SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MILFORD HOSPITAL, INC.

Employer identification number 06-0646741

Par	t I Financial Assistance a	and Certain Ot	her Communi	ity Benefits at	Cost				
								Yes	No
1a	Did the organization have a financial	assistance policy	during the tax yea	r? If "No," skip to	question 6a		1a	Х	
b	If "Yes," was it a written policy? If the organization had multiple hospital facilities.						1b	X	
2	If the organization had multiple hospital facilities facilities during the tax year.	, indicate which of the fol	lowing best describes a	pplication of the financia	al assistance policy to its	various hospital			
	Applied uniformly to all hospita	al facilities	Applie	d uniformly to mo:	st hospital facilities	3			
	Generally tailored to individual	hospital facilities		-	•				
3	Answer the following based on the financial assis	stance eligibility criteria th	nat applied to the larges	t number of the organiza	ation's patients during th	e tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes,"									
	indicate which of the following was t	he FPG family inco	me limit for eligibil	ity for free care:			За	Х	
100% 150% 200% X Other 250 %									
b	Did the organization use FPG to dete	ermine eligibility for	providing discour	nted care? If "Yes,	" indicate which o	f the			
	following was the family income limit	for eligibility for dis	scounted care:				3b	X	
	200% 250%	300%	350% X	400% LJ O	ther %	6			
С	If the organization did not use FPG t								
	eligibility for free or discounted care.		-	-	sed an asset test o	r other			
	threshold, regardless of income, to or Did the organization's financial assistance policy				vide for free or discounts	nd care to the			
4	"medically indigent"?		· · · · · · · · · · · · · · · · · · ·				4	Х	
	Did the organization budget amounts for		•				5a	Х	
	If "Yes," did the organization's financ						5b		Х
С	If "Yes" to line 5b, as a result of bud	-	-	•					
	care to a patient who was eligible for						5с		
	Did the organization prepare a comm						6a		Х
b	If "Yes," did the organization make it						6b		
	Complete the following table using the workshee			ot submit these workshe	eets with the Schedule H				
7	Financial Assistance and Certain Oth			(c) Total	(d) Direct	(a) Not	/ f \	Percent	- of
Financial Assistance and (a) Number of activities or served (b) Persons served (c) Total (d) Direct offsetting community (optional) (optional) benefit expense (potional) benefit expense (potional) (optional)							to	al expen	ise
	ans-Tested Government Programs	programs (optional)	(орчона)	венен ехренае	revenue	beliefit experise			
а	Financial Assistance at cost (from		75	101 070	49,142.	52,736.		.03	Q
	Worksheet 1)		7.5	101,878.	45,142.	54,750.		• 0 3	<u> </u>
b	Medicaid (from Worksheet 3,		4,141	5536024	5435976.	100,048.		.05	9
	column a)		4,141	3330024.	34339700	100,040.		• 0 3	-
С	Costs of other means-tested								
	government programs (from		6 913	5083/29	5134449.	-51 020		.00	<u>ي</u>
	Worksheet 3, column b)		0,515	30034236	313447.	31,020.		• 0 0	-
u			11 129	10721331.	10619567.	101 764.		.08	ዿ
	Means-Tested Government Programs Other Benefits		11,123	10,213311	100133070	10177010		• • •	<u> </u>
_	Community health								
·	improvement services and								
	community benefit operations								
	(from Worksheet 4)	41	90,099	60,296.	8,554.	51,742.		.03	ક્ર
f	Health professions education		•	·	-	-			
-	(from Worksheet 5)	5	131	471,374.		471,374.		.24	ક્ર
g	Subsidized health services								
٠	(from Worksheet 6)								
h	Research (from Worksheet 7)								
	Cash and in-kind contributions								
	for community benefit (from								
	Worksheet 8)	4		81,040.		81,040.		.04	
j	Total. Other Benefits	50		612,710.	8,554.	604,156.		.31	
	Total Add lines 7d and 7i	5.0	101 250	11334041.	10628121.	705 920.	ı —	. 39	o

