

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization **Hartford Hospital** Employer identification number **06-0646668**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?	X	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG 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:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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)			7724359.	0.	7724359.	.66%
b Medicaid (from Worksheet 3, column a)			229767310	151402817	78364493.	6.67%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			237491669	151402817	86088852.	7.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3151245.	1040132.	2111113.	.18%
f Health professions education (from Worksheet 5)			60809567.	14527607.	46281960.	3.94%
g Subsidized health services (from Worksheet 6)			4010532.	1488123.	2522409.	.21%
h Research (from Worksheet 7)			1739975.	0.	1739975.	.15%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			25206637.	13122493.	12084144.	1.03%
j Total Other Benefits			94917956.	30178355.	64739601.	5.51%
k Total. Add lines 7d and 7j			332409625	181581172	150828453	12.84%

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 Hartford Hospital

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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Hartford Hospital

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

	Yes	No
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 7</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> 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 Hartford Hospital

	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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> 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.

Hartford Hospital:

Part V, Section B, Line 5: To solicit input from key informants and individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of this process. These individuals included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following:

CEO-Capital Workforce Partners

CEO-Community Health Services

CEO-Community Renewal Team

CEO-CT Association of Human Services

Local Health Director-East Hartford Health Department

Executive Director-Hartford Food System

Interim Local Health Director-Hartford Health Department

CEO-Hartford Public Library

CEO-Hispanic Health Council

Executive Director- Hockanum Valley Community Council

Local Health Director-Manchester Health Department

Vice President-Metro Hartford Alliance

CEO-United Way of Central & Northeastern CT

CEO-Urban League of Greater Hartford

Local Health Dept. Director - Windsor Health Department

Director-Windsor Social Services Department

Vice President-United Way of CT

Chief Medical Directors-Hartford Hospital

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.

Local Health Director-Farmington Valley Health District

Executive Director-Southside Institutions Neighborhood Alliance (SINA)

Vice President-Hartford Foundation for Public Giving

Social Service Organization-Greater Hartford Legal Aid

Vice President-Saint Francis Hospital & Medical Center

CEO-Billings Forge Community Works

Director Community Relations-Connecticut Children's Medical Center

Executive Director-Hartford Gay & Lesbian Collective CEO-Intercommunity, Inc.

Executive Director-CT Association of Directors of Health Social Service Organization-Reach Coalition

Local Health Director-Central Connecticut Health District

Sr. Vice President-Capital Region Education Council

CEO-Charter Oak Health Center

Executive Director-Faithcare, Inc.

Social Service Organization-Legal Assistance Resource Center of CT

CEO-Jewish Federation

CEO-The Village for Families & Children

Vice President-Connecticut Health Foundation

Local Health Director-North Central Health Regional Mental Health Board

Director-North Hartford Promise Zone

CEO-Hartford Public Schools

Director-Department of Public Health, West Hartford/Bloomfield

Local Health Director-Department of Public Health, Glastonbury

Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the overall

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. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Key informants were asked to rate the degrees to which various health issues were a problem in the Hartford Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed.

After reviewing the Community Health Needs Assessment findings, the community representatives met on June 10, 2015 to determine the health needs to be prioritized for action. During a detailed presentation of the CHNA findings, the hospital used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Area of Opportunity) and ranking identified health issues against the following established, uniform criteria: Magnitude, Impact/Seriousness/Feasibility, and Consequences of Inaction. From this exercise, the areas of opportunity were prioritized as follows by the committee: Mental Health, Nutrition, Physical Activity & Weight Status, Diabetes, Substance Abuse, Cancer, Heart Disease and Stroke.

Part V, Section B, Line 7a

<https://hartfordhospital.org/about-hh/community-outreach/community-health-needs-assessment>

Hartford Hospital:

Part V, Section B, Line 7d: The needs assessment was published in July

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.

2015 and is available on the hospital's website. In addition, electronic copies are available upon request.

Hartford Hospital:

Part V, Section B, Line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, Hartford Hospital determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence:

*Nutrition, Physical Activity & Weight

*Diabetes

*Mental Health

*Heart Disease & Stroke

*Cancer

*Injury and Violence

Hartford Hospital is implementing initiatives that will respond to these identified needs. Additional needs identified as "Areas of Opportunities" were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking. However, in some areas such as Injury Prevention and Dementia, major initiatives are never the less underway at Hartford Hospital.

Areas of Opportunity, identified but not prioritized:

*Chronic Kidney Disease

*Dementia, including Alzheimer's Disease

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.

*HIV/AIDS

*Infant Health and Family Planning

*Sexually Transmitted Disease

Health Needs - Not Currently Prioritized:

Chronic Kidney Disease:

Hartford Hospital through its various departments and specialty designation as a Level 1 trauma Center and acute care hospital treats many individuals with chronic kidney disease. We are one of two regional hospitals serving as a major transplant provider. We believe we are already responding to the identified need appropriately.

