SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
CONNECTICUT CHILDREN'S MEDICAL CENTER

Employer identification number
06-0646755

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 250.0000 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other ____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		X
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		

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)			753,454.		753,454.	.26
b Medicaid (from Worksheet 3, column a)			142,368,823.	86,551,281.	55,817,542.	19.38
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			143,122,277.	86,551,281.	56,570,996.	19.64
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,381,547.	3,768,480.	2,613,067.	.91
f Health professions education (from Worksheet 5)			12,561,701.	1,163,673.	11,398,028.	3.96
g Subsidized health services (from Worksheet 6)			1,643,238.		1,643,238.	.57
h Research (from Worksheet 7)			8,875,083.	3,690,236.	5,184,847.	1.80
i Cash and in-kind contributions for community benefit (from Worksheet 8)			81,625.		81,625.	.03
j **Total.** Other Benefits			29,543,194.	8,622,389.	20,920,805.	7.27
k **Total.** Add lines 7d and 7j			172,665,471.	95,173,670.	77,491,801.	26.91

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			2,095,059.	2,092,067.	2,992.	
2 Economic development						
3 Community support			2,797,688.	1,262,549.	1,535,139.	.53
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			29,721.		29,721.	.01
7 Community health improvement advocacy			187,719.	93,512.	94,207.	.03
8 Workforce development						
9 Other			270,406.	253,355.	17,051.	.01
10 Total			5,380,593.	3,701,483.	1,679,110.	.58

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

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	852,481.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	273,008.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	645,868.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-372,860.
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?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - 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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 5
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD CT 06106 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X	X			1
2 CONNECTICUT CHILDREN'S MEDICAL CENTER 263 FARMINGTON AVENUE FARMINGTON CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
3 CONNECTICUT CHILDREN'S MEDICAL CENTER 80 SEYMOUR STREET HARTFORD CT 06102 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
4 CONNECTICUT CHILDREN'S MEDICAL CENTER 56 FRANKLIN STREET WATERBURY CT 06706 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X						1
5 CONNECTICUT CHILDREN'S MEDICAL CENTER 505 FARMINGTON AVENUE FARMINGTON CT 06030 WWW.CONNECTICUTCHILDRENS.ORG 2-CH	X	X	X	X		X				1
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWWW.CONNECTICUTCHILDRENS.ORG			
b	[X] Other website (list url): WWW.HARTFORD.GOV			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[X] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[ ] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): WWW.CONNECTICUTCHILDRENS.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.CONNECTICUTCHILDRENS.ORG			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group CONNECTICUT CHILDREN'S MEDICAL CENTER

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	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 Section C)			
d	☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	☒ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
	If "Yes," explain in Section C.			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCH H, PT V, SCT B, QUESTIONS 2,3J,13B,13H,15E,18D,19D,20E,21C&D,22D,23&24

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 5

WHEN CONDUCTING OUR FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), WE DID TAKE INTO ACCOUNT INPUT FROM PERSONS REPRESENTING A BROAD RANGE OF INTERESTS IN THE COMMUNITY. WE WORKED AS PART OF A COLLABORATIVE GROUP, TEAMING WITH A NUMBER OF ORGANIZATIONS ON A VARIETY OF LEVELS.

WHEN PLANNING FOR THE ASSESSMENT, WE INVITED A NUMBER OF PEOPLE FROM CITY AND STATE AGENCIES TO PROVIDE US WITH THEIR THOUGHTS ON A PROCESS THAT WOULD LEAD TO THE BEST POSSIBLE OUTCOMES FOR THE ASSESSMENT. THE PROCESS THAT WE UNDERTOOK INCORPORATED A NUMBER OF STRATEGIES.

WE HIRED A CONSULTANT TO COMPLETE A COMMUNITY PROFILE. THEY DID SO USING SECONDARY DATA SOURCES THAT INCLUDED:

- CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH OUTCOMES;
- WOMEN'S HEALTH QUICK HEALTH DATA ONLINE VIA THE OFFICE ON WOMEN'S HEALTH;
- HEALTH DATA INTERACTIVE VIA THE CENTERS FOR DISEASE CONTROL AND PREVENTION;

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- CONNECTICUT LABOR MARKET INFORMATION VIA THE CONNECTICUT DEPARTMENT OF LABOR;

- U.S. CENSUS BUREAU, FOR LOCAL, STATE, AND NATIONAL DATA.

WE COMPILED A LIST OF 100 INDIVIDUALS WHO WOULD ACT AS "KEY INFORMANTS", AND ASKED THAT THEY TAKE PART IN A SURVEY. THE LIST INCLUDED 4-5 INDIVIDUALS FROM EACH OF THE THREE HOSPITALS (CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL AND ST. FRANCIS HOSPITAL) PARTICIPATING IN THE CHNA, REPRESENTING DEPARTMENTS SUCH AS EMERGENCY MEDICINE, PRIMARY CARE, AND RESEARCH. HUMAN SERVICE ORGANIZATIONAL LEADERS, REPRESENTATIVES FROM HARTFORD'S BOARD OF EDUCATION, PUBLIC HEALTH OFFICIALS, REPRESENTATIVES FROM FEDERALLY QUALIFIED HEALTH CENTERS, AND CIVIC AND COMMUNITY LEADERS WERE ON THE LIST. THE CONSULTANT CONDUCTED THE SURVEY ANONYMOUSLY, WITH 60 OF THE 100 TAKING PART.

HARTFORD WAS ONE OF THREE PILOT SITES IN THE STATE, SELECTED TO TEST AND EVALUATE A HEALTH EQUITY INDEX ("HEI") PROJECT. THE HEI PROJECT ATTEMPTED TO IMPROVE THE COMMUNITY'S KNOWLEDGE OF HEALTH EQUITY CONCEPTS, MOBILIZE THE COMMUNITY INTO ACTION, AND HELP CREATE STRUCTURAL CHANGES THAT COULD LEAD TO BETTER HEALTH OUTCOMES. VARIOUS SOCIAL DETERMINANTS OF HEALTH WERE MEASURED ON A NEIGHBORHOOD BASIS. PART OF THE PROCESS FOR HEI INCLUDED CONDUCTING FOCUS GROUPS THROUGHOUT CITY NEIGHBORHOODS. LEAD BY THE CITY'S DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE TIMING FOR THE GROUPS WAS FORTUITOUS FOR OUR PARTNERSHIP, AND THE FEEDBACK FROM THE GROUPS ALONG WITH THE HEI INFORMATION WAS INCLUDED IN THE CHNA.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

WE CONDUCTED A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IN 2013. THOUGH WE ARE A STATE-WIDE SERVING MEDICAL CENTER, OUR FORMAL CHNA FOCUSED ON THE CITY OF HARTFORD. WE PARTNERED IN CONDUCTING THE ASSESSMENT WITH TWO OTHER HOSPITALS, HARTFORD HOSPITAL AND ST. FRANCIS HOSPITAL, AND WITH THE CITY OF HARTFORD'S DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ADDITIONALLY, WE BENEFITTED BY THE WORK OF A GROUP CALLED THE URBAN ALLIANCE IN HARTFORD. THEY WERE IN THE PROCESS OF CONDUCTING A SURVEY PROJECT WORKING TO IDENTIFY NEEDS AND BARRIERS TO RECEIVING HUMAN SERVICES THROUGHOUT THE CITY. THEY CONDUCTED FACE-TO-FACE SURVEYS WITH MORE THAN 400 RESIDENTS FROM TWELVE DIFFERENT NEIGHBORHOODS. THE ALLIANCE WAS GRACIOUS IN ALLOWING US TO INCORPORATE THEIR FINDINGS INTO OUR CHNA.

