

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MIDDLESEX HOSPITAL**

Employer identification number  
**06 0646718**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	✓	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		✓
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .	0	5,066	3,902,163	509,404	3,392,759	0.91
<b>b</b> Medicaid (from Worksheet 3, column a)		19,698	71,303,522	35,551,350	35,752,172	9.56
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .	0	396	735,262	488,397	246,865	0.07
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	25,160	75,940,947	36,549,151	39,391,796	10.54
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	0	20,063	4,360,455	359,533	4,000,922	1.07
<b>f</b> Health professions education (from Worksheet 5) . . . . .	0	3,868	14,915,071	2,071,629	12,843,442	3.44
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	0	29,401	49,524,712	33,869,338	15,655,374	4.19
<b>h</b> Research (from Worksheet 7) . . . . .		55	342,627	15,466	327,161	0.09
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	0	3,647	319,170	0	319,170	0.09
<b>j Total.</b> Other Benefits . . . . .	0	57,034	69,462,035	36,315,966	33,146,069	8.87
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	82,194	145,402,982	72,865,117	72,537,865	19.40

**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					0	0.00
2 Economic development					0	0.00
3 Community support		10	144,279	59,850	84,429	0.02
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building			10,613		10,613	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development		32	110,919		110,919	0.03
9 Other					0	0.00
<b>10 Total</b>	<b>0</b>	<b>42</b>	<b>265,811</b>	<b>59,850</b>	<b>205,961</b>	<b>0.06</b>

**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	✓
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	10,993,577
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	1,099,358
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	52,066,803
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	63,904,743
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(11,837,940)
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

**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? 1

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)

**1** MIDDLESEX HOSPITAL  
 28 CRESCENT STREET, MIDDLETOWN, CT 06457  
 WWW.MIDDLESEXHOSPITAL.ORG STATE LICENSE NO. :  
 000069

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

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
✓	✓		✓			✓			

**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 MIDDLESEX HOSPITAL

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .		✓
<b>2</b> 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 . . . . .		✓
<b>3</b> 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 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
<b>5</b> 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 . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		✓
<b>6b</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 . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> 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 MIDDLESEX HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>5 0 0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	✓	
<b>15</b>	Explained the method for applying for financial assistance? 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):	✓	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	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?	✓	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<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 MIDDLESEX HOSPITAL

		Yes	No
<b>19</b>	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? . . . . .		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	✓	
If "No," indicate why:				
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

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

<b>22</b>	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.			
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</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			
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b>	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		✓
If "Yes," explain in Section C.				
<b>24</b>	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		✓
If "Yes," explain in Section C.				