Schedule H (Form 990) 2011

Pa	art II Community Building	Activities Compl	ete this table if the	e organization con	ducted any comm	unity building activ	ities during the
	tax year, and describe in Pai	rt VI how its commu	nity building activ	ities promoted the	health of the com	munities it serves.	
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			59,459.		59,459.	.03%
4	Environmental improvements						
5	Leadership development and						
	training for community members						
6	Coalition building						
7	Community health improvement						
	advocacy						
8	Workforce development						

	advocacy											
8	Workforce development											
9	Other											
10	Total			59,4	59.			59,	,459.	,	.03	ક
Pa	rt III Bad Debt, Medicare, &	& Collection Practice	actices									
Sect	ion A. Bad Debt Expense										Yes	No
1	Did the organization report bad debt	t expense in accord	ance with Healtho	care Financia	ıl Managen	nent As	sociat	ion				
	Statement No. 15?									1	X	
2	Enter the amount of the organization	n's bad debt expens	se			2	7	,028,	,914.	<u>.</u>		
3	Enter the estimated amount of the o	rganization's bad d	ebt expense attrib	outable to								
	patients eligible under the organization	ion's financial assist	ance policy			3						
4	Provide in Part VI the text of the foor	tnote to the organiz	ation's financial st	tatements th	at describe	es bad o	debt					
	expense. In addition, describe the c	osting methodology	used in determin	ing the amo	unts report	ed on li	nes					
	2 and 3, and rationale for including a	a portion of bad deb	t amounts as con	nmunity ben	efit.							
Sect	ion B. Medicare											
5	Enter total revenue received from M						19	,981,	,074.	<u>.</u>		
6	Enter Medicare allowable costs of ca					-		,439,				
7	Subtract line 6 from line 5. This is the	e surplus (or shortfa	ıll)			7	-9	,458,	,345.	<u>.</u>		
8	Describe in Part VI the extent to whi	ch any shortfall repo	orted in line 7 sho	uld be treate	ed as comn	nunity b	enefit					
	Also describe in Part VI the costing	methodology or sou	rce used to deter	mine the am	ount repor	ted on I	ine 6.					
	Check the box that describes the m			7								
	Cost accounting system	Cost to charg	je ratio <u>X</u>	Other								
	ion C. Collection Practices											
	Did the organization have a written of									9a	X	
b	If "Yes," did the organization's collection		•	•	•	-						
Da	collection practices to be followed for pat					Part VI .				9b	X	
Pa	rt IV Management Compar		rentures (see	Instruction	15)		_					
	(a) Name of entity		ription of primary	'	(c) Organiz			Officers,			nysicia	
	activity of entity profit % or stock ownership % we employees'								fit % c stock	or		
	profit % or stock ownership %								ership	%		
							+-	wileisiii	J 70			
							+					
							+					
							+					
							+					
		I					1		- 1			

Schedule H (Form 990) 2011

Part V	Facility Information									
Section A	A. Hospital Facilities		a					ER-24 hours		
(list in ord	er of size, from largest to smallest)		rgic			<u>_</u>				
			r su	_		spit				
		ital	al &	oita	ital	ğ	_			
How many	y hospital facilities did the organization operate	Licensed hospital	dic	Soc	dso	ess	gcili	s		
during the	e tax year?2	р	me	Ší	ğ	Š	유	our	L	
		Jse	eral	ren	ij	ब्र	arc	4 h	the	
		icel	jen	ΙΞ̈́	eac	Ĭij	ese	R-2	R-o	
Name and	laddress	_	0		_		ш.	Ш		Other (describe)
1 THE	MILFORD HOSPITAL, INC.									
300	SEASIDE AVENUE FORD, CT 06460									
MIL	FORD, CT 06460	Х	X					Х		
2 THE	MILFORD HOSPITAL WALK-IN CENTER									
	BOSTON POST ROAD									l
MIL	FORD, CT 06460									WALK IN CENTER
		-								
		1								
		•								
		1								
		1								
		1								
		1								
										4

Part V	Facility Information (continue	0
	i donity initiation (continue	u

				-			_
Saction F	2 F	acility	Dalia	·iac ·	hac	Dract	icae

of the community

How data was obtained

The health needs of the community

d

(Complete a separate Section B for each of the hospital facilities listed in Part V. Section A)

