

**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 **THE MILFORD HOSPITAL, INC.** Employer identification number **06-0646741**

**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>b</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 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?		
<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)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)		271	264,381.	20,299.	244,082.	.12%
<b>b</b> Medicaid (from Worksheet 3, column a)		10,579	11724814.	7346713.	4378101.	2.17%
<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		10,850	11989195.	7367012.	4622183.	2.29%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	41	101,131	78,204.	2,885.	75,319.	.04%
<b>f</b> Health professions education (from Worksheet 5)	7	154	484,644.		484,644.	.24%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	11	68,002	108,038.		108,038.	.05%
<b>j Total.</b> Other Benefits	59	169,287	670,886.	2,885.	668,001.	.33%
<b>k Total.</b> Add lines 7d and 7j	59	180,137	12660081.	7369897.	5290184.	2.62%



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, primary website address, and state license number

1 THE MILFORD HOSPITAL, INC.
300 SEASIDE AVENUE
MILFORD, CT 06460

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first three columns and 'X' in the ER-24 hours column.

**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 MILFORD HOSPITAL, INC.

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)		
<b>1</b> 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	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
<b>3</b> 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	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		<b>X</b>
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MILFORDHOSPITAL.ORG</u>		
<b>b</b> <input type="checkbox"/> Other website (list url):		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>6</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>7</b> 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	<b>X</b>	
<b>8a</b> 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>X</b>
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> 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 MILFORD HOSPITAL, INC.

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 checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" 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 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 Section C)		

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 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) THE MILFORD HOSPITAL, INC.

- 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**

**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
<b>19</b>	<input checked="" type="checkbox"/>	

If "No," indicate why:

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

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

**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 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?

<b>21</b>		<input checked="" type="checkbox"/>
<b>22</b>		<input checked="" type="checkbox"/>

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?

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.

THE MILFORD HOSPITAL, INC.:

PART V, SECTION B, LINE 3: IN PREPARING THE CHNA, MILFORD HOSPITAL CONSULTED WITH HOLLERAN ASSOCIATES. THE CHNA WAS COMPRISED OF BOTH QUALITATIVE AND QUANTITATIVE RESEARCH COMPONENTS INCLUDING IN DEPTH REVIEW OF THE MILFORD COMMUNITY NEEDS ASSESSMENT CONDUCTED BY THE UNITED WAY OF CONNECTICUT'S COMMUNITY RESULTS CENTER. THIS STUDY WAS COMPRISED OF FOCUS GROUPS, KEY INFORMANT INTERVIEWS, A WEB BASED SURVEY AND SECONDARY DATA. IN ADDITION, A COLLECTION AND ANALYSIS OF ADDITIONAL DATA INCLUDING HEALTH INDICATORS AND STATISTICS AS REPORTED BY THE CDC AND THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WAS CONDUCTED.

IN DEVELOPING AN IMPLEMENTATION STRATEGY AND COMMUNITY PLAN, THE HOSPITAL HELD A STRATEGIC PLANNING SESSION WITH THE FOLLOWING COMMUNITY LEADERS AND PROVIDERS:

JOSEPH PELACCIA, MILFORD HOSPITAL, PRESIDENT AND CEO

LAURA SMITH, MILFORD HOSPITAL, VICE PRESIDENT FINANCE AND CFO

DR. LLOYD FRIEDMAN, VICE PRESIDENT MEDICAL AFFAIRS AND COO

KAREN KIPFER, MILFORD HOSPITAL, DIRECTOR OF COMMUNITY RELATIONS

SENATOR GAYLE SLOSSBERG, STATE SENATOR

STEVE FOURNIER, ASSISTANCE MAYOR, CITY OF MILFORD

DR. ELIZABETH FESER, SUPERINTENDENT OF SCHOOLS, CITY OF MILFORD

DR. DENNIS MCBRIDE, DIRECTOR, CITY OF MILFORD HEALTH DEPARTMENT

JOHN A. HARKINS, MAYOR, CITY OF STRATFORD, CT

GARY JOHNSON, UNITED WAY OF MILFORD, PRESIDENT

BARRY KASDAN, PRESIDENT AND CEO, BRIDGES, A COMMUNITY SUPPORT SYSTEM

**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.

ROBERT LEWIS, MD, CARDIOVASCULAR PHYSICIANS AND CONSULTANTS, LLC

JOYCE LINDSAY, DIRECTOR, HOME CARE PLUS

ANN MARIE RICKS, MD, SEASIDE OB/GYN OF MILFORD

CALVIN E. ROBINSON, JR., PASTOR, FIRST BAPTIST CHURCH

Multiple horizontal lines for additional facility information.



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:

N/A

PART II, COMMUNITY BUILDING ACTIVITIES:

MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS TRAINING AND DISASTER PLANNING FOR THE HOSPITAL AND THE COMMUNITY IT SERVES.

PART III, LINE 2:

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 2:

THE CALCULATION OF THE HOSPITAL'S RCC WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990 INSTRUCTIONS.

PART III, LINE 3:

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 3:

THE CALCULATION OF THE HOSPITAL'S RCC WAS DERIVED FROM WORKSHEET 2 OF THE FORM 990 INSTRUCTIONS.

