

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

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.  
▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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
<b>Financial Assistance and Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1)			10,044,832.		10,044,832.	.96%
b Medicaid (from Worksheet 3, column a)			188,039,233.	148,749,920.	39,289,313.	3.77%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs			198,084,065.	148,749,920.	49,334,145.	4.73%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,177,407.	251,617.	3,925,790.	.38%
f Health professions education (from Worksheet 5)			54,199,246.	17,884,772.	36,314,474.	3.49%
g Subsidized health services (from Worksheet 6)			6,961,198.	3,467,821.	3,493,377.	.34%
h Research (from Worksheet 7)			7,931,644.	938,792.	6,992,852.	.67%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,835,266.	11,949,546.	4,885,720.	.47%
j <b>Total</b> Other Benefits			90,104,761.	34,492,548.	55,612,213.	5.35%
k <b>Total</b> . Add lines 7d and 7j			288,188,826.	183,242,468.	104,946,358.	10.08%





**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 Hartford Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 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	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	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 (list url): <u>www.harthosp.org</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input 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 checked="" type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C 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) **Hartford Hospital**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C 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 Section C 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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 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 checked="" type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
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 the individual'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 Section C)		
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 individual'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 Section C)		

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

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

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the 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)

**Policy Relating to Emergency Medical Care**

	Yes	No
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? .....	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 Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
21 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? .....		X
If "Yes," explain in Section C.		
22 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? .....		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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Hartford Hospital:

Part V, Section B, Line 3: The Community Health Needs Assessment

("CHNA") process for Hartford began in October 2010 with an initial meeting of representatives from area hospitals, namely Connecticut Children's Medical Center, Hartford Hospital, Saint Francis Hospital and Medical Center, and the University of Connecticut Health Center. This consortium of health care organizations ("The Consortium"), including the City of Hartford Department of Health and Human Services ("HHS"), voluntarily came together to address this requirement and to collaborate on a community health needs assessment which would maximize resources and develop a comprehensive and useful document for agencies working in the City of Hartford. Specifically input was received in the following ways:

1. Key Stakeholder Interviews: Each stakeholder identified 5 to 10 people in management or leadership positions with various community organizations including health and human services, religious organizations, and government agencies, 85 in all. Respondents were asked, via phone interview, to critically evaluate health needs pertinent to the community through their experience. Survey questions focused on underserved populations and access to care issues in the City of Hartford. In total, 59 interviews were conducted.

2. Hartford Survey Project: In order to better understand Hartford's human service needs and barriers to receiving services, a face to face survey by Urban Alliance, a local non profit organization, was conducted. 402 resident surveys were completed at 12 locations throughout the city to

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

promote geographical and ethnic diversity among respondents; these locations include grocery stores, pharmacies, and community events and programs. Respondents were asked to indentify if they would benefit from any of 12 service areas, the possible barriers to obtaining these services, and which 3 of the 12 areas have a need for additional services. In addition they were asked to rank the top 3 service areas in Hartford that they believed were in most need. Total respondents to the survey were 57% female and 43% male. The ethnicity breakdown was 39% African American, 37% Latino, 9% White, and 8% West Indian. Age categories for respondents were 27% between 18 and 29 years old, 42% between 30 and 49, 2% between 50 and 64 and 6% were 65 and older.

Hartford Hospital:

Part V, Section B, Line 4: Hartford Hospital conducted the needs assessment with two other hospital facilities: Saint Francis Hospital and Connecticut Children's Medical Center.

Hartford Hospital:

Part V, Section B, Line 5d: The needs assessment was published in March 2012 and is available on the hospital's website. In addition, copies were distributed to local non-profit organizations, colleges, churches, and state and local government representatives. These reports are also made available in waiting areas of the various departments within the hospital.

**Part V Facility Information** (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

## Hartford Hospital:

Part V, Section B, Line 6i: Although a formal budget was not adopted, money was set aside for the provision of services that addressed the needs identified in the CHNA.

## Hartford Hospital:

Part V, Section B, Line 7: At a meeting in April 2012, the hospitals, Hartford's Department of Health and Humans Services, and local partners met to prioritize the health issues determined by the needs assessment. Participants engaged in a ranking exercise and rated each issue on a 5 point likert Scale based on the following criteria: scope & severity, ability to impact and gaps in services. The higher the average, the greater perceived significance of the issue. Access to Care, Obesity, Diabetes, Cardiovascular Disease, and Mental and Behavioral Health rose to the top. Sexually Transmitted Diseases, Infant Mortality, Oral Health, Environmental Health, Asthma, and Cancer were at the bottom of the list. Participants came to the consensus that all the health issues identified in the needs assessment were important, but they noted the need to focus resources and efforts toward specific health issues such as the five identified. However, they stressed the importance of adopting broad reaching system changes that would improve coordination of care for individuals living in the City of Hartford.

## Hartford Hospital:

Part V, Section B, Line 14g: A public notice regarding financial

**Part V** Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

assistance and availability of free beds funds is posted at all of the admission sites, including admitting and emergency department. Patients are also encouraged to call the service center if they need financial assistance.

Hartford Hospital:

Part V, Section B, Line 20d: Hartford Hospital is in the process of adopting the final 501R regulations.

**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? 12

Name and address	Type of Facility (describe)
1 Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
2 West Hartford Surgery Center 65 Memorial Road, Suite 500 West Hartford, CT 06102	General Cardiology, Integrative Medicine
3 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
4 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
5 Glastonbury Surgery Center 195 Eastern Boulevard Glastonbury, CT 06033	Surgery Center
6 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
7 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center
8 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
9 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Education Center
10 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center

Schedule H (Form 990) 2013



**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.

Part I, Line 3c:

Explanation: Hartford Hospital used Federal Poverty Guidelines to determine eligibility.

