

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

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.**

Open to Public Inspection

Name of the organization **YALE NEW HAVEN HOSPITAL** Employer identification number **06-0646652**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 <i>free</i> care? 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> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? 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 type="checkbox"/> Other _____ %		<input checked="" type="checkbox"/>
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		35,314	222,007,000.	17,918,000.	204,089,000.	7.90%
b Medicaid (from Worksheet 3, column a)		374,125	564,370,878.	318,568,169.	245,802,709.	9.51%
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs		409,439	786,377,878.	336,486,169.	449,891,709.	17.41%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	47,956	9,484,397.	3,188,124.	6,296,273.	.24%
f Health professions education (from Worksheet 5)	4	2,762	116,106,127.	23,021,940.	93,084,187.	3.60%
g Subsidized health services (from Worksheet 6)	1	20,134	8,317,883.	3,133,799.	5,184,084.	.20%
h Research (from Worksheet 7)	0	0	0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11	100	1,639,452.	7,800.	1,631,652.	.06%
j Total. Other Benefits	32	70,952	135,547,859.	29,351,663.	106,196,196.	4.10%
k Total. Add lines 7d and 7j	32	480,391	921,925,737.	365,837,832.	556,087,905.	21.51%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	8	150,000.	0.	150,000.	.01%
2 Economic development	1	0	449,354.	0.	449,354.	.02%
3 Community support	3	105	116,253.	0.	116,253.	.00%
4 Environmental improvements	0	0	0.	0.		
5 Leadership development and training for community members	0	0	0.	0.		
6 Coalition building	0	0	0.	0.		
7 Community health improvement advocacy	0	0	0.	0.		
8 Workforce development	3	55	42,756.	0.	42,756.	.00%
9 Other	1	0	2,612,597.	0.	2,612,597.	.10%
10 Total	9	168	3,370,960.		3,370,960.	.13%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	62,868,918.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	843,229,193.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	947,074,144.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-103,844,951.
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE	NONE			

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

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 YALE NEW HAVEN HOSPITAL
20 YORK STREET
NEW HAVEN, CT 06504
WWW.YNHH.ORG
0044

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first seven columns.

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 YALE NEW HAVEN 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 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>15</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 checked="" type="checkbox"/> Other website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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): <u>SEE PART V</u>		
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 YALE NEW HAVEN HOSPITAL

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

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 YALE NEW HAVEN 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?	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?		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?		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.

PART V, SECTION A:

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER THE SAME STATE HOSPITAL LICENSE.

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH COMMUNITY MEETINGS AND INCLUSION OF COMMUNITY PARTNERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 6A: MILFORD HOSPITAL

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 6B: UNDERSTANDING THE CURRENT HEALTH STATUS OF THE COMMUNITY IS IMPORTANT IN ORDER TO IDENTIFY PRIORITIES FOR FUTURE PLANNING AND FUNDING, THE EXISTING STRENGTHS AND ASSETS ON WHICH TO BUILD

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.

UPON, AND AREAS FOR FURTHER COLLABORATION AND COORDINATION ACROSS ORGANIZATIONS, INSTITUTIONS, AND COMMUNITY GROUPS. TO THIS END, YALE NEW HAVEN HOSPITAL, AS PART OF THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP - A COALITION INCLUDING YET NOT LIMITED TO YALE NEW HAVEN HOSPITAL, MILFORD HOSPITAL, NEW HAVEN HEALTH DEPARTMENT, EAST SHORE DISTRICT HEALTH DEPARTMENT, QUINNIPIAK VALLEY HEALTH DISTRICT, MILFORD HEALTH DEPARTMENT, MADISON HEALTH DEPARTMENT, FAIR HAVEN COMMUNITY HEALTH CENTER, CORNELL SCOTT-HILL HEALTH CENTER, PROJECT ACCESS-NEW HAVEN, DATAHAVEN AND THE YALE SCHOOL OF PUBLIC HEALTH'S COMMUNITY ALLIANCE FOR RESEARCH AND ENGAGEMENT - IS LEADING A COMPREHENSIVE EFFORT TO ADDRESS HEALTH DISPARITIES IN GREATER NEW HAVEN.

THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP MEMBERS BEGAN MEETING IN DECEMBER 2010 TO DEVELOP A SHARED VISION AND COORDINATED EFFORT TO LEVERAGE EXISTING WORK ALREADY IN PROGRESS AND TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT. MEMBERS OF THE PARTNERSHIP INCLUDE RESPECTED PUBLIC HEALTH EXPERTS FROM THE NEW HAVEN HEALTH DEPARTMENT AND YALE SCHOOL OF PUBLIC HEALTH AS WELL AS THOSE WITH SPECIFIC KNOWLEDGE AND EXPERTISE SERVING UNDERSERVED AND MINORITY POPULATIONS.

PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.YNHH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX](https://www.ynhh.org/about/community/health-needs-assessment.aspx)

PART V, SECTION B, LINE 7B - OTHER WEBSITES:

[HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/](http://www.ct.gov/dph/lib/dph/ohca/community_needs_assessment/)

[CHNA/2016/2016_YALE-NEW_HAVEN_HOSPITAL.PDF;](http://www.ctdatahaven.org/data-resources/)

[HTTP://WWW.CTDATAHAVEN.ORG/DATA-RESOURCES/](http://www.ctdatahaven.org/data-resources/)

[GREATER-NEW-HAVEN-COMMUNITY-INDEX-HEALTHIER-GREATER-NEW-HAVEN-](http://www.greater-new-haven-community-index-healthier-greater-new-haven-)

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.

PARTNERSHIP-CHNA; [HTTP://WWW.MILFORDHOSPITAL.ORG/ABOUT/](http://www.milfordhospital.org/about/)

COMMUNITY-HEALTH-NEEDS-ASSESSMENT/;

[HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/](http://www.ct.gov/dph/lib/dph/ohca/community_needs_assessment/)

CHNA/2016/2016_MILFORD_HOSPITAL.PDF

PART V, SECTION B, LINE 10A:

[HTTPS://WWW.YNHH.ORG/ABOUT/COMMUNITY/HEALTH-NEEDS-ASSESSMENT.ASPX](https://www.ynhh.org/about/community/health-needs-assessment.aspx)

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 11: IN JANUARY AND AGAIN IN MARCH 2016, HEALTHIER GREATER NEW HAVEN PARTNERSHIP MEMBERS AND THEIR COMMUNITY PARTNERS (INCLUDING THOSE WITH PUBLIC HEALTH DEPARTMENTS AND / OR KNOWLEDGE, INFORMATION, OR EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY OR MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS) REVIEWED THE PRIMARY AND SECONDARY CHNA DATA AND DETERMINED, BY GROUP CONSENSUS, THAT THE 2013 PRIORITIES WOULD BE MAINTAINED MOVING FORWARD FOR THE 2016 CHNA. PARTICIPANTS INVOLVED IN THIS COMPREHENSIVE REVIEW ALSO IDENTIFIED MENTAL HEALTH AND SUBSTANCE ABUSE AS A THIRD PRIORITY FOR THE REGION AS PART OF THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN. THE PARTNERSHIP, HEALTH DEPARTMENTS, AND HOSPITALS CONFIRMED THAT THERE WAS A NEED TO CONTINUE WORKING IN THE 2013 FOCUS AREAS AS THESE WERE STILL THE TOP HEALTH PRIORITY AREAS. ALL PRIMARY AND SECONDARY DATA THAT WAS COLLECTED, ANALYZED AND REVIEWED SUPPORTED THE CONTINUATION OF THE 2013 PRIORITY AREAS (ACCESS TO CARE AND HEALTHY LIFESTYLES) WITH THE EXPANSION TO INCLUDE THE AREA OF MENTAL HEALTH AND SUBSTANCE ABUSE. TO LEARN MORE ABOUT HOW YALE NEW HAVEN HOSPITAL AND ITS COMMUNITY PARTNERS ARE MEETING THESE

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.