**Supplemental Information.** 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3J - OTHER CONTENT IN NEEDS ASSESSMENT</p>	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO THE ELEMENTS SELECTED IN PART V, LINE 3, THE MIDDLESEX HOSPITAL 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EXAMINED HOW SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES IMPACT HEALTH OUTCOMES. THE REPORT WAS USED TO RAISE AWARENESS REGARDING HOW CRITICAL DETERMINANTS INFLUENCE HEALTH, WELL-BEING AND QUALITY OF LIFE; HEALTH DISPARITIES; AND VULNERABLE POPULATIONS. ACHIEVING HEALTH EQUITY — THE ATTAINMENT OF THE HIGHEST LEVEL OF HEALTH FOR ALL PEOPLE — STARTS WITH ASKING THE APPROPRIATE QUESTIONS RELATIVE TO DETERMINANTS OF HEALTH AND HOW THEY DISPROPORTIONATELY AFFECT CERTAIN GROUPS OF PEOPLE; NEXT STEPS INVOLVE ADDRESSING THE CONDITIONS THAT PREVENT THE REALIZATION OF GOOD HEALTH FOR THESE VULNERABLE OR MARGINALIZED GROUPS. THROUGH EXAMINATION OF THE INFLUENCE OF DETERMINANTS OF HEALTH, IT IS POSSIBLE TO DEVELOP STRATEGIES THAT ELIMINATE PERSISTENT AND PERVASIVE HEALTH DISPARITIES, PROMOTE HEALTH EQUITY, IMPROVE HEALTH OUTCOMES AND REDUCE FINANCIAL COST.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: WHEN COMPLETING ITS 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), MIDDLESEX HOSPITAL TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF ITS COMMUNITY SERVED, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. A PARTICIPATORY APPROACH WAS UTILIZED TO CREATE THE 2016 CHNA THROUGH THE FOLLOWING ACTIVITIES: 1) DEVELOPMENT OF A CHNA ADVISORY COMMITTEE TO PROVIDE GUIDANCE AND INSIGHT; AND 2) USE OF KEY INFORMANT SURVEYS TO PROMOTE DIVERSE PERSPECTIVES THROUGH COMMUNITY AND CLINICAL ENGAGEMENT. IN ADDITION TO HOSPITAL STAFF, CHNA ADVISORY COMMITTEE MEMBER ORGANIZATIONS INCLUDED: MIDDLETOWN HEALTH DEPARTMENT; ESSEX HEALTH DEPARTMENT; CHATHAM HEALTH DISTRICT; TOWN OF KILLINGWORTH HEALTH DEPARTMENT; DURHAM HEALTH DEPARTMENT; CONNECTICUT RIVER AREA HEALTH DISTRICT; MIDDLESEX COUNTY BRANCH OF THE NAACP; (FQHC) COMMUNITY HEALTH CENTER, INC., MIDDLETOWN; AND THE MIDDLESEX COUNTY SUBSTANCE ABUSE ACTION COUNCIL. ADVISORY COMMITTEE DEVELOPMENT PURPOSEFULLY INCLUDED ORGANIZATIONS THAT REPRESENTED LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS. ADVISORY COMMITTEE PARTICIPANTS PROVIDED KEY INPUT AND INTEGRAL GUIDANCE TO MIDDLESEX HOSPITAL THROUGHOUT THE CHNA PROCESS; MEMBERS WERE ENGAGED IN A FORMAL MEETING DURING THE ASSESSMENT PLANNING PHASE TO REVIEW THE STUDY'S OVERARCHING FRAMEWORK, PLANNED DATA SOURCES, LIST OF POTENTIAL STAKEHOLDERS FOR KEY INFORMANT SURVEY DISTRIBUTION, AND TO GIVE SUGGESTIONS AND FEEDBACK ON THE KEY INFORMANT SURVEY CONTENT AND STRUCTURE. IN ORDER TO ACHIEVE COUNTY-BASED REPRESENTATION FOR THE KEY INFORMANT SURVEY, COMMITTEE MEMBERS PROVIDED ADDITIONAL CONTACTS FOR THE SURVEY DISTRIBUTION LIST. ADVISORY COMMITTEE MEMBERS WERE GIVEN UPDATES AND KEPT INFORMED BY EMAIL REGARDING ASSESSMENT STATUS. PRIOR TO FINALIZATION, THE ADVISORY COMMITTEE WAS CONVENED TO REVIEW THE CHNA DRAFT AND TO OFFER COMMENTS AND SUGGESTIONS.</p> <p>TO CAPTURE BROAD COMMUNITY INPUT ON HEALTH NEEDS, SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY, THE HOSPITAL ADMINISTERED ITS KEY INFORMANT SURVEY THROUGH THE ONLINE SURVEYMONKEY FORMAT. A TOTAL OF 2,886 SURVEYS WERE SENT WITH A TOTAL OF 438 COMPLETED FOR AN OVERALL RESPONSE RATE OF 15.2%. THREE DISCRETE DISTRIBUTION CHANNELS WERE UTILIZED: 1) COMMUNITY: AN EXTENSIVE COMMUNITY CONTACT LIST WAS DEVELOPED, INCLUDING REPRESENTATION FROM MIDDLETOWN, MIDDLESEX COUNTY AND THE PERIPHERY TOWNS IN THE MIDDLESEX HOSPITAL SERVICE AREA. SECTORS INCLUDED ELECTED OFFICIALS (MAYORS, SELECTPERSONS, STATE LEGISLATORS, ETC.); LOCAL HEALTH DEPARTMENTS; HEALTH CARE SERVICES (MEDICAL, DENTAL, BEHAVIORAL HEALTH, ETC.); SCHOOLS (PUBLIC, PRIVATE); COLLEGES AND UNIVERSITIES; PUBLIC SAFETY (POLICE, FIRE, EMERGENCY MANAGEMENT); SOCIAL SERVICES; YOUTH AND FAMILY SERVICES; OTHER COMMUNITY SERVICES (SENIOR CARE, VETERANS REPRESENTATION, ETC.); FAITH-BASED ORGANIZATIONS; COMMUNITY ORGANIZATIONS AND COALITIONS; THE BUSINESS COMMUNITY; AND RESIDENTS; DEVELOPMENT OF THE COMMUNITY OUTREACH DISTRIBUTION LIST INCLUDED ORGANIZATIONS THAT REPRESENTED LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS. 2) MIDDLESEX HOSPITAL/SYSTEM STAFF: THE SURVEY WAS SENT TO THE HOSPITAL'S LEADERSHIP E-DISTRIBUTION LISTS (EXECUTIVE STAFF, DIRECTORS, MANAGERS, SUPERVISORS) WITH A REQUEST TO SHARE THE EXPLANATION OF PURPOSE AND SURVEY URL WITH INDIVIDUAL DEPARTMENTAL STAFF E-DISTRIBUTION LISTS; AND 3) MIDDLESEX HOSPITAL MEDICAL STAFF: SURVEYS WERE SENT TO ACTIVE MEDICAL STAFF AND ALLIED HEALTH PROFESSIONAL STAFF THROUGH THE HOSPITAL'S MEDICAL STAFF OFFICE.</p> <p>IN ADDITION, THROUGH THE PRIORITIZATION PROCESS, THE HOSPITAL HOSTED A COMMUNITY FORUM TO REVIEW THE SUMMARY FINDINGS AND THEMES OF THE ASSESSMENT AND TO FACILITATE A PRIORITIZATION DIALOGUE. PARTICIPANTS INCLUDED REPRESENTATIVES FROM KEY COMMUNITY SECTORS AND HOSPITAL DEPARTMENTAL LEADERSHIP; A TOTAL OF 47 STAKEHOLDERS ATTENDED. PRESENTATION OF THE FINDINGS INCLUDED PRIMARY AND SECONDARY DATA BASED ON THE FOLLOWING CATEGORIES: DEMOGRAPHIC DATA; SOCIAL DETERMINANTS OF HEALTH; HEALTH EQUITY; HEALTH INDICATORS; BEHAVIORAL HEALTH INDICATORS; KEY INFORMANT SURVEY RESULTS; UNITED WAY 2-1-1 CONNECTICUT SYSTEM UTILIZATION; AND A SELECTION OF DATAHAVEN 2016 WELLBEING SURVEY RESULTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p><a href="https://middlesexhospital.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment">HTTPS://MIDDLESEXHOSPITAL.ORG/MIDDLESEX-AND-THE-COMMUNITY/SERVING-OUR-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a></p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 7D - OTHER METHODS CHNA REPORT MADE WIDELY AVAILABLE</p>	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO POSTING MIDDLESEX HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON ITS WEB-SITE AND MAKING IT AVAILABLE UPON REQUEST, THE HOSPITAL ELECTRONICALLY DISTRIBUTED ITS 2016 CHNA THROUGH THE FOLLOWING DISSEMINATION CHANNELS: THE CHNA ADVISORY COMMITTEE; KEY INFORMANT COMMUNITY PARTNERS; COMMUNITY MEMBERS; THE MIDDLESEX HOSPITAL MEDICAL STAFF; HOSPITAL LEADERSHIP, MANAGEMENT STAFF, AND BOARD OF DIRECTORS; AND, EXISTING HOSPITAL-COMMUNITY BASED PARTNERSHIP DISTRIBUTION LISTS. OTHER DISSEMINATION MECHANISMS INCLUDED: A PRESS RELEASE; THE HOSPITAL'S WEEKLY ELECTRONIC NEWSLETTER STAT; A FEATURE IN THE HOSPITAL'S COMMUNITY ELECTRONIC NEWSLETTER, EVITA; AND PRESENTATIONS. RECIPIENTS WERE ENCOURAGED TO WIDELY SHARE THE ASSESSMENT. DURING THE DISSEMINATION PROCESS, CHNA HARD COPIES WERE PROVIDED AND WILL CONTINUE TO BE PROVIDED UPON REQUEST.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p><a href="https://middlesexhospital.org/middlesex-and-the-community/serving-our-community/community-health-needs-assessment">HTTPS://MIDDLESEXHOSPITAL.ORG/MIDDLESEX-AND-THE-COMMUNITY/SERVING-OUR-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: BASED ON THE FINDINGS OF THE MIDDLESEX HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE CHNA COMMUNITY FORUM PRIORITIZATION DISCUSSION HOSTED BY THE HOSPITAL, THE HOSPITAL HAS SELECTED FOUR PRIORITY AREAS. EACH PRIORITY HAS ASSOCIATED GOALS, ACTIONS, ANTICIPATED IMPACT OF ACTIONS; PLANS TO EVALUATE ACTIONS; AND COMMUNITY PARTNERS, AS WELL AS A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. THE PRIORITY AREAS ARE AS FOLLOWS: 1A) MENTAL HEALTH 1.1: GOAL - IMPROVE ACCESS TO MENTAL HEALTH SERVICES THROUGH INTERPROFESSIONAL COLLABORATIVE PRACTICE; ACTIONS - IMPLEMENT AN EVIDENCE-BASED INTEGRATED MODEL FOR MENTAL HEALTH TREATMENT WITHIN THE PRIMARY CARE SETTING, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 1B) MENTAL HEALTH 1.2: GOAL - PROVIDE SPECIALIZED MENTAL HEALTH TREATMENT FOR HIGH RISK POPULATIONS; ACTIONS - PLAN, DEVELOP, AND IMPLEMENT AN EARLY TREATMENT INTERVENTION PROGRAM FOR YOUNG ADULTS WITH EMERGING MENTAL ILLNESS AND/OR SUBSTANCE USE DISORDERS, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 2A) SUBSTANCE ABUSE 2.1: GOAL - DEVELOP A TREATMENT PROGRAM FOR HIGH-RISK PATIENTS EXPERIENCING SEVERE ALCOHOL USE DISORDERS; ACTIONS - PLAN, DEVELOP, AND IMPLEMENT TARGETED TREATMENTS TO SUPPORT PATIENTS GAINING AND SUSTAINING SOBRIETY UTILIZING EVIDENCE-BASED INTERVENTIONS, INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY; 2B) SUBSTANCE ABUSE 2.1: GOAL - DEVELOP AND LAUNCH AN OPIOID AWARENESS CAMPAIGN &amp; INCREASE ACCESS OF NALOXONE TO PATIENTS AT HIGH RISK FOR OPIOID OVERDOSE; ACTIONS - PROVIDE EDUCATION TO KEY COMMUNITY STAKEHOLDERS &amp; PROVIDE PATIENTS BROUGHT TO THE EMERGENCY DEPARTMENT FOLLOWING OPIOID OVERDOSE WITH NALOXONE. 3) AGING POPULATION: GOAL - DESIGN AND IMPLEMENT INTERVENTIONS TO PROMOTE HEALTHY AGING IN PLACE AND IMPROVE OUTCOMES FOR THE AGING POPULATION; ACTIONS - DEVELOP AN IN-HOME COMPREHENSIVE GERIATRIC ASSESSMENT AND MANAGEMENT SERVICE LINE USING THE HRSA FUNDED GOT CARE! (GERIATRICS OUTREACH AND TRAINING WITH CARE) PROGRAM AS A TEMPLATE. COORDINATE CARE THROUGH AN INTEGRATED AND COLLABORATIVE APPROACH INCLUDING A FOCUS ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY. 4) ASTHMA: GOAL - IMPROVE ASTHMA OUTCOMES BY MEETING THE CONNECTICUT ASTHMA INITIATIVE GOALS. ACTIONS - IMPROVE ACCESS AND APPROPRIATE ASTHMA CARE BY PARTNERING WITH THE COMMUNITY; ENHANCE PATIENT EDUCATION TECHNIQUES FOR ASTHMA MANAGEMENT; ADVANCE PROGRESS TOWARD HEALTH EQUITY FOR ASTHMA CARE AND OUTCOMES BY FOCUSING ON SOCIAL DETERMINANTS OF HEALTH; DEVELOP A PEDIATRIC ASTHMA PATHWAY; AND, INCREASE UTILIZATION OF ASTHMA ACTION PLANS AND ENHANCE ASTHMA ACTION PLAN HANDOFFS. OVERSIGHT OF MIDDLESEX HOSPITAL'S 2016 CHNA IMPLEMENTATION STRATEGY RESIDES UNDER COMMUNITY BENEFIT, WHERE HOSPITAL STAFF COLLABORATE WITH COMMUNITY AGENCIES ON THE PRIORITY AREAS WHENEVER POSSIBLE AND BUILD EVIDENCE-BASED PROGRAMS, WHERE NEEDED, WITH MEASURABLE, BENCHMARKED RESULTS AND THE GOAL OF ACHIEVING POSITIVE OUTCOMES. IN ADDITION, THE CHNA PRIORITY AREAS BECOME THE FOUNDATION FOR THE HOSPITAL'S COMMUNITY BENEFIT ORGANIZATIONAL GOALS.</p> <p>MIDDLESEX HOSPITAL RECOGNIZES THAT IT CANNOT FOCUS ON ALL THE HEALTH NEEDS IDENTIFIED IN ITS 2016 CHNA. GIVEN THE SIGNIFICANT RESOURCES AND IN-KIND TIME NEEDED TO ADDRESS HEALTH PRIORITY AREAS UNCOVERED BY A COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL ENGAGED IN A THOROUGH PROCESS OF DATA REVIEW AND DISCUSSION TO IDENTIFY THE AREAS OF GREATEST NEED, IMPACT POTENTIAL AND FEASIBILITY. FOR THOSE AREAS OF IDENTIFIED NEEDS NOT ADDRESSED BY THE HOSPITAL, ITS 2016 CHNA WAS WIDELY DISSEMINATED TO MIDDLESEX COUNTY COMMUNITY AGENCIES WITH THE HOPE THAT THE STUDY WOULD BE USED TO INITIATE FOCUS ON CHNA FINDINGS THAT ARE OUTSIDE THE SCOPE OF THE HOSPITAL'S SELECTED PRIORITY AREAS. AS MANY LOCAL COMMUNITY-BASED ORGANIZATIONS ARE DEDICATED TO MEETING THE NEEDS OF COUNTY RESIDENTS, THE HOSPITAL REALIZES THAT THESE ORGANIZATIONS MAY BE BETTER SUITED TO TAKE A LEADERSHIP ROLE IN IMPROVING CERTAIN HEALTH OUTCOMES. AS WITH OUR PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL WILL CONTINUE TO BE A WILLING PARTNER, WHEN ABLE, FOR INITIATIVES NOT RELATED TO ITS SELECTED CHNA PRIORITY AREAS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE</p>	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: MIDDLESEX HOSPITAL'S SLIDING SCALE OUTLINES THE FACTORS THAT IT USES TO DETERMINE FINANCIAL ASSISTANCE DETERMINATIONS: THE FEDERAL POVERTY INCOME GUIDELINES AND NUMBER OF PERSONS IN HOUSEHOLD.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://middlesexhospital.org/files/dmfile/financialassistancepacketrev2016.pdf">HTTPS://MIDDLESEXHOSPITAL.ORG/FILES/DMFILE/FINANCIALASSISTANCEPACKETREV2016.PDF</a></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://middlesexhospital.org/files/dmfile/financialassistancepacketrev2016.pdf">HTTPS://MIDDLESEXHOSPITAL.ORG/FILES/DMFILE/FINANCIALASSISTANCEPACKETREV2016.PDF</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://middlesexhospital.org/files/dmfile/financialassistancepacketrev2016.pdf">HTTPS://MIDDLESEXHOSPITAL.ORG/FILES/DMFILE/FINANCIALASSISTANCEPACKETREV2016.PDF</a>
SCHEDULE H, PART V, SECTION B, LINE 22D - HOW AMOUNTS CHARGED TO FAP- ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: MIDDLESEX HOSPITAL</p> <p>DESCRIPTION: THE HOSPITAL USED THE AVERAGE OF ITS MEDICARE AND COMMERCIAL RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED.</p>