IN ADDITION TO OUR CHNA, WE CONTINUE TO GATHER HEALTH INFORMATION RELATED TO HARTFORD, GREATER HARTFORD, AND THE STATE OF CONNECTICUT FROM A VARIETY OF SOURCES. THE FOLLOWING IS A PARTIAL LIST OF SOME SOURCES OF DATA THAT HELPS GUIDE OUR DECISION MAKING IN HOW WE CAN BEST DIRECT OUR EXPERTISE AND RESOURCES TO CHILDREN'S HEALTH ISSUES:

- WE PARTNER WITH TWO OTHER ANCHOR INSTITUTIONS (TRINITY COLLEGE AND HARTFORD HOSPITAL) TO ADDRESS PUBLIC HEALTH AND QUALITY OF LIFE ISSUES THROUGH A FORMAL PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS NEIGHBORHOOD

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ALLIANCE (SINA);

- WE PARTICIPATE ON THE CITY'S PUBLIC HEALTH ADVISORY COUNCIL;

- CONNECTICUT CHILDREN'S IS REPRESENTED ON NUMEROUS BOARDS OF DIRECTORS/ADVISORY BOARDS ON A VARIETY OF LOCAL, STATE-WIDE, AND NATIONAL LEVELS;

- WE MONITOR TRENDS THAT WE SEE IN OUR CLINICS AND EMERGENCY DEPARTMENT;

- WE COLLABORATE WITH OUR LOCAL UNITED WAY (A REPRESENTATIVE SERVES ON THE OPERATIONS COMMITTEE), HAVING ACCESS TO INFORMATION SUCH AS NEEDS OF PEOPLE CALLING FOR ASSISTANCE ON THE 2-1-1 CALL CENTER;

- WE CONDUCT RESEARCH INTO HEALTH AND PUBLIC HEALTH ISSUES;

- WE RESPOND TO REQUESTS FOR PROPOSALS IF WE FEEL OUR EXPERTISE CAN CONTRIBUTE. WE ARE ALSO ASKED TO PARTICIPATE IN OTHER COLLABORATIVE GRANT APPLICATIONS;

- AS MEMBERS OF THE CONNECTICUT HOSPITAL ASSOCIATION AND THE CHILDREN'S HOSPITAL ASSOCIATION, WE ARE AWARE OF TRENDS IN HEALTHCARE, AND IN CHILDREN'S HEALTH ISSUES AND CONCEPTS; AND

- WE'VE PARTICIPATED IN OTHER COMMUNITY HEALTH NEEDS ASSESSMENTS IN LOCAL AND STATE PUBLIC HEALTH AGENCIES AND WITH OTHER HOSPITALS WITHIN THE STATE.

SCHEDULE H, PART V, SECTION B, QUESTION 7D

OUR CHNA WAS REVIEWED BY OUR BOARD OF DIRECTORS, AND APPROVED AT THEIR SEPTEMBER 2013 MEETING. ONCE APPROVED, THE CHNA WAS POSTED ON OUR ORGANIZATION'S WEBSITE, NOTING THAT HARDCOPIES WERE AVAILABLE ON REQUEST.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE DOCUMENT WAS ALSO POSTED ON THE CITY'S WEBSITE (WWW.HARTFORD.GOV).

HARD COPIES WERE DISTRIBUTED TO NEIGHBORHOOD LEADERS, COMMUNITY LEADERS AROUND HARTFORD, CITY OFFICIALS, HARTFORD'S LEGISLATIVE REPRESENTATIVES, BUSINESS LEADERS IN THE COMMUNITY, AND LOCAL FUNDERS.

SCHEDULE H, PART V, SECTION B, QUESTION 11

IN FEBRUARY OF 2014, OUR BOARD ADOPTED OUR IMPLEMENTATION STRATEGY. THE STRATEGY WAS BOTH A RESPONSE TO OUR CHNA AND ALSO OTHER INFORMATION/RESEARCH THAT WE HAD BEEN GATHERING.

THE RESULTS OF OUR CHNA IDENTIFIED THREE KEY PRIORITY AREAS RELATED TO CHILDREN'S HEALTH IN HARTFORD (ASTHMA, CHILDHOOD OBESITY, AND MATERNAL/CHILD HEALTH), AND A HOST OF OTHER HEALTH CONCERNS THAT WERE SPECIFIC TO ADULTS IN HARTFORD, ALONG WITH A NUMBER OF CONCERNS RELATED TO SOCIAL DETERMINANTS. WE HAVE BEEN OPEN TO PARTNERING WITH COLLEAGUES IN THE ADULT ARENA, BUT WITH THE UNDERSTANDING THAT OUR EXPERTISE LIES IN THE AREA OF CHILDREN'S HEALTH, OUR PRIORITIES HAVE BEEN IN AREAS THAT STRENGTHEN FAMILIES, AND HELP TO CREATE HEALTHY ENVIRONMENTS WHERE CHILDREN AND FAMILIES CAN THRIVE.

ONE OF CONNECTICUT CHILDREN'S INITIATIVES IN A FIVE YEAR STRATEGIC PLAN, WAS TO CREATE AN OFFICE OF COMMUNITY CHILD HEALTH ("OCCH"). OCCH WAS CREATED AS A COMMITMENT TO CHILDREN'S HEALTH AND THE COMMUNITY. OCCH HAS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BECOME A COORDINATING ENTITY THAT IMPROVES UPON OUR EFFORTS IN

COMMUNITIES, WHETHER IT'S IMPROVING THE LIVES OF CHILDREN AND FAMILIES

THROUGH DIRECT SERVICE, EXTENDING BEST PRACTICES, IMPROVING THE

HEALTHCARE SYSTEM, OR MAKING IMPROVEMENTS THROUGH CHILD HEALTH ADVOCACY.

THERE ARE A NUMBER OF PROGRAMS THAT FALL UNDER OCCH INCLUDED:

- EASY BREATHING, THE IMPLEMENTATION OF PRIMARY CARE-BASED ASTHMA

MANAGEMENT;

- HARTFORD CHILDHOOD WELLNESS ALLIANCE, THE BUILDING OF A COALITION TO

PROMOTE HEALTHY LIFESTYLES WITH HARTFORD FAMILIES AND COMBAT CHILDHOOD

OBESITY;

- EDUCATING PRACTICES IN THE COMMUNITY (EPIC), TRAINING FOR PRIMARY CARE

OFFICE PRACTICE IMPROVEMENTS;

- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE (HYHIL) PROGRAM,

PROMOTING THE PREVENTION OF HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

AMONG YOUTH;

- HARTFORD AREA CARE COLLABORATIVE, ASSISTING PRIMARY CARE MEDICAL HOMES

IN CONNECTING CHILDREN WITH SPECIAL HEALTH CARE NEEDS TO SERVICES;

- INJURY PREVENTION CENTER, INJURY PREVENTION PROGRAMS, COALITION

BUILDING, RESEARCH AND EDUCATION;

- HEALTHY HOMES, LEAD HAZARD ASSESSMENT, EDUCATION, FINANCIAL ASSISTANCE,

AND HOME VISITS FOR ASTHMA TRIGGERS AND ENVIRONMENTAL HAZARDS FOR INJURY

PREVENTION;