(complete a separate section 2 for each of the needplan actinics into a first are v, section vy						
Name of Hospital Facility: THE MILFORD HOSPITAL, INC.						
Line Number of Hospital Facility (from Schedule H, Part V, Section A):						
		Yes				
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)						
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs						
Assessment)? If "No," skip to line 8	1					
If "Yes," indicate what the Needs Assessment describes (check all that apply):						
a A definition of the community served by the hospital facility						
b Demographics of the community						
c Existing health care facilities and resources within the community that are available to respond to the health needs						

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority aroups The process for identifying and prioritizing community health needs and services to meet the community health needs g The process for consulting with persons representing the community's interests h Information gaps that limit the hospital facility's ability to assess the community's health needs Other (describe in Part VI) Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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 3 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI 5 Did the hospital facility make its Needs Assessment widely available to the public? 5 If "Yes," indicate how the Needs Assessment was made widely available (check all that apply): Hospital facility's website Available upon request from the hospital facility b Other (describe in Part VI) If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all 6 that apply): а Adoption of an implementation strategy to address the health needs of the hospital facility's community b Execution of the implementation strategy Participation in the development of a community-wide community benefit plan C Participation in the execution of a community-wide community benefit plan d Inclusion of a community benefit section in operational plans e Adoption of a budget for provision of services that address the needs identified in the Needs Assessment

h Prioritization of services that the hospital facility will undertake to meet health needs in its community
i Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs

7 Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that:

8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

8 X

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?

9 X

If "Yes," indicate the FPG family income limit for eligibility for free care: 250 %

If "No," explain in Part VI the criteria the hospital facility used.

Prioritization of health needs in its community

Pa	rt V	Facility Information (continued) THE MILFORD HOSPITAL, INC.			
				Yes	No
10	Used F	PG to determine eligibility for providing discounted care?	10	Х	
		" indicate the FPG family income limit for eligibility for discounted care: 400 %			
		explain in Part VI the criteria the hospital facility used.			
		ed the basis for calculating amounts charged to patients?	11	Х	
		" indicate the factors used in determining such amounts (check all that apply):			
а	X	Income level			
b	X	Asset level			
С		Medical indigency			
d		Insurance status			
е		Uninsured discount			
f		Medicaid/Medicare			
g		State regulation			
h		Other (describe in Part VI)			
12	Explain	ed the method for applying for financial assistance?	12	Х	
		d measures to publicize the policy within the community served by the hospital facility?	13	Х	
	If "Yes,	" indicate how the hospital facility publicized the policy (check all that apply):			
а		The policy was posted on the hospital facility's website			
b		The policy was attached to billing invoices			
С		The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d		The policy was posted in the hospital facility's admissions offices			
е	X	The policy was provided, in writing, to patients on admission to the hospital facility			
f	X	The policy was available on request			
g	X	Other (describe in Part VI)			
Bil	ling and	d Collections			
14	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Х	
15	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the tax			
	year be	fore making reasonable efforts to determine patient's eligibility under the facility's FAP:			
а		Reporting to credit agency			
b		Lawsuits			
С		Liens on residences			
d		Body attachments			
е		Other similar actions (describe in Part VI)			
16	Did the	hospital facility or an authorized third party perform any of the following actions during the tax year before making			
	reason	able efforts to determine the patient's eligibility under the facility's FAP?	16		X
	If <u>"Yes,</u>	" check all actions in which the hospital facility or a third party engaged:			
а	Ш	Reporting to credit agency			
b	Ш	Lawsuits			
С	Ш	Liens on residences			
d	Ш	Body attachments			
е		Other similar actions (describe in Part VI)			
17	Indicate	e which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that			
	apply):				
а	Щ	Notified patients of the financial assistance policy on admission			
b	Щ	Notified patients of the financial assistance policy prior to discharge			
С	Щ	Notified patients 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			

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Other (describe in Part VI)

Schedule H (Form 990) 2011 THE MILFORD HOSPITAL, INC.

Part V Facility Information (continued) THE MILFORD HOSPITAL, INC.