**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? 1

Name and address	Type of Facility (describe)
<b>1</b> MIDDLESEX HOSPITAL HOMECARE 770 SAYBROOK ROAD MIDDLETOWN, CT 06457	HOMECARE SERVICES, REHAB, HEART HEALTH, OTHER SERVICES
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; 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 needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - CRITERIA USED FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE	IN GENERAL, MIDDLESEX HOSPITAL ("THE HOSPITAL") USES FPG TO DETERMINE ELIGIBILITY. THERE ARE, HOWEVER, SPECIAL CIRCUMSTANCES (SUCH AS A CATASTROPHIC EVENT) WHICH MAY AFFECT A PATIENT'S ABILITY TO PAY. IN THIS CASE, THE HOSPITAL EVALUATES THE APPLICATION WITH CONSIDERATION GIVEN TO THE PATIENT'S CURRENT SITUATION. WITH SPECIAL CIRCUMSTANCES, IN ORDER TO MAXIMIZE THE AMOUNT OF FINANCIAL ASSISTANCE DISCOUNT, THE FPG THRESHOLD MAY BE IGNORED AND THE HOSPITAL MAY USE THE PATIENT'S ASSETS AND/OR TAX RETURN ITEMIZED DEDUCTIONS TO DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE.
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	MIDDLESEX HOSPITAL INCLUDES ITS FAMILY MEDICINE GROUP AS A SUBSIDIZED SERVICE. FOR FY16, 9,968 UNIQUE INDIVIDUALS WERE SERVED WITH A TOTAL HOSPITAL SUBSIDY OF \$239,082. MIDDLESEX COUNTY HAS BEEN DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO BE A MEDICALLY UNDERSERVED AREA EXPERIENCING A SHORTAGE OF SELECT HEALTH SERVICES WHICH INCLUDE TOO FEW PRIMARY CARE PROVIDERS. IN ADDITION, HRSA REPORTS THAT MIDDLESEX COUNTY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE. MIDDLESEX HOSPITAL'S FAMILY MEDICINE GROUP FILLS A VITAL COMMUNITY HEALTH NEED BY PROVIDING ACCESS TO PRIMARY CARE SERVICES.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	FOR PART 1, LINE 7 SECTIONS (A) FINANCIAL ASSISTANCE AT COST, (B) MEDICAID, (C) COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS, PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, AND (G) SUBSIDIZED HEALTH SERVICES, THE COSTING METHODOLOGY USED IS A HYBRID COST ACCOUNTING/MEDICARE COST-TO-CHARGE RATIO CALCULATION. THE PERCENTAGES ARE DERIVED FROM THE MOST CURRENT MEDICARE COST REPORT AND APPLIED BY CHARGE LINE APPROPRIATELY. INDIRECT COSTS WERE APPLIED TO SUBSIDIZED HEALTH SERVICES. THE MEDICARE COST REPORT DOES NOT ADDRESS ALL AREAS OF THE HOSPITAL IN THE SAME DETAIL, BUT DOES ACCURATELY ADDRESS INPATIENT AND OUTPATIENT, HOMECARE AND TO AN EXTENT PHYSICIAN SERVICES. SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT; PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES; 2) PURCHASED SERVICES; AND 3) THE DIRECT SALARY COSTS FOR HOSPITAL STAFF WHOSE TIME WAS COMPENSATED BY THE HOSPITAL FOR TIME SPENT PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS PLUS THE CURRENT FISCAL YEAR FRINGE BENEFIT RATE. IN ADDITION TO SUBSIDIZED SERVICES, INDIRECT COSTS WERE APPLIED TO A SMALL SELECTION OF SALARIES AND SERVICES UNDER COMMUNITY HEALTH IMPROVEMENT, RESEARCH, AND COMMUNITY BENEFIT OPERATIONS, BUT NOT BROADLY ACROSS ALL COMMUNITY BENEFIT ACTIVITY ENTRIES.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY</p>	<p>MIDDLESEX HOSPITAL'S PARTICIPATION IN COMMUNITY BUILDING ACTIVITIES HAS A VITAL ROLE IN CONTINUING TO PROMOTE THE HEALTH, WELL-BEING AND SAFETY FOR RESIDENTS IN ITS SERVICE AREA. THE HOSPITAL OFFERS ITS RESOURCES AND EXPERTISE TO SUPPORT AND STRENGTHEN COMMUNITY ASSETS IN A VARIETY OF PROGRAMS THAT FALL UNDER THE SCOPE OF COMMUNITY BUILDING. STAFF MEMBERS ARE HIGHLY PARTICIPATIVE IN COMMUNITY PARTNERSHIPS AND COALITIONS, THE SUCCESS OF WHICH ARE GREATLY ENHANCED BY HOSPITAL COLLABORATION - MANY COMMUNITY INITIATIVES WOULD NOT BE AS EFFECTIVE WITHOUT THE HOSPITAL'S ADMINISTRATIVE AND CLINICAL STAFF IN-KIND INVOLVEMENT, SUPPORT AND EXPERTISE. IN FY16 THE HOSPITAL'S COMMUNITY BUILDING ACTIVITIES TOTALED \$205,961 AND SERVED 42 INDIVIDUALS. EXAMPLES INCLUDE (BUT ARE NOT LIMITED TO): 1) DISASTER READINESS WHERE THE HOSPITAL PLAYS A PIVOTAL ROLE BY WORKING IN COLLABORATION WITH KEY COMMUNITY PARTNERS TO ENSURE THE SAFETY OF THE COMMUNITY AT LARGE DURING A POTENTIAL DISASTER. TO PREPARE FOR DISASTERS, THE HOSPITAL OFTEN PARTICIPATES IN COMMUNITY DISASTER PREPARATION AND EMERGENCY MANAGEMENT COMMITTEES; REGULAR COLLABORATIVE COMMUNITY EDUCATION AND DRILLS; AND HOSTS YEARLY RADIATION DRILLS FOR THE STAFF OF A LOCAL NUCLEAR POWER PLANT. IN ADDITION, THE HOSPITAL PURCHASES AND STOCK-PILES LARGE QUANTITIES OF EXTENSIVE PANDEMIC SUPPLIES TO BE USED SHOULD A COMMUNITY-WIDE DISASTER OCCUR. INCLUDED IN THIS STOCK-PILE ARE MEDICATIONS FOR INFECTIOUS DISEASE AND CHEMICAL EXPOSURE CURATIVES. THE MAJORITY OF THE VALUE OF THE SUPPLIES, SPACE UTILIZATION AND COSTS ASSOCIATED TO MONITOR AND REPLENISH PANDEMIC PRODUCTS (WITHIN EXPIRATION DATES) ARE ABSORBED BY THE HOSPITAL. 2) WORKFORCE DEVELOPMENT: THE HOSPITAL'S SHORELINE MEDICAL CENTER (SMC) HAS WELL-DEVELOPED EDUCATIONAL PROGRAMS FOR LOCAL STUDENTS INTERESTED IN MEDICAL CAREERS. SHORTAGES OF CERTAIN TRAINED MEDICAL PROFESSIONALS SUCH AS NURSES AND RADIOLOGIC TECHNOLOGISTS SERVED AS THE IMPETUS FOR STARTING THESE PROGRAMS. A) SMC CAREER DAY IS AN EXPERIENTIAL LEARNING EVENT WHERE HIGH SCHOOL STUDENTS INTERACT WITH STAFF MEMBERS FROM A VARIETY OF CLINICAL FIELDS AND PARTICIPATE IN INTERACTIVE MOCK DEMONSTRATIONS/SIMULATIONS. B) SMC INTERNSHIPS: SMC PROVIDES INTERNSHIPS FOR LOCAL HIGH SCHOOL STUDENTS. AMONG MANY OTHER EXPERIENCES, STUDENTS ARE INVOLVED IN PATIENT ROUNDS AND ARE EXPOSED TO HOW DIAGNOSES ARE MADE. C) SMC WORLD OF WORK IS AN EDUCATIONAL EXPERIENCE FOR MIDDLE SCHOOLS STUDENTS WHERE STUDENTS LEARN ABOUT SPECIFIC HEALTHCARE FIELDS AND THE EDUCATION REQUIRED FOR EACH SPECIALTY. STUDENTS ALSO RECEIVE DEMONSTRATIONS ON HEALTH CARE MODALITIES. ON THE MAIN HOSPITAL CAMPUS, THE MIDDLESEX MEDICAL EXPLORERS PROGRAM TEACHES CRITICAL THINKING AND MEDICAL PROBLEM SOLVING WHILE EXPOSING HIGH SCHOOL STUDENTS TO VARIOUS MEDICAL PROFESSIONS AND FURTHERING THEIR UNDERSTANDING OF THE HEALTH CARE SYSTEM. THE TARGET POPULATION IS UNDER-REPRESENTED POPULATIONS IN HEALTHCARE. DURING EACH SESSION, GUEST SPEAKERS DESCRIBE THEIR PROFESSIONS AND THE STUDENTS REVIEW A SINGULAR, MEDICAL CASE STUDY THAT TRAVELS MONTH TO MONTH THROUGH EACH DISCIPLINE.</p>
<p>SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT</p>	<p>THE BAD DEBT EXPENSE AMOUNT IN PART III, LINE 2 IS BASED ON CHARGES AND TIED TO THE HOSPITAL'S AUDITED FINANCIAL STATEMENTS. THE HOSPITAL ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS IN DETERMINING BAD DEBT EXPENSE BY REDUCING BAD DEBT BY RECOVERIES ON THE HOSPITAL'S FINANCIALS.</p>