- HELP ME GROW NATIONAL CENTER, PROVIDING TECHNICAL SUPPORT TO MORE THAN

20 MEMBER STATES WITH THE GOAL OF PROMOTING EARLY DETECTION AND REFERRAL

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SYSTEMS FOR CHILDREN AT RISK FOR DEVELOPMENTAL AND BEHAVIORAL PROBLEMS;

- CO-MANAGEMENT PROGRAM, DEVELOPING EXPANDED PRIMARY CARE MANAGEMENT OF CONDITIONS IN COLLABORATION WITH OUR SPECIALISTS;

- MAINTENANCE OF CERTIFICATION/QUALITY IMPROVEMENT, THE DEVELOPMENT AND ADMINISTRATION OF PRACTICE-BASED QUALITY IMPROVEMENT ACTIVITIES RELATED TO OCCH PROGRAM AREAS; AND

- RESIDENT EDUCATION IN COMMUNITY HEALTH (REACH), TRAINING PEDIATRIC RESIDENTS IN ADVOCACY, CHILDREN'S HEALTH SYSTEMS, AND CHILD HEALTH POLICY.

SOME OF THE PROGRAMS LISTED GIVE US THE ABILITY TO WORK WITH OTHERS IN DEVELOPING APPROACHES TO FOCUS ON IMPROVEMENTS WITH CHILDHOOD OBESITY AND ASTHMA.

AS A RESPONSE TO THE IDENTIFICATION OF MATERNAL/CHILD HEALTH ISSUES IN THE CHNA, OCCH WAS CONTRACTED BY THE CITY OF HARTFORD, AND SUPPORTED BY A GRANT FROM THE HARTFORD FOUNDATION FOR PUBLIC GIVING, TO DEVELOP A BLUEPRINT FOR MATERNAL/CHILD HEALTH SUPPORT AND INTERVENTIONS. THE BLUEPRINT WILL MAKE UP A MAJOR COMPONENT OF OUR NEXT CHNA AND IS SLATED TO BE MADE PUBLIC IN 2016.

OUR SINA PARTNERSHIP HAS BECOME THE VEHICLE FOR ADDRESSING MANY OF THE SOCIAL DETERMINANTS IDENTIFIED IN OUR CHNA ON A NEIGHBORHOOD LEVEL (WWW.SINAINC.ORG). WE'VE WORKED WITH NEIGHBORHOOD LEADERS, MUNICIPAL LEADERS, RESIDENTS AND BUSINESS OWNERS TO ADDRESS CONCERNS WITH HOUSING AND PUBLIC

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SAFETY. A BLOCK BY BLOCK STRATEGY HAS BEEN IMPLEMENTED WITH SINA'S HOUSING PROGRAM, AS WE'VE BEEN ABLE TO LEVERAGE THE SINA INSTITUTIONAL RESOURCES WITH LOCAL, STATE, AND FEDERAL RESOURCES TO TRY AND ELIMINATE BLIGHT, AND UPGRADE THE HOUSING STOCK IN THE NEIGHBORHOOD. WE'VE BROUGHT TOGETHER THE SECURITY TEAMS OF THE INSTITUTIONS TO WORK CLOSELY WITH THE HARTFORD POLICE DEPARTMENT AND NEIGHBORHOOD RESIDENTS, WORKING TO CREATE SAFER NEIGHBORHOODS. SINA ALSO HIRED A CONSULTANT TO HELP US LOOK AT POTENTIAL OPPORTUNITIES IN DEVELOPING STRATEGIES TO BENEFIT THE COMMUNITY, HAVING A BROADER ECONOMIC IMPACT THAT REACHES THE PEOPLE WHO LIVE AND WORK IN THE SURROUNDING NEIGHBORHOODS.

CONNECTICUT CHILDREN'S MEDICAL CENTER IS LOCATED IN ONE OF THE POOREST HARTFORD NEIGHBORHOOD AND, IN ORDER TO SUSTAIN THE INVESTMENTS THAT HAVE BEEN MADE, THE INSTITUTION NEEDS TO DO ALL THAT IT CAN TO SUPPORT THE NEIGHBORHOOD'S ECONOMY. THE STUDY WILL ALSO BE A COMPONENT OF OUR NEXT CHNA.

SCHEDULE H, PART V, SECTION B, QUESTION 16I

THE BOTTOM OF ALL BILLING INVOICES INCLUDES A STANDARD NOTE INDICATING THE PATIENT FINANCIAL ASSISTANCE POLICY IS AVAILABLE ALONG WITH A PHONE NUMBER TO OBTAIN THE POLICY.

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 6

	Name and address	Type of Facility (describe)
1	CONNECTICUT CHILDREN'S MEDICAL CENTER 100 RETREAT AVENUE, 4TH FLOOR HARTFORD CT 06106	SPEECH THERAPY
2	CONNECTICUT CHILDREN'S MEDICAL CENTER 11 SOUTH ROAD FARMINGTON CT 06032	SPEECH THERAPY, AUDIOLOGY
3	CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	OCCUPATIONAL & PHYSICAL THERAPY
4	CONNECTICUT CHILDREN'S MEDICAL CENTER 399 FARMINGTON AVENUE, 3RD FLOOR FARMINGTON CT 06032	MOTION ANALYSIS
5	CONNECTICUT CHILDREN'S MEDICAL CENTER 320 WESTERN BOULEVARD GALSTONBURY CT 06033	OCCUPATIONAL, PHYSICAL & SPEECH THERAPY, AUDIOLOGY
6	CONNECTICUT CHILDREN'S MEDICAL CENTER 111 FOUNDERS PLAZA EAST HARTFORD CT 06108	CLINICAL NUTRITION
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COST

LINES 7A AND 7B WERE DETERMINED USING A RATIO OF COST TO CHARGES. LINES 7E THROUGH 7I WERE ALL REPORTED AT TRUE COST, NOT USING A COST TO CHARGE RATIO.

SCHEDULE H, PART I; QUESTION 7G

THE SUBSIDIZED HEALTH SERVICE REPORTED ON LINE 7G ARE FOR SHARED PSYCHIATRIC SERVICES WITH THE INSTITUTE OF LIVING.

SCHEDULE H, PART II

CONNECTICUT CHILDREN'S MEDICAL CENTER'S ("CONNECTICUT CHILDREN'S") CORE MISSION IS TO IMPROVE THE PHYSICAL AND EMOTIONAL HEALTH OF CHILDREN ACROSS THE STATE OF CONNECTICUT. WE RECOGNIZE THAT CHILDREN DO NOT LIVE IN ISOLATION. THEY ARE A PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL OUR MISSION, WE PROVIDE LEADERSHIP AND PARTICIPATE IN COMMUNITY

Part VI Supplemental Information

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BASED PROGRAMS THAT HELP BUILD HEALTHIER COMMUNITIES. TO THAT END, WE

HAVE ADOPTED, AS ONE OF OUR FIVE KEY ORGANIZATIONAL STRATEGIES, THE

CREATION OF THE OFFICE OF COMMUNITY CHILD HEALTH ("OCCH"). OCCH SERVES AS

OUR COORDINATING ENTITY FOR OUR COMMUNITY-ORIENTED PROGRAMS. IN 2014,

THERE WERE TWELVE COMMUNITY PROGRAMS THAT WERE OVERSEEN BY THE OFFICE:

- CO-MANAGEMENT PROGRAM;

- EASY BREATHING;

- EDUCATING PRACTICES IN THE COMMUNITY ("EPIC");

- HELP ME GROW NATIONAL CENTER;

- HARTFORD CHILDHOOD WELLNESS ALLIANCE;

- HARTFORD YOUTH HIV IDENTIFICATION AND LINKAGE GROUP ("HYHIL");

- THE INJURY PREVENTION CENTER;

- LEAD ACTION FOR MEDICAID PRIMARY PREVENTION ("LAMPP");

- MAINTENANCE OF CERTIFICATION;

- THE PRIMARY CARE CENTER/CHARTER OAK PARTNERSHIP;

- RESIDENT EDUCATION IN ADVOCACY AND COMMUNITY HEALTH ("REACH"); AND

- THE SPECIAL KIDS SUPPORT CENTER/HARTFORD AREA COORDINATION

Part VI Supplemental Information

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COLLABORATIVE.