Policy Relating to Emergency Medical Care					
		Yes	No		
Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that require hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of the eligibility under the hospital facility's financial assistance policy?		Х			
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 V	√I)				
d Uther (describe in Part VI)					
Individuals Eligible for Financial Assistance					
19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eli	gible				
individuals for emergency or other medically necessary care.					
a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amount	nts				
that can be charged					
b X The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating	g				
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 Uther (describe in Part VI)					
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial					
assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more the	an				
the amounts generally billed to individuals who had insurance covering such care?	20		X		
If "Yes," explain in Part VI.					
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provi	ded				
to that patient?	21		_ X_		
If "Yes," explain in Part VI.					

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Part V | Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V. Section A) Name of Hospital Facility: THE MILFORD HOSPITAL WALK-IN CENTER Line Number of Hospital Facility (from Schedule H, Part V, Section A): Yes No Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011) During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes." indicate what the Needs Assessment describes (check all that apply): A definition of the community served by the hospital facility Demographics of the community С Existing health care facilities and resources within the community that are available to respond to the health needs of the community d How data was obtained The health needs of the community Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority aroups The process for identifying and prioritizing community health needs and services to meet the community health needs g The process for consulting with persons representing the community's interests h Information gaps that limit the hospital facility's ability to assess the community's health needs Other (describe in Part VI) Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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 3 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI 5 Did the hospital facility make its Needs Assessment widely available to the public? 5 If "Yes," indicate how the Needs Assessment was made widely available (check all that apply): Hospital facility's website Available upon request from the hospital facility b Other (describe in Part VI) C If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all 6 that apply): а Adoption of an implementation strategy to address the health needs of the hospital facility's community b Execution of the implementation strategy Participation in the development of a community-wide community benefit plan C d Participation in the execution of a community-wide community benefit plan Inclusion of a community benefit section in operational plans e Adoption of a budget for provision of services that address the needs identified in the Needs Assessment Prioritization of health needs in its community g Prioritization of services that the hospital facility will undertake to meet health needs in its community Other (describe in Part VI) Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain 7 in Part VI which needs it has not addressed and the reasons why it has not addressed such needs **Financial Assistance Policy** Did the hospital facility have in place during the tax year a written financial assistance policy that: Х 8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

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Х

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?
If "Yes," indicate the FPG family income limit for eligibility for free care:
250

If "No," explain in Part VI the criteria the hospital facility used.

Pa	rt V	Facility Information (continued) THE MILFORD HOSPITAL WALK-IN CENTER			
				Yes	No
10	Used F	PG to determine eligibility for providing discounted care?	10	Х	
		" indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No,"	explain in Part VI the criteria the hospital facility used.			
		ed the basis for calculating amounts charged to patients?	11	Х	
		" indicate the factors used in determining such amounts (check all that apply):			
а		Income level			
b	X	Asset level			
С		Medical indigency			
d		Insurance status			
е		Uninsured discount			
f		Medicaid/Medicare			
g		State regulation			
h		Other (describe in Part VI)			
12	Explain	ed the method for applying for financial assistance?	12	Х	
13	Include	d measures to publicize the policy within the community served by the hospital facility?	13	Х	
	If <u>"Yes,</u>	" indicate how the hospital facility publicized the policy (check all that apply):			
а		The policy was posted on the hospital facility's website			
b		The policy was attached to billing invoices			
С	Ш	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	\sqcup	The policy was posted in the hospital facility's admissions offices			
е		The policy was provided, in writing, to patients on admission to the hospital facility			
f	X	The policy was available on request			
g	X	Other (describe in Part VI)			
Bil	ling and	d Collections			-
14	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
		nce policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Х	
		all of the following actions against an individual that were permitted under the hospital facility's policies during the tax			
	year be	fore making reasonable efforts to determine patient's eligibility under the facility's FAP:			
а	\vdash	Reporting to credit agency			
b	\vdash	Lawsuits			
С	\vdash	Liens on residences			
d	\vdash	Body attachments			
е	Ш	Other similar actions (describe in Part VI)			
		hospital facility or an authorized third party perform any of the following actions during the tax year before making			٠,,
		able efforts to determine the patient's eligibility under the facility's FAP?	16		Х
	If "Yes,	" check all actions in which the hospital facility or a third party engaged:			
а	\mathbb{H}	Reporting to credit agency			
b	H	Lawsuits			
С	H	Liens on residences			
d	H	Body attachments			
_ e		Other similar actions (describe in Part VI)			
17		e which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that			
_	apply):	New Standard Angliands of the Standard Provider and Provider and Provider Standard Anglian			
a	H	Notified patients of the financial assistance policy on admission			
b	H	Notified patients of the financial assistance policy prior to discharge			
C		Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	ш	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's			
		financial assistance policy			

