

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

YALE-NEW HAVEN HOSPITAL

Employer identification number
06-0646652

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

b If "Yes," was it a written policy?

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.

Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

2 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:

100% 150% 200% Other 250 %

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:

200% 250% 300% 350% 400% 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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

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?

6a Did the organization prepare a community benefit report during the tax year?

b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)		29,053	46,625,000.	16,644,000.	29,981,000.	1.82%
b Medicaid (from Worksheet 3, column a)		193,856	377,329,000.	238,641,000.	138,688,000.	8.42%
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs		222,909	423,954,000.	255,285,000.	168,669,000.	10.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	83,378	8,670,639.	88,783.	8,581,856.	.52%
f Health professions education (from Worksheet 5)	6	2,468	74,135,248.	14,777,618.	59,357,630.	3.60%
g Subsidized health services (from Worksheet 6)	1	14,932	5,325,748.	2,143,788.	3,181,960.	.19%
h Research (from Worksheet 7)	2		1,183,670.	0.	1,183,670.	.07%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	2,604	1,853,252.	0.	1,853,252.	.11%
j Total. Other Benefits	45	103,382	91,168,557.	17,010,189.	74,158,368.	4.49%
k Total. Add lines 7d and 7j	45	326,291	515,122,557.	272,295,189.	242,827,368.	14.73%

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		263,722.		263,722.	.02%
2 Economic development	1		528,394.		528,394.	.03%
3 Community support	3	17,480	101,523.		101,523.	.01%
4 Environmental improvements	0		0.			
5 Leadership development and training for community members	0		0.			
6 Coalition building	1	14	36,763.		36,763.	.00%
7 Community health improvement advocacy	0	0	0.			
8 Workforce development	4	42	357,518.		357,518.	.02%
9 Other	1		1,816,329.		1,816,329.	.11%
10 Total	11	17,536	3,104,249.		3,104,249.	.19%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2 Enter the amount of the organization's bad debt expense **2** **23,015,000.**

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy **3**

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	462572152.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	529159526.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-66587374.
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:

Cost accounting system Cost to charge ratio Other

Section C: Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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

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 NONE	NONE			

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

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: YALE-NEW HAVEN HOSPITAL**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 1

	Yes	No
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 <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: <u>20</u>		
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	
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: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) YALE-NEW HAVEN HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care?	10	X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	11	X
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	X
13 Included measures to publicize the policy within the community served by the hospital facility?	13	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input 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 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?	14	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 type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
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?	16	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input 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) YALE-NEW HAVEN HOSPITAL**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
18	X	

If "No," indicate why:

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

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?

20		X
21	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 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? 52

Name and address	Type of Facility (describe)
2 TEMPLE MEDICAL CENTER CARDIOLOGY ASSO 40 TEMPLE STREET NEW HAVEN, CT 06510	VARIOUS
4 TEMPLE MEDICAL CENTER 60 TEMPLE STREET NEW HAVEN, CT 06484	VARIOUS
6 YNHH PSYCHIATRIC HOSPITAL PSYCHIATRY 425 GEORGE STREET NEW HAVEN, CT 06511	GENERAL MEDICAL & SURGICAL
8 YNHH ADOLESCENT PSYCHIATRIC HOSPITAL 184 LIBERTY STREET NEW HAVEN, CT 06519	PSYCHIATRIC HOSPITAL
9 TEMPLE RADIOLOGY 2560 DIXWELL AVENUE HAMDEN, CT 06518	CANCER/LAB/DENTAL/EKG/GI/EDUCA
10 YNHH @ BRANFORD HIGH SCHOOL BASED HEA 185 EAST MAIN STREET BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
11 YNHH @ WALSH MIDDLE SCHOOL BASED HEAL 185 DAMASCUS ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
12 YNHH @ HILL REGIONAL CAREER HIGH SCHO 140 LEGION AVENUE NEW HAVEN, CT 06519	SCHOOL BASED HEALTH CENTER
13 YNHH @ MARY T. MURPH ELEMENTARY SCHOO 14 BRUSHY PLAIN ROAD BRANFORD, CT 06405	SCHOOL BASED HEALTH CENTER
14 YNHH @ HILLHOUSE SCHOOL BASED HEALTH 480 SHERMAN PARKWAY NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER

132097 01-23-12

Schedule H (Form 990) 2011

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? _____

Name and address	Type of Facility (describe)
15 YNHH @ MAURA-SHERIDAN ACADEMY SCHOOL 191 FOUNTAIN STREET NEW HAVEN, CT 06515	SCHOOL BASED HEALTH CENTER
16 YNHH AT FOXON 317 FOXON ROAD EAST HAVEN, CT 06513	DI/OCC HEALTH/URGENT CARE/LAB/EKG
17 ASC AT GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	SURGERY CENTER/PRIMARY CARE
18 YMG MATERNAL FETAL MEDICINE 150 SARGENT DR NEW HAVEN, CT 06468	CANCER/PHARM/WOMENS HEALTH/LAB/IVF
19 PEDIATRIC SPECIALTY CENTER 1 LONG WHARF NEW HAVEN, CT 06511	VARIOUS
20 YMG CARDIOLOGY 11 HARRISON AVENUE BRANFORD, CT 06405	CARDIAC/LAB/NUC. MED.
21 PEDIATRIC TREATMENT CENTER IN GUILFOR 405 CHURCH STREET GUILFORD, CT 06437	CANCER/PEDIATRICS
22 TEMPLE RADIOLOGY/EAST HAVEN BLOOD DRA 556 MAIN STREET EAST HAVEN, CT 06512	DI/LAB
23 YNHH TEMPLE RADIOLOGY 100 BROADWAY NORTH NORTH HAVEN, CT 06825	VARIOUS
24 YNHH TEMPLE RADIOLOGY 500 ELM STREET WEST HAVEN, CT 06516	VARIOUS

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? _____

Name and address	Type of Facility (describe)
25 SHORELINE MEDICAL CENTER OUTPATIENT S 1445 BOSTON POST ROAD GUILFORD, CT 06437	VARIOUS
26 PEDIATRICS 2 IVY BROOK SHELTON, CT 06484	PEDIATRICS
27 SMILOW CANCER CARE CENTER 1450 CHAPEL STREET NEW HAVEN, CT 06511	VARIOUS
28 YNHH BLOOD DRAW STATION 170 BOSTON POST ROAD MADISON, CT 06443	LAB
29 SCHOOL BASED CLINIC: BARNARD ENVIRONM 170 DERBY AVENUE NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER
30 YNHH TAKE HEART CARDIAC REHAB 175 SHERMAN AVENUE NEW HAVEN, CT 06511	VARIOUS
31 YNHH BRANFORD ADOLESCENT DAY HOSPITAL 21 BUSINESS PARK DRIVE BRANFORD, CT 06405	VARIOUS
32 SCHOOL BASED CLINIC: TROUP MAGNET ACA 295 EDGEWOOD AVENUE NEW HAVEN, CT 06511	SCHOOL BASED HEALTH CENTER
33 YNHH CHILD AND ADOLESCENT DAY HOSPITA 646 GEORGE STREET NEW HAVEN, CT 06511	VARIOUS
34 WEST HAVEN EMERGENCY ASSISTANCE TASKF 675 WASHINGTON STREET WEST HAVEN, CT 06516	VARIOUS

132097 01-23-12

Schedule H (Form 990) 2011

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? _____

Name and address	Type of Facility (describe)
35 YNHH CARDIAC REHABILITATION CENTER - 84 NORTH MAIN STREET BRANFORD, CT 06405	VARIOUS
36 ORCHARD MEDICAL CENTER ORCHARD SURGIC 330 ORCHARD STREET NEW HAVEN, CT 06511	VARIOUS
37 BLOOD DRAW AND VARIOUS 6 DEVINE ST. NORTH HAVEN, CT 06473	VARIOUS
38 PRINCE PROFESSIONAL BUILDING-PHOTOTHE 46 PRINCE STREET NEW HAVEN, CT 06519	VARIOUS
39 PEDIATRIC SPECIALTY CENTER AT NORWALK 747 BELDEN AVENUE NORWALK, CT 06850	PEDIATRICS
40 YNHH ADULT OUTPATIENT PSYCHIATRIC SER 1100 SHERMAN AVENUE HAMDEN, CT 06518	PSYCHIATRIC SERVICES
41 THE CENTER FOR WOUND HEALING & HYPERB 141 MILL HILL AVE. BRIDGEPORT, CT 06610	VARIOUS
42 YNHH BLOOD DRAW STATION 252 E. MAIN STREET CLINTON, CT 06413	LAB
43 YNHH DIALYSIS - NORTH HAVEN 266 STATE STREET NORTH HAVEN, CT 06473	DI
44 YNHH DIALYSIS - BRANFORD 34 EAST INDUSTRIAL ROAD BRANFORD, CT 06405	DI

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? _____

Name and address	Type of Facility (describe)
45 YNHH DIALYSIS - MERIDEN 377 RESEARCH PARKWAY MERIDEN, CT 06450	DI
46 YNHH DIALYSIS - MILFORD 50 COMMERCE PARK DR MILFORD, CT 06460	DI
47 YALE PHYSICIANS BUILDING 800 HOWARD AVENUE NEW HAVEN, CT 06611	VARIOUS
48 SRC ELDERCARE CLINIC 114 BRISTOL STREET NEW HAVEN, CT 06511	VARIOUS
49 SRC-ADULT OUT PSYCH SERVICES 1294 CHAPEL STREET NEW HAVEN, CT 06511	VARIOUS
50 SRC ELDERCARE CLINIC 135 SYLVAN AVENUE NEW HAVEN, CT 06511	VARIOUS
51 ST. RAPHAEL CAMPUS - AMITY PATIENT SE 1453 WHALLEY AVENUE NEW HAVEN, CT 06721	VARIOUS
52 SRC ELDERCARE CLINIC 18 TOWER LANE NEW HAVEN, CT 06511	VARIOUS
53 SRC ELDERCARE CLINIC 200 OAK STREET NEW HAVEN, CT 06510	VARIOUS
54 SRC ELDERCARE CLINIC 26 ATWATER STREET NEW HAVEN, CT 06511	VARIOUS

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? _____

Name and address	Type of Facility (describe)
55 SRC SMILES 2 GO DENTAL VAN 60 COMMERCE STREET EAST HAVEN, CT 06512	DENTAL
56 ELDERCARE CLINIC SRC-OCCUPATIONAL HEA 2080 WHITNEY AVENUE HAMDEN, CT 06518	VARIOUS

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 I, LINE 7:

THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART I, LN 7 COL(F):

BAD DEBT EXPENSES OF \$32,622,083 WERE EXCLUDED FROM TOTAL EXPENSES BEFORE CALCULATING % OF TOTAL EXPENSES IN PART I AND II, COLUMN (F).

PART II:

YALE-NEW HAVEN HOSPITAL (YNHH) IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 11,512 EMPLOYEES IN 2012. THE HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT THE CITY OF NEW HAVEN. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE GREATER NEW HAVEN CHAMBER OF COMMERCE, GUILFORD CHAMBER OF COMMERCE, ECONOMIC DEVELOPMENT CORPORATION OF NEW HAVEN, REGIONAL GROWTH PARTNERSHIP, REGIONAL LEADERSHIP COUNCIL, ARTS COUNCIL OF GREATER NEW HAVEN, INTERNATIONAL FESTIVAL OF ARTS AND

Part VI Supplemental Information

IDEAS, MARKET NEW HAVEN, TWEED NEW HAVEN, AND THE TENNIS FOUNDATION OF CONNECTICUT. THROUGH THESE ORGANIZATIONS, YNHH ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

YALE-NEW HAVEN HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER 20 YEARS TO PROVIDE SUPPORT TO NOT-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

WHILE YNHH'S VISION IS TO PROVIDE HIGH-QUALITY HEALTHCARE AND SERVICES, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$3.1 MILLION IN

Part VI Supplemental Information

FINANCIAL AND IN-KIND DONATIONS TO SUPPORT AFFORDABLE HOUSING PROGRAMS, JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS, CREATING EDUCATIONAL OPPORTUNITIES, AND WORKFORCE DEVELOPMENT INITIATIVES.