ALL TWELVE PROGRAMS HAVE ELEMENTS OF COMMUNITY BUILDING IN THEIR PURPOSE.

SOME INVOLVE WORKING WITH LOCAL COMMUNITIES, SOME WITH STATE-WIDE

COMMUNITIES AND SOME WORKING WITH COMMUNITIES ON A NATIONAL LEVEL. OCCH

HAS HELPED THESE EXISTING PROGRAMS PROGRESS AND EVOLVE, WHILE ALSO ACTING

AN AS INCUBATOR FOR NEW, INNOVATIVE COMMUNITY-ORIENTED PROGRAMS. THE GOAL

OF THE OFFICE IS TO MAXIMIZE OUR IMPACT IN THE COMMUNITY.

ADDITIONAL COMMUNITY BUILDING ACTIVITIES INCLUDE CONNECTICUT CHILDREN'S

WORK WITH A NEIGHBORHOOD PARTNERSHIP CALLED SOUTHSIDE INSTITUTIONS

NEIGHBORHOOD ALLIANCE AND THE UNITED WAY OF CENTRAL AND NORTHEASTERN

CONNECTICUT.

SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE ("SINA") IS A PARTNERSHIP

BETWEEN CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL AND TRINITY COLLEGE. WE

ARE ALL LOCATED IN ONE OF HARTFORD'S POOREST NEIGHBORHOODS. EACH

INSTITUTION PAYS DUES THAT ACT AS THE FOUNDATION FOR SINA'S ANNUAL

Part VI Supplemental Information

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OPERATING BUDGET. THREE EMPLOYEES OF CONNECTICUT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2014, MORE THAN 30 EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN OUR SURROUNDING NEIGHBORHOODS.

A FEW OF THE WAYS THAT WE SUPPORTED EDUCATION THROUGH SINA INCLUDED THE SPONSORSHIP OF THE CITY-WIDE SCIENCE FAIR. OUR GOAL WAS TO SUPPORT THE HARTFORD BOARD OF EDUCATION IN THEIR ENCOURAGEMENT OF PROMOTING STUDENTS INTEREST IN THE SCIENCES. ALONG WITH A FINANCIAL SPONSORSHIP, 18 EMPLOYEES ACTED AS JUDGES FOR THE EVENT AND 6 ADDITIONAL EMPLOYEES SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION. WE DEVELOPED A COMPLIMENTARY ROLE MODELING PROGRAM WHEREBY STAFF FROM THE INSTITUTIONS VISITED 2 LOCAL SCHOOLS TO TALK TO CLASSROOMS ABOUT HOW SCIENCE HAS BEEN USED IN THEIR JOBS. SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS. IN 2014, THREE GRADUATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR THEIR COMMUNITY SERVICE CONTRIBUTIONS. ALL THREE WILL BE ATTENDING 4-YEAR COLLEGE PROGRAMS. FOUR ADULTS FROM THE NEIGHBORHOOD WHO ATTEND CAPITAL COMMUNITY COLLEGE RECEIVED A "SINA STUDENT SUPPORT SCHOLARSHIPS"

Part VI Supplemental Information

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TO SUPPORT THEIR EFFORTS IN GETTING INTO A CAREER IN EITHER HEALTHCARE OR EDUCATION.

SINA'S HOUSING PROGRAM HAS FOCUSED ON TAKING BLIGHTED BUILDINGS, RAZING THEM, AND THEN BUILDING NEW SINGLE AND TWO-FAMILY HOMES. SINA HAS BEEN ABLE TO BRING TOGETHER FEDERAL, STATE, AND CITY FINANCIAL SUPPORT TO CONSTRUCT 58 HOMES DURING THE PAST 9 YEARS, HAVING RECENTLY SOLD 5 COMPLETED HOMES TO FIRST-TIME HOME BUYERS. WE ESTIMATE THAT THE 58 NEW HOMES HAVE PUT MORE THAN $250,000 ONTO THE YEARLY TAX ROLL FOR THE CITY. SINA CONTINUES TO OWN RENTAL PROPERTIES THAT WERE OBTAINED SOME YEARS AGO TO ADDRESS THE NEED OF INADEQUATE QUALITY LOW-COST HOUSING FOR THE NEIGHBORHOOD, AND THROUGH SINA, WE CONTINUE TO DIALOGUE WITH THE COMMUNITY ON STRATEGIES TO BALANCE ALL OF OUR HOUSING EFFORTS TO MEET THE GREATEST COMMUNITY NEED. IN 2014, WE ENTERED INTO DIALOGUES WITH MULTIPLE STATE AND LOCAL PARTNERS TO TRY AND LEVERAGE OUR ONGOING EFFORTS WITH THOSE OF OTHERS TO HAVE A LARGER IMPACT IN THE COMING YEARS. WE ARE WORKING WITH OUR LEGISLATIVE LEADERS IN PREPARING A PROPOSAL TO SUPPORT ADDITIONAL NEW HOMES AND HOUSING PROJECTS, AND THE CITY HAS APPROACHED

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SINA WITH REQUESTS TO PURCHASE ABANDONED PROPERTIES IN OUR NEIGHBORHOOD.

THESE PROPERTIES HAVE SOME HISTORICAL SIGNIFICANCE, BUT THE BUILDING

REHABILITATION IS BEYOND WHAT THE CITY CAN AFFORD.

PUBLIC SAFETY IS PROMOTED IN A NUMBER OF WAYS. SINA STAFF AND STAFF FROM

CONNECTICUT CHILDREN'S PARTICIPATE IN ONE OF HARTFORD'S NEIGHBORHOOD

REVITALIZATION ZONE ("NRZ") MEETINGS. WE PARTICIPATE ON THE NRZ'S PUBLIC

SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS. SINA ORGANIZES REGULAR

MEETINGS WITH THE HARTFORD POLICE DEPARTMENT AND THE CAMPUS SAFETY

MANAGERS OF THE THREE INSTITUTIONS TO DISCUSS COLLABORATIVE EFFORTS FOR

PATROLLING THE NEIGHBORHOOD. IN 2014 SINA HELPED THE CITY BUILD A NEW

SUB-STATION A BLOCK AWAY FROM OUR NEW PRIMARY CARE FACILITY, WHICH

IMPROVES THE POLICE PRESENCE IN OUR NEIGHBORHOOD.