NEEDS PLEASE REVIEW THE HEALTHIER GREATER NEW HAVEN PARTNERSHIP'S 2016 GREATER NEW HAVEN REGION YALE NEW HAVEN HOSPITAL AND MILFORD HOSPITAL COLLABORATIVE COMMUNITY HEALTH ASSESSMENT AND IMPLEMENTATION STRATEGIES. YALE NEW HAVEN HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE DEVELOPMENT OF A COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL SEVEN AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 13H: THESE PROGRAMS COVER MEDICALLY NECESSARY CARE ONLY.

PART V, SECTION B, LINE 16A, 16B AND 16C:

[HTTPS://WWW.YNHH.ORG/PATIENTS-VISITORS/
BILLING-INSURANCE/FINANCIAL-ASSISTANCE.ASPX](https://www.ynhh.org/patients-visitors/billing-insurance/financial-assistance.aspx)

YALE NEW HAVEN HOSPITAL:

PART V, SECTION B, LINE 22D: THE MAXIMUM AMOUNT CHARGED TO FAP-ELIGIBLE PATIENTS IS THE AMOUNT GENERAL BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING THE CARE AT ISSUE (AGB). AGB IS CALCULATED ANNUALLY USING THE "LOOK BACK METHOD" AND BASED ON MEDICARE FEE-FOR-SERVICE RATES, INCLUDING MEDICARE BENEFICIARY COST-SHARING AMOUNTS AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE HOSPITAL FOR THE PRIOR FISCAL YEAR.

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, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE OFF-CAMPUS OUTPATIENT HEALTH CARE FACILITIES THAT YALE NEW HAVEN HOSPITAL OPERATED DURING THE TAX YEAR UNDER ITS STATE HOSPITAL LICENSE.

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? 80

Name and address	Type of Facility (describe)
1 MEDICAL CENTER 6 DEVINE STREET NORTH HAVEN, CT 06473	MEDICAL OFFICE
2 SHORELINE MEDICAL CENTER 111 GOOSE LANE GUILFORD, CT 06437	MEDICAL OFFICE
3 RADIOLOGY/WOMEN'S SURGICAL 40-60 TEMPLE STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
4 SMILOW CANCER HOSPITAL CARE CENTER 1075 CHASE PARKWAY WATERBURY, CT 06708	MEDICAL FACILITY
5 SMILOW CANCER HOSPITAL CARE CENTER 200-220 KENNEDY DRIVE TORRINGTON, CT 06790	MEDICAL OFFICE
6 SMILOW CANCER HOSPITAL CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER CENTER
7 MEDICAL CENTER 1 LONG WHARF NEW HAVEN, CT 06511	MATERNAL/PEDIATRIC/RADIOLOGY
8 PRIMARY CARE CENTER 789 HOWARD AVENUE NEW HAVEN, CT 06519	LABORATORY; MEDICAL OFFICE; DIAGNOSTIC RADIOLOGY
9 SMILOW CANCER HOSPITAL CARE CENTER 350 SEYMOUR AVENUE DERBY, CT 06418	MEDICAL OFFICE
10 SMILOW CANCER HOSPITAL CARE CENTER 240 INDIAN RIVER ROAD ORANGE, CT 06477	MEDICAL OFFICE