REVITALIZING OUR NEIGHBORHOODS-

OVER THE PAST SEVERAL YEARS, YNHH HAS MADE SIGNIFICANT INVESTMENTS TOWARDS THE REVITALIZATION OF THE CITY OF NEW HAVEN, ADDRESSING THE AREAS OF ADEQUATE, AFFORDABLE AND SAFE HOUSING. ACCORDING TO THE LATEST CENSUS DATA, 31.1 PERCENT OF HOMES IN NEW HAVEN WERE OWNER-OCCUPIED COMPARED TO 68.9 PERCENT IN THE STATE OF CONNECTICUT. AS A RESULT, THE NEW HAVEN POPULATION IS INCREASINGLY MOBILE, WITH ONLY 77.3 PERCENT OF RESPONDENTS INDICATING THAT THEY HAD RESIDED IN THE SAME HOUSE A YEAR AGO COMPARED TO 88 PERCENT FOR THE STATE.

IN 2006, YALE-NEW HAVEN HOSPITAL AND ITS MEDICAL STAFF BEGAN A MULTI-YEAR PARTNERSHIP WITH HABITAT FOR HUMANITY OF GREATER NEW HAVEN TO BUILD HOMES IN NEW HAVEN'S HILL NEIGHBORHOOD FOR LOW-INCOME FAMILIES. TO DATE, THIS COLLABORATION HAS JOINTLY BUILT FIVE HOMES WITH ONE MORE SCHEDULED FOR COMPLETION IN 2013. OVER 300 EMPLOYEE VOLUNTEERS HAVE COLLECTIVELY INVESTED MORE THAN 4,000 HOURS IN THIS PROJECT, WHILE YNHH SPONSORED THE BUILDING MATERIALS FOR EACH HOME. IN 2010, HABITAT PRESENTED THE HOSPITAL AND ITS MEDICAL STAFF WITH THE MASTER BUILDER AWARD, ITS HIGHEST RECOGNITION. IN ADDITION, DURING FY 2012, YNHH COMPLETED SIDEWALK AND OTHER LANDSCAPING IMPROVEMENT ALONG HOWARD AVENUE, DAVENPORT AVENUE AND VERNON STREET, ALL LOCATED IN THE HILL NEIGHBORHOOD.

Part VI Supplemental Information

THE HOME OWNERSHIP MADE EASIER (H.O.M.E.) PROGRAM AT YNHH PROVIDES HOSPITAL EMPLOYEES WITH UP TO \$10,000 IN FORGIVABLE LOANS TO HELP PURCHASE THEIR FIRST HOME IN THE CITY OF NEW HAVEN. THIS YEAR, THE PROGRAM HELPED 13 INDIVIDUALS. SINCE THE PROGRAM'S INCEPTION IN 2006, A TOTAL OF 88 HOMES HAVE BEEN PURCHASED BY YNHH EMPLOYEES. NEARLY \$700,000 IN FINANCIAL ASSISTANCE HAS BEEN PROVIDED TO EMPLOYEES IN THE FORM OF DOWN PAYMENTS AND MORTGAGE PAYMENTS. AMONG THE HOMES PURCHASED THROUGH THE H.O.M.E. PROGRAM WAS ONE HABITAT FOR HUMANITY PROPERTY. IN DECEMBER 2011, THE H.O.M.E. PROGRAM WAS APPROVED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR HAVING MET ITS GUIDELINES AS A NON-PROFIT SECONDARY HOME AND FINANCING PROVIDER.

IN ITS 2009 COMMUNITY HEALTH SURVEY, CARE (COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT) POLLED 213 HILL NORTH RESIDENTS ABOUT THEIR HABITS RELATED TO DIET, EXERCISE AND TOBACCO USE. MORE THAN ONE QUARTER (27%) REPORTED "FOOD INSECURITY" - MEANING THAT THEY OR THEIR FAMILY DID NOT HAVE ENOUGH FOOD, OR MONEY TO BUY FOOD, IN THE PAST 30 DAYS. THAT FIGURE WAS MUCH HIGHER THAN IN ALL SIX NEW HAVEN NEIGHBORHOODS SURVEYED AND IT WAS MORE THAN TWICE THE NATIONAL AVERAGE. WHAT'S MORE, HILL RESIDENTS SAID THEY ATE ABOUT THREE SERVINGS OF FRUITS AND VEGETABLES PER DAY, WHICH WAS LESS THAN THE AVERAGE FOUND IN THE OTHER NEIGHBORHOODS (FOUR PER DAY) AND THE FEDERAL GOVERNMENT'S RECOMMENDATION OF FIVE A DAY. OVER THE PAST THREE YEARS, YNHH HAS BEEN A PROUD SPONSOR OF THE CITY SEED, INC. FARMER'S MARKET IN THE HILL NEIGHBORHOOD. THE FARMER'S MARKET, WHICH IS HELD IN THE CONNECTICUT MENTAL HEALTH CENTER PARKING LOT ADJACENT TO THE YNHH CAMPUS EACH YEAR FROM JUNE THROUGH OCTOBER, HAD APPROXIMATELY 2,000 VISITS IN 2012.

Part VI Supplemental Information

INCREASING ACCESS TO SAFE AFFORDABLE PLACES FOR RECREATIONAL ACTIVITIES IS ALSO AN IMPORTANT ASPECT OF REVITALIZING OUR NEIGHBORHOODS. IN 2012, YALE-NEW HAVEN HOSPITAL PROVIDED SPONSORSHIP TO THE ELM CITY PARKS CONSERVANCY FOR THE DEVELOPMENT OF THE PROPOSED SHORELINE GREENWAY TRAIL. THE SHORELINE GREENWAY TRAIL - LIGHTHOUSE POINT CONNECTION IS A PLANNED HALF-MILE, MULTI-USE TRAIL INTENDED FOR NON-MOTORIZED RECREATION AND TRANSIT ALONG MORRIS CREEK IN NEW HAVEN. THE GOAL OF TRAIL CONSTRUCTION IS TO PROVIDE A CONNECTION BETWEEN NEW HAVEN'S LIGHTHOUSE POINT PARK AND THE SHORELINE GREENWAY TRAIL.

YNHH EMPLOYEES ANNUALLY PARTICIPATE IN THE GREATER NEW HAVEN UNITED WAY'S DAYS OF CARING, WHICH IS NOW A WEEK-LONG SERIES OF VOLUNTEER OPPORTUNITIES IN THE NEW HAVEN COMMUNITY. IN 2012, THESE OPPORTUNITIES, WHICH BENEFIT AREA NOT-FOR-PROFIT AGENCIES, INCLUDED LANDSCAPING AND PAINTING PROJECTS, AS WELL AS FOOD AND DIAPER DRIVES. THROUGH THE HOSPITAL'S ANNUAL SCHOOL READINESS DRIVE, EMPLOYEES DONATED NEARLY 15,000 SCHOOL ITEMS TO NEW HAVEN'S TRUMAN STREET SCHOOL AND HILL REGIONAL CAREER HIGH SCHOOL. APPROXIMATELY 1,245 STUDENTS ATTEND THE TWO SCHOOLS. THE 2011-2012 HOSPITAL-SPONSORED, EMPLOYEE UNITED WAY CAMPAIGN RAISED OVER \$186,000 TO SUPPORT THE NONPROFITS SERVED BY THE GREATER NEW HAVEN UNITED WAY. IN ADDITION TO RUNNING THE INTERNAL CAMPAIGN, MEMBERS OF HOSPITAL LEADERSHIP SERVE ON GREATER NEW HAVEN UNITED WAY BOARDS AND COMMITTEES.

REPRESENTATIVES FROM THE HOSPITAL REGULARLY SERVE ON FOUR OF THE CITY OF NEW HAVEN POLICE DEPARTMENT COMMUNITY SUBSTATION MANAGEMENT TEAMS WHILE ATTENDING OTHERS ON AN AD HOC BASIS. THE DECENTRALIZATION OF POLICE SERVICES AND THE ESTABLISHMENT OF SUBSTATION MANAGEMENT TEAMS IN EACH OF

Part VI Supplemental Information

NEW HAVEN'S 10 COMMUNITY POLICING DISTRICTS HAS BEEN ONE OF THE MOST IMPORTANT COMMUNITY POLICING INITIATIVES IN NEW HAVEN. COMMUNITY SUBSTATION MANAGEMENT TEAMS HELP IDENTIFY AND DEVELOP STRATEGIES TO RESOLVE NEIGHBORHOOD PROBLEMS, UTILIZING LOCAL RESOURCES. THE MANAGEMENT TEAMS ARE COMPRISED OF THE POLICE SUPERVISOR, BEAT OFFICERS, BLOCK WATCH MEMBERS, ALDERPERSONS, REPRESENTATIVES OF NEIGHBORHOOD BASED AGENCIES, AND ANY CITIZEN WHO TAKES AN ACTIVE INTEREST IN NEIGHBORHOOD IMPROVEMENT.

CREATING EDUCATIONAL OPPORTUNITIES-

SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE U.S. HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO RECENT CENSUS STATISTICS, ONLY 80.5 PERCENT OF INDIVIDUALS IN THE CITY OF NEW HAVEN HAD ATTAINED THE EQUIVALENT OF A HIGH SCHOOL EDUCATION OR GREATER COMPARED TO NEARLY 90 PERCENT STATEWIDE.

ADDITIONALLY, NEW HAVEN YOUTH HAVE LOWER HIGH SCHOOL COMPLETION RATES AND SCORE WELL BELOW THEIR STATE-WIDE PEERS ON THE CONNECTICUT MASTERY TEST.

PART II: CONTINUES-

IN 2011, REFLECTING ITS STRONG COMMITMENT TO THE NEW HAVEN COMMUNITY AND SUPPORT OF EDUCATION, YALE-NEW HAVEN HOSPITAL COMMITTED TO A MULTI-YEAR CONTRIBUTION TOTALING \$2.0 MILLION OVER FOUR YEARS TO SUPPORT NEW HAVEN PROMISE. NEW HAVEN PROMISE IS A COLLEGE SCHOLARSHIP AND SUPPORT PROGRAM FOR THE CITY'S PUBLIC SCHOOL STUDENTS. YALE-NEW HAVEN'S CONTRIBUTION FUNDS THE INITIATIVES PARTNERSHIP COMPONENT. ITS GOAL IS TO MAKE HIGHER EDUCATION AN EXPECTATION AND REALITY FOR MORE NEW HAVEN STUDENTS. THE

Part VI Supplemental Information

PROGRAM IS ADMINISTERED BY THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN.

THOUGH THE IMPACT OF THE NEW HAVEN PROMISE PROGRAM WILL NOT BE MEASURABLE
FOR SEVERAL YEARS, MORE THAN 230 SCHOLARSHIPS WERE PROVIDED FOR TUITION
OVER THE FIRST TWO YEARS OF THE PROGRAM.

FOR A FOURTH YEAR, YALE-NEW HAVEN PROVIDED SCHOLARSHIP OPPORTUNITIES FOR
STUDENTS ATTENDING ACHIEVEMENT FIRST'S NEW HAVEN SCHOOLS. ACHIEVEMENT
FIRST OPERATES A NETWORK OF 17 PUBLIC CHARTER SCHOOLS IN NEW HAVEN,
BRIDGEPORT AND HARTFORD, CT, AND BROOKLYN, NY. APPROXIMATELY 1,400
STUDENTS ATTEND THE ACHIEVEMENT FIRST NEW HAVEN SCHOOLS. THE 12-YEAR
HISTORY OF ACHIEVEMENT FIRST PROVES THAT THE ACHIEVEMENT GAP CAN BE
CLOSED.

