

**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

Midstate Medical Center

Employer identification number

06-0646715

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	<input checked="" type="checkbox"/>	
1b 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"/>	
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
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 checked="" type="checkbox"/>	
<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 _____ %		
c 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.		
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"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost						
	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2771875.	0.	2771875.	1.30%
b Medicaid (from Worksheet 3, column a)			46986979.	35472291.	11514688.	5.38%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			49758854.	35472291.	14286563.	6.68%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			487169.		487169.	.23%
f Health professions education (from Worksheet 5)			256372.		256372.	.12%
g Subsidized health services (from Worksheet 6)			4196080.	3488985.	707095.	.33%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6499.		6499.	.00%
j Total Other Benefits			4946120.	3488985.	1457135.	.68%
k Total. Add lines 7d and 7j			54704974.	38961276.	15743698.	7.36%

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 Midstate Medical Center

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)

	Yes	No
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 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 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 checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the 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
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) Midstate Medical Center

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) Midstate Medical Center

- 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		X
22		X

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?

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: Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: The organization utilized the Ratio of Cost to Charges (RCC) derived from the FY 2013 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community 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. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7g.

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

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Part II: MidState Medical Center has a very robust community benefits program. MidState coordinates a Community Vision group that interacts with the community to address needs and facilitate responses to identified needs. Through Community Vision, MidState has collaborated with the United Way of Meriden and Wallingford to address food collection and distribution for the needy while also conducting semi-annual food collections within the hospital for distribution to those in need. More specifically, MidState is involved in a Family Zone in Meriden that is modeled after the Harlem Children Zone in New York and provides extended services to families who reside in a targeted segment of the community. MidState representatives also serve on a housing coalition that addresses the need for housing and shelter in its primary service area. Since basic needs, such as food and housing, are tied to health status, MidState's participation in these initiatives alongside the Untied Way has been important and beneficial to the community the hospital serves.

MidState staff is also involved in workforce development activities through a regional board that is focused on training, education, and employment opportunities. This enhances the training of the workforce and also can lead to career opportunities at MidState Medical Center. Furthermore, MidState is proud of the school-business partnerships it has in the community, further addressing workforce development efforts among the area's youth and understanding that employment is another factor tied to health status.

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students

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through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

Over 20 years ago MidState and its community partners, under the Healthy Meriden initiative, established the Multidisciplinary Geriatric Service Provider Team to bring together all the geriatric service providers in the area to address health issues that the elderly face and how the organizations around the table can better address those issues through collaboration, more coordinated service, and networking. The team still continues to meet monthly and participation is strong. MidState assists with organizing these meetings and serves as a meeting location for the group. Through this specialized team, work is being done to improve the healthcare services available to our aging population.

For FY13, the Medical Center expended \$15,970 on community building activities as reported on Part II of schedule H and in the narratives above.

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.

Over the past couple of years, the Organization has employed a consulting firm to analyze bad debt that could have been attributable to financial assistance. As part of an ongoing process, this analysis continued

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throughout fiscal 2013 and any potential bad debt that should have qualified for financial assistance was allocated accordingly. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2013 is 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. Therefore the Medicare shortfall should be considered to be a community benefit. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b: Midstate Medical Center has adopted the Financial Assistance Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities may offer extended payment plans to eligible patients, 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.

Midstate Medical Center:

Part V, Section B, Line 3: Seven focus groups were conducted in Meriden and Wallingford between December 2011 and January 2012. A combination of social service agency workers, chamber of commerce members, and residents were recruited to ensure full representation from the Meriden and

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Wallingford communities.