<p>SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY</p>	<p>THE HOSPITAL ESTIMATES THAT 10% OF ITS BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. THE HOSPITAL HAS A WELL-ESTABLISHED PROCESS WITH ITS THIRD PARTY AGENCIES TO CAPTURE AS MANY PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE AS POSSIBLE AND AWARDS FINANCIAL ASSISTANCE TO THOSE PATIENTS IN COLLECTIONS WHO ARE KNOWN TO QUALIFY. ONCE IN COLLECTIONS, THERE ARE TWO METHODS WHICH ENABLE PATIENTS TO RECEIVE FINANCIAL ASSISTANCE AWARDS: 1) PATIENTS EITHER COMPLETE A FINANCIAL ASSISTANCE APPLICATION, MEET ELIGIBILITY CRITERIA AND ARE APPROVED; OR 2) THE THIRD PARTY ORGANIZATIONS THAT WORK ON BEHALF OF THE HOSPITAL TO COLLECT BALANCES SCREEN FOR FINANCIAL ASSISTANCE ELIGIBILITY. IN ORDER TO ENSURE THAT ALL PATIENTS IN COLLECTIONS ARE AWARE OF FINANCIAL ASSISTANCE AVAILABILITY, THE HOSPITAL REQUIRES THIRD PARTY ORGANIZATIONS TO FOLLOW THE HOSPITAL'S POLICIES REGARDING PATIENT NOTIFICATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. WITHIN THE POLICY THERE IS A PROVISION WHEREBY COLLECTION AGENCIES, USING GUIDELINES SET FORTH BY THE HOSPITAL, ASSIST THE HOSPITAL IN IDENTIFYING PATIENTS WHO DO NOT HAVE A MEANS TO PAY FOR SERVICES AND THEREFORE QUALIFY FOR THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM - WHILE THESE PATIENTS HAVE NOT GONE THROUGH THE FORMAL APPLICATION PROCESS, THEY MEET THE ELIGIBILITY GUIDELINES FOR FINANCIAL ASSISTANCE AS DEFINED BY THE HOSPITAL. THESE PATIENTS ARE THEN TRANSFERRED AND INCLUDED UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE UMBRELLA. WHILE THIS PROCESS CAPTURES THE MAJORITY OF THOSE WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL RECOGNIZES IT WILL STILL HAVE A POPULATION OF PATIENTS WHO COULD POTENTIALLY QUALIFY FOR FINANCIAL ASSISTANCE AND DO NOT RECEIVE AWARDS - THOSE WHO ARE UNCOOPERATIVE, UNRESPONSIVE OR HAVE MOVED AWAY.</p> <p>BAD DEBT DOLLARS ARE NOT INCLUDED IN ANY OF THE HOSPITAL'S PROGRAMMATIC COMMUNITY BENEFIT VALUES AND, WHILE NOTED, ARE NOT INCLUDED IN THE HOSPITAL'S COMMUNITY BENEFIT TOTALS IN ANY HOSPITAL COMMUNITY BENEFIT PUBLICATION.</p>
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>THE HOSPITAL ESTIMATES A RESERVE FOR UNCOLLECTIBLE ACCOUNTS AGAINST ITS PATIENT ACCOUNTS RECEIVABLES. WHEN BAD DEBTS ARE IDENTIFIED, THEY ARE ACCOUNTED FOR AS A COMPONENT OF THE NET PATIENT REVENUE PROVISION FOR BAD DEBTS NET OF RECOVERIES. PAGE 14 OF THE MIDDLESEX HEALTH SYSTEM'S CONSOLIDATED FY16 AUDITED FINANCIAL STATEMENT STATES: FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>THE MEDICARE COST REPORT IS THE COSTING METHODOLOGY SYSTEM USED TO DETERMINE THE AMOUNT REPORTED ON PART III, LINES 5 AND 6. THE HOSPITAL UTILIZES WORKSHEET 6 FOUND IN THE FORM 990 INSTRUCTIONS FOR SCHEDULE H TO CALCULATE ITS SUBSIDIZED SERVICES. THE INSTRUCTIONS STATE THAT "THE FINANCIAL LOSS IS MEASURED AFTER REMOVING LOSSES, MEASURED BY COST, ASSOCIATED WITH BAD DEBT, CHARITY CARE, MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS". GIVEN THAT WORKSHEET 6 DOESN'T SUGGEST REMOVING LOSSES ASSOCIATED WITH MEDICARE, A PORTION OF MEDICARE IS INCLUDED IN THE HOSPITAL'S SUBSIDIZED SERVICE CALCULATIONS. SO AS NOT TO DOUBLE COUNT MEDICARE VALUES IN PART III, SECTION B, LINES 5 AND 6, THE PORTION OF MEDICARE SHORTFALL INCLUDED IN OUR SUBSIDIZED SERVICES CALCULATIONS HAS BEEN SUBTRACTED FROM THE MEDICARE REVENUE AND COSTS DERIVED FROM THE MEDICARE COST REPORT. THE VALUES INDICATED IN PART III, LINES 5 AND 6 ARE THEREFORE WHAT REMAINS AFTER THE MEDICARE REVENUE AND COSTS INCLUDED IN THE SUBSIDIZED SERVICES CALCULATIONS HAS BEEN SUBTRACTED OUT. GIVEN THIS, THE RESULTING VALUES (PART III, LINES 5, 6 AND 7) WOULD NEED TO BE COMBINED WITH THE MEDICARE REVENUE/COSTS INCLUDED IN OUR SUBSIDIZED SERVICES TO GET THE FULL OVERVIEW OF MEDICARE REVENUE, COSTS AND ANY REMAINING SHORTFALL OR SURPLUS.</p> <p>WE AGREE WITH THE CURRENT SUBSIDIZED SERVICES CALCULATION METHODOLOGY THAT ALLOWS THE INCLUSION OF MEDICARE DOLLARS AS THE MEDICARE POPULATION COMPRISES AN IMPORTANT SEGMENT OF THOSE RECEIVING SUBSIDIZED SERVICES CARE. THE HOSPITAL TREATS ALL MEDICARE PATIENTS EQUALLY AND DOES NOT DISCRIMINATE AGAINST LOWER-MARGIN YIELDING SERVICES. AS A NOT-FOR-PROFIT HOSPITAL, MIDDLESEX HOSPITAL IS THE SAFETY-NET IN THE COMMUNITY FOR ALL MEDICARE PATIENTS, REGARDLESS OF LEVEL OF MEDICARE COVERAGE AND REGARDLESS IF A SURPLUS OR DEFICIT RESULTS. THIS OPEN ACCESS FOR MEDICARE PATIENTS PROMOTES ACCESS TO CARE, A FUNDAMENTAL TENET OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM.</p> <p>THERE IS A DISPROPORTIONATE PERCENTAGE OF OLDER ADULTS IN MIDDLESEX COUNTY WHEN COMPARED TO STATE AVERAGES. THE HOSPITAL'S MOST RECENT (2016) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOUND THAT, WHEN COMPARING STATE AND NATIONAL GROWTH PROJECTIONS FOR PERSONS AGE 65+ TO LOCAL GROWTH, EVERY TOWN IN MIDDLESEX COUNTY, EXCEPT MIDDLETOWN, CONSIDERABLY EXCEEDS CONNECTICUT AND U.S. PROJECTIONS FOR 2020 AND 2025 (ADMINISTRATION ON AGING; ADMINISTRATION FOR COMMUNITY LIVING; THE CONNECTICUT DATA COLLABORATIVE AND CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING). FOR 2020, EXCLUDING MIDDLETOWN (AT 16.4%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 18.8% TO 34.1% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 17.5% FOR CONNECTICUT AND 16.3% FOR THE U.S. FOR 2025, EXCLUDING MIDDLETOWN (AT 18.8%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 22.6% TO 38.9% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 19.6% FOR CONNECTICUT AND 18.2% FOR THE U.S. IN ADDITION, THE 2008, 2013 AND 2016 MIDDLESEX COUNTY CHNAS FOUND OLDER ADULTS TO BE A PRIORITY AREA (ACCESS TO CARE, HEALTH SERVICE UTILIZATION, LACK OF SERVICES, ETC.). AS MIDDLESEX COUNTY HAS A DISPROPORTIONATE LEVEL OF COMMUNITY MEMBERS AGE 65+ WHEN COMPARED TO STATE AVERAGES, THE SHORTFALL THAT THE HOSPITAL EXPERIENCES IN PROVIDING CRITICAL HEALTHCARE SERVICES TO THE MEDICARE POPULATION SHOULD BE CONSIDERED A COMMUNITY BENEFIT WITHIN THE HOSPITAL'S SUBSIDIZED SERVICES, WHICH THOSE AGE 65+ ALSO RELY HEAVILY ON FOR CARE. THE HOSPITAL FILLS A HEALTHCARE DELIVERY GAP FOR MEDICARE PATIENTS, ONE WHICH WOULD BE DETRIMENTAL TO THE COMMUNITY IF THE HOSPITAL WAS NOT PRESENT.