OVER THE PAST SEVERAL YEARS, THE HOSPITAL HAS PROVIDED IN-KIND STAFF
SUPPORT FOR THE CITY OF NEW HAVEN'S YOUTH @ WORK PROGRAM. YOUTH @ WORK IS
A PUBLIC-PRIVATE PARTNERSHIP OF THE CITY OF NEW HAVEN, THE NEW HAVEN BOARD
OF EDUCATION AND WORKFORCE ALLIANCE. THE PROGRAM PROVIDES SUMMER AND
YEAR-ROUND OPPORTUNITIES, WORK PLACE EXPOSURE AND WORK READINESS
ACTIVITIES TO YOUTH WHO MAY BE CHALLENGED BY SOCIO-ECONOMIC OR ACADEMIC
BARRIERS TO WORKPLACE SUCCESS. THE PROGRAM TARGETS IN-SCHOOL YOUTH, AGES
14-21, WHO ARE NEW HAVEN RESIDENTS OR ATTEND NEW HAVEN PUBLIC SCHOOLS. THE
YOUTH @ WORK INITIATIVE, AIMED AT PROVIDING YOUNG PEOPLE WORKPLACE
EXPOSURE, MENTORING AND SCHOOL AND COMMUNITY-BASED ENRICHMENT ACTIVITIES.
EARLY WORK EXPERIENCES SERVE AS THE FOUNDATION FOR FUTURE SUCCESS IN THE
WORKPLACE AND HAVE PROVEN EFFECTIVE IN HELPING YOUTH ESTABLISH CONNECTIONS
WITH EMPLOYERS, ENCOURAGE RESPONSIBILITY, FOSTER INDEPENDENCE, DEVELOP
TECHNICAL SKILLS, DEVELOP COMMUNICATION AND INTERPERSONAL SKILLS, CLARIFY
WORK VALUES AND FUTURE WORK PREFERENCES AND ALLOW FOR INTERACTION WITH
CARING ADULTS.

Part VI **Supplemental Information**

THE YNHH SCHOOL-TO-CAREER PROGRAM IS A MULTIFACETED INTERNSHIP AND MENTORING PROGRAM FOR NEW HAVEN PUBLIC HIGH SCHOOL STUDENTS. COMPONENTS INCLUDE AN INTERNSHIP PROGRAM (CLINICAL CAREER PATHWAYS, BUSINESS AND NON-CLINICAL TECHNICAL AND GENERAL), DEVELOPING TOMORROW'S PROFESSIONALS PROGRAM, YNHH AND ACES YOUTH EMPLOYABILITY PROGRAM. NEARLY 35 STUDENTS PARTICIPATED IN THE SCHOOL-TO-CAREER PROGRAM IN 2012. IN ADDITION TO THE SCHOOL-TO CAREER PROGRAM, THE HOSPITAL REGULARLY HOSTS SEVERAL SCHOOL TOURS OF THE LABORATORY, DIETARY, PHARMACY, AND OTHER AREAS PROVIDING INSIGHT INTO VARIOUS HEALTH CARE CAREER OPPORTUNITIES FOR STUDENTS.

THE HOSPITAL HAS PARTNERSHIPS WITH THREE LOCAL SCHOOLS. THE HILL REGIONAL CAREER HIGH SCHOOL PARTNERSHIP PROVIDES STUDENTS THE OPPORTUNITY TO EXPLORE MEDICAL AND OTHER HOSPITAL CAREERS, AS WELL AS OBTAIN A CERTIFICATION AS A NURSE ASSISTANT. THE JOHN C. DANIELS SCHOOL PARTNERSHIP INCLUDES AN ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE. THE WASHINGTON ELEMENTARY SCHOOL PARTNERSHIP PROVIDES STUDENTS WITH ACADEMIC EXPERIENCES THAT DEMONSTRATE THE RELEVANCE OF CLASSROOM CURRICULUM TO SKILLS NEEDED IN THE WORKPLACE AND EXPOSE THEM TO CAREERS IN HEALTH CARE. IN ADDITION, HOSPITAL REPRESENTATIVES ALSO SERVE AS YOUTH MENTORS THROUGH THE GUILFORD PUBLIC SCHOOL'S YOUTH MENTORING PROGRAM.

IN FISCAL YEAR 2012, YALE-NEW HAVEN HONORED THE LEGACY OF REVEREND MARTIN LUTHER KING, JR. THROUGH AWARDS AND SCHOLARSHIPS TO ENCOURAGE THE NEXT GENERATION OF COMMUNITY LEADERS. THIS INCLUDED A \$1,000 COMMUNITY SERVICE

Schedule H (Form 990) 2011

Part VI Supplemental Information

AWARD TO THREE HIGH SCHOOL STUDENTS IN NEW HAVEN WHO SET AN EXAMPLE IN THE COMMUNITY AND GRANTS TOTALING \$3,000 TO NEW HAVEN K - 8 SCHOOLS IN SUPPORT OF MARTIN LUTHER KING, JR. DAY ACTIVITIES THAT CARRY ON THE FALLEN CIVIL RIGHTS LEADER'S WORK AND PHILOSOPHY.

STUDENT NUTRITION IS ANOTHER AREA OF FOCUS FOR YNHH, SINCE MISSING OR SKIPPING MEALS UNDERMINES CHILDREN'S ACADEMIC PERFORMANCE. IN 2012, YALE-NEW HAVEN PROVIDED A GRANT TO SUPPORT THE FOOD AND NUTRITION PROGRAM AT ST. MARTIN DE PORRES ACADEMY. AS PART OF ITS PARTNERSHIP WITH THE WASHINGTON ELEMENTARY SCHOOL, OVER THE PAST YEAR, THE HOSPITAL PROVIDED IN-KIND RESOURCES TO SUPPORT EDUCATION INITIATIVES RELATED TO FOOD AND NUTRITION. ADDITIONALLY, THE HOSPITAL'S OUTPATIENT NUTRITION COORDINATOR CONTINUED TO SERVE IN AN ADVISORY AND EDITORIAL CAPACITY FOR A STATE-WIDE HEALTHY BEATS NEWSLETTER FOR MIDDLE AND HIGH SCHOOL STUDENTS. YALE-NEW HAVEN ALSO PROVIDES SUPPORT TO OTHER ORGANIZATIONS ADDRESSING THE ISSUE OF FOOD INSECURITY.

IN ADDITION TO SUPPORTING YOUTH THROUGH ITS PARTNERS IN EDUCATION PROGRAMS AND COMMUNITY INVESTMENT PROGRAMS, THE HOSPITAL DONATES ANNUALLY TO LOCAL NON-PROFIT ORGANIZATIONS THAT SERVE YOUTH WITH EDUCATIONAL PROGRAMS, AFTER-SCHOOL AND ENRICHMENT ACTIVITIES, SKILL BUILDING AND PROVIDING A PLACE TO CALL HOME. IN FY 2012, THESE ORGANIZATIONS INCLUDED ACES, BOYS & GIRLS CLUB OF NEW HAVEN, CONCEPTS FOR ADAPTIVE LEARNING, FAMILY CENTERED SERVICES OF CT, L.E.A.P., SOLAR YOUTH, AND MORE.

YALE-NEW HAVEN HOSPITAL ALSO PROVIDED SPONSORSHIP IN 2012 FOR THE BIG FOOD: HEALTH, CULTURE AND THE EVOLUTION OF EATING EXHIBITION AT THE YALE PEABODY MUSEUM OF NATURAL HISTORY. THE EXHIBIT WAS DESIGNED TO ENGAGE,

Part VI Supplemental Information

ENTERTAIN AND EDUCATE INDIVIDUALS ABOUT THE WIDE ARRAY OF ISSUES ASSOCIATED WITH THE CAUSES, CONSEQUENCES AND SOLUTIONS OF OBESITY. MORE THAN ONE-THIRD OF CHILDREN AND ONE-HALF OF ADULTS IN THE US ARE OVERWEIGHT OR OBESE. OVER 120,000 VISITORS ATTENDED THE EXHIBITION, BREAKING NUMEROUS ATTENDANCE RECORDS.

WORKFORCE DEVELOPMENT INITIATIVES-

LIKE MANY CITIES ACROSS THE COUNTRY, THE NEW HAVEN WORKFORCE HAS EXPERIENCED DIFFICULT TIMES DURING THE ECONOMIC DOWNTURN. ACCORDING TO RECENT CENSUS INFORMATION, THE UNEMPLOYMENT RATE IN THE CITY OF NEW HAVEN WAS 11.3 PERCENT COMPARED TO 8.2 STATE-WIDE. AS WITH EDUCATIONAL ACHIEVEMENT, THERE IS STRONG EVIDENCE THAT HIGHER SOCIAL AND ECONOMIC STATUS AND SMALL GAPS IN INCOME EQUALITY ARE ASSOCIATED WITH BETTER HEALTH. AS THE SECOND LARGEST EMPLOYER IN NEW HAVEN, YALE-NEW HAVEN HOSPITAL PROVIDES IN-KIND AND FINANCIAL SUPPORT FOR EMPLOYMENT AND TRAINING PROGRAMS OFFERED BY AREA NOT-FOR-PROFIT ORGANIZATIONS SUCH AS THE ONES DESCRIBED BELOW.

IN 2011, YALE-NEW HAVEN COMMITTED TO A MULTI-YEAR DONATION TOTALING \$500,000 OVER FOUR YEARS TO SUPPORT THE CONNECTICUT CENTER FOR ARTS AND TECHNOLOGY (CONNCAT) CONNCAT, WHICH OPENED THIS YEAR, PROVIDES TRAINING FOR APPROXIMATELY 100 LOCAL UNEMPLOYED AND UNDEREMPLOYED ADULTS A YEAR FOR PHLEBOTOMY, MEDICAL CODING AND BILLING JOBS. THE HOSPITAL ALSO PROVIDES INTERNSHIPS FOR STUDENTS BEING TRAINED AT CONNCAT. IN ADDITION TO FINANCIAL SUPPORT, STAFF MEMBERS FROM THE HOSPITAL SERVE ON THE CONNCAT BOARD OF DIRECTORS AND IN AN ADVISORY CAPACITY FOR THE DEVELOPMENT OF THE PROGRAM'S CURRICULUM.

IN FY 2012, YNHH PARTNERED WITH CAREER RESOURCES, INC., TO CONDUCT

Schedule H (Form 990) 2011

Part VI Supplemental Information

PRESENTATIONS FOR EVERY EMPLOYABILITY TRAINING CLASS ON EFFECTIVE INTERVIEWING AND MOCK INTERVIEWS TO ASSIST WITH THEIR JOB READINESS TRAINING. THE RECRUITMENT AND STAFFING DEPARTMENT ALSO PARTNERED WITH IRIS, WHOSE MISSION IS TO ASSIST REFUGEES AND IMMIGRANTS WITH INTEGRATION INTO THE WORKFORCE. THE HOSPITAL ALSO HAS CONNECTIONS WITH JOB READINESS PROGRAMS ESTABLISHED FOR HARD TO EMPLOY INDIVIDUALS THROUGH LOCAL AGENCIES INCLUDING CONNECT-ABILITY AND BEULAH HEIGHTS SOCIAL INTEGRATIONS PROGRAM. HOSPITAL LEADERSHIP SERVES ON THE ADVISORY COMMITTEE FOR THE NEW HAVEN REENTRY ROUNDTABLE EMPLOYMENT COMMITTEE, FELLOWSHIP PLACE, JOB CORPS AND THE NEWLY FORMED STATE-WIDE HEALTH AND LIFE SCIENCES ADVISORY BOARD AS WELL AS THE GOVERNING BOARDS OF CAREER RESOURCES, INC. AND THE WORKFORCE ALLIANCE. YALE-NEW HAVEN IS ACTIVELY INVOLVED IN OTHER JOB FAIRS, SUCH THOSE HELD BY THE CITY OF NEW HAVEN, JOBCORPS, CAREER RESOURCES, INC. AND THE WORKFORCE ALLIANCE.

