAFF, CONSISTENT WITH THE SIZE AND NATURE OF ITS

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FACILITIES. EXCESS RECEIPTS FROM OPERATIONS ARE DEVOTED TO IMPROVEMENT

OF FACILITIES, DEBT SERVICE, MEDICAL TRAINING AND RESEARCH.

HEALTH ADVOCACY INITIATIVES

L+M HOSPITAL IS INVOLVED IN HEALTH ADVOCACY INITIATIVES TO REDUCE

UNINTENTIONAL INJURY TO CHILDREN, AND TO IMPROVE THE HEALTHCARE, PUBLIC

HEALTH AND SOCIAL SERVICE SYSTEMS IN NEW LONDON COUNTY. OUR SAFE KIDS

NEW LONDON COUNTY PROGRAM PLAYS A LEADERSHIP ROLE ON THE LOCAL, STATE AND

NATIONAL LEVELS IN ADVOCATING FOR PUBLIC POLICIES THAT REDUCE INJURY RISK

FOR CHILDREN. L+M HOSPITAL'S LEADERSHIP IN THE NEW LONDON COUNTY HEALTH

COLLABORATIVE, AND PARTNERSHIP WITH OVER 12 OTHER ORGANIZATIONS INCLUDING

BACKUS HOSPITAL, THREE HEALTH DEPARTMENTS, THREE FEDERALLY QUALIFIED

HEALTH CENTERS, THE COUNTY ANTI-POVERTY AGENCY, TWO HOMECARE

ORGANIZATIONS, AND THE COUNTY'S LARGEST CHILD ADVOCACY ORGANIZATION, HAS

RESULTED IN THE COLLABORATIVE BEING LOOKED TO AS A VALUABLE RESOURCE FOR

POLICY MAKERS. ADDITIONALLY, THE EFFORTS OF THE NEW LONDON COUNTY HEALTH

COLLABORATIVE ARE HAVING AN IMPACT ON COMMUNITY HEALTH, INITIALLY IN THE

AREA OF IMPROVED ACCESS TO CARE.