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>MIDDLESEX HOSPITAL HAS A WRITTEN DEBT COLLECTION POLICY. THE POLICY STATES THAT PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE WILL BE RESPONSIBLE FOR PAYING ANY BALANCE REMAINING AFTER THE FINANCIAL ASSISTANCE ALLOWANCE HAS BEEN APPLIED (THAT IS, IF 100% FINANCIAL ASSISTANCE HAS NOT BEEN AWARDED). THE POLICY ALSO OUTLINES THE PROCESS FOR PAYING OUTSTANDING BALANCES SHOULD THE PATIENT BE FOUND TO HAVE THE MEANS TO PAY A PARTIAL AMOUNT AFTER THE HOSPITAL'S FINANCIAL ASSISTANCE DETERMINATION CRITERIA HAS BEEN APPLIED. FOR SUCH BALANCES, THE HOSPITAL WILL NOTIFY THE PATIENT OF HIS/HER LIABILITY. IF PAYMENT IS NOT MADE, THE POLICY STATES THAT THE HOSPITAL WILL USE APPROPRIATE METHODS TO PURSUE COLLECTION, WHICH MAY INCLUDE COLLECTIONS AGENCIES AND ATTORNEYS. THIS PRACTICE IS BROADLY UTILIZED FOR ALL PATIENTS WITH OUTSTANDING BALANCES. THE HOSPITAL MAKES EVERY EFFORT TO ENSURE THAT ALL PATIENTS KNOW PAYMENT PLANS ARE AVAILABLE FOR ANY BALANCE, INCLUDING THOSE PATIENTS WHO HAVE A BALANCE LEFT OVER AFTER A FINANCIAL ASSISTANCE AWARD HAS BEEN APPLIED. IN ORDER TO CAPTURE THE PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THE HOSPITAL HAS PROVISIONS IN ITS COLLECTION POLICY. IN THE CASE WHERE PATIENTS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE DO NOT COMPLETE A FINANCIAL ASSISTANCE APPLICATION AND ARE PLACED INTO COLLECTIONS, THE THIRD PARTY ORGANIZATIONS THAT WORK ON BEHALF OF THE HOSPITAL TO COLLECT BALANCES SCREEN FOR FINANCIAL ASSISTANCE ELIGIBILITY. THE THIRD PARTY ORGANIZATIONS FOLLOW HOSPITAL POLICY BY ALERTING ALL PATIENTS IN COLLECTIONS TO THE AVAILABILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. WITHIN THE HOSPITAL'S COLLECTION POLICY THERE IS A PROVISION WHEREBY COLLECTION AGENCIES, USING GUIDELINES SET FORTH BY THE HOSPITAL, ASSIST THE HOSPITAL IN IDENTIFYING PATIENTS WHO DO NOT HAVE A MEANS TO PAY FOR SERVICES AND THEREFORE QUALIFY FOR THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM - WHILE THESE PATIENTS HAVE NOT GONE THROUGH THE FORMAL APPLICATION PROCESS, THEY MEET THE ELIGIBILITY GUIDELINES FOR FINANCIAL ASSISTANCE AS DEFINED BY THE HOSPITAL. THESE PATIENTS ARE THEN TRANSFERRED AND INCLUDED UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE UMBRELLA. THIS PROCESS WAS PUT IN PLACE BY THE HOSPITAL IN ORDER TO CAPTURE AS MANY PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AS POSSIBLE.</p>
<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>SINCE THE INCEPTION OF MIDDLESEX HOSPITAL'S COMMUNITY BENEFIT POLICY IN 2007, AND PRIOR TO THE MANDATE OF THE AFFORDABLE CARE ACT, CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ORDER TO PRIORITIZE SPECIFIC COMMUNITY BENEFIT INITIATIVES HAS BEEN A CORE ELEMENT OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM. IN ADDITION TO COMPLETING A CHNA, THE HOSPITAL ASSESSES THE NEEDS OF THE COMMUNITIES IT SERVICES ON AN ON-GOING BASIS THROUGH A VARIETY OF METHODS. EXAMPLES INCLUDE UNDERSTANDING THE LOCAL AND STATE-WIDE NEEDS DERIVED FROM:</p> <ol style="list-style-type: none"> <li>1) PARTICIPATION IN COMMUNITY HEALTHCARE COALITIONS AND BOARDS, WHICH INCLUDE STRATEGIC PLANNING THAT IS RESPONSIVE TO COMMUNITY NEED;</li> <li>2) PARTICIPATION IN THE STATE'S HOSPITAL ASSOCIATION POPULATION HEALTH INITIATIVES BASED ON STATE-WIDE AND LOCAL COMMUNITY HEALTH ISSUES;</li> <li>3) ANY REAL-TIME COMMUNITY BASED INPUT, FEED-BACK, RECOMMENDATIONS AND SUGGESTIONS; AND</li> <li>4) CONTINUOUS ASSESSMENT AND ADJUSTMENTS, WHEN NECESSARY, OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAMS THROUGH SURVEYS AND PATIENT/PARTICIPANT FEED-BACK.</li> </ol> <p>HAVING A STRONG PRESENCE IN COMMUNITY COALITIONS AND PARTNERSHIPS, IN ADDITION TO BEING RESPONSIVE TO THE NEEDS EXPRESSED BY OUR COMMUNITY RESIDENTS, ALLOWS THE HOSPITAL TO CONTINUALLY ASSESS THE HEALTHCARE NEEDS OF OUR COMMUNITY IN BETWEEN COMMUNITY HEALTH NEEDS ASSESSMENT CYCLES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>GREAT CONCERN IS TAKEN TO ENSURE THAT PATIENTS ARE APPRISED OF THE AVAILABILITY OF FEDERAL/STATE/LOCAL GOVERNMENT PROGRAMS AND THE HOSPITAL'S FINANCIAL ASSISTANCE PLAN. NOTICE OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM IS DISPLAYED CONSPICUOUSLY IN ENGLISH AND SPANISH AT THE ENTRY OF EACH FACILITY AND AT ALL PATIENT REGISTRATION POINTS. THE NOTIFICATION INCLUDES AN OVERVIEW OF THE HOSPITAL'S FINANCIAL AID PROGRAM; THE AVAILABILITY OF FREE BED FUNDS AND OTHER FINANCIAL ASSISTANCE; SLIDING SCALE; AND FINANCIAL COUNSELOR CONTACT INFORMATION. AT THE TIME OF REGISTRATION, HOSPITAL ACCESS STAFF REVIEWS THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND ASKS THE PATIENT IF HE/SHE WOULD LIKE A FINANCIAL ASSISTANCE PACKAGE. BUILT INTO THE REGISTRATION DATA BASE IS A REQUIRED FINANCIAL ASSISTANCE FIELD WHICH MUST BE COMPLETED AS PART OF THE ADMISSIONS PROCESS. ONCE THE PATIENT EXPRESSES THE DESIRE TO RECEIVE A FINANCIAL ASSISTANCE PACKAGE, PAPERWORK WITH PATIENT NAME AND MEDICAL RECORD IS AUTOMATICALLY PRINTED AT THE REGISTRATION STATION AND HANDED TO THE PATIENT. OTHER METHODS OF COMMUNICATION TO INCREASE AWARENESS REGARDING THE FINANCIAL ASSISTANCE AND FREE BED FUND PROGRAM INCLUDE 1) A FINANCIAL ASSISTANCE BROCHURE THAT AIDS PATIENTS IN THE PROCESS, ANSWERS KEY QUESTIONS AND PROVIDES EASY ACCESS FOR HELP (AVAILABLE AT MULTIPLE HOSPITAL DEPARTMENTS AND LOCATIONS, INCLUDING KIOSKS AT EVERY HOSPITAL ENTRY POINT); 2) A SEPARATE AND DISTINCT FINANCIAL ASSISTANCE SERVICES SECTION ON THE HOSPITAL'S WEB-SITE (WWW.MIDHOSP.ORG) WHICH INCLUDES APPLICATION, INSTRUCTIONS, AND SLIDING SCALE; 3) INCLUSION OF FINANCIAL ASSISTANCE INFORMATION IN THE HOSPITAL'S INPATIENT ADMISSIONS BOOKLET; 4) NOTICE OF THE PROGRAM AND FINANCIAL COUNSELOR CONTACT INFORMATION ON EVERY BILLING STATEMENT; 5) NOTIFICATION AT DISCHARGE; AND 6) A LETTER OUTLINING THE PROGRAM SENT TO EVERY SELF-PAY PATIENT FOLLOWING DISCHARGE.</p> <p>THE HOSPITAL HAS A TEAM OF FINANCIAL COUNSELORS WHO ARE AVAILABLE TO ASSIST THE PATIENT THROUGH THE APPLICATION PROCESS EITHER BY PHONE OR VISIT. THE ROLE OF THE COUNSELORS IS TO HELP PATIENTS NAVIGATE THE HOSPITAL'S FINANCIAL ASSISTANCE PROCESS AND TO AID IN APPLICATION FOR MEDICAID/STATE PROGRAMS. ALL COUNSELORS RECEIVE DEPARTMENTAL TRAINING ON THE IMPORTANCE OF ASSISTING PATIENTS IN NEED OF STATE/GOVERNMENTAL OR HOSPITAL FINANCIAL ASSISTANCE, THE HOSPITAL'S FINANCIAL ASSISTANCE PROTOCOLS, SYSTEMS, NEW PROGRAM ENHANCEMENTS, AND HOW TO PROVIDE SUPPORT AND FOLLOW-UP FOR MEDICAID/STATE ENROLLMENT. THE HOSPITAL'S SOCIAL WORKERS ALSO ASSIST PATIENTS WITH COMPLETION OF HOSPITAL FINANCIAL ASSISTANCE APPLICATIONS AS WELL AS MEDICAID/STATE APPLICATIONS.</p> <p>AN IMPORTANT ADDITION TO MIDDLESEX HOSPITAL'S FINANCIAL ASSISTANCE PROCESS HAS BEEN THE DEVELOPMENT OF THE FINANCIAL ASSISTANCE WORKGROUP SEVERAL YEARS AGO. WORKGROUP TASKS INCLUDE: INCREASING AWARENESS REGARDING FINANCIAL ASSISTANCE AVAILABILITY; CONTINUOUS MONITORING OF APPROPRIATENESS, FEASIBILITY AND ACCESSIBILITY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PRACTICES; AND A COMPREHENSIVE COMMUNICATIONS STRATEGY FOR INCREASING AWARENESS FOR FINANCIAL ASSISTANCE. IN FY16, MIDDLESEX HOSPITAL GRANTED \$3,392,759 OF FINANCIAL ASSISTANCE TO 5,066 UNIQUE RECIPIENTS AND ABSORBED \$35,999,037 IN UNPAID COSTS OF MEDICAID (TOTAL OF MEDICAID INCLUDING MANAGED CARE AND LIA), SERVING 20,094 INDIVIDUALS.</p>