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Other (describe in Part VI)

THE MILFORD HOSPITAL, INC. 06
ation (continued) THE MILFORD HOSPITAL WALK-IN CENTER

	Tubility information (continued)			
_P	olicy Relating to Emergency Medical Care			
			Yes	No
18	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?	18	Х	
	If "No," indicate why:			
a	The hospital facility did not provide care for any emergency medical conditions			
k	The hospital facility's policy was not in writing			
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
c	Other (describe in Part VI)			
In	dividuals Eligible for Financial Assistance	•	•	
19	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			
k	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating			
	the maximum amounts that can be charged			
	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial			
	assistance policy, and 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?	20		Х
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided			
	to that patient?	21		Х
	If "Yes," explain in Part VI.			

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Schedule H (Form 990) 2011 THE MILFORD HOSPITAL, IN	C. 06-0646741 Page 7							
Part V Facility Information (continued)								
Section C. Other Health Care Facilities That Are Not Licensed, Registered, or	Section C. 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?0							
Name and address	Type of Facility (describe)							

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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; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.
- **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.).
- **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	Т	LINE	3C:	N/A
LULI		11 11 11 11	JC.	TA / 42

PART II: MILFORD HOSPITAL PROVIDES EMERGENCY PREPAREDNESS

TRAINING AND DISASTER PLANNING FOR THE HOSPITAL AND THE COMMUNITY IT SERVES.

PART III, LINE 4: TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBEDS BAD DEBT EXPENSE:

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES

PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE

ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS

WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR

UNCOLLECTIBLE ACCOUNTS. THE AMOUNT OF THE ALLOWANCE FOR UNCOLLECTIBLE

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.

COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINES 2 AND

3:

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

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 8: THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM

CMS FOR MEDICARE PATIENTS BY APPROXIMATELY \$8.6M. 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 WHO HAVE NO INSURANCE AND MEET SPECIFIC INCOME THRESHOLDS BASED

ON THE POVERTY GUIDELINES.

THE MILFORD HOSPITAL, INC.:

PART V, SECTION B, LINE 13G:

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS ATTACHED TO THE BILLING INVOICES.

A NOTICE IS POSTED IN THE EMERGENCY ROOM AND THE ADMITTING DEPARTMENTS

INFORMING PATIENT OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND

CONTACT INFORMATION.

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Part VI | Supplemental Information

THE MILFORD HOSPITAL WALK-IN CENTER:

PART V, SECTION B, LINE 13G:

A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS ATTACHED TO THE BILLING INVOICES.

A NOTICE IS POSTED IN THE EMERGENCY ROOM AND THE ADMITTING DEPARTMENTS

INFORMING PATIENT OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND

CONTACT INFORMATION.

PART VI, LINE 2: MILFORD HOSPITAL SENDS OUT COMMUNITY NEEDS

ASSESSMENT SURVEYS TO ASSESS COMMUNITY ORGANIZATION NEEDS AND WORKS WITH

INDIVIDUALS TO ASSESS SCHOOL AND EDUCATION NEEDS.

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 DEPARTMENT, BILLING AND CREDIT

COLLECTIONS AND SOCIAL SERVICES.

PART VI, LINE 4: MILFORD, CT IS A SMALL CITY OF APPROXIMATELY 50,000

PEOPLE LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND

SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRY.

THE HOSPITAL IS LOCATED IN CLOSE PROXIMITY TO THE TOWN GREEN, THE SECOND LARGEST IN NEW ENGLAND. MILFORD HAS A STRONG RETAIL COMMUNITY, INCLUDING A MALL AND MANY SHOPS AND RETAIL OUTLETS. PARTICIPANTS IN COMMUNITY PROGRAMS ALSO COME FROM ORANGE, WEST HAVEN, AND STRATFORD.

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