OUR WORK WITH THE UNITED WAY INCLUDES A YEARLY EMPLOYEE CAMPAIGN IN WHICH

EMPLOYEE COMMITTEES ARE ESTABLISHED TO RAISE MONEY THAT IS INVESTED IN

THE COMMUNITY. IN OCTOBER OF 2014, MORE THAN 50 EMPLOYEES WERE INVOLVED

IN, "DAY OF CARING" ACTIVITIES THAT INCLUDED CREATING AND SERVING A MEAL

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AT A LOCAL HOMELESS SHELTER, AND WORKING AT A LOCAL FARM THAT DONATES

FOOD TO LOCAL CHARITIES. FOR THESE ACTIVITIES, PARTICIPATING EMPLOYEES

WERE ABLE TO USE AN EMPLOYEE BENEFIT ALLOWING FOR 8 HOURS OF PAID TIME TO

CONTRIBUTE TOWARD THE COMMUNITY. CONNECTICUT CHILDREN'S WAS ALSO

REPRESENTED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO

EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS. ONE MEMBER OF

CONNECTICUT CHILDREN'S ALSO REPRESENTS THE ORGANIZATION ON THE OPERATIONS

COMMITTEE OF THE UNITED WAY.

SCHEDULE H, PART III, SECTION A; QUESTIONS 2, 3 & 4

BAD DEBT IS BASED UPON HISTORICAL COLLECTION PERCENTAGE ANAYLSIS OF

ACCOUNTS WRITTEN OFF. BAD DEBT EXPENSE WAS CALCULATED USING THE

PROVIDERS' BAD DEBT EXPENSE FROM FINANCIAL STATEMENT, NET OF ACCOUNTS

WRITTEN OFF AT CHARGES.

CONNECTICUT CHILDREN'S MEDICAL CENTER ("CONNECTICUT CHILDREN'S") AND ITS

SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

Part VI Supplemental Information

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CONNECTICUT CHILDREN'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT

EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED

ACROSS ALL HOSPITAL FACILITIES. THE ATTACHED TEXT WAS OBTAINED FROM THE

FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF CONNECTICUT CHILDREN'S

AND SUBSIDIARIES.

PATIENT ACCOUNTS RECEIVABLE

PATIENT ACCOUNTS RECEIVABLE AND REVENUES ARE RECORDED WHEN PATIENT

SERVICES ARE PERFORMED. AMOUNTS RECEIVED FROM CERTAIN PAYORS ARE

DIFFERENT FROM ESTABLISHED BILLING RATES OF THE MEDICAL CENTER, AND THE

DIFFERENCE IS ACCOUNTED FOR AS ALLOWANCES. THE MEDICAL CENTER RECORDS ITS

PROVISION FOR BAD DEBTS BASED UPON A REVIEW OF ALL OF ITS OUTSTANDING

RECEIVABLES. WRITE-OFFS OF RECEIVABLE BALANCES ARE RELATED TO ITS

POPULATION OF UNDERINSURED PATIENTS. AN UNDERINSURED PATIENT IS ONE WHO

HAS COMMERCIAL INSURANCE WHICH LEAVES A SIGNIFICANT PORTION OF THE

MEDICAL CENTER'S REIMBURSEMENT TO BE PAID BY THE PATIENT, EITHER THROUGH

LARGE DEDUCTIBLES OR CO-PAY REQUIREMENTS. SELF-PAY PATIENTS ARE RARE IN

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE PEDIATRIC ENVIRONMENT, AS MEDICAID IS READILY AVAILABLE TO CHILDREN.

SELF-PAY NET REVENUE APPROXIMATED $3,600,000 AND $3,500,000 FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY.

CHARITY CARE

THE MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE MEDICAL CENTER. ESSENTIALLY, THOSE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES.

THE COSTS OF CHARITY CARE INCURRED WERE $928,834 AND $730,330 FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY. THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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.

ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF

PROVIDING SUCH SERVICES AND IS ESTIMATED UTILIZING THE MEDICAL CENTER'S

RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS

UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2014 MEDICARE COST REPORT.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED

COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD

DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE

FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW THE

ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE

HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH

THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "[T]HE TERM CHARITABLE IS USED IN §501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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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.

"CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE

CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE

ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE

STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY

BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE

REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC

§501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY

CARE STANDARD." UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE

EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS

UNABLE TO PAY FOR IT. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT,

ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME

PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL

OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO

MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY

Part VI Supplemental Information

Provide the following information.

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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.

TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED

COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS

BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE

WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE

SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM

REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS

WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN

REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT

STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A

BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD

PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC

PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT

Part VI Supplemental Information

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WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS. REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER

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CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

Part VI Supplemental Information

Provide the following information.

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THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD.

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES."

Part VI Supplemental Information

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THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS:

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT,

Part VI Supplemental Information

Provide the following information.

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NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO

STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE

TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING

CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS

COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE

COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY

DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING

BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER

COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY

CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE

DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A

RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

- THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF

UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY

BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE

Part VI Supplemental Information

Provide the following information.

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EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE

GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITALS' BEST EFFORTS AND DUE

DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS

SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,

NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL

INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST

PATIENTS THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

CONNECTICUT CHILDREN'S MEDICAL CENTER WILL ONLY REFER THOSE ACCOUNTS TO

COLLECTION AGENCIES WHEN IT HAS BEEN DETERMINED THAT THE

PATIENT/GUARANTOR HAS THE MEANS TO PAY THE BALANCE AND HAS CHOSEN NOT TO

APPLY FOR PATIENT FINANCIAL ASSISTANCE.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE INTERNAL REVENUE CODE §501(R) COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION OUTLINED IN FORM 990, SCHEDULE H, PART V, SECTION B, CONNECTICUT CHILDREN'S ALSO CONDUCTED THE FOLLOWING ACTIVITIES WITH RESPECT TO ITS CHNA:

IN MARCH OF 2012, THE COLLABORATIVE MADE UP OF CONNECTICUT CHILDREN'S MEDICAL CENTER, HARTFORD HOSPITAL, ST. FRANCIS HOSPITAL, UNIVERSITY OF CONNECTICUT HEALTH CENTER AND THE CITY OF HARTFORD'S HEALTH AND HUMAN SERVICES DEPARTMENT RELEASED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"). THE CHNA WAS ADOPTED BY CONNECTICUT CHILDREN'S MEDICAL CENTER DURING 2013.

THE ASSESSMENT FOCUSED SPECIFICALLY ON HARTFORD USING DATA FROM THE CITY'S HEALTH EQUITY INDEX, SURVEYS FROM AREA KEY INFORMANTS, THE HARTFORD SURVEY PROJECT, AND SECONDARY DATA, MUCH OF WHICH CAME FROM CONNECTICUT'S DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS AND HEALTH

Part VI Supplemental Information

Provide the following information.

