

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization Hospital of Saint Raphael Employer identification number 06-0653171

**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 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) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization did not use FPG to determine 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, to determine 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)		1108	787194.		787194.	.17%
b Medicaid (from Worksheet 3, column a)		83080	68513648.	53750182.	14763466.	3.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		84188	69300842.	53750182.	15550660.	3.29%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	6447	219567.	5522.	214045.	.05%
f Health professions education (from Worksheet 5)	4	1570	39424067.	25715162.	13708905.	2.90%
g Subsidized health services (from Worksheet 6)	2	9071	11905214.	12033908.	-128694.	.00%
h Research (from Worksheet 7)	1	0	2869.		2869.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	3571	144712.		144712.	.03%
<b>j Total</b> Other Benefits	15	20659	51696429.	37754592.	13941837.	2.98%
<b>k Total</b> Add lines 7d and 7j	15	104847	120997271	91504774.	29492497.	6.27%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities 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	1		19337.		19337.	.00%
2 Economic development						
3 Community support	1	628	1931.		1931.	.00%
4 Environmental improvements						
5 Leadership development and training for community members	1	40	1334.		1334.	.00%
6 Coalition building	1		9042.		9042.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	4	668	31644.		31644.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2 Enter the amount of the organization's bad debt expense .....	2	4755065.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy .....	3	2848759.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	180638638.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	214072521.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-33433883.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

**Part IV Management Companies and Joint Ventures (see instructions)**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CT CK Leasing, LLC	Cyberkife stereotactic radiosurgery system. Provides comprehensive health care through hospital provider network.	49.09%		13.64%
2 Health CT LLC		15.80%		
3 Yankee Alliance, LLC	Hospital supply chain management.	11.11%		

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 and address

1 Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511

Table with 7 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 has 'X' marks in the first four and sixth columns.

**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: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (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 <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 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	
4 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 .....	4	
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):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit 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 Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted 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	
<b>Financial Assistance Policy</b>		
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: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) N/A

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
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 type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

14 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	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input checked="" type="checkbox"/> Body attachments		
e <input type="checkbox"/> 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 reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	X	
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input checked="" type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) **N/A**

**Policy Relating to Emergency Medical Care**

**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? .....

	Yes	No
<b>18</b>	<b>X</b>	

If "No," indicate why:

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

**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-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

**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? .....

If "Yes," explain in Part VI.

<b>20</b>		<b>X</b>
<b>21</b>		<b>X</b>

**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? .....

If "Yes," explain in Part VI.

**Part V Facility Information** (continued)

**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)

**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.
- 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 II: The Hospital of Saint Raphael's community building

activities include: the HOPE Program which provides basic job skills training to members of the community in order to assist them in finding employment and improving their overall quality of life; Disaster Preparedness - the Disaster Preparedness Committee works with local agencies (police, fire, etc.) to coordinate activities and prepare our staff in the event that a local disaster would occur; the maintenance of two Hospital parks and an "adopted" site within the neighborhood for community use; and periodic street patrols within the neighborhood promoting security and safety.

Part III, Line 4: The Hospital is committed to the community by providing services to the poor and the medically underserved, as well as providing benefits to the broader community. Focused on providing nondiscriminatory treatment of all patients, the Hospital fosters universal access to emergency care regardless of ability to pay. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer arrangements.

Services provided to the poor and the medically underserved include



**Part VI** Supplemental Information

services provided to persons who cannot afford healthcare due to lack of resources, lack of insurance, or both. The Hospital considers care provided for which no payment was received from the patient or their insurer as uncompensated care. Uncompensated care is composed of free care provided, charity care provided, and bad debt expense. The Hospital makes available free care and financial assistance programs for qualifying patients. In accordance with established policies, during the registration, billing, and collection processes, a patient's eligibility for free care and financial assistance is determined. For patients who were determined to have the ability to pay but did not, the Hospital provision for uncollectible accounts is bad debt expense.

Part III, Line 8: The Medicare shortfall should be considered a part of the community benefit provided by the Hospital. Medicare patients who receive care at the Hospital are primarily local residents. They receive the same quality care as Medicaid and charity care patients.

The costs reported on line 6 were estimated using a cost to charge ratio, which was derived by comparing total routine costs to total charges.

Part III, Line 9b: Whenever it is determined that the patient qualifies for Charity Care, a Patient Accounts Representative will adjust the balance by the appropriate amount, and the residual balance (if any) will become the patient's responsibility.

N/A:

Part V, Section B, Line 19d: A patient's annual family income must be greater than 250% and is less than or equal to 400% of the current year's

**Part VI Supplemental Information**

Federal Poverty Guidelines in order to be eligible for partial financial assistance. Partial financial assistance means the patient will be charged only the cost of services rather than the hospital's published charges.

Part VI, Line 2: The Hospital of Saint Raphael community benefit programs have been designed to meet the long standing needs of individuals living in our services area. The Hospital utilizes data from local, regional, state, and federal resources to develop and expand our community benefit program. Examples of these informational sources include Connecticut Department of Public Health - 2009 Connecticut Health Disparities Report, CDC Behavioral Risk Factors Surveillance System, DATA Haven of South Central CT - Community Data Well Being Indicators, and the Community Alliance for Research and Engagement at the School of Public Health- Yale University /2009 CARE Neighborhood Health Survey Results.

Part VI, Line 3: The Hospital of Saint Raphael is committed to providing quality healthcare that is affordable and accessible to all, regardless of their ability to pay. To ensure that cost will not be a barrier to our community, we provide financial assistance coordinators who work closely with our patients to apply for eligible financial assistance programs, including assistance from our charitable resources. In addition there are brochures and signage in two languages indicating that financial assistance is available to qualified patients and their families.

Part VI, Line 4: The Hospital of Saint Raphael is a 511-bed community teaching hospital located in New Haven. The Hospital of Saint Raphael's

**Part VI** Supplemental Information

Service Area consists of the 22 towns which surround New Haven. The Service Area has a population of approximately 863,000. Average household income for the entire service area in 2012 was determined to be approximately \$63,000. The City of New Haven demographics include a population of approximately 131,000 in 49,000 households. Average household income approximates \$39,000 and per capita income approximates \$23,000.

Part VI, Line 5: In addition to the community building activities identified in Part VI, line 5 and the quantified free or discounted health services identified in Part I, Charity Care and Certain Other Community Benefits at Cost, the Hospital of Saint Raphael provides the following community benefits: Community Health Improvement Services - provides free and discounted services, such as screenings, lectures, health fairs, support groups, consultations, and referrals to outside agencies, aimed toward improving the health of the community; Health Professions Education - in addition to our medical interns and residents program, we provide a training site for high school and college students who are interested in pursuing other degrees within the medical industry; and Financial and In-Kind Contributions - we financially support other community organizations through sponsorships and in-kind donations via time spent by staff volunteering in the community.

Part VI, Line 6: Saint Raphael Healthcare System affiliated organizations include Saint Regis Nursing Home, Inc., d/b/a The Sister Anne Virginie Grimes Health Center and DePaul Health Services Corporation, both of which operate healthcare organizations that complement the care given at the Hospital of Saint Raphael. Our healthcare providing

**Part VI** Supplemental Information

organizations are supported through the fund raising efforts of The Saint Raphael Foundation, Inc., the One for All Fund, and the Saint Raphael Auxiliary. These affiliated organizations share the Hospital's mission to witness, share in, and promote excellence in the healing ministry of Jesus Christ. The Saint Raphael Healthcare System and its affiliates are committed to preserving the dignity and well-being of each individual, and assuring that every person is treated according to the principles of charity and justice.

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

CT