HIV/Aids:

Hartford Hospital already responds to the needs of the community for those infected with HIV/Aids. We are responding to the needs of the underserved in the community and providing services through our Brownstone Clinic.

Dementia/Alzheimer's Disease:

Hartford Hospital does address this area of need through our identified gerontology services. Various strategies noted in our plan address cognitive wellness and are being addressed through our primary care efforts, including the underserved population. We believe that this approach is responding to the identified need.

Infant Health & Family Planning:

Family Planning is addressed through our Women's Health Center with

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.

particular focus on the underserved. Harford Hospital does not provide pediatric services. The Connecticut Children's Medical Center is on our campus and is solely dedicated to pediatric care.

Hartford Hospital:

Part V, Section B, Line 13h: Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of health care expenses.

Hartford Hospital:

Part V, Section B, Line 15e: In addition, patient may ask nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

Hartford Hospital

Part V, line 16a, FAP website:

hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance

Hartford Hospital

Part V, line 16b, FAP Application website:

hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance

Hartford Hospital

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.

Part V, line 16c, FAP Plain Language Summary website:

hartfordhospital.org/patients-and-visitors/for-patients/billing-insurance

Hartford Hospital:

Part V, Section B, Line 16i: Patients are informed directly by staff of the availability of the Financial Assistance Policy.

Hartford Hospital:

Part V, Section B, Line 22d: For uninsured patients, published rates are reduced by the percentage defined by the IRS as the amounts generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage is updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of the Hospital's Financial Assistance Policy.

Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.

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? 37

Name and address	Type of Facility (describe)
1 Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
2 West Hartford Surgery Center 65 Memorial Road, Suite 500 West Hartford, CT 06107	General Cardiology, Integrative Medicine
3 Hartford Hospital Wellness Center 65 Memorial Road West Hartford, CT 06107	Wellness Center
4 Helen & Harry Gray Cancer Center 80 Fisher Drive Avon, CT 06001	Center Center
5 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
6 Hartford Hospital Rehab Network 85 Seymour Street, Suite 604 Hartford, CT 06106	Rehabilitation Department
7 Hartford Hospital Rehab Network 100 Hazard Avenue Enfield, CT 06082	Rehabilitation Department
8 Hartford Hospital Rehab Network 1025 Silas Deane Highway Wethersfield, CT 06109	Rehabilitation Department
9 Hartford Hospital Rehab Network 1559 Sullivan Avenue South Windsor, CT 06074	Rehabilitation Department
10 Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Rehabilitation Department

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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? _____

Name and address	Type of Facility (describe)
11 Hartford Hospital Rehab Network 445 South Main Street West Hartford, CT 06110	Rehabilitation Department
12 Hartford Hospital Rehab Network 100 Simsbury Road Avon, CT 06001	Rehabilitation Department
13 Hartford Hospital Rehab Network 334 North Main Street West Hartford, CT 06117	Rehabilitation Department
14 Hartford Hospital Rehab Network 1064 East Main Street Meriden, CT 06450	Rehabilitation Department
15 Hartford Hospital Rehab Network 65 Memorial Road West Hartford, CT 06107	Rehabilitation Department
16 Family Health Center 35 Talcottville Road Vernon, CT 06066	Wellness Center
17 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
18 Enfield Family Wellness Center 100 Hazard Avenue Enfield, CT 06082	Wellness Center
19 Hartford Hospital Rehab Network 230 North Main Street Manchester, CT 06042	Rehabilitation Department
20 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center

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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? _____

Name and address	Type of Facility (describe)
21 Hartford Hospital Rehab Network 1060 Day Hill Road Windsor, CT 06095	Rehabilitation Department
22 South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center
23 Hartford Hospital Rehab Network 85 Barnes Road, Suite 300 Wallingford, CT 06492	Rehabilitation Department
24 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
25 Glastonbury Surgery Center 195 Eastern Boulevard Glastonbury, CT 06033	Surgery Center
26 Hartford Hospital Rehab Network 330 Western Boulevard Glastonbury, CT 06033	Rehabilitation Department
27 Hartford Hospital Rehab Network 704 Hebron Avenue Glastonbury, CT 06033	Rehabilitation Department
28 Hartford Hospital Rehab Network 18 East Granby Road Granby, CT 06035	Rehabilitation Department
29 Hartford Hospital Rehab Network 406 Farmington Avenue, 2nd Floor Farmington, CT 06030	Rehabilitation Department
30 Hartford Hospital Rehab Network 2 Northwestern Drive Bloomfield, CT 06002	Rehabilitation Department

Schedule H (Form 990) 2015

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? _____

Name and address	Type of Facility (describe)
31 Hartford Hospital Rehab Network 35 Talcottville Road Vernon, CT 06066	Rehabilitation Department
32 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Education Center
33 Glastonbury Wellness Center 628 Hebron Avenue Glastonbury, CT 06033	Wellness Center
34 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
35 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center
36 Hartford Hospital Rehab Network 335 Westbourne Parkway Hartford, CT 06112	Rehabilitation Department
37 Farmington Cardiac Rehabilitation 11 South Road, Suite 260 Farmington, CT 06032	Cardiac Rehabilitation Program

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.