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OUTCOMES. ADDITIONALLY, WE HAVE OPPORTUNITIES TO ASSESS NEEDS THROUGH A

NUMBER OF OTHER VEHICLES THAT ALLOW US TO LOOK DEEPER INTO HARTFORD, BUT

ALSO THE HEALTH OF CHILDREN THROUGHOUT THE STATE. SOME OF THOSE VEHICLES

INCLUDE:

- SITTING ON THE CITY'S PUBLIC HEALTH ADVISORY COMMITTEE;

- COLLECTING INFORMATION ABOUT HEALTH TRENDS FROM OUR CLINICS AND

EMERGENCY DEPARTMENT;

- RESEARCHING LOCAL AND NATIONAL HEALTH RELATED ISSUES;

- PARTICIPATING ON NEIGHBORHOOD, LOCAL, STATEWIDE AND NATIONAL

COMMITTEES, COALITIONS, NETWORKS AND BOARDS OF DIRECTORS USING THOSE

OPPORTUNITIES TO GUIDE OUR DECISION MAKING; AND

- RESPONDING TO GRANT OPPORTUNITIES WHICH REQUIRE US TO ASSESS SPECIFIC

NEEDS AS THEY RELATE TO A SPECIFIC GRANT.

OUR STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY

BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS. WE

ARE ABLE TO LOOK TO SEE WHAT THEY HAVE IDENTIFIED AS NEEDS IN PEDIATRICS

Part VI Supplemental Information

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AT THEIR LOCAL LEVELS.

WE LOOK AT THE PROCESS FOR ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITY AS A ROLLING, EVOLVING PROCESS. THE CHNA MAY REPRESENT A SNAPSHOT IN TIME, BUT THE COMMUNITY IS NOT STAGNANT. WHILE "HEALTH" WITHIN COMMUNITY RESIDENTS MAY GET BETTER OR WORSE, THERE ARE MANY CONTRIBUTING FACTORS THAT ARE BEYOND THE CONTROL OF HEALTH PROVIDERS. IT IS IMPERATIVE THAT AS A PROVIDER, WE BECOME AWARE OF ANY OPPORTUNITY THAT MIGHT INFORM HOW WE PRACTICE, HOW WE PARTNER, AND HOW WE CAN CONTRIBUTE TOWARD A HEALTHIER ENVIRONMENT.

WHILE THE FORMAL CHNA DID PROVIDE US WITH AN OPPORTUNITY TO LEARN FROM A GREAT MANY INDIVIDUALS AND ORGANIZATIONS IN THE CITY, THE CITY AND STATE ARE FACING BUDGET CHALLENGES THAT AFFECT NON-PROFIT ORGANIZATIONS, PROGRAM PARTNERS, AND GOVERNMENT ENTITIES THAT SUPPORT THE EFFORTS TO CREATE AND SUSTAIN A THRIVING ENVIRONMENT FOR CHILDREN AND FAMILIES. THE NARRATIVE IN SECTION B MAKES REFERENCE TO A NUMBER OF INFORMATION SOURCES THAT INFORMS OUR WORK. AT VARIOUS TIMES WE MAY HAPPEN UPON A NEW SOURCE

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OF INFORMATION, IDENTIFY ASSETS IN THE COMMUNITY, OR DEVELOP NEW

RELATIONSHIPS WITH POTENTIAL COLLABORATORS.

IN THE EVENT THAT WE IDENTIFY A NEED AND OPPORTUNITY TO ADDRESS IT

QUICKLY, THAT MAY BE OUTSIDE OF OUR FORMAL CHNA AND COMMUNITY HEALTH

IMPROVEMENT PLAN (CHIP), WE ARE OBLIGED TO ACT. MENTIONED IN OUR RESPONSE

TO PART V, SECTION B, QUESTION 11 ARE TWO SOURCES OF INFORMATION THAT

WILL MAKE UP COMPONENTS OF OUR NEXT CHNA THAT ARE EXAMPLES OF ACTING ON

OPPORTUNITIES BEFORE WAITING FOR A FORMAL CHNA PROCESS TO BEGIN.

IN ONE CASE, THE BLUEPRINT FOR MATERNAL AND CHILD HEALTH, A GRANT HAS

BEEN PREPARED TO RESPOND TO SOME OF THE FINDINGS. SINA'S ECONOMIC

DEVELOPMENT STUDY IS CURRENTLY BEING VETTED WITH RESIDENTS AND COMMUNITY

LEADERS. AN EXAMPLE OF INFORMATION GATHERING, NOT MENTIONED IN SECTION B,

CAME FROM AN OPPORTUNITY IN 2014. IN AUGUST OF 2014, THE NURSING

LEADERSHIP AT CONNECTICUT CHILDREN'S MEDICAL CENTER HELD A SYMPOSIUM FOR

SCHOOL AND COMMUNITY NURSES. WE TOOK THE OPPORTUNITY TO SURVEY THE

ATTENDEES ABOUT WHAT THEIR EXPERIENCES TELL US ABOUT CHILD HEALTH

Part VI Supplemental Information

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PRIORITIES. THIS TOO WILL BE A COMPONENT OF OUR NEXT CHNA, BUT WE'VE

BEGUN TO ACT AND EXPLORE OPPORTUNITIES TO HELP SUPPORT THOSE

PARTICIPANTS. WE PLAN ON INCLUDING A SURVEY WHEN THE NEXT SYMPOSIUM IS

CONDUCTED AS WE CONSIDER THOSE PARTICIPANTS TO BE TRUE "KEY INFORMANTS".

WE'VE ALSO PARTICIPATED IN OTHER STATEWIDE AND LOCAL EFFORTS WITH

ASSESSMENTS. ONE SUCH EFFORT IS BEING CONDUCTED BY A GROUP CALLED

DATAHAVEN LOCATED IN NEW HAVEN, CONNECTICUT. DATAHAVEN RECENTLY CONDUCTED

A WELL-BEING SURVEY AMONGST 17,000 RESIDENTS OF CONNECTICUT. A NUMBER OF

CONNECTICUT HOSPITALS WILL BE USING THEIR FINDINGS AS COMPONENTS OF THEIR

COMMUNITY HEALTH NEEDS ASSESSMENTS. WE'VE PARTICIPATED IN DISCUSSIONS

REGARDING THE SURVEY PLANNING PROCESS AND WITH LOCAL DISCUSSIONS TO

REVIEW THE FINDINGS.

SCHEDULE H, PART VI; QUESTION 3

IN ADDITION TO BEING POSTED ON OUR ORGANIZATION'S WEBSITE AND AVAILABLE

WITHIN THE FACILITY UPON REQUEST, INFORMATION ADDRESSING THE PATIENT

Part VI Supplemental Information

Provide the following information.

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FINANCIAL ASSISTANCE POLICY AND THE CREDITS AND COLLECTIONS POLICY ARE

ALSO POSTED (IN ENGLISH AND SPANISH) IN GENERAL PUBLIC AREAS IN AN EFFORT

TO NOTIFY PATIENTS AND THEIR GUARANTORS OF THE AVAILABILITY OF

HOSPITAL-BASED ASSISTANCE AND OTHER PROGRAMS OF PUBLIC ASSISTANCE.

IF THE HOSPITAL DETERMINES THAT A PATIENT OR GUARANTOR IS POTENTIALLY

ELIGIBLE FOR MEDICAID OR OTHER GOVERNMENT PROGRAM, IT WILL ENCOURAGE THE

PATIENT OR GUARANTOR TO APPLY FOR SUCH PROGRAM AND THE FINANCIAL

COUNSELORS WILL ASSIST PATIENT GUARANTORS IN APPLYING FOR MEDICAID,

HOSPITAL-BASED ASSISTANCE, OR OTHER ASSISTANCE AND PAYMENT PLAN PROGRAMS

WHEN APPROPRIATE.