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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 PEDIATRIC SPECIALTY CENTER 1 PARK STREET NEW HAVEN, CT 06511	PEDIATRIC SERVICES
12 YNH H BLOOD DRAW 330 ORCHARD STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
13 YNHASC TEMPLE SURGICAL CENTER 60 TEMPLE STREET NEW HAVEN, CT 06511	SATELLITE
14 YNH H LAB 55 PARK STREET NEW HAVEN, CT 06511	LABORATORY
15 HAMDEN RADIOLOGY/DENTAL CLINIC 2560 DIXWELL AVENUE HAMDEN, CT 06518	RADIOLOGY; DENTAL CLINIC
16 YNH H BLOOD DRAW 2 DEVINE STREET NORTH HAVEN, CT 06473	BLOOD DRAW CENTER
17 SOUND MEDICAL CENTER 1591 BOSTON POST ROAD GUILFORD, CT 06437	MEDICAL FACILITY
18 SMILOW CANCER HOSPITAL CARE CENTER 2080 WHITNEY AVE HAMDEN, CT 06518	MEDICAL OFFICE
19 YNH H BLOOD DRAW/RADIOLOGY 150 SARGENT DRIVE NEW HAVEN, CT 06511	BLOOD DRAW CENTER; DIAGNOSTIC RADIOLOGY
20 YNH H BLOOD DRAW 46 PRINCE STREET NEW HAVEN, CT 06511	MEDICAL FACILITY

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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 AMBULATORY SERVICES EAST HAVEN 500 ELM STREET WEST HAVEN, CT 06516	DIAGNOSTIC RADIOLOGY
22 YNH H BLOOD DRAW 11 HARRISON AVE BRANFORD, CT 06405	BLOOD DRAW CENTER
23 AMBULATORY SERVICES / BLOOD LAB 556 MAIN STREET EAST HAVEN, CT 06512	MEDICAL FACILITY
24 ADULT SLEEP CENTER 8 DEVINE STREET NORTH HAVEN, CT 06473	MEDICAL FACILITY
25 YNH H MEDICAL CENTER 2200 WHITNEY AVENUE HAMDEN, CT 06518	MEDICAL FACILITY
26 LAKEBROOK MEDICAL CENTER 5 PEQUOT PARK ROAD WESTBROOK, CT 06498	MEDICAL FACILITY
27 YNH H MEDICAL CENTER 633 MIDDLESEX TURNPIKE OLD SAYBROOK, CT 06475	MEDICAL FACILITY
28 CONTINUING CARE CLINIC 1294 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
29 HEART & VASCULAR OUTPATIENT 325 POST ROAD ORANGE, CT 06477	MEDICAL OFFICE
30 SLEEP LAB/UROLOGY 1291 BOSTON POST ROAD MADISON, CT 06443	SLEEP LAB/UROLOGY

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 BRANFORD ADOLESCENT CARE 21 BUSINESS PARK DRIVE BRANFORD, CT 06405	ADOLESCENT CARE
32 AMBULATORY SERVICES GUILFORD 1445 BOSTON POST ROAD GUILFORD, CT 06437	DIAGNOSTIC RADIOLOGY; PHYSICAL THERAPY
33 YNHH CARDIOLOGY 84 NORTH MAIN STREET BRANFORD, CT 06405	MEDICAL OFFICE
34 DIAGNOSTIC RADIOLOGY/BLOOD DRAW 317 FOXON ROAD EAST HAVEN, CT 06512	RADIOLOGY; BLOOD DRAW; URGENT CARE
35 ADULT PHP 1100 SHERMAN AVENUE HAMDEN, CT 06514	ADULT CARE
36 ADOLESCENT CARE 646 GEORGE STREET NEW HAVEN, CT 06511	ADOLESCENT CARE
37 YNHH BLOOD DRAW/PEDIATRIC/RADIOLOGY 747 BELDEN AVENUE NORWALK, CT 06850	PEDIATRIC SPECIALTY
38 MILFORD OFFICE PARK 48 WELLINGTON ROAD MILFORD, CT 06460	RADIOLOGY
39 REHABILITATION/OCCUPATIONAL 175 SHERMAN AVENUE NEW HAVEN, CT 06511	CARDIAC SERVICES
40 YNHH MEDICAL CENTER 50 HOSPITAL HILL ROAD SHARON, CT 06069	MEDICAL OFFICE