Part I, Line 3c:

Hartford Hospital used Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status and other family eligibility criteria such as family size, employment and financial obligations.

Part I, Line 6a:

The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Care Access (OHCA) annually.

Part I, Line 7:

The organization utilized an overall cost to charge ratio, (RCC), developed from the Medicare Cost Report. Total expense was adjusted for: medicaid provider taxes, directly identified community benefit expense and community building expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the

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activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. The costs of industry funded studies were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

Part I, Line 7g:

No physician clinic costs were included in the Subsidized Health Services cost calculations.

Part II, Community Building Activities:

Hartford Hospital believes that Community Building activities help to address the social determinants of health. As such it provided support to Family Life Education which helps single mothers build self esteem, return, remain and graduate from school, find employment, learn positive parenting and communication skills, learn proper health care with nutrition; find affordable housing and childcare, address domestic violence and substance abuse.

Donations were made in support of "Reaching Home" program which helps to end youth and family homelessness by providing housing support in high resource school districts, employment and training opportunities, and other services to provide new opportunities for low and moderate income households. Support was also provided to the 8th Annual March and Memorial Rally for Mothers United Against Violence in order to bring awareness of gun violence in our communities; Charter Oak Cultural Center to support

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visual and performing arts, including dance, theater, film, concerts, readings, gallery exhibits through free education for inner city children; to women and children of domestic violence and to provide support for urban youth to aid in their effort to finish high school, graduate from college or vocational institution, find rewarding employment and give back to the community.

Part III, Line 3:

A pre-bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted as charity care prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2016 would be immaterial.

Part III, Line 4:

Please see the text of the footnote that describes bad debt expense beginning on page 20 of the Audited Financial Statement. The Footnote is also applicable Part III, Line 2.

Part III, Line 8:

The organization's Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b:

The Financial Assistance Policy states: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay

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timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited to, imposing wage garnishments or liens on primary residences, instituting legal action and reporting the matter to one or more credit rating agencies. For those patients that qualify for Financial Assistance and who are cooperating in good faith to resolve the Hospital's outstanding accounts, the Hospital may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post-discharge billing statement to a valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

Part VI, Line 2:

Hartford Hospital uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. and the same approach is taken in our outpatient clinics. Periodically information is surveyed to determine additional patients needs. Information is also tracked from other entities such as local area non-profits, government agencies and

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public schools.

Part VI, Line 3:

Hartford Hospital will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both by mail and in public locations in the hospital facility, including the emergency room and admissions areas; (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the HH's home page; (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (vi) include the tag line "Please ask about our Financial Assistance Policy" in HH written publications.

Part VI, Line 4:

Hartford Hospital is located in the capital of the State of Connecticut. The Hartford Region encompasses 734.9 square miles and houses a total population of approximately 894,000 residents. According to latest census estimates, Hartford County is predominantly urban, with 94.6% of the population living in areas designated as urban. In Hartford County, 22.7%

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of the population are infants, children or adolescents (age 0-17); another 62.6% are age 18 to 64, while 14.6% are age 65 and older. In looking at race independent of ethnicity (Hispanic or Latino origin), 73.3% of residents of Hartford County are White and 13.1% are Black. A total of 15.4% of Hartford County residents are Hispanic or Latino.

The latest census estimate shows 11.5% of the Hartford County population living below the federal poverty level. In all, 24.5% of Hartford County residents (an estimated 212,802 individuals) live below 200% of the federal poverty level. Additionally, 15.8% of Hartford County children age 0-17 live below the 200% poverty threshold. Among the Hartford County population age 25 and older, 12.3% do not have a high school education. There is one other acute care hospital in Hartford, as well as one in a suburb and two smaller acute care hospitals in nearby towns.

Part VI, Line 5:

The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

Hartford Hospital extends medical staff privileges to all qualified physicians in its community. The Hospital has partnered with the City of Hartford Department of Health and Human Services and the Hispanic Health Center to provide health services to the underserved in the community. In addition, the Hospital participates in research projects with the Hispanic Health Council to improve community health and well-being.

The Hospital has contracted to use the services of an organization to

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assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program.

As a tertiary health center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not available at most other hospitals. These services are provided regardless of a patient's ability to pay. The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Schedule O.

Part VI, Line 6:

Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including Hartford Hospital, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates, including all supported organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of health care; and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized,

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coordinated care".

The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area.

This allows small communities easy and expedient access to the more extensive and specialized services that Hartford Hospital is able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital.

The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

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

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