PART III, LINE 4: - BAD DEBT EXPENSE EXPLANATION

THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE CLASSIFIED AS BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS

Part VI Supplemental Information

CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE.

THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$69.8

MILLION AND \$55.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011,

RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE

RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$47.8 MILLION AND \$32.3

MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE

ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES.

THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON

MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS

ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR

DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE

TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT

CHARGES, WAS \$32.6 MILLION AND \$26.4 MILLION, RESPECTIVELY. THE BAD DEBT

EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF

INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS

ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF

UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL

NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2012

AND 2011, THE HOSPITAL RECEIVED \$73.2 MILLION AND \$33.0 MILLION,

RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$51.9 MILLION

Part VI Supplemental Information

AND \$23.0 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$56.5 MILLION AND \$14.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF NEW HAVEN PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

COSTING METHODOLOGY:

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS

Part VI Supplemental Information

ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 8: - MEDICARE EXPLANATION

THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI.

PART III, LINE 9B: - COLLECTION PRACTICES EXPLANATION

IF, AT ANY TIME, THE HOSPITAL OR A COLLECTION AGENCY OR LAW FIRM, RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM, THE HOSPITAL, COLLECTION AGENCY, OR LAW FIRM SHALL, CONSISTENT WITH CONNECTICUT LAW, CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSITANCE.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 19D: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES.

Part VI Supplemental Information

AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

YALE-NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 21: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES.

AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

PART VI, LINE 2:

IN LATE 2010, YALE-NEW HAVEN HOSPITAL FORMED THE PARTNERSHIP FOR A HEALTHIER NEW HAVEN, WHICH IS DEDICATED TO THE DEVELOPMENT AND IMPLEMENTATION OF A COMMUNITY HEALTH NEEDS ASSESSMENT AND A COORDINATED CITY-WIDE HEALTH IMPROVEMENT PLAN. PARTNERSHIP MEMBERS INCLUDE REPRESENTATIVES FROM THE NEW HAVEN HEALTH DEPARTMENT, FAIR HAVEN HEALTH CENTER, CORNELL-HILL SCOTT HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT (CARE).

OVER THE PAST TWO YEARS, THE PARTNERSHIP HAS DEVELOPED A UNIFIED COMMUNITY HEALTH NEEDS ASSESSMENT APPROACH, WHICH MEETS THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS VOLUNTARY ACCREDITATION REQUIREMENTS AND IRS REQUIREMENTS FOR NON-PROFIT HOSPITALS. THE PROPOSED ASSESSMENT BUILDS OFF OF EXISTING WORK WITHIN THE COMMUNITY, INCLUDING COMMITMENTS BY BOTH DATAHAVEN AND CARE TO CONDUCT COMMUNITY HEALTH AND WELL-BEING SURVEYS DURING CALENDAR YEAR 2012. THIS UNIFIED APPROACH PROVIDES THE OPPORTUNITY TO COMPARE THE CITY OF NEW HAVEN WITH THE TWELVE MUNICIPALITIES THAT

Part VI Supplemental Information

COMPRIZE THE INNER AND OUTER SUBURBAN RINGS OF THE CITY. NEW HAVEN RESIDENTS EXPERIENCE HIGHER RATES OF MORBIDITY AND MORTALITY ACROSS THE LIFESPAN FROM PREMATURE BIRTH TO PREMATURE DEATH. CONDUCTING A HEALTH NEEDS ASSESSMENT THAT PROVIDES THE OPPORTUNITY TO LEARN MORE ABOUT THE EXISTING HEALTH INEQUITIES THROUGH A COMMUNITY ENGAGED PROCESS WILL LEAD TO THE DEVELOPMENT OF A ROBUST CITY-WIDE HEALTH IMPROVEMENT PLAN THAT INCLUDES EFFORTS FOCUSED ON THE SOCIAL DETERMINANTS OF HEALTH. IN 2012, THE FOCUS OF THE PARTNERSHIP WAS TO DEVELOP A COORDINATED SURVEY TOOL AND OUTREACH PLAN. PRIMARY DATA COLLECTION COMMENCED IN SEPTEMBER 2012. A BRIEF DESCRIPTION OF THE TWO SURVEYS AND THEIR METHODOLOGY ARE INCLUDED BELOW.

GREATER NEW HAVEN WELL-BEING SURVEY-

THE 2012 COMMUNITY WELLBEING SURVEY, A PROJECT OF DATAHAVEN, IS THOUGHT TO BE THE LARGEST SURVEY OF ITS TYPE EVER CONDUCTED IN OUR AREA. ALTHOUGH MANY QUESTIONS WERE DERIVED FROM OTHER NATIONAL SURVEYS TO ENABLE COMPARABILITY, THE PROJECT FOCUSED ON COLLECTING INFORMATION ON COMMUNITY WELLBEING THAT IS NOT AVAILABLE FROM ANY OTHER PUBLIC SOURCES. THE TELEPHONE-BASED (CELL AND LANDLINE) GREATER NEW HAVEN WELL-BEING SURVEY IS BEING CONDUCTED DURING THE MONTHS OF SEPTEMBER AND OCTOBER BY THE SEINA RESEARCH INSTITUTE AND MANAGED LOCALLY BY DATAHAVEN. RESEARCHERS WILL INTERVIEW RESIDENTS AGE 18 AND OVER FROM WITHIN A GROUP OF 13 MUNICIPALITIES INCLUDING THE CITY OF NEW HAVEN, ITS SURROUNDING INNER-RING (EAST HAVEN, HAMDEN, AND WEST HAVEN), AND OUTER-RING (ORANGE, MILFORD, NORTH HAVEN, GUILFORD, BRANFORD, NORTH BRANFORD, MADISON, WOODBRIDGE, BETHANY) MUNICIPALITIES. THE FOCUS OF THE SURVEY WILL BE ON GOVERNMENT SERVICES, EDUCATION, AND URBAN PLANNING AS WELL AS INDIVIDUAL QUESTIONS ABOUT CIVIC ENGAGEMENT, HEALTH AND FAMILY ECONOMICS. THE HEALTH QUESTIONS WERE COORDINATED TO MATCH THOSE OF THE SURVEY BEING CONDUCTED BY CARE IN

Part VI Supplemental Information

SIX NEW HAVEN NEIGHBORHOODS. THE 2012 COMMUNITY WELLBEING SURVEY IS BEING SPONSORED BY A CONSORTIUM OF FUNDERS INCLUDING THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, CAROLYN FOUNDATION, UNITED WAY OF GREATER NEW HAVEN, ANNIE E. CASEY FOUNDATION, YALE-NEW HAVEN HOSPITAL, NEW ALLIANCE FOUNDATION, AND GENEROUS INDIVIDUAL DONORS.

CARE: NEW HAVEN HEALTH SURVEY-

IN 2009, THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT (CARE) CONDUCTED AN ADULT HEALTH STATUS SURVEY OF SIX LOW RESOURCE NEW HAVEN NEIGHBORHOODS (FAIR HAVEN, WEST RIVER / DWIGHT, DIXWELL, NEWHALLVILLE, HILL NORTH AND WEST ROCK) FOCUSED ON CHRONIC DISEASE AND ASSOCIATED RISK FACTORS SUCH AS NUTRITION, PHYSICAL ACTIVITY AND TOBACCO USE. THESE THREE RISK FACTORS LEAD TO THE FOUR CHRONIC DISEASES THAT ACCOUNT FOR 70 PERCENT OF PREVENTABLE DEATHS IN THE UNITED STATES AND IN THE STATE OF CONNECTICUT. THE RESPONSE RATE FOR THE 2009 SURVEY WAS APPROXIMATELY 80 PERCENT. THE 2012 NEW HAVEN HEALTH SURVEY WILL UTILIZE THE SAME DOOR-TO-DOOR METHODOLOGY AS 2009, PROVIDING TRAINING AND TEMPORARY EMPLOYMENT FOR HAVEN RESIDENTS. IN ADDITION, TO PHYSICAL ACTIVITY, NUTRITION AND TOBACCO USE, THE SURVEY WILL ALSO INCLUDE QUESTIONS RELATED TO SOCIAL SUPPORT AND NEIGHBORHOOD SAFETY WHICH CORRELATE TO THE GREATER NEW HAVEN WELL-BEING SURVEY. IN 2009 THE RESPONSE RATE WAS APPROXIMATELY 80 PERCENT. CARE'S SURVEY PARTNERS FOR 2012 INCLUDE YALE-NEW HAVEN HOSPITAL, DATAHAVEN, DONAGHUE FOUNDATION, KRESGE FOUNDATION, NEW HAVEN HEALTH DEPARTMENT, FAIR HAVEN COMMUNITY HEALTH CENTER AND CORNELL-SCOTT HILL HEALTH CENTER.

IN ADDITION TO THE PRIMARY RESEARCH BEING CONDUCTED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, THE PARTNERSHIP WILL ALSO BE COLLECTING RELEVANT SECONDARY DATA AND IDENTIFYING BENCHMARKS BASED SUCH AS HEALTHY PEOPLE 2020 TO HELP GUIDE ITS WORK AND THE DEVELOPMENT OF A

Part VI Supplemental Information

CITY-WIDE HEALTH IMPROVEMENT PLAN. THIS EFFORT WILL INCLUDE A REVIEW OF EXISTING REPORTS AVAILABLE WITHIN THE COMMUNITY, HOSPITAL EMERGENCY DEPARTMENT UTILIZATION AND OTHER DATA RELATED TO PREVENTABLE HOSPITALIZATIONS.

PART VI, LINE 3:

THE YALE-NEW HAVEN HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS:

THE Y-NHH WEB SITE;

NEWSPAPER ADVERTISEMENTS;

THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT;

THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS;

VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES; AND

THROUGH THE FREE CARE DEPARTMENT.

IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE.

INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE. APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY THIRD MONDAY OF EACH MONTH.

IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM. SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL.

Part VI Supplemental Information

ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME. CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME. IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

PART VI, LINE 4:

THE PRIMARY GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN HOSPITAL (YNHH) INCLUDES 25 CONNECTICUT MUNICIPALITIES ACROSS MIDDLESEX AND NEW HAVEN COUNTIES. THE ALPHABETICAL LISTING BELOW PROVIDES EACH MUNICIPALITY LOCATED WITHIN THE GEOGRAPHIC AREA, THE ASSOCIATED ZIP CODE(S) AND COUNTY.