The following five groups were identified as having members that could best speak to the basic and healthcare needs in the communities:

- * Meriden Human Service Providers
- * Wallingford Community Forum members
- * United Way Agency Directors
- * Meriden Chamber of Commerce members
- * Quinnipiac Chamber of Commerce members

A MidState representative worked with the leader of each of these groups to schedule a focus group date and distribute recruitment letters to the group members. The MidState representative also worked with key individuals in the Meriden and Wallingford communities to recruit 6-10 residents for two additional focus groups with residents. In Meriden, the Health & Human Services Department social worker talked with her colleagues to identify individuals who could speak to their basic and health care needs, or needs they were seeing among their family or friends. In Wallingford, the Executive Director of the YMCA and the Spanish Community of Wallingford were critical in helping to recruit residents. The Meriden resident focus group was held at the Meriden Health Department. The Wallingford resident focus group was held at the Spanish Community of Wallingford. There were a total of 53 focus group participants with a diverse distribution of ages, races and education levels. The focus groups addressed the following topics with agency workers, chamber members and residents:

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- * Basic needs, such as housing, food, and transportation
- * Healthcare related needs
- * How these needs have changed in the last three years
- * Social services currently being utilized in the community
- * Community strengths
- * Opportunities for improvement in the community

Midstate Medical Center:

Part V, Section B, Line 20d: Midstate Medical Center is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

Part VI, Line 2: MidState Medical Center conducts needs assessment every three years. The assessment includes:

1. Primary data, including focus groups, surveys both on paper and on the phone. This data addresses behaviors and perceptions.
2. Secondary data, including morbidity and mortality data, crime statistics, housing and homeless information, substance abuse, alcohol, and tobacco survey results, workforce data, and demographic information.
3. Other available data from various local, state, and national resources. This data is correlated and evaluated and leads to specific issues related to basic needs, health, housing, workforce, and issues related to specific age groups, including seniors and youth. A community group, incorporating MidState Medical Center, United Way, Chamber of Commerce, as well as other health and human service organizations, key opinion leaders, business leaders, clergy, and other volunteers collaborate to address these issues.

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This group has convened community-based task forces to address identified issues.

Part VI, Line 3: MidState Medical Center disseminates information about its Financial Assistance Policy as follows: (i) provide signage regarding this 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 Website; (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: MidState Medical Center serves its primary area, including Meriden, Wallingford, Southington, and Cheshire as well as the communities of Berlin, North Haven, Middlefield, Durham and surrounding communities. The population of the towns in the primary service area is 29,411 (Cheshire), 58,801 (Meriden), 45,030 (Wallingford) and 42,534 (Southington). The media household income in Cheshire is \$101,392, \$50,439 in Meriden, \$69,216 in Wallingford, and \$73,985 in Southington, with poverty rates at 2.5, 15.8, 6.4, and 3.7, respectively. Unemployment rates are as follows: 6.3 in Cheshire, 10.2 in Meriden, 7.5 in Wallingford and 7.2 in Southington.

Due to the nature of the services MidState provides, patients are

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primarily over the age of 65. However, since the hospital also offers emergency, surgical, and labor and delivery services, the hospital's core customers vary in age from children through geriatrics. Approximately 63% of MidState's patients have government insurance, about 44% of which is Medicare and 19% which is Medicaid. The other 37% is private pay, which includes the privately insured as well as the uninsured. MidState's patient base is fairly diverse in race. Although because of the hospital's location in Meriden, MidState serves a larger portion of the Hispanic population.

Part VI, Line 5: The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. In towns across central Connecticut, MidState is committed and focused on efforts to promote health and wellness. The majority of MidState Medical Center's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

MidState Medical Center extends medical staff privileges to all qualified physicians in its community. The Hospital/Medical Center has partnered with the Community Health Center to provide health services to the underserved in the community. In addition, MidState participates in Community Vision to improve community health and well-being.

MidState has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means tested programs such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the

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MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for services.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff have reached out to thousands of individuals in the last year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations. MidState and these partners come together on a monthly basis in Community Vision meetings to discuss plans to address community need and determine the best means to promote positive change. Many of the issues address focus on the ongoing work related to the 2011 Community Needs Assessment Project conducted by MidState and the United Way of Meriden and Wallingford.

MidState has also contributed to the community in the following ways:

Financial Assistance - MidState Medical Center is the leading safety net providers of acute medical care for the communities it serves. MidState routinely provides services to uninsured patients and to people covered under government programs for which it does not receive full payment.

Eligibility for the financial assistance programs is dependent on income and other personal circumstances.