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<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p>	<p>MIDDLESEX HOSPITAL IS THE SOLE HOSPITAL PROVIDER IN ITS SERVICE AREA, WHICH INCLUDES THE LARGE GEOGRAPHIC AREA OF MIDDLESEX COUNTY AND SURROUNDING TOWNS. IT ENCOMPASSES 24 MUNICIPALITIES, INCLUDING THE 15 TOWNS OF MIDDLESEX COUNTY (MIDDLETOWN, CROMWELL, PORTLAND, EAST HAMPTON, EAST HADDAM, HADDAM, MIDDLEFIELD, DURHAM, KILLINGWORTH, CHESTER, DEEP RIVER, ESSEX, OLD SAYBROOK, WESTBROOK, CLINTON) AND 9 TOWNS ON MIDDLESEX COUNTY'S PERIPHERY (ROCKY HILL, GLASTONBURY, HEBRON, MARLBOROUGH, COLCHESTER, SALEM, LYME/OLD LYME, MADISON, GUILFORD). MIDDLESEX COUNTY IS 369 SQUARE MILES, MAKING IT THE SMALLEST COUNTY BY LAND AREA IN CONNECTICUT, AND IS THE FIFTH IN POPULATION SIZE OUT OF THE EIGHT CONNECTICUT COUNTIES (TOWNCHARTS 2014). MUNICIPALITY SIZES VARY THROUGHOUT THE COUNTY, FROM 10 SQUARE MILES (ESSEX) TO 54 SQUARE MILES (EAST HADDAM). MIDDLETOWN HAS A GEOGRAPHIC AREA OF 41 SQUARE MILES BY LAND AREA. THE PERIPHERY TOWNS COVER AN ADDITIONAL 340 SQUARE MILES. THE CONNECTICUT OFFICE OF RURAL HEALTH (CT-ORH) DEFINES RURAL AS ALL TOWNS WITH A POPULATION CENSUS OF 10,000 OR LESS AND A POPULATION DENSITY OF 500 OR LESS PEOPLE PER SQUARE MILE. BASED ON 2010 U.S. CENSUS DATA, THE MIDDLESEX COUNTY TOWNS OF CHESTER, DEEP RIVER, DURHAM, EAST HADDAM, HADDAM, KILLINGWORTH, MIDDLEFIELD, PORTLAND, WESTBROOK ARE CONSIDERED RURAL, AS WELL AS THE PERIPHERY TOWN OF MARLBOROUGH. MAJOR EMPLOYERS INCLUDE MIDDLESEX HOSPITAL, WESLEYAN UNIVERSITY, MIDDLESEX COMMUNITY COLLEGE, CONNECTICUT VALLEY HOSPITAL, PRATT &amp; WHITNEY, AND THE SMALL BUSINESS COMMUNITY.</p> <p>THE CITY OF MIDDLETOWN (ZIP CODE 06457) IS CENTRALLY LOCATED 16 MILES SOUTH OF HARTFORD. THE POPULATION IN MIDDLETOWN IS ECONOMICALLY AND RACIALLY/ETHNICALLY MORE DIVERSE WHEN COMPARED TO OTHER MUNICIPALITIES IN MIDDLESEX COUNTY AND IS ONE OF THE FEW COMMUNITIES IN CONNECTICUT TO INCLUDE URBAN, SUBURBAN, AND RURAL CHARACTERISTICS. MIDDLETOWN IS THE LARGEST MUNICIPALITY (47,424 PERSONS) IN MIDDLESEX COUNTY (165,534 PERSONS) [2014; CERC TOWN PROFILES 2016]. CHESTER, DEEP RIVER AND MIDDLEFIELD HAVE POPULATIONS LESS THAN 5,000; DURHAM, EAST HADDAM, ESSEX, HADDAM, KILLINGWORTH, PORTLAND, AND WESTBROOK HAVE POPULATIONS BETWEEN 5,000 AND 9,999; CLINTON, CROMWELL, EAST HAMPTON AND OLD SAYBROOK HAVE POPULATIONS BETWEEN 10,000 AND 14,999 (2014; CERC TOWN PROFILES 2016). THE PERIPHERY TOWNS IN MIDDLESEX HOSPITAL'S SERVICE AREA HAVE A COMBINED POPULATION OF 141,516. LYME AND SALEM HAVE POPULATIONS LESS THAN 5,000; HEBRON, OLD LYME, AND MARLBOROUGH HAVE POPULATIONS BETWEEN 5,000 AND 9,999; COLCHESTER, GLASTONBURY, GUILFORD, MADISON, AND ROCKY HILL HAVE POPULATIONS BETWEEN 15,000 AND 35,000 (2014; CERC TOWN PROFILES 2016). FOREIGN BORN PERSONS COMPRISE 11% OF THE POPULATION IN MIDDLETOWN AND 7.3% OF MIDDLESEX COUNTY COMPARED TO 13.7% OF THE STATE (2010-2014; U.S. CENSUS BUREAU QUICKFACTS).</p> <p>THE MEDIAN AGE IN THE TOWNS IN MIDDLESEX COUNTY RANGE FROM AGES 37-53, WITH MEDIAN AGE 37 IN MIDDLETOWN, 44 IN MIDDLESEX COUNTY, AND 40 IN THE STATE OF CT (2010-2014; CERC TOWN PROFILES 2016). WHEN COMPARING STATE AND NATIONAL GROWTH PROJECTIONS FOR PERSONS AGE 65+ TO LOCAL GROWTH EVERY TOWN IN MIDDLESEX COUNTY, EXCEPT MIDDLETOWN, CONSIDERABLY EXCEEDS CONNECTICUT AND U.S. PROJECTIONS FOR 2020 AND 2025 (ADMINISTRATION ON AGING; ADMINISTRATION FOR COMMUNITY LIVING; THE CONNECTICUT DATA COLLABORATIVE AND CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING). FOR 2020, EXCLUDING MIDDLETOWN (AT 16.4%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 18.8% TO 34.1% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 17.5% FOR CONNECTICUT AND 16.3% FOR THE U.S. FOR 2025, EXCLUDING MIDDLETOWN (AT 18.8%), EXPECTED GROWTH FOR AGE 65 AND OLDER RANGES FROM 22.6% TO 38.9% IN THE TOWNS OF MIDDLESEX COUNTY COMPARED TO 19.6% FOR CONNECTICUT AND 18.2% FOR THE U.S. MIDDLESEX COUNTY'S RACE AND HISPANIC ORIGIN COMPOSITION IS 85.3% WHITE, NON-HISPANIC; 4.9% BLACK OR AFRICAN AMERICAN; 5.3% HISPANIC OR LATINO; 2.7% ASIAN; 2.2% TWO OR MORE RACES; 1.2% OTHER (U.S. CENSUS 2010- 2014). MIDDLETOWN'S RACE AND HISPANIC ORIGIN COMPOSITION IS 70.3% WHITE, NON-HISPANIC; 13.1% BLACK OR AFRICAN AMERICAN; 9.1% HISPANIC OR LATINO; 4.4% ASIAN; 4.2% TWO OR MORE RACES; 1.6% OTHER (U.S. CENSUS 2010- 2014).</p> <p>THE MEDIAN HOUSEHOLD INCOME IN MIDDLESEX COUNTY (\$77,931) IS HIGHER THAN THE STATE OF CONNECTICUT AVERAGE (\$69,899) [2010-2014; CERC TOWN PROFILE 2016 REPORT]. THERE IS A SIGNIFICANT RANGE BETWEEN THE TOWNS IN MIDDLESEX COUNTY, WITH MIDDLETOWN AT THE LOWER BOUND (\$61,373) AND DURHAM AT THE HIGHEST LEVEL (\$117,328) [2010-2014; CERC TOWN PROFILES 2016]. SIMILAR TO THE RANGE OF MEDIAN HOUSEHOLD INCOME IN THE TOWNS THROUGHOUT MIDDLESEX COUNTY, THERE IS A SIGNIFICANT DIFFERENCE IN POVERTY RATE IN MIDDLETOWN (12.5%) WHEN COMPARED TO THE REST OF THE COUNTY (6.9%) [2010-2014; CERC TOWN PROFILE 2016 REPORT]. EDUCATIONAL ATTAINMENT IN MIDDLESEX COUNTY IS: LESS THAN HIGH SCHOOL DIPLOMA - 7.9%; HIGH SCHOOL DIPLOMA, GENERAL EDUCATIONAL DEVELOPMENT (GED) OR EQUIVALENT: 21.4%; SOME COLLEGE - 13.3%; ASSOCIATE'S DEGREE - 6.1%; BACHELOR'S DEGREE OR HIGHER: 39.8% (U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR, 2010-2014). UNEMPLOYMENT IN MIDDLESEX COUNTY IS 6.6% (U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR, 2010-2014). HEALTH INSURANCE STATUS (ALL INCOME LEVELS) IN MIDDLESEX COUNTY IS: INSURED, AGES &lt;19: 97.2%; INSURED, AGES 18 TO 64 YEARS: 93.6%; INSURED, AGES 40 TO 64 YEARS: 94.8%; INSURED, AGES 50 TO 64 YEARS: 95.1% (U.S. CENSUS BUREAU AND THE SMALL AREA HEALTH INSURANCE ESTIMATES, 2014).</p> <p>IN 2016, THE PERCENT OF HOSPITAL DISCHARGES FOR MEDICAID/SAGA/UNINSURED COMBINED WERE: 17% INPATIENT; 14% OUTPATIENT; 28% EMERGENCY DEPARTMENT NON-ADMISSION; AND, FOR THE FOLLOWING SERVICES: 37% NEWBORN; 40% INPATIENT PSYCHIATRY; 13% OUTPATIENT SURGERY AND 14% OTHER OUTPATIENT SERVICES. MIDDLESEX COUNTY HAS BEEN DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO BE A MEDICALLY UNDERSERVED AREA EXPERIENCING A SHORTAGE OF SELECT HEALTH SERVICES WHICH INCLUDE TOO FEW PRIMARY CARE PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY OR A HIGH ELDERLY POPULATION. THE INDEX OF MEDICAL UNDERSERVICE INCLUDES THE FOUR VARIABLES OF: RATIO OF PRIMARY MEDICAL CARE PHYSICIANS PER 1,000 POPULATION, INFANT MORTALITY RATE, PERCENTAGE OF THE POPULATION WITH INCOMES BELOW THE POVERTY LEVEL, AND PERCENTAGE OF THE POPULATION AGE 65 OR OVER.