ZIP CODE	MUNICIPALITY	COUNTY	STATE
06401	ANSONIA	NEW HAVEN	CT
06524	BETHANY	NEW HAVEN	CT
06405	BRANFORD	NEW HAVEN	CT
06408	CHESHIRE	NEW HAVEN	CT
06410	CHESHIRE	NEW HAVEN	CT
06411	CHESHIRE	NEW HAVEN	CT
06413	CLINTON	MIDDLESEX	CT
06417	DEEP RIVER	MIDDLESEX	CT
06418	DERBY	NEW HAVEN	CT

Part VI Supplemental Information

06512	EAST HAVEN	NEW HAVEN	CT
06409	ESSEX	MIDDLESEX	CT
06426	ESSEX	MIDDLESEX	CT
06442	ESSEX	MIDDLESEX	CT
06437	GUILFORD	NEW HAVEN	CT
06514	HAMDEN	NEW HAVEN	CT
06517	HAMDEN	NEW HAVEN	CT
06518	HAMDEN	NEW HAVEN	CT
06419	KILLINGWORTH	MIDDLESEX	CT
06443	MADISON	NEW HAVEN	CT
06450	MERIDEN	NEW HAVEN	CT
06451	MERIDEN	NEW HAVEN	CT
06454	MERIDEN	NEW HAVEN	CT
06460	MILFORD	NEW HAVEN	CT
06461	MILFORD	NEW HAVEN	CT
06501	NEW HAVEN	NEW HAVEN	CT
06502	NEW HAVEN	NEW HAVEN	CT
06503	NEW HAVEN	NEW HAVEN	CT
06504	NEW HAVEN	NEW HAVEN	CT
06505	NEW HAVEN	NEW HAVEN	CT
06506	NEW HAVEN	NEW HAVEN	CT
06507	NEW HAVEN	NEW HAVEN	CT
06508	NEW HAVEN	NEW HAVEN	CT
06509	NEW HAVEN	NEW HAVEN	CT
06510	NEW HAVEN	NEW HAVEN	CT
06511	NEW HAVEN	NEW HAVEN	CT
06513	NEW HAVEN	NEW HAVEN	CT
06515	NEW HAVEN	NEW HAVEN	CT

Part VI Supplemental Information

06519	NEW HAVEN	NEW HAVEN	CT
06520	NEW HAVEN	NEW HAVEN	CT
06521	NEW HAVEN	NEW HAVEN	CT
06530	NEW HAVEN	NEW HAVEN	CT
06531	NEW HAVEN	NEW HAVEN	CT
06532	NEW HAVEN	NEW HAVEN	CT
06533	NEW HAVEN	NEW HAVEN	CT
06534	NEW HAVEN	NEW HAVEN	CT
06535	NEW HAVEN	NEW HAVEN	CT
06536	NEW HAVEN	NEW HAVEN	CT
06537	NEW HAVEN	NEW HAVEN	CT
06538	NEW HAVEN	NEW HAVEN	CT
06540	NEW HAVEN	NEW HAVEN	CT
06471	NORTH BRANFORD	NEW HAVEN	CT
06472	NORTH BRANFORD	NEW HAVEN	CT
06473	NORTH HAVEN	NEW HAVEN	CT
06475	OLD SAYBROOK	MIDDLESEX	CT
06477	ORANGE	NEW HAVEN	CT
06478	OXFORD	NEW HAVEN	CT
06483	SEYMORE	NEW HAVEN	CT
06492	WALLINGFORD	NEW HAVEN	CT
06493	WALLINGFORD	NEW HAVEN	CT
06494	WALLINGFORD	NEW HAVEN	CT
06495	WALLINGFORD	NEW HAVEN	CT
06516	WEST HAVEN	NEW HAVEN	CT
06498	WESTBROOK	MIDDLESEX	CT
06525	WOODBRIDGE	NEW HAVEN	CT

Part VI Supplemental Information

IN 2011, THE TOTAL POPULATION OF THE HOSPITAL'S PRIMARY GEOGRAPHIC SERVICE AREA WAS ESTIMATED AT 715,241. THE PERCENTAGE OF RESIDENTS BY RACE AND ETHNICITY IN 2010 WAS 71.2% WHITE, 11.1% BLACK, 11.9% HISPANIC, 3.7% ASIAN PACIFIC AND 2.0% NATIVE AMERICAN, MULTI RACE OR OTHER. IN 2011, THE ESTIMATED MEDIAN HOUSEHOLD INCOME WAS \$77,095 IN MIDDLESEX COUNTY AND \$62,497 IN NEW HAVEN COUNTY.

IN ADDITION TO YNHH, THERE ARE THREE ACUTE CARE HOSPITALS LOCATED IN THE REGION INCLUDING GRIFFIN HOSPITAL, MIDSTATE MEDICAL CENTER AND MILFORD HOSPITAL. GAYLORD HOSPITAL, A LONG-TERM ACUTE CARE HOSPITAL IS ALSO LOCATED WITHIN THE GEOGRAPHIC AREA SERVED BY YALE-NEW HAVEN. YNHH IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

IN FISCAL YEAR 2012, THERE WERE 61,958 DISCHARGES FROM YNHH. AN ESTIMATED THREE IN TEN INPATIENTS WERE MEDICAID BENEFICIARIES OR LACKED HEALTH INSURANCE. THE HOSPITAL'S EMERGENCY DEPARTMENT PROVIDES A HEALTHCARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR 2012, THERE WERE 141,422 VISITS TO YALE-NEW HAVEN'S ADULT AND PEDIATRIC EMERGENCY DEPARTMENTS IN NEW HAVEN AND AT THE SHORELINE MEDICAL CENTER IN GUILFORD. OVER 60 PERCENT OF THESE VISITS WERE ATTRIBUTED TO THE ADULT EMERGENCY DEPARTMENT, WHICH ACCOUNTED FOR 87,924 OF THE TOTAL VISITS INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MADE UP 80 PERCENT OF THE TOTAL WITH OVER HALF, ROUGHLY 46,600 INDIVIDUALS IDENTIFIED AS MEDICAID BENEFICIARIES OR AS HAVING NO HEALTH CARE INSURANCE.

Part VI Supplemental Information

PATIENT ORIGIN DATA FOR FISCAL YEAR 2012 INDICATED THAT 48 PERCENT OF THE PATIENTS TREATED AND DISCHARGED FROM THE HOSPITAL'S ADULT EMERGENCY DEPARTMENT AND 44 PERCENT OF THE TREATED AND ADMITTED PATIENTS WERE RESIDENTS OF THE CITY OF NEW HAVEN. THE MEDIAN HOUSEHOLD INCOME FOR THE CITY OF NEW HAVEN IS \$39,094, WHICH IS \$30,149 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,243. IN 2011, AN ESTIMATED 26.3 PERCENT OF FAMILIES IN NEW HAVEN WERE IDENTIFIED AS LIVING IN POVERTY COMPARED TO 9.5 PERCENT STATE-WIDE.

PART VI, LINE 5:

YALE-NEW HAVEN HOSPITAL (YNHH) IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL, WHICH INCLUDES YALE-NEW HAVEN CHILDREN'S HOSPITAL, YALE-NEW HAVEN PSYCHIATRIC HOSPITAL AND SMILOW CANCER HOSPITAL. FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT AND THE FOURTH VOLUNTARY HOSPITAL IN THE NATION, IT SERVES AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOLS OF MEDICINE AND NURSING. YNHH HAS TWO INPATIENT CAMPUSES IN NEW HAVEN, THE MAIN YORK STREET CAMPUS AND THE SAINT RAPHAEL CAMPUS ON CHAPEL STREET. YNHH'S YORK STREET CAMPUS AND ASSOCIATED AMBULATORY SITES ARE MAGNET-DESIGNATED BY THE AMERICAN NURSES CREDENTIALING CENTER. YNHH IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE-NEW HAVEN HOSPITAL REGULARLY RANKS AMONG THE BEST HOSPITALS IN THE U.S. AND IS ACCREDITED BY THE JOINT COMMISSION. IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING OUR MEDICAL STAFF BY PROVIDING AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. RELYING ON THE SKILL AND EXPERTISE OF

Part VI Supplemental Information

MORE THAN 4,000 UNIVERSITY AND COMMUNITY PHYSICIANS AND ADVANCED PRACTITIONERS, INCLUDING MORE THAN 600 RESIDENT PHYSICIANS, YALE-NEW HAVEN HOSPITAL PROVIDES COMPREHENSIVE, MULTIDISCIPLINARY, FAMILY-FOCUSED CARE IN MORE THAN 100 MEDICAL SPECIALTY AREAS. YALE-NEW HAVEN HOSPITAL PROVIDED SERVICES FOR MORE THAN 774,000 OUTPATIENT AND EMERGENCY VISITS AND 62,000 DISCHARGES IN FISCAL YEAR 2012.

EVERY YEAR, AS PART OF OUR VITAL MISSION TO PROMOTE HEALTH AND WELLNESS THROUGHOUT THE GREATER NEW HAVEN REGION, YALE-NEW HAVEN HOSPITAL SPONSORS, DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2012, YNHH MANAGED \$242.8 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5.

GUARANTEEING ACCESS TO CARE-

YALE-NEW HAVEN RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING 2012, YNHH PROVIDED SERVICES FOR 193,856 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$138.7 MILLION (AT COST).

YNHH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS, AND EVEN FUNDS THE SALARIES OF THREE ON-SITE STATE DEPARTMENT OF SOCIAL SERVICES EMPLOYEES. DURING 2012, THE HOSPITAL

Part VI Supplemental Information

DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES TO OVER 29,000 PERSONS AT A TOTAL EXPENSE OF \$30.0 MILLION (AT COST).

YALE-NEW HAVEN ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE HOSPITAL'S PRIMARY CARE CENTERS, WHICH INCLUDES ADULT, ADOLESCENT, PEDIATRIC AND WOMEN'S SERVICES.

THE HOSPITAL'S PRIMARY CARE CENTER PROVIDES OUTPATIENT MEDICAL SERVICES TO THE COMMUNITY, PRIMARILY SERVING THE UNINSURED OR UNDER-INSURED POPULATION. IT IS THE LARGEST OUTPATIENT FACILITY IN SOUTHERN CONNECTICUT. IN FISCAL YEAR 2012, THE PRIMARY CARE CENTER HAD 32,377 VISITS TO THE ADULT MEDICINE CLINIC, 26,664 VISITS TO THE PEDIATRICS CLINIC AND 19,148 VISITS TO THE WOMEN'S CENTER, FOR A TOTAL OF 78,189 PATIENT VISITS. ADDITIONALLY, THE PRIMARY CARE CENTER OFFERS ONE OF THE FEW ADOLESCENT CLINICS IN THE STATE WITH BOARD-CERTIFIED PROFESSIONALS, WITH VISITS NUMBERING 1,900 ANNUALLY.

YNHH ALSO PROVIDED OUTREACH SERVICES TO PATIENTS RECEIVING CARE IN THE PRIMARY CARE CENTER AND THE WOMEN'S CENTER TO FOLLOW UP ON MISSED APPOINTMENTS, IMMUNIZATIONS AND OTHER HEALTHCARE NEEDS VITAL TO QUALITY OF LIFE AND THE HEALTH STATUS OF THE PATIENT. IN 2012, MORE THAN 1,097 PATIENTS RECEIVED OUTREACH SERVICES AND APPROXIMATELY 620 PATIENTS RECEIVED A HOME VISIT. OVER 1,000 REFERRALS WERE MADE FOR RESOURCES WITHIN THE HOSPITAL AND IN THE COMMUNITY.

YALE-NEW HAVEN PROVIDES ONGOING FINANCIAL AND IN-KIND SUPPORT FOR PROJECT ACCESS OF NEW HAVEN, WHICH PROVIDES TIMELY HIGH QUALITY SPECIALTY CARE FOR UNINSURED INDIVIDUALS WHO RESIDE IN THE GREATER NEW HAVEN AREA WITH THE

Part VI Supplemental Information

USE OF AN INTENSIVE PATIENT NAVIGATION MODEL. MORE THAN 300 COMMUNITY PHYSICIANS DONATE THEIR SERVICES TO PROJECT ACCESS PATIENTS AND A TEAM OF FOUR PATIENT NAVIGATORS ASSIST ENROLLED PATIENTS WITH ACCESSING AND MANAGING CARE. SINCE SEEING THEIR FIRST PATIENT IN AUGUST 2010, PROJECT ACCESS HAS ENROLLED AND NAVIGATED MORE THAN 550 PATIENTS. THE NO-SHOW RATE FOR MEDICAL APPOINTMENTS IS 2% AND THE VALUE OF DONATED CARE IS OVER \$5 MILLION. PATIENTS ARE REFERRED TO PROJECT ACCESS FROM THE EMERGENCY DEPARTMENTS AND PRIMARY CARE CENTERS ON BOTH THE YORK STREET AND ST. RAPHAEL CAMPUSES OF YALE-NEW HAVEN HOSPITAL, THE FAIR HAVEN COMMUNITY HEALTH CENTER, THE CORNELL SCOTT-HILL HEALTH CENTER AND COMMUNITY PRIVATE PRACTICES. PROJECT ACCESS CELEBRATED ITS TWO-YEAR ANNIVERSARY IN AUGUST 2012.