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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)
41 YNH H BLOOD DRAW 1475 WHALLEY AVE NEW HAVEN, CT 06511	MEDICAL FACILITY
42 YNH H BLOOD DRAW 665 NORTH COLONY ROAD WALLINGFORD, CT 06492	BLOOD DRAW CENTER
43 YNH H BLOOD DRAW 236 BOSTON POST ROAD ORANGE, CT 06477	BLOOD DRAW CENTER
44 YNH H BLOOD DRAW 252 EAST MAIN STREET CLINTON, CT 06413	BLOOD DRAW CENTER
45 ADLER GERIATRIC CENTER 874 HOWARD AVE NEW HAVEN, CT 06511	MEDICAL OFFICE
46 YNH H BLOOD DRAW 247 BROAD STREET MILFORD, CT 06460	BLOOD DRAW CENTER
47 YNH H BLOOD DRAW 170 BOSTON POST ROAD NEW HAVEN, CT 06344	BLOOD DRAW CENTER
48 CENTER FOR WOMEN'S HEALTH 1441 CHAPEL STREET NEW HAVEN, CT 06511	OB/GYN SERVICES
49 YNH H BLOOD DRAW 1 NEW HAVEN AVENUE MILFORD, CT 06460	BLOOD DRAW CENTER
50 RADIOLOGY 100 BROADWAY NORTH HAVEN, CT 06473	TEMPLE RADIOLOGY

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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)
51 YNH MEDICAL CENTER 1000 ASYLUM AVENUE HARTFORD, CT 06105	MEDICAL OFFICE
52 YALE-GRIFFIN PREVENTION RESEARCH 130 DIVISION STREET DERBY, CT 06418	RESEARCH
53 YNH DIALYSIS 137 WATER STREET NEW HAVEN, CT 06511	DIALYSIS
54 YNH MEDICAL CENTER 1401 CHAPEL STREET NEW HAVEN, CT 06511	MEDICAL OFFICE
55 YNH BLOOD DRAW 141 MILL HILL AVE BRIDGEPORT, CT 06610	BLOOD DRAW CENTER
56 YNH MEDICAL CENTER 1453 WHALLEY AVENUE NEW HAVEN, CT 06511	PATIENT SERVICES
57 YALE ORTHOPEDIC ASSOCIATES 157 GOOSE LANE GUILFORD, CT 06437	DIAGNOSTIC RADIOLOGY
58 YNH MEDICAL CENTER 158 STATE STREET NORTH HAVEN, CT 06473	MEDICAL FACILITY
59 SMILOW ONCOLOGY 19 LUNAR DRIVE WOODBIDGE, CT 06525	CANCER CARE
60 YNH MEDICAL CENTER 2 IVY BROOK ROAD SHELTON, CT 06484	MEDICAL OFFICE

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)
61 YNH MEDICAL CENTER 200 ORCHARD STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
62 YNH DIALYSIS 266 STATE STREET NORTH HAVEN, CT 06473	DIALYSIS
63 REHABILITATION & WELLNESS 300 SEASIDE AVENUE MILFORD, CT 06460	MEDICAL FACILITY
64 CARDIAC OUTPATIENT SERVICES/YALE CARD 311 HARRISON AVE BRANFORD, CT 06405	CARDIAC SERVICES
65 YNH BLOOD DRAW 3115 MAIN STREET STRATFORD, CT 06614	BLOOD DRAW CENTER
66 SHORELINE DIALYSIS 34 EAST INDUSTRIAL RD BRANFORD, CT 06405	DIALYSIS
67 CARDIAC OUTPATIENT SERVICES 365 MONTAUK AVENUE NEW LONDON, CT 06320	CARDIAC SERVICES
68 MERIDEN DIALYSIS 377 RESEARCH PARKWAY MERIDEN, CT 06450	DIALYSIS
69 PEDIATRIC INFUSION CENTER 405 CHURCH STREET NEW HAVEN, CT 06437	DIAGNOSTIC RADIOLOGY
70 YNH MEDICAL CENTER 430 CONGRESS AVENUE NEW HAVEN, CT 06511	MEDICAL FACILITY