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>AS MIDDLESEX HOSPITAL IS A COMMUNITY HOSPITAL, INVOLVING COMMUNITY MEMBERS IN KEY FUNCTIONS HAS ALWAYS BEEN A PRIORITY. THE HOSPITAL'S BOARD IS COMPRISED MAINLY OF COMMUNITY MEMBERS WHO ARE NEITHER EMPLOYEES, FAMILY MEMBERS NOR CONTRACTORS OF THE ORGANIZATION, BUT ARE LONG-TERM RESIDENTS WHOSE PRIMARY INTEREST IS THE HEALTH AND WELL-BEING OF THE COMMUNITY AT LARGE. MIDDLESEX HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY BASED ON THE HOSPITAL'S CURRENT AND PROJECTED PATIENT CARE, TEACHING AND RESEARCH NEEDS, AND OVERALL COMMUNITY NEED. MEDICAL STAFF INPUT AND PARTICIPATION IS HIGHLY VALUED BY THE HOSPITAL AS EVIDENCED BY INCLUSION IN THE HOSPITAL'S MEDICAL EXECUTIVE COMMITTEE, THE MEDICAL STAFF COUNCIL AND COUNTLESS OTHER WORKING COMMITTEES. THE HOSPITAL HAS A FORMAL PROCESS FOR ALLOCATION OF SURPLUS FUNDS; A MULTIDISCIPLINARY CAPITAL BUDGETING COMMITTEE MEETS AND SETS PRIORITIES FOR INVESTMENTS IN PATIENT CARE, EDUCATION AND RESEARCH, AND PHYSICAL STRUCTURE. THE APPROACH TAKES INTO CONSIDERATION PATIENT, COMMUNITY AND STAFF NEEDS. EACH YEAR THE HOSPITAL ALLOCATES A PORTION OF SURPLUS FUNDING TO A WIDE ARRAY OF COMMUNITY BENEFIT PROGRAMS AND SERVICE LINES, INCLUDING SUBSTANTIAL HEALTH AND WELLNESS ACTIVITIES AND INITIATIVES, SUBSIDIZED SERVICES, MEDICAL EDUCATION, RESEARCH AND HEALTH ASSESSMENT COSTS.</p> <p>CONTINUOUS DEDICATION TO THE COMMUNITIES IT SERVES REMAINS THE HALLMARK OF MIDDLESEX HOSPITAL'S VISION, MISSION, AND STRATEGIC PLANNING. AMBITIOUS COMMUNITY BENEFIT GOALS, THE INCORPORATION OF COMMUNITY BENEFIT INTO ANNUAL ORGANIZATIONAL PLANNING, AND THE PROVISION OF COMMUNITY BENEFIT PROGRAMS THAT TARGET THE COMMUNITY'S MOST VULNERABLE AND AT-RISK POPULATIONS HAS ALLOWED THE HOSPITAL TO PUT A FORMAL STRUCTURE AROUND ITS FUNDAMENTAL PURPOSE. THE HOSPITAL'S COMMUNITY BENEFIT TOTAL FOR FY16 WAS \$72,537,865 (EXCLUDING COMMUNITY BUILDING) WITH 82,194 SERVED (EXCLUDING COMMUNITY BUILDING). THE FOLLOWING IS AN OVERVIEW OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM:</p> <p>COMMUNITY HEALTH IMPROVEMENT SERVICES: THE HOSPITAL UNDERWRITES A VAST RANGE OF COMMUNITY HEALTH EDUCATION AND HEALTH IMPROVEMENT PROGRAMS, NONE OF WHICH ARE DEVELOPED FOR MARKETING PURPOSES, ALL OF WHICH ARE SUPPORTED AS A MEANS OF FULFILLING THE HOSPITAL'S MISSION TO SERVE ITS COMMUNITY. ALMOST 100% OF THE TIME THESE SERVICES ARE OFFERED FREE OF CHARGE; IN THE RARE INSTANCE WHERE A NOMINAL FEE IS ASSESSED THE COST OF PROVIDING THE SERVICE IS NOT COVERED. COMMUNITY HEALTH EDUCATION IS PROVIDED TO THE COMMUNITY AT LARGE. SOME OF THE PROGRAMS REPRESENT ONE TIME EVENTS, HOWEVER MOST ARE ONGOING AND OVER THE YEARS HAVE BECOME ENTRENCHED IN THE COMMUNITY AS A SOURCE OF SUPPORT AND CONTINUED EDUCATION FOR A HEALTHFUL FUTURE. EXAMPLES OF COMMUNITY HEALTH IMPROVEMENT SERVICES INCLUDE (BUT ARE NOT LIMITED TO): 1) HEALTH EDUCATION (COMMUNITY EDUCATION PRESENTATIONS; HEALTH AND WELLNESS EVENTS/HEALTH FAIRS; SUPPORT GROUPS; LARGE SCALE CANCER AWARENESS AND EDUCATIONAL EVENTS; AND THE AVAILABILITY OF HEALTH LITERATURE); 2) COMMUNITY-BASED CLINICAL SERVICES (CLINICS AND SCREENINGS; ANNUAL FLU SHOTS; BLOOD PRESSURE CLINICS); AND 3) HEALTHCARE SUPPORT SERVICES OFFERED TO INCREASE ACCESS AND QUALITY OF CARE TO INDIVIDUALS, ESPECIALLY THOSE LIVING IN POVERTY AND/OR OTHER VULNERABLE POPULATIONS (CENTER FOR CHRONIC CARE MANAGEMENT DISEASE MANAGEMENT OUTPATIENT PROGRAMS FOR ADULT ASTHMA; CHILD ASTHMA; DIABETES EDUCATION AND DISEASE MANAGEMENT; MEDICAL NUTRITION THERAPY; SMOKING CESSATION; CHRONIC HEART FAILURE; AND CHILDHOOD WEIGHT MANAGEMENT). IN FY16, THE HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT SERVICES SERVED 20,063 INDIVIDUALS AT A TOTAL COST OF \$3,754,797 TO THE HOSPITAL.</p> <p>HEALTH PROFESSIONS EDUCATION: HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A LONG-STANDING COMMITMENT OF MIDDLESEX HOSPITAL AND DISTINGUISHING CHARACTERISTIC THAT CONSTITUTES A SIGNIFICANT COMMUNITY BENEFIT. THE HOSPITAL'S FAMILY MEDICINE RESIDENCY PROGRAM GRADUATES FAMILY PRACTICE PHYSICIANS, MANY OF WHOM CONTINUE TO PRACTICE IN THE MIDDLESEX COUNTY AREA AFTER THEIR TRAINING IS COMPLETE. THIS IS ESPECIALLY IMPORTANT GIVEN THAT MIDDLESEX COUNTY HAS BEEN DESIGNATED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO BE A MEDICALLY UNDERSERVED AREA (MUA) EXPERIENCING A SHORTAGE OF SELECT HEALTH SERVICES WHICH INCLUDES TOO FEW PRIMARY CARE PROVIDERS. IN ADDITION, HRSA REPORTS THAT MIDDLESEX COUNTY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE. THE HOSPITAL ALSO WELCOMES MEDICAL AND NURSING STUDENT INTERNS AND PROVIDES ON-SITE TRAINING DURING CLINICAL ROTATIONS. NURSING STUDENTS FROM LOCAL COLLEGES AND PROGRAMS RECEIVE HANDS-ON MENTORSHIP IN THE MAJORITY OF CLINICAL SERVICE LINES YEAR-ROUND. OTHER HEALTHCARE PROFESSIONAL EDUCATION INCLUDES THE HOSPITAL'S RADIOLOGY SCHOOL (WHICH OPERATES AT A LOSS FOR THE HOSPITAL) AND CLINICAL/NON-CLINICAL EDUCATIONAL STUDENT TRAINING IN MULTIPLE FIELDS. IN FY16, THE HOSPITAL'S HEALTH PROFESSIONS EDUCATION CATEGORY SERVED 3,868 INDIVIDUALS AT A TOTAL COST OF \$12,843,442 TO THE HOSPITAL.</p> <p>SUBSIDIZED HEALTH SERVICES: THE HOSPITAL'S SUBSIDIZED HEALTH SERVICES REPRESENT A SIGNIFICANT PORTION OF MIDDLESEX HOSPITAL'S ANNUAL COMMUNITY BENEFIT AGGREGATE FINANCIALS AND NUMBERS SERVED. SUBSIDIZED SERVICES ARE PARTICULAR CLINICAL PROGRAMS PROVIDED TO THE COMMUNITY DESPITE A FINANCIAL LOSS, WITH NEGATIVE MARGINS REMAINING AFTER SPECIFIC DOLLARS (FINANCIAL ASSISTANCE AND BAD DEBT) AND SHORTFALLS (MEDICAID) ARE REMOVED. IN ORDER TO QUALIFY AS A SUBSIDIZED SERVICE, THE PROGRAM MUST MEET CERTAIN HEALTH DELIVERY CRITERIA; MEET AN IDENTIFIED NEED IN THE COMMUNITY; AND WOULD BECOME UNAVAILABLE OR THE RESPONSIBILITY OF A GOVERNMENTAL OR ANOTHER NOT-FOR-PROFIT AGENCY TO PROVIDE IF THE HOSPITAL DISCONTINUED THE SERVICE. MIDDLESEX HOSPITAL'S SUBSIDIZED SERVICES INCLUDE FAMILY PRACTICE SERVICES, BEHAVIORAL HEALTH (INPATIENT AND OUTPATIENT), HOMECARE, CARDIAC REHABILITATION, PARAMEDICS, HOSPICE, DIABETES EDUCATION, WOUND CARE AND PULMONARY REHABILITATION. IN FY16 THE HOSPITAL'S SUBSIDIZED SERVICES SERVED 29,401 PEOPLE WITH A TOTAL COST OF \$15,655,374 TO THE HOSPITAL.</p> <p>RESEARCH: MIDDLESEX HOSPITAL CONDUCTS RESEARCH IN THE DOMAINS OF CLINICAL AND COMMUNITY HEALTH. CLINICAL EXAMPLES INCLUDE NATIONAL TRIALS BY THE HOSPITAL'S CANCER CENTER FOR BREAST, LUNG, PROSTATE, COLORECTAL, AMONG OTHERS. FOR FY16, THE HOSPITAL'S ASSOCIATED COSTS FOR ALL RESEARCH PROJECTS TOTALED \$327,161 AND SERVED 55 INDIVIDUALS.</p> <p>FINANCIAL AND IN-KIND CONTRIBUTIONS: MIDDLESEX HOSPITAL SUPPORTS THE COMMUNITY IN THE FORM OF FINANCIAL AND IN-KIND CONTRIBUTIONS. THE HOSPITAL'S IN-KIND CONTRIBUTIONS INCLUDE EQUIPMENT, FOOD, LINENS AND MEDICAL SUPPLIES THAT ARE DONATED BOTH LOCALLY AND GLOBALLY. OTHER IN-KIND DONATIONS INCLUDE CAFETERIA DISCOUNTS FOR YMCA RESIDENTS AND STAFF COORDINATION OF COMMUNITY SUPPORT DRIVES. THE HOSPITAL'S MAIN CAMPUS AND SATELLITE</p>