THE HOSPITAL'S ME & MY BABY PROGRAM PROVIDES INCREASED ACCESS TO CARE FOR AN UNDER-SERVED POPULATION THAT IS EITHER UNINSURED OR UNDERINSURED; OUTREACH EFFORTS FOSTER EARLY ENTRY INTO CARE, SCREENING AND DETECTION, AND ALLOW PRENATAL CARE TO BEGIN AS EARLY AS POSSIBLE IN THE FIRST TRIMESTER. THE PROGRAM FEATURES MONTHLY "SHOWERS" TO PROVIDE PARTICIPANTS WITH INFORMATION ON THE HOSPITAL'S MATERNITY PROGRAMS, BASIC CHILDBIRTH PREPARATION AND TO ANSWER ANY QUESTIONS. ME & MY BABY IS THE ONLY PROGRAM IN THE NEW HAVEN AREA TO OFFER FREE PREGNANCY TESTING AND COUNSELING BY A REGISTERED NURSE. IN 2012, ME & MY BABY GAVE 306 NEWLY ENROLLED MOTHERS ACCESS TO PRENATAL AND PEDIATRIC CARE, HEALTH EDUCATION, CARE COORDINATION AND PRESCRIPTION DRUG COVERAGE. DURING THIS TIME, 271 ENROLLED MOTHERS GAVE BIRTH, A NUMBER THAT DECREASES ANNUALLY DUE TO CONTINUING OUTREACH AND EDUCATION EFFORTS. NEARLY 100 PERCENT OF PROGRAM ENROLLEES ARE UNDOCUMENTED IMMIGRANT WOMEN OR WOMEN WHO ENTERED THE UNITED STATES WITHOUT INSPECTION OR WERE ADMITTED ON NONIMMIGRANT (TEMPORARY) VISAS AND

Part VI Supplemental Information

OVERSTAYED.

THE PRESCRIPTION ASSISTANCE PROGRAM HELPS YNHH PATIENTS WHO HAVE LITTLE OR NO HEALTH INSURANCE OR PHARMACY BENEFITS OBTAIN DEEPLY DISCOUNTED MEDICATIONS. THE 340B PROGRAM ASSISTS PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL, INCLUDING THE EMERGENCY DEPARTMENT, OR ANY HOSPITAL-BASED CLINIC RECEIVE DISCOUNTED PRESCRIPTIONS. STUDIES SHOW THAT PATIENTS WHO CANNOT AFFORD OUTPATIENT MEDICATIONS HAVE HIGHER HOSPITAL ADMISSION, RE-ADMISSIONS, AND EMERGENCY ROOM VISIT RATES THAN THEIR COUNTERPARTS. THE HOSPITAL QUALIFIES FOR THESE FEDERAL PHARMACEUTICAL PRICING DISCOUNTS BECAUSE IT TREATS A DISPROPORTIONATELY LARGE SHARE OF UNINSURED AND UNDER INSURED PATIENTS.

THE HOSPITAL ALSO SERVES AS A KEY PARTNER IN THE NEW HAVEN ORAL HEALTH COALITION. THE COALITION WAS FORMED TO ADDRESS THE SERIOUS ORAL HEALTH NEEDS OF THE UNDER-SERVED, AND PARTICULARLY CHILDREN COVERED THROUGH HUSKY A. THIS NETWORK ALLOWS PARTNERS TO CONTINUOUSLY COLLABORATE AND DEVELOP STRATEGIC PLANS IN A MORE COHESIVE AND COMPREHENSIVE MANNER.

PROMOTING HEALTH AND WELLNESS-

DURING FY 2012, YALE-NEW HAVEN HOSPITAL PROVIDED \$8.6 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

CONNECTICUT WAS ONE OF SEVEN STATES CHOSEN BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO ADMINISTER THE WISEWOMAN (WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION) PROJECT. YNHH WAS SELECTED AS ONE OF NINE SITES IN CONNECTICUT TO BE AWARDED THIS PROGRAM.

Part VI Supplemental Information

WISEWOMAN IS INTEGRATED WITHIN THE EXISTING YNHH CONNECTICUT BREAST AND CERVICAL CANCER AND EARLY DETECTION PROGRAM TO ASSESS CARDIOVASCULAR RISK FACTORS AND PROVIDE CARDIOVASCULAR DISEASE PREVENTIVE HEALTH SERVICES FOR ELIGIBLE MEDICALLY UNDERSERVED CONNECTICUT WOMEN OVER THE AGE OF 40.

WISEWOMAN SERVICES INCLUDE ASSESSING CARDIOVASCULAR RISK FACTORS THROUGH HEIGHT, WEIGHT, BLOOD PRESSURE, CHOLESTEROL, BLOOD GLUCOSE AND PERSONAL LIFESTYLE HISTORIES. IN FY 2012, 184 WOMEN WERE SCREENED THROUGH THE PROGRAM.

PART VI, LINE 5: CONTINUES-

THE HOSPITAL IS ONE OF 18 SITES IN CONNECTICUT OFFERING A COMPREHENSIVE BREAST, CERVICAL AND COLORECTAL CANCER SCREENING PROGRAM FOR MEDICALLY UNDERSERVED WOMEN. SERVICES SUCH AS CLINICAL BREAST EXAMS AND PAP SMEARS ARE OFFERED FREE OF CHARGE FOR ELIGIBLE WOMEN BETWEEN THE AGES OF 19 AND 64, AND MAMMOGRAMS ARE OFFERED TO WOMEN WHO ARE AGE 40 TO 64. IN FY 2012, OVER 1,000 WOMEN RECEIVED SCREENINGS THROUGH THE PROGRAM.

YNHH IS A GRANT RECIPIENT OF THE KOMEN FOUNDATION PATIENT NAVIGATION FOR BREAST CANCER SCREENING. THIS COLLABORATIVE OUTREACH INITIATIVE IS FOCUSED ON OFFERING BREAST HEALTH EDUCATION AND SCREENING SERVICES TO AFRICAN AMERICAN, HISPANIC AND ANY UNDERSERVED WOMEN (AGE 50+) IN THE GREATER NEW HAVEN COMMUNITY AND HELPING THEM NAVIGATE THROUGH THE HEALTH CARE SYSTEM. THE GOAL IS TO INCREASE AWARENESS OF EARLY DETECTION TO THESE HIGH-RISK POPULATIONS, TEACH BREAST SELF-EXAMS, PROVIDE SCREENINGS AND TO PARTNER AND FACILITATE ACCESS TO APPROPRIATE DIAGNOSTIC FOLLOW UP WHEN NECESSARY. IN FISCAL YEAR 2012, PARTICIPATION IN 45 OUTREACH ACTIVITIES RESULTED IN HEALTH EDUCATION AND AWARENESS ACTIVITIES TO 5,629 WOMEN IN THE GREATER NEW HAVEN AREA.

Part VI Supplemental Information

IN A PARTNERSHIP WITH THE CORNELL SCOTT-HILL HEALTH CENTER, THE HOSPITAL'S DIGITAL MAMMOGRAPHY VAN PROVIDES SCREENING MAMMOGRAPHY SERVICES IN THE COMMUNITY WHERE WOMEN LIVE AND WORK, IMPROVING ACCESS FOR THE ELDERLY AND UNDERSERVED POPULATIONS WHO MIGHT NOT OTHERWISE OBTAIN THESE SERVICES ON A REGULAR BASIS. IN FISCAL YEAR 2012, THE MAMMOGRAPHY VAN PERFORMED 1,615 SCREENING MAMMOGRAMS AT 40 LOCATIONS THROUGHOUT SOUTHERN CONNECTICUT, ENHANCING ACCESSIBILITY TO MAMMOGRAPHY SERVICES.

THE HOSPITAL'S SICKLE CELL PROGRAM PROVIDES COMPREHENSIVE MEDICAL CARE WHICH INCLUDES PAIN MANAGEMENT, PSYCHOSOCIAL COUNSELING, AND EDUCATION FOR THE PATIENT, FAMILY MEMBERS, AND THE COMMUNITY AT LARGE. THE PROGRAM ASSISTS PATIENTS WITH ACCESS TO COMMUNITY RESOURCES SUCH AS MEDICAL TRANSPORTATION, MEDICATION PROGRAMS WHICH HELP TO PURCHASE NEEDED MEDICINES AT REDUCED COSTS, AND REFERRALS TO COMMUNITY RESOURCES. THE SICKLE CELL TEAM WORKS DILIGENTLY WITH THE PEDIATRIC TEAM TO ENSURE SMOOTH TRANSITION OF SICKLE CELL PATIENTS FROM PEDIATRIC CARE TO ADULT CARE BY USING THE FAMILY CENTERED CARE MODEL APPROACH. IN PARTNERSHIP WITH SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN CONNECTICUT, YNHH OFFERS COMMUNITY OUTREACH, HEALTH EDUCATION AND SCREENINGS. LOCATIONS INCLUDE HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, CHURCHES, COMMUNITY AND CIVIC ORGANIZATIONS AND HEALTH FAIRS THROUGHOUT SOUTHERN CONNECTICUT. ANNUALLY THERE ARE MORE THAN 1,100 ADULT AND PEDIATRIC PATIENT ENCOUNTERS.

YALE-NEW HAVEN HOSPITAL OPERATES THE LARGEST WOMEN, INFANTS AND CHILDREN (WIC) SITE IN NEW HAVEN, SERVING 4,000 WOMEN AND THEIR CHILDREN. THE WIC PROGRAM STAFF REACHES OUT INTO THE COMMUNITY TO PROVIDE NUTRITIONAL COUNSELING, BREASTFEEDING EDUCATION AND FOOD FOR PREGNANT AND POSTPARTUM WOMEN AND INFANTS AND CHILDREN WHO ARE AT NUTRITIONAL RISK. WIC IS FUNDED

Schedule H (Form 990) 2011

Part VI **Supplemental Information**

BY A GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE.

THE SUPPLEMENTAL INFANT PROGRAM (SIP) AT YALE-NEW HAVEN HOSPITAL WAS ESTABLISHED IN 2008 TO ADDRESS CONCERNs REGARDING THE PRACTICE OF FORMULA STRETCHING AMONG CLIENTS OF THE WOMEN, INFANT AND CHILDREN (WIC) PROGRAM BASED AT THE HOSPITAL, WHICH SERVES 4,000 CLIENTS ANNUALLY INCLUDING 1,000 INFANTS. FORMULA STRETCHING IS WHERE PARENTS OR GUARDIANS OF INFANTS, WHO ARE NOT BREASTFED, EITHER WATER DOWN FORMULA OR FEED INFANTS LESS FREQUENTLY IN ORDER TO CONSERVE RESOURCES. THIS OFTEN OCCURS DURING TIMES OF FINANCIAL HARDSHIP IN URBAN CENTERS WHERE PARENTS MUST MAKE DIFFICULT DECISIONS AFFECTING THOSE THEY LOVE. IN 2011, 26.3 PERCENT OF FAMILIES LIVING IN NEW HAVEN WERE CONSIDERED BELOW THE POVERTY LEVEL, A RATE WHICH IS 16 PERCENT HIGHER THAN THE STATE AVERAGE. SINCE ITS IMPLEMENTATION, SIP HAS PROVIDED FORMULA EACH YEAR TO AN AVERAGE OF 200 INFANTS AT NO COST TO FAMILIES.

THE HOSPITAL'S HEALTHY START PROGRAM IS FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THROUGH A PRIVATE GRANT FROM THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN AND IS DESIGNED FOR UNINSURED PREGNANT WOMEN. THE PROGRAM PROVIDES CASE MANAGEMENT SERVICES TO PREGNANT WOMEN RECEIVING CARE AT YNHH AND TO THOSE WHO HAVE A CHILD UP TO THE AGE OF TWO RECEIVING SERVICES FROM THE PEDIATRIC PRIMARY CARE CENTER. TWO CASE MANAGERS ASSESS NEEDS AND COORDINATE MEDICAL CARE, MEDICATIONS, MENTAL HEALTH COUNSELING, OUTREACH AND RELATED SERVICES. THE CASE MANAGERS WORK COLLABORATIVELY WITH NEW HAVEN'S OTHER HEALTHY START SITES AS WELL AS WITH MANY OTHER SERVICE AGENCIES. IN FISCAL YEAR 2012, THE PROGRAM SERVED 337 WOMEN.

