

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **The Hospital of Central Connecticut** Employer identification number **06-0646768**

**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?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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</u> %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining 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 _____ %	<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>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5778882.	327,480.	5451402.	1.45%
<b>b</b> Medicaid (from Worksheet 3, column a)			89034906.	75014652.	14020254.	3.73%
<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			94813788.	75342132.	19471656.	5.18%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1535941.	10,127.	1525814.	.41%
<b>f</b> Health professions education (from Worksheet 5)			11353028.	4872215.	6480813.	1.72%
<b>g</b> Subsidized health services (from Worksheet 6)			320,961.	0.	320,961.	.09%
<b>h</b> Research (from Worksheet 7)			365,312.	0.	365,312.	.10%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,951.	0.	1,951.	.00%
<b>j Total.</b> Other Benefits			13577193.	4882342.	8694851.	2.32%
<b>k Total.</b> Add lines 7d and 7j			108390981.	80224474.	28166507.	7.50%



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 The Hospital of Central Connecticut
100 Grand Street
New Britain, CT 06050

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, X, X, X, New Britain General Hospital Campus and Bradley Memorial.

**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 The Hospital of Central Connecticut

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

**Community Health Needs Assessment** (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

	Yes	No
1	X	
3	X	
4		X
5	X	
7	X	
8a		X
8b		

If "Yes," indicate what the CHNA report describes (check all that apply):

- a  A definition of the community served by the hospital facility
- b  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  How data was obtained
- e  The health needs of the community
- f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g  The process for identifying and prioritizing community health needs and services to meet the community health needs
- h  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  Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12

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

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

5 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a  Hospital facility's website
- b  Available upon request from the hospital facility
- c  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  Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b  Execution of the implementation strategy
- c  Participation in the development of a community-wide plan
- d  Participation in the execution of a community-wide plan
- e  Inclusion of a community benefit section in operational plans
- f  Adoption of a budget for provision of services that address the needs identified in the CHNA
- g  Prioritization of health needs in its community
- h  Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i  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

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)?

b 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) The Hospital of Central Connecticut

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 free 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 discounted 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 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)		
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 type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" 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 type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

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 patient 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) **The Hospital of Central Connecticut**

- 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**

	Yes	No
<b>19</b> 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)		

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

<b>20</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>21</b> 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?		X
If "Yes," explain in Part VI.		
<b>22</b> 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?		X
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: The Hospital of Central Connecticut uses Federal Poverty Guidelines to determine eligibility.

Part I, Line 6a: The Organization's community benefit results were included in Hartford Hospital's (a related organization) Community Benefit Report.

Part I, Line 7: The organization utilized an overall cost to charge ratio, (RCC), developed from the Medicare Cost Report. Total expense was adjusted for: medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost

**Part VI** Supplemental Information

report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

Part I, Line 7g: Physician clinic costs were included in the subsidized Health Services cost calculations.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 17 of the Audited Financial Statement. This note also relates to Part III, Line 2.

Part III, Line 3

In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2013 would be immaterial.

Part III, Line 8: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

The Hospital of Central Connecticut:

Part V, Section B, Line 3: The Hospital of Central Connecticut contracted with Holleran, an independent research and consulting firm

**Part VI** Supplemental Information

located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the qualitative research components is included below:

THOCC sought community input through Key Informant Interviews with community stakeholders. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by THOCC including medically underserved, low income, and minority populations. Interviews were conducted with key community leaders. In total, 21 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

## Name - Organization

Dr. Michael Grey - The Hospital of Central Connecticut

Dr. Jeffrey Finkelstein - The Hospital of Central Connecticut

Kathy Scalise - The Hospital of Central Connecticut

Paul Hutcheon - Central Connecticut Health Department

Sergio Lupo - New Britain Health Department

Francine Truglio - New Britain Health Department

Shane Lockwood - Plainville/Southington Health Department

Wendy DeAngelo - Wheeler Clinic

Ray Gorman - Community Mental Health Affiliate

Yvette Highsmith Francis - Community Health Centers

Ellen Rothberg - VNA Healthcare

**Part VI** Supplemental Information

Pat Ciardullo - New Britain EMS

Grace Damio - Hispanic Health Counsel

Fatma Antar - Berlin Mosque

Monsignor Daniel Plocharczyk - Sacred Heart of New Britain

Stephen J. Varga - New Britain Area Inter Faith Conference

John Myers - Southington YMCA

Roseanne Bilodeau - Pathway Senderos

Mary Royce - New Britain Housing Authority

Carol Zesut - New Britain Police Department

Trish Walden - Central Connecticut Senior Health Services

A Household Telephone Survey was also conducted with 630 randomly-selected community residents who reside within specific zip codes in Hartford County, CT. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the service area of THOCC.