Return Reference - Identifier	Explanation
	<p>LOCATIONS MAKE MEETING SPACE AVAILABLE, FREE-OF-CHARGE AND ON AN ON-GOING BASIS, FOR MANY COMMUNITY GROUPS THAT WOULD OTHERWISE STRUGGLE TO PAY FOR SPACE. IN ADDITION, EACH YEAR THE HOSPITAL MAKES SUBSTANTIAL CASH DONATIONS TO CAREFULLY SELECTED MISSION-DRIVEN COMMUNITY ORGANIZATIONS THROUGHOUT ITS SERVICE AREA. THE HOSPITAL'S FY'16 SUPPORT FOR FINANCIAL AND IN-KIND CONTRIBUTIONS TOTALED \$319,170, SERVING 3,647 INDIVIDUALS.</p> <p>COMMUNITY BENEFIT OPERATIONS: COMMUNITY BENEFIT OPERATIONS INCLUDE ACTIVITIES AND COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGIC PLANNING, ADMINISTRATION, ANNUAL GOAL ATTAINMENT, AND COMMUNITY HEALTH NEEDS ASSESSMENT PRODUCTION AND IMPLEMENTATION. MIDDLESEX HOSPITAL HAS A DEDICATED DIRECTOR OF COMMUNITY BENEFIT AND A REPORTING STRUCTURE THAT OVERSEES COMMUNITY BENEFIT PLANNING AND OPERATIONS. OUTSIDE OF ON-GOING COMMUNITY BENEFIT ACTIVITIES, THE MAIN GOALS OF THE HOSPITAL'S COMMUNITY BENEFIT PROGRAM IN FY'16 WERE COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, CONTINUED TO FOCUS ON ON-GOING PRIORITY AREAS AND COLLABORATING WITH COMMUNITY PARTNERS. THE HOSPITAL'S FY'16 COMMUNITY BENEFIT OPERATIONS EXPENSE TOTALED \$246,125.</p>
SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	N/A. MIDDLESEX HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.
SCHEDULE H, PART VI, LINE 7 - ADDITIONAL INFORMATION - STATE FILING COMMUNITY BENEFIT REPORT	UNDER THE CONNECTICUT GENERAL STATUTES 19A-127K, HOSPITALS THAT HAVE A COMMUNITY BENEFIT PROGRAM IN PLACE, AS SPECIFIED BY THE STATUTE, ARE REQUIRED TO REPORT BIENNIALLY TO THE STATE OF CT. THIS BIENNIAL COMMUNITY BENEFIT REPORTING IS CURRENTLY UNDER THE AUSPICES OF THE STATE OF CONNECTICUT'S OFFICE OF THE HEALTHCARE ADVOCATE. AS MIDDLESEX HOSPITAL MEETS THE STATUTE AS HAVING A COMMUNITY BENEFIT PROGRAM IN PLACE, IT REPORTS BIENNIALLY TO THE STATE OF CT'S OFFICE OF THE HEALTHCARE ADVOCATE.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	CT