CONNECTICUT CHILDREN'S MEDICAL CENTER OFFERS HOSPITAL-BASED ASSISTANCE

FOR MEDICALLY NECESSARY INPATIENT AND OUTPATIENT SERVICES FOR THOSE

PATIENTS UNABLE TO PAY WHO CAN DEMONSTRATE FINANCIAL NEED ACCORDING TO

CONNECTICUT CHILDREN'S MEDICAL CENTER'S PATIENT FINANCIAL ASSISTANCE

ELIGIBILITY DETERMINATION METHODOLOGY. IT IS AVAILABLE AS A LAST RESORT

AFTER ALL OTHER THIRD PARTY RESOURCES HAVE BEEN EXHAUSTED. ONCE APPROVED,

Part VI Supplemental Information

Provide the following information.

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THE DURATION FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE IS SIX MONTHS.

SCHEDULE H, PART VI; QUESTION 4

CONNECTICUT CHILDREN'S MEDICAL CENTER IS LOCATED IN HARTFORD CONNECTICUT.

WE SERVE CHILDREN AND FAMILIES FROM THE ENTIRE STATE, THOUGH THE HEAVIEST

CONCENTRATION OF THOSE SERVED COME FROM THE HARTFORD/GREATER HARTFORD

AREA.

CONNECTICUT RANKS AS ONE OF THE WEALTHIER STATES IN THE U.S. BASED ON PER

CAPITA INCOME, WITH HARTFORD RANKED AS ONE OF THE POOREST CITIES OF ITS

SIZE IN THE COUNTRY. THE NEIGHBORHOOD AROUND THE MEDICAL CENTER IS ONE OF

HARTFORD'S POOREST.

SOME STATISTICS THAT DESCRIBE OUR COMMUNITY SERVED INCLUDE:

- THE U.S. CENSUS LISTS CT'S POPULATION AT 3.5 MILLION PEOPLE. 70% OF THE

RESIDENTS ARE WHITE, 15% ARE HISPANIC OF LATINO, AND 11% ARE BLACK OR

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AFRICAN AMERICAN. ACCORDING TO NUMEROUS SOURCES, CONNECTICUT RANKS

ANYWHERE FROM #1 - #3 OF THE RICHEST STATES IN PER CAPITA INCOME.

- HARTFORD'S POPULATION IS CLOSE TO 125,000. 43% OF THE RESIDENTS ARE

HISPANIC OR LATINO, 38% ARE BLACK OR AFRICAN AMERICAN, AND 15% ARE

IDENTIFIED AS WHITE. AN ESTIMATED 38% OF THE CITY'S RESIDENTS LIVE IN

POVERTY, COMPARED TO 10.7% OF THE STATE'S OVERALL POPULATION. AN

ESTIMATED 44% OF HARTFORD FAMILIES WITH CHILDREN BELOW AGE 18 LIVE IN

POVERTY. MORE THAN 50,000 RESIDENTS (42%) PARTICIPATE IN THE SUPPLEMENTAL

NUTRITION ASSISTANCE PROGRAM. AN ESTIMATED 77% OF HARTFORD STUDENTS WERE

ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS DURING THE 2012 YEAR.

MORE THAN 52% OF THE 70,501 REQUESTS FROM HARTFORD RESIDENTS TO THE

UNITED WAY'S INFORMATION AND REFERRAL SERVICE, 2-1-1, WERE FOR ASSISTANCE

FOR BASIC NEEDS SUCH AS HOUSING, FOOD AND UTILITIES (INFORMATION FROM THE

BLUEPRINT ON WOMEN AND CHILDREN'S HEALTH).

- ACCORDING TO SINA'S NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY, THE

NEIGHBORHOODS AROUND CONNECTICUT CHILDREN'S MEDICAL CENTER CONSIST OF

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MORE THAN 60% LATINO RESIDENTS AND MORE THAN 20% OTHER MINORITIES, MAINLY AFRICAN AMERICAN. ALMOST 60% OF THE HOUSEHOLDS HAVE ANNUAL INCOMES OF LESS THAN $25,000, AND ABOUT 25% HAVE ANNUAL INCOMES OF LESS THAN $10,000. FEWER THAN 20% HAVE INCOMES GREATER THAN $50,000. THESE FIGURES ARE ALL LOWER THAN THE CITY AVERAGE. ADDITIONALLY, MORE THAN 50% OF THE HOUSEHOLDS RECEIVE CASH ASSISTANCE AND/OR FOOD STAMPS, FIGURES THAT ARE HIGHER THAN THE CITY AVERAGE. ABOUT 40% OF THE ADULTS AGE 25 AND OLDER DO NOT HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT. LESS THAN 20% HAVE EARNED AN ASSOCIATE'S DEGREE OR HIGHER.

IT IS SAFE TO SAY THAT CONNECTICUT HAD GREAT ECONOMIC DISPARITY AMONG ITS RESIDENTS.

SCHEDULE H, PART VI; QUESTION 5

CONNECTICUT CHILDREN'S MEDICAL CENTER HAS A VISION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE NATION. WHILE WE PROVIDE LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN OUR FACILITIES, SOME OF THE

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BEST WORK WE DO TO PROMOTE CHILDREN'S HEALTH HAPPENS WITHIN CONNECTICUT'S

COMMUNITIES.

THE OFFICE OF COMMUNITY CHILD HEALTH ("OCCH") IS DEDICATED TO DEVELOPING

AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT PROMOTE CHILDREN'S OPTIMAL

HEALTHY DEVELOPMENT. OCCH HAS ENABLED US TO PLACE OUR COMMUNITY FOCUSED

PROGRAMS UNDER ONE UMBRELLA. THIS HAS PROVIDED US WITH THE OPPORTUNITY TO

MORE EFFICIENTLY USE OUR RESOURCES, DEVELOP NEW PARTNERSHIPS, AND PROMOTE

COMMUNITY HEALTH, KEEPING US FOCUSED ON OUR MISSION TO MAKE CONNECTICUT'S

CHILDREN THE HEALTHIEST IN THE COUNTRY.

OCCH PROMOTES COMMUNITY HEALTH ON A LOCAL, STATEWIDE, AND NATIONAL LEVEL,

WITH MUCH OF THE MESSAGING FOCUSED ON THE IMPORTANCE OF HAVING A SYSTEM

THAT SUPPORTS THE HEALTHY DEVELOPMENT OF ALL CHILDREN.

HEALTH PROVIDERS ARE KEY RESOURCES AS COMMUNITY PROVIDERS, BUT WITHOUT

OTHER PARTNERSHIPS ON THE LOCAL, STATE, AND FEDERAL LEVELS, MAXIMIZING

THE PROMOTION OF CHILDREN'S HEALTH IN ALL OF OUR COMMUNITIES WILL NOT BE

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ACHIEVED.

PROGRAMS UNDER OCCH, NOTABLY EASY BREATHING, EPIC, MAINTENANCE OF CERTIFICATION, AND THE CO-MANAGEMENT PROGRAM, WORK WITH OTHER PROVIDERS ACROSS THE STATE TO HELP IDENTIFY BETTER APPROACHES TO MANAGING CHILDREN'S HEALTH ISSUES AS A MEANS OF PROMOTING BETTER HEALTH AND WORKING TOWARD BETTER HEALTH OUTCOMES. ADDITIONALLY, WE PROVIDE WEEKLY GRAND ROUNDS, INVITING PARTICIPATION FROM COMMUNITY PROVIDERS. SUBJECT MATTER FOR GRAND ROUNDS INCLUDES INNOVATIVE APPROACHES TO BETTER HEALTH IN THE COMMUNITY.