PEDIATRIC DENTISTRY WAS IDENTIFIED AS A CRITICAL ISSUE IN THE GREATER NEW

Schedule H (Form 990) 2011

Part VI Supplemental Information**HAVEN PARTNERSHIP FOR A HEALTHY COMMUNITY'S COMMUNITY NEEDS ASSESSMENT**

CONDUCTED IN THE LATE 1990S. SINCE 2004, THE HOSPITAL HAS OPERATED A

DEDICATED PEDIATRIC DENTISTRY CENTER, WHICH OFFERS A PEDIATRIC DENTISTRY

RESIDENCY PROGRAM. IN FY 2012, THE PEDIATRIC DENTISTRY CENTER WAS

RELOCATED TO A, 8,700 SQUARE FOOT STATE-OF-THE-ART FACILITY WITH 10

TREATMENT ROOMS, ONE RECOVERY ROOM FOR POST SEDATION PATIENTS AND A

STERILIZATION CENTER. THE PEDIATRIC DENTISTRY CENTER MAINTAINS NEARLY

2,000 ACTIVE PATIENTS AND HAS THE SINGULAR CAPACITY IN THE COMMUNITY TO

TREAT CHILDREN WITH EARLY CHILDHOOD CARIES IN THE OPERATING ROOM.

SINCE 1992, THE HOSPITAL HAS PROVIDED COMPREHENSIVE CARE TO LEAD-POISONED

CHILDREN AND THEIR FAMILIES. THE YALE-NEW HAVEN LEAD POISONING REGIONAL

TREATMENT CENTER IS ONE OF TWO REGIONAL TREATMENT CENTERS IN CONNECTICUT

PROVIDING MEDICAL TREATMENT AND SOCIAL SERVICE PROGRAMS. IN FY 2012, THE

LEAD PROGRAM PROVIDED 4,195 PATIENT SCREENINGS, 492 IN-HOME VISITS AND 73

INFORMATIONAL PRESENTATIONS.

THE AIDS CARE PROGRAM WAS ESTABLISHED IN 1984 IN RESPONSE TO THE

INCREASING NUMBER OF INDIVIDUALS BEING TREATED FOR HIV/AIDS AT YALE-NEW

HAVEN HOSPITAL. THE PROGRAM PROVIDES COMPREHENSIVE CARE TO ADULTS,

ADOLESCENTS AND CHILDREN LIVING WITH HIV/AIDS AND THEIR FAMILIES AND

SIGNIFICANT OTHERS. THE SCOPE OF SERVICES INCLUDES OUTREACH, TESTING,

COUNSELING, OUTPATIENT AND INPATIENT CLINICAL CARE, CLINICAL RESEARCH

TRIALS AND COMMUNITY SUPPORT. THE AIDS CARE PROGRAM IS STAFFED BY A

MULTIDISCIPLINARY TEAM OF HEALTH CARE PROVIDERS, NURSES, HIV COUNSELORS,

SOCIAL WORKERS AND CLINICAL RESEARCHERS. IN FISCAL YEAR 2012 THE AIDS CARE

PROGRAM ASSISTED 878 PATIENTS IN THE NATHAN SMITH CLINIC WITH A TOTAL OF

7,713 VISITS. THE PROGRAM PROVIDED HIV COUNSELING AND TESTING FOR 326

Part VI Supplemental Information

CLIENTS FOR A TOTAL OF 579 VISITS. ADDITIONALLY, THE PEDIATRIC SERVICE CARED FOR CHILDREN AND ADOLESCENTS WITH A TOTAL OF 149 VISITS.

YNHH OFFERS SUPPORT GROUPS FOR PATIENTS AND FAMILIES IN OVER 25 AREAS, INCLUDING MANY CANCER AND TRANSPLANT SPECIALTY AREAS. THE GROUPS ARE STAFFED BY SOCIAL WORKERS AND ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES. IN FISCAL YEAR 2012, NEARLY 3,800 PEOPLE WERE SERVED.

ADVANCING CAREERS IN HEALTH CARE- AS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE (YSM), YNHH HAS SUPERVISED PHYSICIAN RESIDENTS AND FELLOWS SUPPORTING ITS MEDICAL STAFF WITH AROUND-THE-CLOCK COVERAGE AND INSIGHTFUL, RESEARCH-SUPPORTED PATIENT CARE. IN ADDITION THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN PROGRAMS OUTSIDE THE ORGANIZATION IN THE AREAS OF NURSING, DIETARY PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. IN 2012, THE COST TO YNHH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$59.4 MILLION, AND BENEFITED 2,468 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR OVER 580 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, ALLIED HEALTH EDUCATION, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM.

THE HOSPITAL'S DENTAL DEPARTMENT PROVIDES CLINICAL EDUCATIONAL

Part VI Supplemental Information

OPPORTUNITIES FOR STUDENT DENTAL HYGIENISTS. DURING THEIR ROTATIONS, THE STUDENTS UNDER THE DIRECTION AND SUPERVISION OF THEIR INSTRUCTORS PERFORM PROCEDURES APPROPRIATE AND APPLICABLE TO THEIR ROLES AS A DENTAL HYGIENIST. STUDENTS FROM THE UNIVERSITY OF NEW HAVEN DENTAL HYGIENE PROGRAM AND THE UNIVERSITY OF BRIDGEPORT, INCLUDING SENIOR BACCALAUREATE CANDIDATES WHO ARE LICENSED DENTAL HYGIENISTS, INTERN IN THE DENTAL DEPARTMENT BY PROVIDING DIRECT PATIENT CARE. FOUR OF THESE HYGIENISTS ARE ASSIGNED IN THE CLINIC EACH SEMESTER AND THROUGH THEIR PATIENT CARE EXPERIENCE INTERACT WITH RESIDENT AND ATTENDING PHYSICIANS, HOSPITAL STAFF AND THE COMMUNITY. IN FY 2012, 49 SUCH HYGIENISTS ROTATED THROUGH THE DEPARTMENT.

PART VI, LINE 5: CONTINUES-

DURING 2012, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 1,335 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, DIETARY PROFESSIONALS, PHYSICAL AND OCCUPATIONAL THERAPY, SOCIAL WORK, RADIOLOGY TECHNICIANS AND RESPIRATORY CARE TECHNICIANS. YALE-NEW HAVEN HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING GATEWAY COMMUNITY COLLEGE, FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, MANCHESTER COMMUNITY COLLEGE, UNIVERSITY OF CONNECTICUT, GOODWIN COLLEGE AND NAUGATUCK COMMUNITY COLLEGE.

YALE-NEW HAVEN'S TRAUMA SERVICES DEPARTMENT THROUGH A CONTRACT WITH THE PENTAGON PROVIDES US NAVY CORPSMAN MEDICAL TRAINING FOR SERVICE MEMBERS AT THE GROTON / NEW LONDON SUBMARINE BASE. THE TRAINING INCLUDES BASIC MEDICAL PROCEDURES AND SKILLS FOR SURVIVAL WHILE THE SUBMARINE IS OUT TO SEA IN SERVICE. IN 2012, FOUR CORPSMAN RECEIVED THIS NECESSARY TRAINING.

RESEARCH-

Part VI Supplemental Information

TEACHING HOSPITALS, LIKE YALE-NEW HAVEN HOSPITAL, ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE. EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY'RE AVAILABLE ELSEWHERE. CLINICAL TRIALS AT YALE-NEW HAVEN HOSPITAL AND YALE SCHOOL OF MEDICINE INCLUDE PHASE ONE TRIALS, WHICH TEST A NEW DRUG'S SAFETY IN THE HUMAN BODY, PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT. CLINICAL TRIALS ARE AVAILABLE IN SEVERAL DIFFERENT AREAS INCLUDING ADDICTIVE BEHAVIOR, BRAIN, SPINAL CORD, AND NERVOUS SYSTEM, CANCER, CHILDREN'S HEALTH, DIABETES AND ENDOCRINE SYSTEM, HEART AND CARDIOVASCULAR, HIV/AIDS AND INFECTIOUS DISEASE, AND WOMEN'S HEALTH.

YALE-NEW HAVEN RECEIVES NATIONAL AND INTERNATIONAL REFERRALS AND, IN CONJUNCTION WITH YSM AND YALE CANCER CENTER, YNHH IS NATIONALLY RECOGNIZED FOR ITS COMMITMENT TO TEACHING AND CLINICAL RESEARCH. THE NATIONAL INSTITUTES OF HEALTH HAS RECOGNIZED MANY OF OUR MEDICAL CARE AND RESEARCH UNITS FOR EXCELLENCE, INCLUDING OUR CANCER PREVENTION RESEARCH UNIT, CANCER INFORMATION SERVICE CENTER, COMPREHENSIVE CANCER SERVICE, DIGESTIVE DISEASE RESEARCH CENTER, CHILD HEALTH RESEARCH CENTER, CHILDREN'S AND ADULTS' CLINICAL RESEARCH CENTERS, AND CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER. IN 2012, SMILOW CANCER HOSPITAL AND THE YALE CANCER CENTER ENTERED INTO KEY CLINICAL PARTNERSHIPS WITH BOTH THE SARAH CANNON RESEARCH INSTITUTE TO SCIENTIFICALLY COLLABORATE TO ADVANCE CANCER

Part VI Supplemental Information

RESEARCH, AND WITH GILEAD SCIENCES, INC., TO BEGIN A MULTI-YEAR RESEARCH COLLABORATION FOCUSED ON THE DISCOVERY OF NOVEL CANCER THERAPIES. YALE-NEW HAVEN HOSPITAL'S ANNUAL SUPPORT OF THIS WORK IS CAPTURED UNDER CREATING HEALTHIER COMMUNITIES.

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FY 2012, THE TOTAL COST ASSOCIATED WITH THE YALE-NEW HAVEN HOSPITAL CANCER REGISTRY WAS \$1.2 MILLION.

CREATING HEALTHIER COMMUNITIES

THE CITY OF NEW HAVEN AND THE SURROUNDING COMMUNITY IS HOME TO A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS WORKING TO CREATE HEALTHIER COMMUNITIES. IN 2012, YALE-NEW HAVEN SUPPORTED THE WORK OF DOZENS OF LOCAL NOT-FOR-PROFIT ORGANIZATIONS UNAFFILIATED WITH THE HOSPITAL THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$1.9 MILLION. ORGANIZATIONS SUPPORTED THROUGH THE HOSPITAL IN 2012 INCLUDED THE BOYS & GIRLS CLUB OF NEW HAVEN, CHRISTIAN COMMUNITY ACTION, CLIFFORD W. BEERS GUIDANCE CLINIC, COLUMBUS HOUSE,

Part VI Supplemental Information

CONNECTICUT SPORTS FOUNDATION: HELPING CANCER PATIENTS, CONNECTICUT STATE CONFERENCE OF NAACP BRANCHES, FAMILY CENTERED SERVICES OF CT, EMERGENCY SHELTER MANAGEMENT SERVICES, FARNAM NEIGHBORHOOD HOUSE, FELLOWSHIP PLACE, GATEWAY COMMUNITY COLLEGE, JUNTA FOR PROGRESSIVE ACTION, LEAP, LEEWAY, LIFE HAVEN, LITERACY VOLUNTEERS OF GREATER NEW HAVEN, MONTESSORI SCHOOL OF EDGEWOOD, NAMI, NEW LIFE CORPORATION AND RONALD MCDONALD HOUSE.

DURING A SINGLE DAY REGISTRATION DRIVE IN APRIL 2012, YNHH HOSTED AN ORGAN DONOR REGISTRATION EVENT DESIGNED TO RAISE AWARENESS ABOUT THE IMPORTANCE OF ORGAN DONATION. THE EVENT RESULTED IN REGISTERING 544 MORE ORGAN DONORS. THE EVENT WAS SUPERVISED BY A GUINNESS WORLD RECORD JUDGE AS YNHH ATTEMPTED TO BEAT THE PREVIOUS RECORD FOR ONE-DAY DONOR REGISTRATIONS; WHILE IT FELL SHORT OF BREAKING THE RECORD, THE EVENT WAS SUCCESSFUL IN CALLING ATTENTION TO THE VITAL NEED FOR ORGAN DONORS.