Part I, Line 7:

Explanation: The organization utilized the Ratio of Cost to Charges charge (RCC), derived from the FY 2014 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. 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 report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

**Part V** Supplemental Information (Continuation)

## Part I, Line 7g:

Explanation: No physician clinic costs were included in the subsidized Health Services cost calculations.

## Part II, Community Building Activities:

Explanation: Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$900,000 on community building activities during fiscal year 2014 as outlined on Sch. H, Part II. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty; quality of housing; neighborhood safety; and education can be found in the following Community Building activities.

Advocacy for Community Health Improvement - Since the community the Hospital serves is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition Against Domestic Violence, Community Partners in Action (to assist people in the criminal justice system), Connecticut Women's Education and Legal Fund (dedicated to advancing women's rights and opportunities), and the Anti Defamation League.

Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for Giving, and the Connecticut Council for Philanthropy to ensure programs to

**Part VI** Supplemental Information (Continuation)

improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.

Community Support - To address the personal safety for participants at evening activities, as well as to prevent vandalism and break ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7. Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment.

Economic Development - Hartford Hospital is active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city: Greater Hartford Arts Council; Metro Hartford Alliance; The Children's Museum, Connecticut Center for Advanced Technology; IQUILT, and Chambers of Commerce for towns in the Hospital's service area.

Environmental Improvements - Working with the City of Hartford, Hartford Hospital responded to serious traffic accidents on a street adjacent to the campus by installing an island, increasing visibility at crosswalks and installing a speed detector. These road safety improvement changes have helped to reduce accidents and injuries. Another example is the organizing, support and promotion of clean up projects such as the one held at the South Green Park which not only cleaned up the property, but

**Part VI** Supplemental Information (Continuation)

included planting flowers and shrubs to encourage community pride to keep the property in good condition.

Housing - Hartford Hospital is a member of the Southside Institutions Neighborhood Alliance (SINA), a collaborative effort of Hartford Hospital, Connecticut Children's Medical Center and Trinity College. The City of Hartford has one of the lowest percentages of home ownership in the country. Renters are often exposed to lead paint, a potentially dangerous toxin to children. SINA is currently developing a construction project of 10 new one family homes for sale to first time home buyers to address the need for safe, clean housing and to provide commitment to the community and neighborhood through home ownership.

Leadership Development - Hartford Hospital supported the National Society for Hispanic MBAs, which provided graduate management education and professional development.

Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the Pie for social and personal growth of urban youth; spelling bees; Hartford Public Schools city wide Science Fair; and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance.

Part III, Line 4:

Explanation: Please see the text of the footnote that describes bad debt expense on pages 16 - 19 of the Audited Financial Statement.

Part III, Line 3: In 2012 a pre-bad debt financial assistance screening

**Part VI** Supplemental Information (Continuation)

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 2014 would be immaterial.

## Part III, Line 8:

Explanation: The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

## Part III, Line 9b:

Explanation: The Financial Assistance Policy states: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital 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.

## Part VI, Line 2:

Explanation: Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and

**Part VI** Supplemental Information (Continuation)

Human Services, St. Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at least once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment.

Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

Part VI, Line 3:

Explanation: Hartford Hospital disseminates information about its Financial Assistance Policy as follows: (i) provides 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 provides each patient with a written summary describing the Policy along with financial assistance contact information in admissions, patient registration discharge, billing and collection

**Part VI** Supplemental Information (Continuation)

written communications; (iii) posts the Policy on the Hospital's Home page; (iv) educates 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:

Explanation: Hartford Hospital is located in the capital of the State of Connecticut. The Hartford Region encompasses 734.9 square miles and houses a total population of 893,504 residents, according to latest census estimates. Hartford County is predominantly urban, with 94.6% of the population living in areas designated as urban. In Hartford County, 22.7% of the population are infants, children or adolescents (age 0-17); another 62.6% are age 18 to 64, while 14.6% are age 65 and older. In looking at race independent of ethnicity (Hispanic or Latino origin), 73.3% of residents of Hartford County are White and 13.1% are Black. A total of 15.4% of Hartford County residents are Hispanic or Latino.

The latest census estimate shows 11.5% of the Hartford County population living below the federal poverty level. In all, 24.5% of Hartford County residents (an estimated 212,802 individuals) live below 200% of the federal poverty level. Additionally, 15.8% of Hartford County children age 0-17 live below the 200% poverty threshold. Among the Hartford County population age 25 and older, 12.3% do not have a high school education. There is one other acute care hospital in Hartford, as well as one in a suburb and two smaller acute care hospitals in nearby towns.

## Part VI, Line 5:

Explanation: The mission of Hartford Hospital is to improve health and

**Part VI** Supplemental Information (Continuation)

healing of the people of the communities it serves. The majority of Hartford Hospital'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.

Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being.

The Hospital 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, as well as for the Hospital's Financial Assistance Program.

As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at other hospitals. These services are provided regardless of a patient's ability to pay.

The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O.

Part VI, Line 6:

Explanation: Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its

**Part VI** Supplemental Information (Continuation)

affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates including all supporting organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advance and compassionate coordinated care. 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."

The affiliation with HHC 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 largest of the system hospitals.

The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs

**Part VI** Supplemental Information (Continuation)

of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. Additionally, the hospital is affiliated with several other non hospital charitable organizations.

These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

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

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