Lung Cancer Screening Program - For years lung cancer survival rates have

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fallen far below that of other cancers, typically, because lung cancer is often found at a later stage when treatment is less effective. However, a study that was published by the New England Journal of Medicine offered new hope in the early detection of lung cancer, suggesting that individuals who are high-risk and undergo a low dose screening CT scan can increase their chances of survival by 20 percent. In summer 2013, MidState Medical Center took a giant step forward in the efforts of early detection by launching its Lung Cancer Screening Program, which makes low-dose CT scans available at no charge to patients who qualify.

In order to qualify for a free screening, a patient must be a current or former smoker (having quit within the last 15 years), be between the ages of 55 and 74 and healthy enough to undergo treatment, have a smoking history of at least 30 pack-years, and have no previous history of lung cancer. Younger patients between the ages of 50 and 54 may also fit the criteria if they have had a second exposure to their lungs, such as radon or another occupational hazard or a family history of lung cancer.

To date, MidState has screened close to 200 individuals, at no charge, in the communities it serves. Doctors estimate that for every 100 people screened, 1 lung cancer will be found. To date, two lung cancers have been detected at early stages, allowing for critical treatment to begin. The program has provided free screenings in the amount of nearly \$150,000.

Senior Emergency Care Services - In May 2013, with an eye on the health needs of our aging population, MidState began offering a newer, innovative approach to caring for seniors in its Emergency Department. When a patient 65+ comes to our Emergency Department, they are not just treated for the

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ailment that brought them to the hospital. A multi-disciplinary team also performs a special assessment to gauge the patient's status and whether they may have medication issues, be a fall risk or suffer from ailments like dementia and depression. The hope is to identify follow-up care before the condition worsens. When patients leave our Emergency Department, we make sure they are transitioning home or to another care setting smoothly by developing individualized care plans following discharge, making follow-up appointments with physicians, and referring patients to a reputable, high-quality physician if they do not have a primary care doctor.

Connecticut Center for Healthy Aging - Since its inception in 2004, more than 2,500 seniors and their families have benefited from the educational resources, consultation and referral services available through the Connecticut Center for Healthy Aging. The Center has three locations: the New Britain General and Bradley Memorial campuses of The Hospital of Central Connecticut, and most recently, at MidState Medical Center. With the partnership of Central Connecticut Senior Health Services, the center offers assessments and referral services based on identified needs; helps seniors and caregivers with access to medical care, social services, community resources, financial planning and elder law advisors, holistic care and wellness programs; education and training for caregivers, elders and family members.

Health Fairs, Support Groups, Programs & Screenings - MidState has coordinated and participated in nearly 65 different program categories, including health fairs, countless educational seminars and dozens of free health screenings. The hospital also offers a number of support groups for

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cancer patients, new moms, diabetes patients and bereavement support. Through the combination of these programs, MidState has served tens of thousands of people.

The LaPlanche Clinic & Geriatric Outreach - MidState's LaPlanche Clinic was established in 1979 to meet the growing needs of the senior population in town. Working collaboratively with the Meriden Senior Center, the clinic is staffed by a registered nurse who provides education and care to seniors. Screenings offered include blood pressure, cholesterol and glucose, as well as regular programming on health topics such as nutrition, heart health, cancer prevention, healthy lifestyles and more. The clinic sees approximately 2,000 patient visits each year. A similar clinic operates out of the Cheshire Senior Center once per week, where another several dozen seniors in MidState's core community receive outstanding clinical care and free blood pressure screenings. MidState also runs an 8-week program called Diet Watch that focuses on nutrition basics to help seniors live healthy lifestyles.

Speakers' Bureau - Our MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered free of charge for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups. Together the Central Region participates in a Healthy Family FunFest held at the Aqua Turf annually and open to the public free of charge. Last year nearly 2,500 participants attended and took advantage of the numerous screenings, health oriented programs, literature and

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personnel.

Community Partners -MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year, MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAS, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community.

Tremaine Resource Center - Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital.

Part VI, Line 6: MidState Medical Center is an Affiliate of Hartford HealthCare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services 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

Schedule H (Form 990)

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Part VI Supplemental Information

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 largest 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:

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