IN ADDITION, YALE-NEW HAVEN HOSPITAL AND ITS EMPLOYEES SUPPORTED AND PARTICIPATED IN WALKS FOR VARIOUS HEALTH ADVOCACY ORGANIZATIONS. ORGANIZATIONS INCLUDE AIDS WALK NEW HAVEN, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, ALZHEIMER'S ASSOCIATION, CROHN'S AND COLITIS FOUNDATION OF AMERICA, JUVENILE DIABETES RESEARCH ASSOCIATION, KOMEN CT AFFILIATE RACE FOR THE CURE, LUPUS FOUNDATION OF AMERICA, MARCH OF DIMES, MUSCULAR DYSTROPHY ASSOCIATION, AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, SOUTHERN, CT, INC.

SUPPLEMENTAL INFORMATION-

YNHH ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE

Part VI Supplemental Information

MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS OVER 3,600 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS.

YALE-NEW HAVEN HOSPITAL CELEBRATED ITS FIRST YEAR OF NURSE MAGNET RECOGNITION BY THE AMERICAN NURSE CREDENTIALING CENTER IN MAY AND REMAINS AMONG ONLY SIX PERCENT OF THE NATION'S HOSPITALS TO EARN THIS PRESTIGIOUS HONOR FOR EXCELLENCE IN NURSING CARE. NURSES AT YNHH CONTINUE TO EXCEED THE EXPECTED PATIENT OUTCOMES BY OUTPERFORMING IN ALL AREAS INCLUDING FALLS. THE NURSE RESEARCH PROGRAM CONTINUED TO GROW WITH OVER 27 STUDIES LED BY STAFF NURSES. THROUGH ENCULTURATION OF THE NURSING PROFESSIONAL PRACTICE MODEL, NURSING IS ABLE TO COLLABORATE WITH INTERDISCIPLINARY PARTNERS THROUGH ITS STAFF NURSE COUNCIL AND PATIENT SERVICE MANAGER COUNCILS TO MAINTAIN A HIGH RELIABILITY ORGANIZATION.

DURING FY 2012, YALE-NEW HAVEN HOSPITAL ACQUIRED THE HOSPITAL OF SAINT RAPHAEL. WITH A COMMITMENT TO INCREASE EFFICIENCY, BROADEN ACCESS AND ENHANCE THE ALREADY HIGH QUALITY OF CARE PROVIDED AT BOTH CAMPUSES, THE ACQUISITION RECEIVED THE NECESSARY SUPPORT OF THE FEDERAL TRADE COMMISSION, CONNECTICUT ATTORNEY GENERAL AND APPROVALS FROM THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS AND THE VATICAN. BOLSTERED BY STRONG COMMUNITY SUPPORT, THE TRANSACTION CLOSED SUCCESSFULLY ON SEPTEMBER 12, 2012. THE ACQUISITION PROVIDES CRITICALLY IMPORTANT ACCESS TO NEW CAPACITY FOR YALE-NEW HAVEN HOSPITAL, WHOSE BED LICENSE INCREASED BY 511 GENERAL MEDICINE BEDS AND 22 BASSINETS TO 1,541 BEDS AND BASSINETS, MAKING IT THE 4TH LARGEST HOSPITAL IN THE COUNTRY.

Part VI Supplemental Information

THE GREATER NEW HAVEN COALITION FOR SAFE TRANSITIONS AND READMISSION REDUCTIONS, WHICH INCLUDES COLLABORATION BETWEEN THE AGENCY ON AGING OF SOUTH CENTRAL CONNECTICUT AND YALE-NEW HAVEN HOSPITAL, RECEIVED A MONETARY AWARD FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES TO IMPROVE THE QUALITY OF CARE FOR MEDICARE PATIENTS AND KEEP THEM FROM BEING READMITTED. SPECIAL TRANSITION TEAMS USING REGISTERED NURSES AS CARE COORDINATORS AND SOCIAL WORKERS HAVE BEEN PUT IN PLACE TO REDUCE THE NUMBER OF PATIENTS WHO ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS.

PART VI, LINE 5: CONTINUES-

IN FY 2012, YALE-NEW HAVEN HOSPITAL MADE SIGNIFICANT INVESTMENTS IN AMBULATORY SITE DEVELOPMENT TO ENSURE ACCESS TO KEY HEALTH SERVICES FOR ITS PATIENTS IN THEIR COMMUNITIES. THESE INCLUDED THE NORTH HAVEN AMBULATORY CARE CENTER, A FOUR-STORY, 121,500 SQUARE-FOOT OUTPATIENT MEDICAL CENTER. SERVICES PROPOSED FOR THE SITE, WHICH WILL BE COMPLETED IN JANUARY 2013, INCLUDE A SMILOW CANCER CENTER; A MULTIDISCIPLINARY INTERVENTIONAL IMMUNOLOGY UNIT WITH SPECIALIST IN MULTIPLE SCLEROSIS, ALLERGY AND IMMUNOLOGY, AND RHEUMATOLOGY; MRI UNIT, DIGITAL X-RAY DEVICES; PHARMACY; BLOOD DRAW STATION AND AN URGENT / PRIMARY CARE CENTER. THE HOSPITAL'S URGENT CARE CENTER IN EAST HAVEN ADDED OCCUPATIONAL HEALTH SERVICES TO ITS COMPLEMENT OF SERVICES. THE SITE IS OPEN 7 DAYS PER WEEK AND IS STAFFED BY A BOARD CERTIFIED FAMILY PRACTICE AND EMERGENCY MEDICINE PHYSICIANS WHO TREAT NON-LIFE THREATENING MEDICAL CONDITIONS, INJURIES AND ILLNESSES. RADIOLOGY AND PHYSICAL THERAPY SERVICES WERE OPENED IN VARIOUS LOCATIONS TO SUPPORT THE YALE MEDICAL GROUP ORTHOPEDIC PRACTICE.

THE NEWLY CONSTRUCTED 12-BED CRISIS INTERVENTION UNIT AND CHEST PAIN CENTER IN THE YALE-NEW HAVEN HOSPITAL EMERGENCY DEPARTMENT OPENED IN 2012 ON THE HOSPITAL'S YORK STREET CAMPUS. THE EMERGENCY DEPARTMENT ALSO

Part VI Supplemental Information

OPENED ITS SPACIOUS NEW PATIENT-CENTRIC DESIGNED WAITING ROOM THAT FACES YORK STREET. THE EMERGENCY DEPARTMENT RENOVATION AND EXPANSION PROJECT, WHICH WILL CONTINUE IN 2013, WILL ADD 32 EXAM ROOMS AND NEARLY 20,000 SQUARE FEET.

IN ADDITION TO YNHH'S RECERTIFICATION AS AN ADVANCED PRIMARY STROKE CENTER, YNHH CREATED AN INTENSIVIST MODEL IN ITS NEUROSURGICAL INTENSIVE CARE UNITS, MAKING IT THE FIRST FULLY INTENSIVIST UNIT IN CONNECTICUT AND ITS COMPREHENSIVE EPILEPSY CENTER WAS RECOGNIZED AS A LEVEL 4 EPILEPSY CENTER BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS. LEVEL 4 EPILEPSY CENTERS ARE RECOGNIZED AS HAVING THE PROFESSIONAL EXPERTISE AND FACILITIES TO PROVIDE THE HIGHEST LEVEL MEDICAL AND SURGICAL EVALUATION AND TREATMENT FOR PATIENTS WITH COMPLEX EPILEPSY.

IN 2012, SMILOW CANCER HOSPITAL AND THE YALE CANCER CENTER WERE RENEWED AS A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE (NCI), AND THE BREAST CENTER WAS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM OF BREAST CENTERS (NAPBC), MAKING IT THE ONLY NAPBC ACCREDITED, NCI-DESIGNATED COMPREHENSIVE CANCER CENTER IN THE NORTHEAST. IN ADDITION TO THE ACQUISITION OF NINE NEW SMILOW CANCER HOSPITAL AMBULATORY CARE CENTERS, A SMILOW SATELLITE WAS OPENED AT GREENWICH HOSPITAL AND A CO-DEVELOPMENT AGREEMENT WITH THE CHARLOTTE HUNGERFORD HOSPITAL WAS FORMED.

YALE-NEW HAVEN CHILDREN'S HOSPITAL'S MEDICAL FOUNDATION PARTNERSHIP WITH THE CONNECTICUT CHILDREN'S MEDICAL CENTER, THE NORTHEAST PEDIATRIC SPECIALISTS, INC. RECRUITED THE NEW CHIEF OF PEDIATRIC CARDIAC SURGERY FOR BOTH YNHH AND CONNECTICUT CHILDREN'S MEDICAL CENTER. THIS INNOVATIVE

Part VI Supplemental Information

ALIGNMENT ALLOWS CONNECTICUT'S TWO LEADING CHILDREN'S INSTITUTIONS TO ADDRESS KEY PEDIATRIC SUBSPECIALTY PHYSICIAN SHORTAGES AND TO MAINTAIN THEIR TERTIARY LEVELS OF CARE. IN ADDITION, YALE-NEW HAVEN CHILDREN'S HOSPITAL, WAS DESIGNATED AS AN EXTRACORPOREAL LIFE SUPPORT ORGANIZATION CENTER OF EXCELLENCE IN LIFE SUPPORT. THIS DESIGNATION SIGNIFIES TO PATIENTS AND FAMILIES A COMMITMENT TO EXCEPTIONAL PATIENT CARE AND DEMONSTRATES TO THE HEALTH CARE COMMUNITY AN ASSURANCE OF HIGH QUALITY STANDARDS, SPECIALIZED EQUIPMENT AND SUPPLIES, DEFINED PATIENT PROTOCOLS, AND ADVANCED STAFF EDUCATION.

IN 2012, BRIDGEPORT HOSPITAL'S 42 PEDIATRIC AND NEONATAL INTENSIVE CARE BEDS AND ITS PEDIATRIC CLINIC WERE INTEGRATED INTO YALE-NEW HAVEN CHILDREN'S HOSPITAL, ENHANCING REGIONAL ACCESS TO SPECIALTY PEDIATRIC SERVICES.

FOR THE 13TH YEAR, YNHH WAS SELECTED AS ONE OF THE MOST WIRED HOSPITALS IN THE NATION BY HOSPITALS AND HEALTH NETWORKS, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION. THIS RECOGNITION IS BASED ON TECHNOLOGY ADVANCEMENTS MADE BY HEALTHCARE ORGANIZATIONS TO ENHANCE PATIENT SAFETY, CLINICAL QUALITY AND CUSTOMER SERVICE.

EACH YEAR, THOUSANDS OF MEMBERS OF THE COMMUNITY SUPPORT YNHH THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2012, 2,175 VOLUNTEERS DEDICATED A TOTAL OF 165,803 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN OVER 50 AREAS THROUGHOUT THE HOSPITAL INCLUDING ADMITTING, ADULT EMERGENCY DEPARTMENT, CHILD PSYCHIATRY, COMMUNITY HEALTH, DENTAL CLINIC, HEART CENTER, LABORATORY MEDICINE, OCCUPATIONAL HEALTH, REHABILITATION SERVICES, RELIGIOUS MINISTRIES, SHORELINE MEDICAL CENTER, SOCIAL WORK AND WOMEN'S

Part VI **Supplemental Information**

SERVICES.

PART VI, LINE 6:

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN HOSPITAL EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY. EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLAN INCORPORATES THE CONCEPTS OF WORKING WITH ITS COMMUNITY TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTH, PROVIDE SERVICE THAT PROMOTE HEALTH AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CANNOT AFFORD NECESSARY SERVICES.

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

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