The Hospital of Central Connecticut:

Part V, Section B, Line 20d: The Hospital of Central Connecticut is in the process of adopting 501(r) Regulations. Once the regulations are final, the Hospital will be in compliance.

**Part VI** Supplemental Information

Part VI, Line 2: The Hospital of Central Connecticut assesses the health care needs of the communities it serves in several manners. HOCC has recently conducted a community needs assessment of the population within its service area in order to ascertain the prevalent health care needs. The assessment identified chronic diseases, defined the population cohorts most at risk and segregated needs based on socioeconomic and mental status. Within these stratifications, HOCC looked to identify the barriers to receiving appropriate care such as lack of transportation, program capacity, mobility issues, mental status, age, and language. The Hospital will be partnering with other community organizations to address some of the most prevalent needs identified. HOCC also analyzed claims based data to understand what medical diagnoses and surgical procedures are attributed to its local population in order to plan for program growth and/or capacity. Another method HOCC employs is through continuous contact and collaboration with local community groups. These groups often identify medical services that are needed in the community that HOCC ought to address.

Part VI, Line 3: The patients are educated about Financial Assistance by the signage and Financial Assistance summary hand out available in the following departments at the hospital, Admitting, Patient Accounts, Emergency Department, Behavioral Health, and Social Services. Financial Assistance education is also provided on the back of the hospital's monthly statement, by our outside vendors, and collection agencies.

Part VI, Line 4: The Hospital of Central Connecticut (HOCC) serves primarily the communities located in greater New Britain and the surrounding towns including Berlin, Plainville and Southington, with some

**Part VI** Supplemental Information

coverage of Bristol, Burlington, Cheshire, Cromwell, Farmington, Meriden, Newington and West Hartford. The total population in HOCC's service area is 441,300 as defined by CERC town profiles for 2010. The most prominent race is Caucasian at about 77% of the total population which has been declining as the Hispanic population has grown to approximately 13% of the total 12 town primary and sub-service areas. Within HOCC's primary service area of Berlin, Plainville, New Britain and Southington, the Hispanic population counts for 19%. The population in HOCC's service area is older than the US and CT as a whole with approximately 16% in the over 65 category in some of the primary towns. The median household income in HOCC's communities varies significantly with 16.4% of NB's population living beneath the federal poverty level compared to 1.1% of Burlington's population.

Part VI, Line 5: The Hospital of Central Connecticut (HOCC) is responsive to the community by having a completely open medical staff and a board of trustees with diverse membership that reflects the community at large.

HOCC is a Disproportionate Share Hospital with one of the highest rates of Medicaid patients in the state. The organization provides space for the Medicare Choices program to help community members select the Medicare programs that are best for them. The organization has a full graduate medical education program for physician training with UCONN, and also provides training for nursing and allied health students, including a specialty echosonographer program. HOCC is a major sponsor of the New Britain Health Academy, a program that exposes local high school students to careers in the healthcare field. Presented in partnership with other

**Part VI** Supplemental Information

community organizations, the Academy offers students an opportunity to learn about the types of jobs available, and facilitates contact with healthcare professionals who can guide program participants.

In FY 2013 HOCC continued to sponsor a community service organization fair where area not-for-profits are invited to the hospital to share with HOCC's community about their mission and purpose. In addition, various hospital staff members and departments support community events on an ongoing basis, as well as frequent monetary and in-kind donations to area organizations in need.

HOCC also participates in the Medical Legal Partnership Program. This program recognizes that there are many issues that may affect children and families seeking health care that are not specifically healthcare problems. These include landlord tenant and housing issues. The program helps healthcare providers direct families to resources that can assist with these issues. Among our outreach services is our Mothers Offering Mothers Support (M.O.M.S.) program, a weekly support program for mothers 21 years old and under. Program leaders are women who were also young mothers and now are helping others. In addition, The Hospital of Central Connecticut has a program in which indigent patients who are being discharged from the hospital who do not have prescription drug coverage receive dosages of their prescribed medications to help them recover and comply with treatment guidelines and to reduce readmission rates.

Part VI, Line 6: The Hospital of Central Connecticut is an 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 of the system hospitals.

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