WE ALSO HAVE A REFERRING PROVIDER BOARD OF PEDIATRICIANS THAT REPRESENTS DIFFERENT GEOGRAPHIC COMMUNITIES AROUND THE STATE. WE SOLICIT THEIR INPUT FOR HOW TO BEST PROMOTE CHILDREN'S HEALTH THROUGHOUT THE STATE.

SOME OF OUR PROGRAMS HAVE HEALTH PROMOTION AS A COMPONENT. OUR INJURY PREVENTION CENTER PROMOTES COMMUNITY HEALTH WITH ALL OF THEIR PREVENTION ACTIVITIES; CAR SEAT CLINICS, NEW TEEN DRIVER ACTIVITIES, PROGRAMS ON

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PEDESTRIAN SAFETY, TOY SAFETY AND SMOKE DETECTOR USE. INTENTIONAL AND UNINTENTIONAL INJURIES THAT RESULT IN CHILDREN AND YOUTH ENDING UP IN EMERGENCY ROOMS ARE STUDIED TO SEE IF THERE MIGHT BE OPPORTUNITIES TO ADVOCATE, EDUCATE, AND COLLABORATE WITH COMMUNITY PARTNERS TO PREVENT INJURIES.

HEALTHY HOMES PROMOTES COMMUNITY HEALTH IN THE AREAS OF LEAD PAINT HAZARDS, MOLD AND OTHER ASTHMA TRIGGERS, AND HOME SAFETY ISSUES, WORKING WITH INDIVIDUAL HOMEOWNERS, INDIVIDUALS BEING TRAINED AS HOUSING INSPECTORS, AND MUNICIPAL WORKERS.

HYHIL FOCUSES ON BUILDING A COLLABORATIVE THAT PROMOTES SAFE SEXUAL BEHAVIORS AMONG ADOLESCENTS AND YOUNG ADULTS.

REACH PROVIDES PEDIATRIC RESIDENTS THE OPPORTUNITY TO LEARN ABOUT THE COMMUNITY AND THE MANY WAYS THEY CAN BROADEN THEIR IMPACT ON THE LIVES OF YOUNG PEOPLE.

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OUR GOVERNMENT RELATIONS DEPARTMENT IS A VEHICLE WHEREBY CHILDREN'S

COMMUNITY HEALTH INFORMATION CAN BE BROUGHT BEFORE OUR ELECTED OFFICIALS.

AN EXAMPLE OF THIS IS WHEN WE BEGAN TO STUDY ACCIDENT RATES OF NEW TEEN

DRIVERS. THE SHARING OF THOSE STUDIES WITH LEGISLATIVE LEADERS AND

COMMUNITY PARTNERS WAS THE START OF WHAT LATER BECAME LEGISLATION THAT

ADDED SOME RESTRICTIONS TO NEW YOUNG DRIVERS. IN CONTINUING TO STUDY

ACCIDENT REPORTS, WE CAN SEE A DECLINE IN ACCIDENT RATES OVER THE PAST 2

YEARS.

OUR CORPORATE COMMUNICATION DEPARTMENT PRODUCES NUMEROUS PUBLICATIONS

THROUGHOUT THE YEAR. WHILE MANY OF THE WORKS ARE INTENDED TO MARKET OUR

SERVICES, MANY ALSO CONTAIN MESSAGING ABOUT COMMUNITY HEALTH.

SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE CCMC

CORPORATION AND SUBSIDIARIES:

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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.

NOT FOR-PROFIT ENTITIES:

CCMC CORPORATION

CCMC CORPORATION IS THE TAX-EXEMPT PARENT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS.

CCMC CORPORATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

AS THE PARENT ORGANIZATION, CCMC CORPORATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE A HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF HEALTHCARE SERVICES TO THE CHILDREN OF CONNECTICUT AND SURROUNDING COMMUNITIES. CCMC CORPORATION ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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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.

NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR,

CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. NO CHILDREN ARE DENIED

NECESSARY MEDICAL CARE, TREATMENT OR SERVICES.

CCMC CORPORATION IS THE SOLE MEMBER OF CONNECTICUT CHILDREN'S MEDICAL

CENTER OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS

REVENUE RULING 69-545:

1. IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN

REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE

AND MEDICAID PATIENTS;

2. IT OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL CHILDREN; WHICH IS

OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

3. IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL

QUALIFIED PHYSICIANS;

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

4. CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE

BOARD OF DIRECTORS OF CCMC CORPORATION. BOTH BOARDS ARE COMPRISED OF A

MAJORITY OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE

COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND

AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE; PROGRAMS AND

ACTIVITIES.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC.

CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. IS AN ORGANIZATION

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO

INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION SUPPORTS

CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE

SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, AND ITS AFFILIATES IN

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY IN A

NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

ORIGIN OR ABILITY TO PAY.

CCMC AFFILIATES, INC.

CCMC AFFILIATES, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL

REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(2). THE ORGANIZATION PROVIDES SPECIALIZED EDUCATION AND

CHILD DEVELOPMENT PROGRAMS TO CHILDREN OF CONNECTICUT AND THE SURROUNDING

AREAS.

CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC.

CONNECTICUT CHILDREN'S SPECIALTY GROUP, INC. IS AN ORGANIZATION

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO

INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT

TO INTERNAL REVENUE CODE §509(A)(2). THE ORGANIZATION PROVIDES MEDICALLY

NECESSARY HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR,

CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CHILDREN'S FUND OF CONNECTICUT, INC.

CHILDREN'S FUND OF CONNECTICUT, INC. IS AN ORGANIZATION RECOGNIZED BY THE

INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE

§501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE

CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL

CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED,

SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC.

CHILDREN'S HEALTH AND DEVELOPMENT INSTITUTE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1). THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

CAPITAL AREA HEALTH CONSORTIUM, INC.

CAPITAL AREA HEALTH CONSORTIUM, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE ORGANIZATION SUPPORTS CONNECTICUT CHILDREN'S MEDICAL CENTER; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

ORGANIZATION, AND ITS AFFILIATES IN PROVIDING MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL CHILDREN REGARDLESS OF RACE, COLOR, CREED,

SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

FOR-PROFIT ENTITIES:

CCMC VENTURES, INC.

A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS CCMC CORPORATION. THE

ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICUT. THIS ENTITY IS

CURRENTLY INACTIVE.

SCHEDULE H, PART VI; QUESTION 7

THE STATE OF CONNECTICUT REQUIRES HOSPITALS TO FILE A COMMUNITY BENEFIT

REPORT WITH CONNECTICUT'S OFFICE OF THE HEALTHCARE ADVOCATE. THE REPORT

IS SUBMITTED EVERY OTHER YEAR. A REPORT FOR FISCAL YEARS 2011 AND 2012

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

WAS SUBMITTED IN 2013. STARTING IN 2014, FOLLOWING DISCUSSIONS WITH THE

CONNECTICUT HOSPITAL ASSOCIATION AND REPRESENTATIVES FROM A NUMBER OF

CONNECTICUT HOSPITALS (INCLUDING CONNECTICUT CHILDREN'S), THE HEALTHCARE

ADVOCATE'S OFFICE AGREED TO ACCEPT EACH HOSPITAL'S SCHEDULE H IN LIEU OF

FILING SEPARATE REPORTS