**Part VI** Supplemental Information (Continuation)

RATIONALE FOR INCLUDING A PORTION OF BAD DEBT AMOUNTS AS COMMUNITY  
BENEFIT:

THE HOSPITAL DOES NOT RECEIVE PAYMENTS FOR HEALTHCARE SERVICES  
PROVIDED TO UNINSURED INDIVIDUALS IN THE MILFORD COMMUNITY. INDIVIDUAL  
MEMBERS OF THE COMMUNITY ARE BENEFITING FROM GETTING HEALTHCARE  
SERVICES AT NO COST TO THEM.

PART III, LINE 4:

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL  
STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE:

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES  
PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS  
RESULT FROM THE PROVISION FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS  
UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE  
AMOUNT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S  
ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND  
ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH CARE COVERAGE  
AND OTHER COLLECTION INDICATORS.

PART III, LINE 8:

THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR  
MEDICARE PATIENTS BY APPROXIMATELY \$4.8M. THE COSTS WERE DERIVED FROM THE  
MEDICARE COST REPORT.

PART III, LINE 9B:

THE HOSPITAL HAS POLICIES AND PROCEDURES TO ASSIST COLLECTION  
PERSONNEL IN DETERMINING A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE

**Part VI** Supplemental Information (Continuation)

WHO HAVE NO INSURANCE AND MEET SPECIFIC INCOME THRESHOLDS BASED ON THE  
POVERTY GUIDELINES.

PART VI, LINE 2:

IN ADDITION TO THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT,  
WHICH GUIDES THE PLANNING AND IMPLEMENTATION OF HEALTH AND WELLNESS  
PROGRAMMING AND SERVICES, MILFORD HOSPITAL SURVEYS COMMUNITY  
ORGANIZATIONS, THE SCHOOL SYSTEMS AND THE LOCAL GOVERNMENT TO ASSESS THE  
HEALTH AND EDUCATIONAL NEEDS OF THE COMMUNITY. THIS IS DONE VIA COMMITTEE  
AND COALITION MEETINGS AND PARTNERSHIPS, AS WELL AS, INFORMAL AND FORMAL  
SURVEYS AND EVALUATIONS.

PART VI, LINE 3:

NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS  
POSTED BY THE HOSPITAL IN BOTH ENGLISH AND SPANISH IN THE FOLLOWING  
LOCATIONS: ADMITTING, EMERGENCY, BILLING AND CREDIT AND COLLECTIONS AND  
SOCIAL SERVICES DEPARTMENTS.

PART VI, LINE 4:

MILFORD HOSPITAL SERVES THE COMMUNITY OF MILFORD, CT AND  
SEVERAL SURROUNDING COMMUNITIES. MILFORD IS A SMALL CITY OF 52,759  
RESIDENTS LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND  
SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRIES.  
THE MAJORITY OF THE POPULATION IDENTIFIES THEMSELVES AS WHITE (89.15%),  
HOWEVER, THE ASIAN AND HISPANIC POPULATIONS HAVE INCREASED RAPIDLY.  
MILFORD HAS AN OLDER POPULATION (16.3% OVER THE AGE OF 65), HIGHER THAN  
BOTH THE CONNECTICUT AND NATIONAL AVERAGES. CHILDREN AND YOUTH COMPRISE  
20% OF THE POPULATION. THE ECONOMIC INDICATORS ARE MIXED. RESIDENTS HAVE

**Part VI** Supplemental Information (Continuation)

EXPERIENCED FINANCIAL STRESS IN RECENT YEARS. THE SURROUNDING COMMUNITIES HAVE SIMILAR DEMOGRAPHIC PROFILES.

PART VI, LINE 5:

MILFORD HOSPITAL IS NOT ONLY THE HEALTHCARE PROVIDER FOR THE COMMUNITY, BUT ALSO A RESOURCE AND A PARTNER TO NUMEROUS COMMUNITY BOARDS, COALITIONS, PROGRAMS AND ORGANIZATIONS. IN ADDITION, THE HOSPITAL PROVIDES EMERGENCY PREPAREDNESS AND DISASTER PLANNING FOR THE HOSPITAL AND THE ENTIRE COMMUNITY WHICH IT SERVES. COMMUNITY HEALTH AND WELLNESS PROGRAMS, HEALTH PROFESSIONAL EDUCATION AND HEALTH PROMOTION ACTIVITIES ARE OFFERED TO THE COMMUNITY THROUGHOUT THE YEAR. IN 2014, OVER 10,000 PERSONS WERE SERVED VIA EDUCATIONAL OFFERINGS AND MORE THAN 100,000 PEOPLE WERE IMPACTED THROUGH HEALTH PROMOTION, EMERGENCY PLANNING AND OTHER ACTIVITIES.

PART VI, LINE 6:

N/A

PART VI, LINE 7: MILFORD HOSPITAL FILES A COMMUNITY BENEFIT REPORT TO THE STATE OF CONNECTICUT VIA THE CONNECTICUT HOSPITAL ASSOCIATION (CHA).

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT