SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

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% [ ] 400% [X] Other 500.0000 %	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	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)			807,858.		807,858.	.27
b Medicaid (from Worksheet 3, column a)			148,807,497.	86,551,281.	62,256,216.	20.53
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			149,615,355.	86,551,281.	63,064,074.	20.80
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,536,891.	3,452,776.	3,084,115.	1.02
f Health professions education (from Worksheet 5)			13,346,560.	1,263,069.	12,083,491.	3.98
g Subsidized health services (from Worksheet 6)			1,548,253.		1,548,253.	.51
h Research (from Worksheet 7)			9,024,425.	3,141,545.	5,882,880.	1.94
i Cash and in-kind contributions for community benefit (from Worksheet 8)			63,320.		63,320.	.02
j **Total.** Other Benefits			30,519,449.	7,857,390.	22,662,059.	7.47
k **Total.** Add lines 7d and 7j			180,134,804.	94,408,671.	85,726,133.	28.27

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			2,511,202.	676,199.	1,835,003.	.61
2 Economic development						
3 Community support			3,546,935.	1,399,810.	2,147,125.	.71
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			252,052.		252,052.	.08
7 Community health improvement advocacy			187,375.	84,606.	102,769.	.03
8 Workforce development						
9 Other						
10 Total			6,497,564.	2,160,615.	4,336,949.	1.43

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 1,605,446.			
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	103,224.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	379,097.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-275,873.
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 15			
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	[ ] Other website (list url):			
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: 2016			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): WWW.CT.GOV			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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 250.0000 % and FPG family income limit for eligibility for discounted care of 500.0000 %			
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	[X] 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, SECT B, Q'S 2,3J,6A,13B,13H,15E,18D,19D,20E,21C,21D,22D,23&24

NOT APPLICABLE.

SCHEDULE H, PART V, SECTION B, QUESTION 5

WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, THE ORGANIZATION TOOK 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.

THE ORGANIZATION DEVELOPED THE CHNA WITH STRONG GUIDANCE FROM THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE"). ADDITIONALLY, THE ORGANIZATION PARTNERED WITH VARIOUS OUTSIDE ORGANIZATIONS AS WELL AS A VARIETY OF KEY COMMUNITY STAKEHOLDERS. THIS COLLABORATION ALLOWED THE ORGANIZATION TO PRESENT COMMUNITY HEALTH NEEDS ACROSS THE AGE SPAN AND SECTORS OF SERVICE AND WITHIN THE CONTEXT OF KEY COMMUNITY CONTRIBUTORS TO HEALTH.

PRIMARY DATA COLLECTION EFFORTS

AS DESCRIBED IN THE ORGANIZATION'S CHNA, IN AN EFFORT TO TAKE INTO ACCOUNT INPUT FORM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE

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.

COMMUNITY SERVED, THE ORGANIZATION USED A VARIETY OF METHODS TO COMPILE

DATA. THESE METHODS ARE OUTLINED BELOW:

(1) KEY INFORMANT INTERVIEWS:

IN DEVELOPING THIS ASSESSMENT, PRIMARY DATA COLLECTION EFFORTS RELIED

HEAVILY ON INFORMATION OBTAINED DURING INTERVIEWS WITH KEY INFORMANTS.

THOSE INTERVIEWS INCLUDED CITY OFFICIALS SUCH AS:

- THE DIRECTOR OF THE HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- LEADERS OF PRIVATE FOUNDATIONS;
- LEADERS OF COMMUNITY-BASED NONPROFIT ORGANIZATIONS; AND
- LEADERS OF STATE AGENCIES.

IN ADDITION TO CONNECTICUT CHILDREN'S, VARIOUS OTHER AGENCIES

PARTICIPATED IN THE KEY INFORMANT INTERVIEWS. THOSE AGENCIES INCLUDE THE

FOLLOWING:

- CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES;
- CITY OF HARTFORD FRESH FOOD INITIATIVE IN EARLY CARE AND EDUCATION;
- COMADRONA;
- COMMUNITY HEALTH NETWORK OF CONNECTICUT;
- CONNECTICUT DENTAL HEALTH PARTNERSHIP;
- CONNECTICUT DEPARTMENT OF EDUCATION;
- HARTFORD CHILDHOOD WELLNESS ALLIANCE;

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.

- HARTFORD FOUNDATION FOR PUBLIC GIVING;

- HEALTHY START;

- HISPANIC HEALTH COUNCIL;

- MATERNAL AND INFANT OUTREACH PROGRAM;

- MINDING THE BABY HOME VISITING PROGRAM;

- NORTHEAST NEIGHBORHOOD PARTNERSHIP;

- NURTURING FAMILIES NETWORK;

- SUCCESSFUL FATHERHOOD INITIATIVE;

- UNITED WAY OF CONNECTICUT; AND

- VILLAGE FOR FAMILIES AND CHILDREN.

INTERVIEWEES WERE ASKED A VARIETY OF QUESTIONS THAT FOCUSED ON IDENTIFYING UNMET NEEDS WITHIN THE COMMUNITY.

(2) HARTFORD BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH:

THE HARTFORD BLUEPRINT FOR WOMEN'S AND CHILDREN'S HEALTH ("THE BLUEPRINT") PROVIDES A COMPREHENSIVE LOOK AT THE NEEDS OF THE CITY'S WOMEN AND YOUNG CHILDREN. THE CITY OF HARTFORD COMMISSIONED THE OFFICE TO PREPARE THE BLUEPRINT AS TO ARTICULATE THE NEED FOR BUILDING A COMPREHENSIVE SYSTEM IN HARTFORD TO ENSURE STRONG FAMILIES AND LIFELONG OUTCOMES FOR CHILDREN. THE DOCUMENT PROVIDES A ROADMAP TO ADDRESS THE NEEDS IDENTIFIED FOR HARTFORD'S WOMEN AND CHILDREN THROUGH SYSTEM BUILDING AND COLLECTIVE IMPACT. ADDITIONAL PRIMARY COLLECTION DATA EFFORTS INCLUDE THE FOLLOWING WITH RESPECT TO THE BLUEPRINT:

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 ORGANIZATION REVIEWED PRIOR REPORTS AND SURVEYS RELATED TO HEALTH, PRENATAL CARE, AND EARLY CARE AND EDUCATION;

- FOCUS GROUPS WITH EARLY CARE AND EDUCATION PROVIDERS, COMMUNITY LEADERS, AND RESIDENTS WERE CONDUCTED;

- VARIOUS MEETINGS WITH HEALTH AND HUMAN SERVICES AND EARLY CARE AND EDUCATION STEERING COMMITTEES AND COLLABORATIVES TOOK PLACE;

- SURVEYS FROM MEDICAL, BEHAVIORAL HEALTH, AND DENTAL PROVIDERS IN HARTFORD WERE DISTRIBUTED; AND

- LEADERSHIP DISCUSSIONS WITH THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH OFFICE TOOK PLACE.

(3) SCHOOL NURSE SURVEYS:

A SURVEY OF SCHOOL NURSES FROM ACROSS CONNECTICUT WAS CONDUCTED IN AUGUST 2014 AND PROVIDED CRITICAL INFORMATION ABOUT THE NEEDS OF HARTFORD'S OLDER CHILDREN. THE SURVEY, WAS CONDUCTED BY THE ORGANIZATION AND LISTED A VARIETY OF PUBLIC HEALTH CONCERNS AND ASKED RESPONDENTS TO RATE THEM FROM ZERO, WHERE THE ISSUE IS PERCEIVED NOT TO BE A PROBLEM, TO FOUR, WHERE THE ISSUE IS PERCEIVED TO BE A MAJOR PROBLEM. THE SURVEY ALSO ASKED RESPONDENTS TO PROVIDE IDEAS ABOUT HOW TO IMPROVE THE HEALTH OF CHILDREN IN CONNECTICUT.

THERE WERE A TOTAL OF 90 SURVEYS COLLECTED FROM SCHOOL NURSES DURING A CONFERENCE IN AUGUST 2015. ARRANGED BY COUNTY, THERE WERE 57 FROM

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.

HARTFORD COUNTY, EIGHT FROM TOLLAND COUNTY, SEVEN FROM NEW LONDON COUNTY,

SIX FROM FAIRFIELD COUNTY, THREE FROM LITCHFIELD COUNTY, AND TWO EACH

FROM NEW HAVEN, WINDHAM, AND MIDDLESEX COUNTIES.

(4) SINA NEIGHBORHOOD ECONOMIC DEVELOPMENT PLAN:

BEYOND HEALTH AND CHILD DEVELOPMENT, THE CHNA ALSO CONSIDERS COMMUNITY

NEEDS AS IDENTIFIED BY THE 2015 SINA ECONOMIC DEVELOPMENT PLAN.

SINA, WHICH IS A PARTNERSHIP BETWEEN CONNECTICUT CHILDREN'S, HARTFORD

HOSPITAL, AND TRINITY COLLEGE, CONDUCTED AN ANALYSIS OF NEIGHBORHOOD

NEEDS, OPPORTUNITIES AND RESOURCES AND COMPILED THE RESULTS INTO THE SINA

NEIGHBORHOOD ECONOMIC DEVELOPMENT STUDY.

THE ORGANIZATION CONDUCTED INTERVIEWS WITH SENIOR MANAGERS OF RELEVANT

DEPARTMENTS WITHIN SINA MEMBER INSTITUTIONS. ADDITIONALLY, FOCUS GROUPS

WITH KEY COMMUNITY STAKEHOLDERS WERE HELD.

SECONDARY DATA COLLECTION EFFORTS

IN ADDITION TO THE PRIMARY DATA COLLECTIONS DESCRIBED ABOVE, THE

ORGANIZATION TOOK INTO ACCOUNT VARIOUS SECONDARY DATA SOURCES WHEN

DEVELOPING ITS CHNA. THESE INCLUDE, BUT ARE NOT LIMITED TO, THE

FOLLOWING:

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.

(1) HARTFORD FOUNDATION FOR PUBLIC GIVING EARLY DEVELOPMENT INSTRUMENT ("EDI"):

THE EDI ATTEMPTS TO ANSWER THE QUESTION OF WHAT CAN BE DONE TO ENSURE CHILDREN ARE READY FOR SCHOOL. THE ORGANIZATION ANALYZED THE DATA TO HELP IDENTIFY COMMUNITY NEEDS IN THIS REPORT. THE EDI PROJECT WAS CONDUCTED AT SCHOOLS IN HARTFORD AND WEST HARTFORD AS A POPULATION MEASURE OF HOW YOUNG CHILDREN ARE DEVELOPING IN COMMUNITIES. IT MEASURES FIVE AREAS OF EARLY CHILDHOOD DEVELOPMENT: PHYSICAL HEALTH AND WELLBEING; SOCIAL COMPETENCE; EMOTIONAL MATURITY; LANGUAGE AND COGNITIVE DEVELOPMENT; AND COMMUNICATIONS SKILLS AND GENERAL KNOWLEDGE.

THE WORK WAS GUIDED BY THE UCLA CENTER FOR HEALTHIER FAMILIES, CHILDREN AND COMMUNITIES. THE ORGANIZATION USED THE DATA TO FURTHER GATHER INFORMATION WITH RESPECT TO COMMUNITY NEEDS RELATED TO EARLY CHILDHOOD CARE AND EDUCATION.

(2) DATAHAVEN COMMUNITY WELLBEING SURVEY:

THE DATAHAVEN COMMUNITY WELLBEING SURVEY ALSO PROVIDED KEY INFORMATION FOR THE CHNA. THE NON-PROFIT GROUP DATAHAVEN, BASED IN NEW HAVEN, CONNECTICUT, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE OF RESIDENTS BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA TO ASSIST LEADERS WITH EFFECTIVE DECISION MAKING. THE ORGANIZATION HAS BEEN IN EXISTENCE

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.

SINCE 1992. THE SURVEY IS ITS LARGEST INITIATIVE AND PRODUCES INFORMATION ON THE QUALITY OF LIFE, PUBLIC HEALTH, ECONOMIC DEVELOPMENT AND CIVIC VITALITY FOR MORE THAN 100 STATE AND LOCAL GOVERNMENT, HEALTH CARE, ACADEMIC, AND COMMUNITY PARTNERS ACROSS CONNECTICUT.

THE ORGANIZATION ANALYZED DATA CONTAINED IN THE 2015 DATAHAVEN COMMUNITY WELL-BEING SURVEY FOR HARTFORD, AND USED PERTINENT INFORMATION TO IDENTIFY COMMUNITY NEEDS. DATAHAVEN CONTRACTED WITH THE SIENA COLLEGE RESEARCH INSTITUTE TO CONDUCT A SURVEY OF 16,820 RESIDENTS ACROSS THE STATE OF CONNECTICUT, INCLUDING 750 RESIDENTS OF THE CITY OF HARTFORD. INTERVIEWS WERE CONDUCTED IN ENGLISH AND SPANISH. TO ENSURE THAT THE STATISTICS REPRESENTED THE TRUE DEMOGRAPHICS OF THE STATE, THE OVERALL STATEWIDE SAMPLE WAS WEIGHTED BY AGE, GENDER, REPORTED RACE, AND COUNTY. IT WAS ALSO WEIGHTED TO MATCH CURRENT PATTERNS OF TELEPHONE USAGE (LANDLINE ONLY, CELL PHONE ONLY, OR BOTH). LOCAL LEVEL SAMPLES, LIKE THOSE FOR HARTFORD, WERE WEIGHED USING THE SAME PARAMETERS AND APPLIED AT A LOCAL LEVEL (TOWN INSTEAD OF COUNTY). SURVEYS WERE CONDUCTED VIA LANDLINES AND CELL PHONES.

(3) UNITED WAY OF CONNECTICUT'S 211 PROGRAM:

THE NONPROFIT UNITED WAY OF CONNECTICUT STRIVES TO MEET THE NEEDS OF STATE RESIDENTS BY PROVIDING THEM WITH INFORMATION, EDUCATION, AND CONNECTIONS TO SERVICES. IT MANAGES AND OPERATES THE CHILD DEVELOPMENT INFOLINE, WHICH IS ACCESSIBLE THROUGH 211, AND SERVES AS THE STATEWIDE

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.

CENTRALIZED TELEPHONE ACCESS POINT WHERE CARE COORDINATORS CONNECT FAMILIES IN NEED WITH SERVICES THAT CAN HELP THEM. IN THE 2014-2015 FISCAL YEAR, HARTFORD RESIDENTS CALLED 211 A TOTAL OF 54,695 TIMES WHICH RESULTED IN 70,501 REQUESTS FOR SERVICES.

THE CHNA ANALYZED DATA PROVIDED BY THE UNITED WAY OF CONNECTICUT'S 211 INFORMATION AND REFERRAL SERVICE, WHICH SHOWS THE ESTIMATED NUMBER OF CALLS FOR SERVICE COMING IN FROM HARTFORD DURING THE 2015-2016 FISCAL YEAR. DATA FROM THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, THE REGION THAT INCLUDES HARTFORD, WAS ALSO USED. THE ORGANIZATION USED THIS DATA TO GATHER ADDITIONAL INFORMATION WITH RESPECT TO THE COMMUNITY NEEDS OF THE GREATER HARTFORD AREA.

SCHEDULE H, PART V, SECTION B, QUESTION 6B

ALTHOUGH THE CHNA WAS CONDUCTED SOLELY BY CONNECTICUT CHILDREN'S MEDICAL CENTER, THE FOLLOWING IS STATED WITHIN THE CHNA "WE BELIEVE THAT OUR APPROACH TO CONDUCTING THIS ASSESSMENT HAS ALLOWED US TO ENGAGE OUR COMMUNITY PARTNERS AND HAVE THE GREATEST IMPACT ON OUR COMMUNITY'S HEALTH."

THE ORGANIZATION HAS MANY LONG STANDING AND ACTIVE PARTNERSHIPS WITH VARIOUS GOVERNMENT, SOCIAL AND CIVIC ORGANIZATIONS. THEREFORE, THE CHNA IS THE RESULT OF A COLLABORATIVE EFFORT WITH VARIOUS COMMUNITY PARTNERS WHO WORKED TOGETHER TO IDENTIFY THE UNMET NEEDS OF COMMUNITY SERVED.

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, QUESTION 7D

THE ORGANIZATION'S CHNA WAS REVIEWED AND APPROVED BY ITS BOARD OF DIRECTORS. ONCE APPROVED, THE CHNA WAS POSTED ON THE ORGANIZATION'S WEBSITE, NOTING THAT HARDCOPIES WERE AVAILABLE ON REQUEST.

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 CONDUCTING THE CHNA, THE CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE") DEVELOPED A ROBUST STRATEGY FOR ADDRESSING THE IDENTIFIED NEEDS TO ENHANCE HEALTH CARE FOR HARTFORD'S WOMEN AND CHILDREN AND TO PROMOTE THE OPTIMAL HEALTHY DEVELOPMENT OF THE CITY'S YOUNGEST RESIDENTS.

THROUGHOUT THE CHNA THE ORGANIZATION IDENTIFIED THE FOLLOWING UNMET COMMUNITY HEALTH NEEDS:

1) DEVELOPMENTAL SURVEILLANCE AND SCREENING

IDENTIFIED NEED: THERE IS A NEED TO BRING TO SCALE AN EXISTING ASSESSMENT

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.

SERVICE, MID-LEVEL DEVELOPMENTAL ASSESSMENT, AND HELP ME GROW

OPPORTUNITIES FOR AT-RISK CHILDREN WHO ARE NOT ELIGIBLE FOR PUBLICLY

FUNDED INTERVENTION PROGRAMS.

AREA OF FOCUS: MANY CHILDREN WITH MILD-TO-MODERATE DEVELOPMENTAL OR

BEHAVIORAL CONCERNS ARE ELUDING EARLY DETECTION AND ARE ARRIVING AT

KINDERGARTEN WITHOUT THE DEVELOPMENTAL, SOCIO-EMOTIONAL, BEHAVIORAL

AND/OR COGNITIVE SKILLS TO BEGIN SCHOOL. THESE CHILDREN WERE OFTEN

INELIGIBLE FOR EARLY INTERVENTION OR PRESCHOOL SPECIAL EDUCATION SERVICES

PRIOR TO SCHOOL ENTRY, AS BOTH OF THESE SERVICES HAVE STRICT ELIGIBILITY

REQUIREMENTS.

2) CROSS-SECTOR CARE COORDINATION

IDENTIFIED NEED: THERE IS A NEED TO BRING EXISTING CARE COORDINATION

PROGRAMS TO SCALE THROUGHOUT THE CITY AND TO EXPAND THE HARTFORD CARE

COORDINATION COLLABORATIVE ("HCCC") TO INCLUDE CARE COORDINATION SERVICES

FROM HEALTH, CHILD CARE, HOME VISITING AND OTHER CHILD AND FAMILY

SERVICES.

AREA OF FOCUS: CARE COORDINATION FROM A VARIETY OF SERVICE SECTORS IS

AVAILABLE TO CHILDREN AND FAMILIES IN HARTFORD. THERE IS ALSO A PROGRAM,

THE HCCC, WHICH BRINGS HARTFORD AREA CARE COORDINATORS FROM A VARIETY OF

CHILD AND FAMILY SERVING SECTORS TOGETHER TO INCREASE THE EFFICIENCY OF

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.

SERVICES AND DECREASE THE DUPLICATION THAT CAN OCCUR WHEN FAMILIES WORK

WITH MULTIPLE CARE COORDINATORS FROM DIFFERENT SECTORS.

3) CHRONIC HEALTH PROBLEMS

IDENTIFIED NEED: THERE IS A NEED TO BRING EXISTING PROGRAMS THAT ADDRESS

ASTHMA AND LEAD CONCERNS, SUCH AS EASY BREATHING AND THE CONNECTICUT

CHILDREN'S HEALTHY HOMES PROGRAM, TO SCALE THROUGHOUT THE CITY FOR

MAXIMUM IMPACT.

AREA OF FOCUS: CHRONIC HEALTH CONDITIONS SUCH AS ASTHMA AND LEAD TOXICITY

DISPROPORTIONATELY IMPACT URBAN CHILDREN, ESPECIALLY THOSE WHO LIVE IN

POVERTY.

4) CHILDHOOD OBESITY

IDENTIFIED NEED: THERE IS A NEED TO BRING TO SCALE EXISTING NUTRITION AND

PHYSICAL ACTIVITY PROGRAMS IN PRESCHOOLS, CHILDCARE CENTERS, AND IN THE

PRIMARY CARE SETTING.

AREA OF FOCUS: OBESITY DISPROPORTIONATELY AFFECTS CHILDREN OF COLOR AND

THOSE IN LOW-INCOME FAMILIES. MORE THAN ONE-THIRD OF HARTFORD

PRESCHOOLERS ARE OVERWEIGHT OR OBESE, WITH RATES FAR ABOVE THE NATIONAL

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.

AVERAGE ACCORDING TO A UNIVERSITY OF CONNECTICUT STUDY.

5) HOME VISITING SERVICES ADDRESSING WOMEN'S AND CHILDREN'S HEALTH

IDENTIFIED NEED: THE CHALLENGE IS TO REDUCE WAITING LISTS AND BRING THIS TYPE OF FAMILY SUPPORT TO SCALE FOR THE ENTIRE POPULATION.

AREA OF FOCUS: A VARIETY OF HOME VISITING PROGRAMS, SUCH AS THE MATERNAL AND INFANT OUTREACH PROGRAM, EXIST FOR FAMILIES IN HARTFORD AND HAVE SHOWN SUCCESS IN IMPROVING BIRTH OUTCOMES, ENSURING THAT PREGNANT WOMEN ENTER PRENATAL CARE EARLY, AND ADDRESSING DEVELOPMENTAL AND BEHAVIORAL HEALTH NEEDS OF CHILDREN.

INITIAL GOALS

IN ORDER TO FULFILL THE NEEDS OUTLINED ABOVE THE ORGANIZATION ESTABLISHED INITIAL GOALS. THESE GOALS INCLUDE THE FOLLOWING AREAS OF FOCUS TO BE OVERSEEN AND IMPLEMENTED BY THE OFFICE:

1) ENGAGE KEY COMMUNITY STAKEHOLDERS IN SETTING IMPLEMENTATION PRIORITIES:

THE ORGANIZATION FELT THAT ENGAGEMENT OF AN ARRAY OF STAKEHOLDERS,

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.

INCLUDING PARENTS AND PROVIDERS FROM DIVERSE SECTORS, IS CRITICAL TO THE SUCCESSFUL IMPLEMENTATION OF PROGRAMS THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA.

THE OFFICE AIMS TO STRENGTHEN CONNECTIONS AMONG KEY COMMUNITY STAKEHOLDERS TO FACILITATE COLLECTIVE IMPACT BY CONVENING A STAKEHOLDER LEADERSHIP TEAM. THIS WORK WILL INCLUDE THE PRIORITIZATION OF OBJECTIVES AND WILL SET A TIMELINE FOR THEIR IMPLEMENTATION. COMMUNITY CONVERSATIONS WILL SOLICIT INPUT FROM PARENTS AND RESIDENTS TO ENSURE COMMUNITY BUY-IN.

2) COORDINATE IMPLEMENTATION OF KEY RECOMMENDATIONS AND BRING TO SCALE EVIDENCE INFORMED INNOVATIONS:

THE OFFICE HAS HAD REMARKABLE SUCCESS IN DIFFUSING INNOVATION THROUGH THE DESIGN, IMPLEMENTATION, AND DISSEMINATION OF LOCAL AND REGIONAL PROGRAMS OF STATEWIDE AND NATIONAL SIGNIFICANCE. THE HELP ME GROW ("HMG") PROGRAM, WHICH PROMOTES THE EARLY DETECTION OF CHILDREN AT RISK FOR DEVELOPMENTAL AND BEHAVIORAL PROBLEMS AND THEIR CONNECTION TO SERVICES, WAS PILOTED IN HARTFORD BEFORE BEING SCALED UP ACROSS CONNECTICUT. NOW, MORE THAN 25 STATES ARE IMPLEMENTING THE HMG MODEL AS PART OF THE OFFICE'S HMG NATIONAL AFFILIATE NETWORK.

FURTHER, THE OFFICE HAS PILOTED AND IS DISSEMINATING TWO INNOVATIONS, THE CARE COORDINATION COLLABORATIVE MODEL ("CCCM") AND MID-LEVEL

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.

DEVELOPMENTAL ASSESSMENT ("MLDA"). CCCM WORKS TO COORDINATE CARE COORDINATORS FROM VARIOUS CHILD-SERVING SECTORS IN THE GREATER HARTFORD REGION. IT WAS DEVELOPED IN RESPONSE TO THE NOTION THAT A CHILD MAY HAVE MULTIPLE CARE COORDINATORS FROM DIFFERENT AGENCIES MANAGING HIS OR HER CARE AT THE SAME TIME WITHOUT INTEGRATION ACROSS SECTORS.

3) BUILD THE CAPACITY OF HARTFORD FAMILIES AND SERVICE PROVIDERS ACROSS VARIOUS SETTINGS TO PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT:

A POSITIVE FAMILY FOUNDATION IS THE SINGLE MOST IMPORTANT INFLUENCE ON ENHANCING LIFELONG HEALTH AND OUTCOMES. THE CENTER FOR THE STUDY OF SOCIAL POLICY'S PROTECTIVE FACTORS FRAMEWORK IDENTIFIES KEY INFLUENCES THAT BUILD FAMILY CAPACITY TO SUPPORT OPTIMAL CHILD DEVELOPMENT. SUCH FACTORS INCLUDE PARENTAL RESILIENCE, CONCRETE SUPPORT IN TIMES OF NEED, SOCIAL CONNECTIONS, PARENTAL KNOWLEDGE OF CHILD DEVELOPMENT AND PARENTING STRATEGIES, AND CHILDREN'S SOCIAL AND EMOTIONAL COMPETENCE.

THE OFFICE HAS EMBRACED THE UTILITY OF THE PROTECTIVE FACTORS AS A FRAMEWORK FOR STRENGTHENING FAMILIES, AS WELL AS ENHANCING THE CAPACITY OF CHILD HEALTH, MENTAL HEALTH, EARLY CARE, AND FAMILY SUPPORT PROVIDERS TO CONTRIBUTE TO CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. TO ENSURE MAXIMUM CONTRIBUTION FROM HARTFORD'S CHILD HEALTH PROVIDERS, THE OFFICE WILL SUPPORT THE EXPANSION OF ITS EXISTING EDUCATING PRACTICES IN THE COMMUNITY ("EPIC") PROGRAM, WHICH IS OPERATED IN PARTNERSHIP WITH THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT.

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.

4) ESTABLISHING A DATA-DRIVEN CONTINUOUS QUALITY IMPROVEMENT ("CQI")

SYSTEM FOR MONITORING EARLY CHILDHOOD SERVICES AND OUTCOMES IN HARTFORD:

THE OFFICE WILL BUILD UPON ITS EXISTING WEB-BASED DATA COLLECTION AND

REPORTING TOOLS TO DESIGN A ROBUST DATA SYSTEM FOR TRACKING PROJECT

IMPLEMENTATION AND IMPACT, TO ENABLE CQI AND FACILITATE COLLECTIVE

IMPACT. THE OFFICE WILL DO SO BY:

- UTILIZING CQI METHODOLOGY AND TOOLS TO ENGAGE PROVIDERS AND OTHER

STAKEHOLDERS IN THE CONTINUOUS MONITORING OF THE QUALITY OF HEALTH

SERVICES AND ENCOURAGE THE TESTING OF CHANGES TO IMPROVE SERVICE EFFICACY

AND OUTCOMES.

- DEVELOP A COMPREHENSIVE DATA SYSTEM FOR TRACKING PROJECT

IMPLEMENTATION, CQI OUTCOMES, AND THE ACHIEVEMENT OF PROJECT GOALS.

IN FEBRUARY OF 2017, THE ORGANIZATION CREATED ITS COMMUNITY HEALTH

IMPROVEMENT PLAN ("CHIP") WHICH OUTLINES HOW THE ORGANIZATION WILL

CONTINUE TO WORK TO ADDRESS THE NEED IDENTIFIED WITHIN ITS MOST RECENTLY

CONDUCTED CHNA. THE ORGANIZATION'S CHIP STATES THE FOLLOWING:

"OUR MOST RECENT CHNA UTILIZED A NUMBER OF COMPONENTS THAT INCLUDED THE

INPUT OF MANY PEOPLE WORKING WITH THE UNDERSERVED, REPRESENTING VOICES

FROM BOTH A LOCAL AND STATE-WIDE LEVEL. TWO MAJOR COMPONENTS WERE: THE

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.

HARTFORD BLUEPRINT FOR WOMEN AND CHILDREN'S HEALTH ("THE BLUEPRINT") AND SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE'S ("SINA") ECONOMIC DEVELOPMENT PLAN. IT IS FROM THOSE SOURCES THAT CONNECTICUT CHILDREN'S WILL PRIORITIZE ITS INITIAL ACTIONS FOR OUR CHIP."

THE HARTFORD BLUEPRINT FOR WOMEN AND CHILDREN'S HEALTH

THE BLUEPRINT RECOMMENDED SIX STEPS BE TAKEN IN ORDER TO BUILD AN EFFECTIVE HEALTHCARE SYSTEM THAT BENEFITS WOMEN AND CHILDREN OF HARTFORD. THEY ARE:

1. ESTABLISH A PUBLIC/PRIVATE LEADERSHIP TEAM THAT INCLUDES THE CITY, THE OFFICE, THE CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CONNECTICUT, KEY STAKEHOLDERS, AND RESIDENTS TO GUIDE AND OVERSEE BLUEPRINT IMPLEMENTATION;

2. ESTABLISH WITHIN THE CITY A COMPREHENSIVE WOMEN AND CHILDREN'S HEALTH SYSTEM THAT ENSURES WOMEN OF CHILD-BEARING AGE, CHILDREN AND FAMILIES HAVE TIMELY ACCESS TO A SEAMLESS AND USER-FRIENDLY RANGE OF SERVICES AND SUPPORT;

3. DEVELOP AND DISSEMINATE DATA ON THE HEALTH OF WOMEN, THE HEALTH AND DEVELOPMENTAL STATUS OF CHILDREN, AND THE STATUS OF PROGRAMS AND SERVICES TO PUBLIC OFFICIALS, PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, AND

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.

RESIDENTS TO INFORM PRIORITIZATION AND DECISION MAKING;

4. ENGAGE ALL CITY PROVIDERS IN THE CONTINUOUS MONITORING OF THE QUALITY OF THE WOMEN'S AND CHILDREN'S HEALTH CARE SERVICES, INCLUDING DEVELOPMENTAL ASSESSMENT SERVICES, CARE COORDINATION, AND HOME VISITING PROGRAMS, AND ENCOURAGE THE TESTING OF CHANGES TO IMPROVE SERVICE EFFICACY AND OUTCOMES;

5. SUPPORT THE ONGOING PROFESSIONAL DEVELOPMENT OF WOMEN'S AND CHILDREN'S HEALTH PROVIDERS, TRAINEES, AND STAFF THROUGH ACCESSIBLE, EFFICACIOUS, AND EFFICIENT TRAINING THAT ENABLES THEM TO PERFORM AT THE TOP OF THEIR PROFESSIONAL LICENSES AND IN COLLABORATION WITH FAMILIES AND ONE ANOTHER; AND

6. BUILD ON AND EXPAND CURRENT PREVENTION EFFORTS AND ACTIVITIES TO PROMOTE THE HEALTHY DEVELOPMENT OF HARTFORD'S WOMEN AND CHILDREN.

ACTIONS TAKEN BY CONNECTICUT CHILDREN'S TO ADDRESS THE ABOVE INCLUDE:

- THE OFFICE HAS APPLIED FOR MAJOR GRANT FUNDING TO SUPPORT SOME, IF NOT ALL, OF THE RECOMMENDATIONS OF THE BLUEPRINT; AND

- THE OFFICE HAS ALLOWED COMMUNITY BASED PARTNERS TO UTILIZE THE DATA FROM THE BLUEPRINT TO APPLY FOR GRANT FUNDING FOR IMPLEMENTATION AND WILL OFFER SUPPORT SHOULD THOSE PARTNERS OBTAIN FUNDING.

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.

ADDITIONALLY, ACTIVE CONVERSATIONS WITH HARTFORD'S PROMISE ZONE LEADERSHIP AND THEIR COMMUNITY COLLABORATOR, COMMUNITY SOLUTIONS, HAVE BEEN HELD WITH THE PURPOSE OF IMPLEMENTING MANY OF THE BLUEPRINT RECOMMENDATIONS, USING THE DESIGNATED PROMISE ZONE AREA AS A PILOT FOR THE REST OF THE CITY.

SINA'S ECONOMIC DEVELOPMENT PLAN

IN KEEPING WITH SINA'S MISSION TO MAXIMIZE THE POSITIVE IMPACT THAT THREE NEIGHBORING ANCHOR INSTITUTIONS (CONNECTICUT CHILDREN'S, HARTFORD HOSPITAL, TRINITY COLLEGE) CAN HAVE ON AN IMPOVERISHED NEIGHBORHOOD, SINA HAS UNDERTAKEN STEPS TO DEVELOP A PLAN TO DEAL WITH A MAJOR SOCIAL DETERMINANT THAT AFFECTS THE HEALTH OF FAMILIES - THE ECONOMY.

THE PLAN LOOKS AT THE ROLE CONNECTICUT CHILDREN'S AND THE TWO OTHER SINA PARTNERS CAN PLAY IN WORKING WITH EXISTING ASSETS, BOTH INTERNALLY AND EXTERNALLY, TO IMPROVE NEIGHBORHOOD CONDITIONS. WITH SOME INITIATIVES, THE PARTNERS WILL TAKE AN ACTIVE ROLE, WHILE IN OTHERS THE PARTNERS WILL ACT AS CONVENERS, COLLABORATORS, OR INFLUENCERS.

THE FOUR AREAS OF FOCUS WILL BE:

- CAREER PREPARATION, JOB TRAINING AND EMPLOYMENT;

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.

- ENTREPRENEURSHIP AND SMALL BUSINESS DEVELOPMENT;

- PUBLIC REALM INVESTMENTS; AND

- CULTURAL DEVELOPMENT.

THE ORGANIZATION AIMS TO ADDRESS ALL OF THE NEEDS IDENTIFIED IN ITS CHNA, HOWEVER, THEY RECOGNIZE THAT THIS WORK CANNOT BE UNDERTAKEN SOLELY BY ONE HOSPITAL. THEREFORE, THE ORGANIZATION WILL CONTINUE TO REACH OUT TO ITS COMMUNITY PARTNERS WHO HAVE ALREADY SHOWN ENTHUSIASM FOR TAKING UP THE CHALLENGES OF ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA. ADDITIONALLY, THE ORGANIZATION PLANS TO IDENTIFY NEW PARTNERS THAT WILL BE ABLE TO ASSIST IN ADDRESSING THE UNMET NEEDS.

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

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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.

SCHEDULE H, PART I; LINE 3C

NOT APPLICABLE.

SCHEDULE H, PART I; LINE 6A

THE ORGANIZATION PREPARED A 2015 - 2016 COMMUNITY BENEFIT REPORT WHICH REPORTS THE RESULTS OF ITS EFFORTS TO SERVICE THE COMMUNITY AND HAVE A MEASURABLE IMPACT ON CHILDREN AND FAMILIES ACROSS THE STATE OF CONNECTICUT AND BEYOND.

THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS MADE WIDELY AVAILABLE ON THE FOLLOWING WEBSITE:

HTTPS://WWW.CONNECTICUTCHILDRENS.ORG/WP-CONTENT/UPLOADS/2016/09/COMMUNITYBENEFITREPORT_2015-2016.PDF

Part VI Supplemental Information

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SCHEDULE H, PART I; LINE 7

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. THE ORGANIZATION RECOGNIZES THAT CHILDREN DO NOT LIVE IN ISOLATION, AND THAT THEY ARE A PART OF FAMILIES AND COMMUNITIES. IN ORDER TO FULFILL ITS MISSION, THE ORGANIZATION

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PROVIDES LEADERSHIP AND PARTICIPATES IN COMMUNITY BASED PROGRAMS THAT

HELP BUILD HEALTHIER COMMUNITIES.

AS ONE OF ITS FIVE KEY ORGANIZATIONAL STRATEGIES, THE ORGANIZATION HAS

CREATED THE CONNECTICUT CHILDREN'S OFFICE OF COMMUNITY CHILD HEALTH ("THE

OFFICE"). THE OFFICE SERVES AS ITS COORDINATING ENTITY FOR OUR

COMMUNITY-ORIENTED PROGRAMS. IN 2016, THERE WERE FIFTEEN COMMUNITY

PROGRAMS THAT WERE OVERSEEN BY THE OFFICE:

- HELP ME GROW NATIONAL CENTER;

-EASY BREATHING;

-CARE COORDINATION COLLABORATIVE MODEL ("CCCM");

-MID-LEVEL DEVELOPMENTAL ASSESSMENT ("MLDA");

-CONNECTICUT CHILDREN'S CENTER FOR CARE COORDINATION;

-CONNECTICUT CHILDREN'S HEALTHY HOMES PROGRAM;

-ADVANCING KIDS INNOVATION PROGRAM ("AKIP");

-CHILDREN'S CENTER ON FAMILY VIOLENCE;

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

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-CO-MANAGEMENT;

-CONNECTICUT CHILDREN'S INJURY PREVENTION CENTER;

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

-PERSON-CENTERED MEDICAL HOME ("PCMH");

-PRACTICE QUALITY IMPROVEMENT ("PQI"); AND

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

ALL FIFTEEN 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. THE OFFICE 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 THE ORGANIZATION'S 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

Part VI Supplemental Information

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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 OPERATING BUDGET. THREE EMPLOYEES OF CONNECTICUT CHILDREN'S ARE ON SINA'S BOARD OF DIRECTORS, AND IN 2016, EMPLOYEES PARTICIPATED IN COMMITTEES AND ACTIVITIES THAT PROMOTED EDUCATION, IMPROVED HOUSING, AND PUBLIC SAFETY IN THE SURROUNDING NEIGHBORHOODS.

CONNECTICUT CHILDREN'S SUPPORTED EDUCATION THROUGH SINA THROUGH THE SPONSORSHIP OF THE SANCHEZ SCHOOL SCIENCE FAIR. THE GOAL WAS TO SUPPORT THE SCHOOL IN THEIR ENCOURAGEMENT OF PROMOTING STUDENTS INTEREST IN THE SCIENCES. ALONG WITH A FINANCIAL SPONSORSHIP, EMPLOYEES ACTED AS JUDGES FOR THE EVENT AND SERVED AS VOLUNTEERS TO HELP WITH THE EVENT COORDINATION. SINA HAS ALSO SET UP TWO SCHOLARSHIP PROGRAMS. IN 2016, THREE GRADUATES FROM THE LOCAL HIGH SCHOOL RECEIVED SCHOLARSHIPS FOR

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THEIR COMMUNITY SERVICE CONTRIBUTIONS. ALL THREE WILL BE ATTENDING 4-YEAR

COLLEGE PROGRAMS. THE SCHOLARSHIP IS RENEWABLE FOR EACH OF THE FOUR

YEARS, AND HAS ALLOWED STUDENTS AWARDED SCHOLARSHIPS FROM THE PREVIOUS

YEARS TO CONTINUE WITH THEIR EDUCATION. IN TOTAL, TWELVE SCHOLARSHIPS

WERE GIVEN OUT FOR THE YEAR. FOUR ADULTS FROM THE NEIGHBORHOOD WHO ATTEND

CAPITAL COMMUNITY COLLEGE RECEIVED A "SINA STUDENT SUPPORT SCHOLARSHIPS"

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 65 HOMES DURING THE PAST 10 YEARS, HAVING RECENTLY SOLD 5

COMPLETED HOMES TO FIRST-TIME HOME BUYERS. THE ORGANIZATION ESTIMATES

THAT THE 65 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, DIALOGUE

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CONTINUES WITH THE COMMUNITY ON STRATEGIES TO BALANCE HOUSING EFFORTS TO MEET THE GREATEST COMMUNITY NEED.

IN 2016, SINA RECEIVED A $2.5 MILLION DOLLAR GRANT FROM THE STATE OF CONNECTICUT TO CONTINUE THE HOUSING WORK, TARGETING A NEIGHBORHOOD THAT HAS MANY BLIGHTED PROPERTIES. THESE PROPERTIES HAVE SOME HISTORICAL SIGNIFICANCE, BUT THE BUILDING REHABILITATION IS BEYOND WHAT THE CITY AND OR INDIVIDUALS 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. THE ORGANIZATION PARTICIPATES ON THE NRZ'S PUBLIC SAFETY COMMITTEE SUPPORTING BLOCK WATCH PROGRAMS AND ORGANIZING A NEIGHBORHOOD SAFETY TEAM. 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.

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THE ORGANIZATIONS COLLABORATION WITH THE UNITED WAY INCLUDES A YEARLY EMPLOYEE CAMPAIGN IN WHICH EMPLOYEE COMMITTEES ARE ESTABLISHED TO RAISE MONEY THAT IS INVESTED IN THE COMMUNITY. ASIDE FROM THE CAMPAIGN ACTIVITIES, CONNECTICUT CHILDREN'S EMPLOYEES PARTICIPATED IN THE UNITED WAY'S COMMUNITY INVESTMENT PROCESS, HELPING TO EVALUATE COMMUNITY PROGRAMS RECEIVING UNITED WAY FUNDS. EMPLOYEES' VOLUNTEERED TIME TO BE READERS IN LOCAL SCHOOLS AND 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 ANALYSIS 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

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SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

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

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

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

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

SELF-PAY NET REVENUE APPROXIMATED $4,500,000 AND $3,600,000 FOR THE YEARS

ENDED SEPTEMBER 30, 2016 AND 2015, 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.

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THE COSTS OF CHARITY CARE INCURRED WERE $1,107,000 AND $929,000 FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY. THE COSTS OF CHARITY CARE ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE 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 2015 MEDICARE COST REPORT.

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

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PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN 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

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"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

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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

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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 SHOULD BE 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

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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."

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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,

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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

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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 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 ("CONNECTICUT CHILDREN'S") HAS A

BILLING AND COLLECTION POLICY. THE PURPOSE OF THIS POLICY IS TO ENSURE

THAT THE ORGANIZATION'S BILLING, CREDIT AND COLLECTION PRACTICES COMPLY

WITH ALL FEDERAL AND STATE LAWS, REGULATIONS GUIDELINES AND POLICIES.

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CONNECTICUT CHILDREN'S IS COMMITTED TO PROVIDING THE AVAILABLE

HEALTHCARE, ALONG WITH CONVENIENT BILLING SERVICES, PAYMENT OPTIONS AND

FINANCIAL ASSISTANCE. CONNECTICUT CHILDREN'S WILL MAKE EVERY EFFORT TO

COMMUNICATE THE PATIENT FINANCIAL ASSISTANCE, BILLING, CREDIT AND

COLLECTION PROCESSES TO THE PATIENT AND/OR THEIR FAMILY.

PATIENTS AND THEIR FAMILIES ARE RESPONSIBLE TO PROVIDE TIMELY AND

ACCURATE INFORMATION SUCH AS, BUT NOT LIMITED TO, DEMOGRAPHIC, INSURANCE,

AND INCOME TO CONNECTICUT CHILDREN'S TO FACILITATE THE PATIENT FINANCIAL

ASSISTANCE, BILLING, CREDIT AND COLLECTION PROCESSES. IT IS THE

RESPONSIBILITY OF THE PATIENTS AND THEIR FAMILIES TO KNOW, UNDERSTAND,

AND COMPLY WITH THEIR INSURANCE COVERAGE, COINSURANCE, COPAYS,

DEDUCTIBLES, AND BENEFIT/COVERAGE LIMITATIONS. WE ASK OUR PATIENTS'

FAMILIES TO REMEMBER THAT AN INSURANCE POLICY IS A CONTRACT BETWEEN THEM

AND THE INSURANCE COMPANY, AND THAT THEY HAVE THE FINAL RESPONSIBILITY

FOR PAYMENT OF THEIR HOSPITAL BILL.

CONNECTICUT CHILDREN'S PROVIDES PATIENT FINANCIAL SERVICES TO HELP

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FAMILIES NAVIGATE THE PROCESS OF BILLING AND MEDICAL INSURANCE. IN ADDITION, CUSTOMER SERVICE REPRESENTATIVES ARE AVAILABLE TO PROVIDE COPIES OF ITEMIZED PATIENT BILLS, EXPLAIN PARTICULAR BILLS, SET UP PAYMENT ARRANGEMENTS OR REVIEW WHAT COSTS INSURANCE HAS PAID AND WHAT PAYMENTS ARE DUE.

AS A COURTESY TO ITS PATIENTS, CONNECTICUT CHILDREN'S SUBMITS BILLS TO THEIR INSURANCE COMPANIES AND MAKES EVERY EFFORT TO ADVANCE THEIR CLAIM. HOWEVER, IT MAY BECOME NECESSARY FOR A POLICY HOLDER TO CONTACT THEIR INSURANCE PROVIDER OR SUPPLY ADDITIONAL INFORMATION REQUIRED FOR CLAIMS PROCESSING PURPOSES OR TO EXPEDITE PAYMENT.

THE ORGANIZATION REQUESTS BILLS BE PAID IN FULL WITHIN THIRTY (30) DAYS. THE GUARANTOR IS RESPONSIBLE TO OBTAIN THE NECESSARY FUNDS FROM ANY SOURCE, SUCH AS OBTAINING A LOAN THROUGH THEIR BANK AND/OR CREDIT UNION. IF THE GUARANTOR IS UNABLE TO PAY BY OBTAINING A LOAN OR USE OF A CREDIT CARD, PAYMENT ARRANGEMENTS MAY BE MADE WITH COUNSELORS. MONTHLY PAYMENTS ARE REQUIRED.

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REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT EXTEND PAST THE ABOVE RECOMMENDED TERMS GREATER THAN 12 MONTHS MUST BE REVIEWED AND APPROVED BY MANAGEMENT. IN ADDITION, ANY REQUESTS FOR ESTABLISHING PAYMENT PLANS THAT EXTEND PAST A 60 MONTH TERM MUST BE REVIEWED AND APPROVED BY MANAGEMENT.

CONNECTICUT CHILDREN'S 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.

SCHEDULE H, PART VI; QUESTION 2

IN SEPTEMBER OF 2016, CONNECTICUT CHILDREN'S RELEASED ITS COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") WITH THE FULL SUPPORT OF THE ORGANIZATION'S BOARD OF DIRECTORS.

THE ASSESSMENT HAD COMPONENTS THAT FOCUSED ON ITS NEIGHBORHOOD, HARTFORD,

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AND THE GREATER HARTFORD AREA. THOSE COMPONENTS INCLUDED THE BLUEPRINT

FOR WOMEN AND CHILDREN'S HEALTH IN HARTFORD. THERE WERE NUMEROUS

PARTNERS, CONTRIBUTORS AND LOCAL VOICES THAT SPELLED OUT SPECIFIC

RECOMMENDATIONS TO MAKE IMPROVEMENTS IN HARTFORD'S YOUNG CHILDREN

ACHIEVING THEIR OPTIMAL HEALTHY DEVELOPMENT. ADDITIONAL COMPONENTS FOR

THE CHNA INCLUDED SINA'S ECONOMIC DEVELOPMENT PLAN FOR OUR NEIGHBORHOOD

(ADDRESSING A NUMBER OF SOCIAL DETERMINANTS OF HEALTH), A SURVEY

ADMINISTERED TO SCHOOL NURSES FROM AROUND THE STATE, AND INFORMATION FROM

DATA HAVEN'S S STATEWIDE WELL-BEING SURVEY.

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:

THE ORGANIZATION CONTINUOUSLY GATHERS INFORMATION THAT INFORMS ITS WORK

IN PROMOTING CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT IN COMMUNITIES AROUND

THE STATE. SOME OF THOSE VEHICLES INCLUDE:

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- 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.

THE CONNECTICUT STATE HOSPITAL ASSOCIATION HAS DEVELOPED A NETWORK OF COMMUNITY BENEFIT REPORTERS WHO SHARE THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALSO A COMMUNITY HEALTH NETWORK. THE ORGANIZATION'S PARTICIPATION ALLOWS THEM TO SEE WHAT THE ASSOCIATION HAS IDENTIFIED AS NEEDS IN PEDIATRICS AT ITS LOCAL LEVELS.

THE ORGANIZATION VIEWS THE PROCESS FOR ASSESSING THE HEALTHCARE NEEDS OF

Part VI Supplemental Information

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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, THE ORGANIZATION IS AWARE OF ANY OPPORTUNITY THAT MIGHT INFORM HOW THEY PRACTICE, PARTNER, AND CONTRIBUTE TOWARD A HEALTHIER ENVIRONMENT.

WHILE THE FORMAL CHNA DID PROVIDE AN OPPORTUNITY TO LEARN FROM MANY INDIVIDUALS AND ORGANIZATIONS IN THE CITY, THE CITY AND STATE THAT 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 WITHIN SCHEDULE H, PART V, SECTION B MAKES REFERENCE TO A NUMBER OF INFORMATION SOURCES THAT INFORMS THE ORGANIZATIONS WORK. AT VARIOUS TIMES THEY MAY HAPPEN UPON A NEW SOURCE OF INFORMATION, IDENTIFY ASSETS IN THE COMMUNITY, OR DEVELOP NEW RELATIONSHIPS WITH POTENTIAL COLLABORATORS.

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IN THE EVENT THAT THE ORGANIZATION IDENTIFIES A NEED AND OPPORTUNITY TO ADDRESS IT QUICKLY, WHICH MAY BE OUTSIDE OF OUR FORMAL CHNA AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), THEY ARE OBLIGED TO ACT.

SCHEDULE H, PART VI; QUESTION 3

IN ADDITION TO BEING POSTED ON THE ORGANIZATION'S WEBSITE AND AVAILABLE WITHIN THE FACILITY UPON REQUEST, INFORMATION ADDRESSING THE PATIENT 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

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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, 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

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CAPITA INCOME. WHILE HARTFORD HAS A RICH HISTORY, IT IS NOW CONSISTENTLY

RANKED AMONG THE POOREST CITIES OF ITS SIZE IN THE COUNTRY, WITH ONE

RECENT STUDY PLACING IT AT SEVENTH 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

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

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ELIGIBLE FOR FREE OR REDUCED PRICE SCHOOL MEALS DURING THE 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 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.

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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 THE ORGANIZATION PROVIDES

LEADING MEDICAL CARE, TREATMENT, AND FOLLOW-UP SUPPORT WITHIN ITS

FACILITIES, SOME OF THEIR BEST WORK IS PROMOTING CHILDREN'S HEALTH

HAPPENS WITHIN CONNECTICUT'S COMMUNITIES.

CONNECTICUT CHILDREN'S OFFICE FOR COMMUNITY CHILD HEALTH ("THE OFFICE")

IS DEDICATED TO DEVELOPING AND SUPPORTING COMMUNITY-BASED PROGRAMS THAT

PROMOTE CHILDREN'S OPTIMAL HEALTHY DEVELOPMENT. THE OFFICE HAS ENABLED

THE ORGANIZATION TO PLACE COMMUNITY FOCUSED PROGRAMS UNDER ONE UMBRELLA.

THIS HAS PROVIDED THE OPPORTUNITY TO MORE EFFICIENTLY USE RESOURCES,

DEVELOP NEW PARTNERSHIPS, AND PROMOTE COMMUNITY HEALTH, KEEPING FOCUSED

ON ITS MISSION TO MAKE CONNECTICUT'S CHILDREN THE HEALTHIEST IN THE

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COUNTRY.

THE OFFICE 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 ACHIEVED.

PROGRAMS UNDER THE OFFICE, NOTABLY EASY BREATHING, EPIC, PRACTICE QUALITY IMPROVEMENT, AND CO-MANAGEMENT, 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, THE ORGANIZATION PROVIDES WEEKLY GRAND ROUNDS, INVITING PARTICIPATION FROM COMMUNITY PROVIDERS. SUBJECT MATTER FOR GRAND ROUNDS INCLUDES INNOVATIVE APPROACHES TO BETTER HEALTH IN THE

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COMMUNITY.

THE ORGANIZATION HAS A REFERRING PROVIDER BOARD OF PEDIATRICIANS THAT REPRESENTS DIFFERENT GEOGRAPHIC COMMUNITIES AROUND THE STATE. THEIR INPUT IS SOLICITED AS TO BEST PROMOTE CHILDREN'S HEALTH THROUGHOUT THE STATE.

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

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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.

THE GOVERNMENT RELATIONS DEPARTMENT IS A VEHICLE WHEREBY CHILDREN'S COMMUNITY HEALTH INFORMATION CAN BE BROUGHT BEFORE ELECTED OFFICIALS. AN EXAMPLE OF THIS IS WHEN THE ORGANIZATION 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, A DECLINE IN ACCIDENT RATES OVER THE PAST TWO YEARS IS APPARENT.

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THE MARKETING AND COMMUNICATIONS 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:

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.

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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 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

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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;

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.

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

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 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

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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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.

§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

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.

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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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.

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.

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.

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.

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 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.

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.

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

ORGANIZATION IS LOCATED IN HARTFORD, CONNECTICUT. THIS ENTITY IS

CURRENTLY INACTIVE.

NEW ENGLAND PEDIATRICS INDEMNITY, LTD.

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

ORGANIZATION IS A MEDICAL MALPRACTICE INSURANCE FOREIGN CAPTIVE

ORGANIZATION LOCATED IN BERMUDA.

SCHEDULE H, PART VI; QUESTION 7

THE STATE OF CONNECTICUT HAS AN OFFICE OF THE HEALTHCARE ADVOCATE. THEY

SURVEY EACH HOSPITAL'S SCHEDULE H OF THE 990 FILING TO ENSURE THAT

COMMUNITY BENEFITS HAVE BEEN REPORTED IN LIEU OF SEPARATE REPORTS FROM

HOSPITALS.