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)
71 HEMATOLOGY & ONCOLOGY 455 LEWIS AVE MERIDEN, CT 06450	CANCER SERVICES
72 YNHH DIALYSIS 50 COMMERCE PARK DRIVE MILFORD, CT 06460	DIALYSIS
73 YNHH MEDICAL CENTER 51 YORK STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
74 YNHH MEDICAL CENTER 55 CHURCH STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
75 YNHH BLOOD DRAW/UROLOGY 6 WOODLAND MADISON, CT 06443	BLOOD DRAW; UROLOGY
76 YNHH MEDICAL CENTER 674 WASHINGTON AVENUE WEST HAVEN, CT 06516	MEDICAL FACILITY
77 CARDIAC DIAGNOSTIC CENTER/UROLOGY/MED 687 CAMPBELL AVE WEST HAVEN, CT 06516	CARIACE SERVICES/UROLOGY
78 YNHH MEDICAL CENTER 79 WAWECUS STREET NORWICH, CT 06360	MEDICAL FACILITY
79 YNHH MEDICAL CENTER 85 WILLOW STREET NEW HAVEN, CT 06511	MEDICAL FACILITY
80 OLD PEDI DENTAL CLINIC 860 HOWARD AVENUE NEW HAVEN, CT 06511	MEDICAL OFFICE

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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:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION.

PART I, LINE 7:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

FOR YALE NEW HAVEN HOSPITAL, QUALITY AND SAFETY REMAINED TOP PRIORITIES THIS YEAR, WITH A THREE-FOLD FOCUS: HIGH RELIABILITY (HRO) PRACTICES, HOSPITAL-ACQUIRED INFECTIONS AND CARE TRANSITIONS. 1) AS A RESULT OF HRO PRACTICES, SERIOUS SAFETY EVENTS AT YNHH DECLINED BY 43 PERCENT. 2) YNHH WAS ABLE TO REDUCE HOSPITAL-ACQUIRED INFECTIONS RELATED TO CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS, CATHETER-ASSOCIATED URINARY TRACT INFECTIONS, C. DIFFICILE INFECTIONS, AND DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM RATES. 3) IMPROVED CARE TRANSITIONS HELPED THE HOSPITAL LOWER

Part VI Supplemental Information (Continuation)

PATIENT READMISSION RATES AND THE TIME IT TOOK TO ADMIT PATIENTS FROM THE EMERGENCY DEPARTMENT.

THE HOSPITAL CONTINUED TO TAKE ITS RESPONSIBILITY TO CONTAIN HEALTHCARE COSTS SERIOUSLY. THE YNHHS COST AND VALUE POSITIONING INITIATIVE INCREASED EFFICIENCY, REDUCED WASTE AND CREATED MORE COST-EFFECTIVE AND BENEFICIAL PATIENT CARE PROCESSES AT YNHHS, AS WELL AS EACH OF THE OTHER SYSTEM HOSPITALS.

IN TERMS OF QUALITY OF CARE, SMILOW CANCER HOSPITAL AND EIGHT OF 10 SMILOW CANCER CARE CENTERS RECEIVED THE QUALITY ONCOLOGY PRACTICE INITIATIVE CERTIFICATION FROM THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY. YALE NEW HAVEN CHILDREN'S HOSPITAL WON THE PEDIATRIC QUALITY AWARD FROM THE CHILDREN'S HOSPITAL ASSOCIATION. U.S. NEWS & WORLD REPORT RECOGNIZED YALE NEW HAVEN HOSPITAL AMONG THE BEST IN THE NATION IN 11 ADULT AND SIX PEDIATRIC SPECIALTIES.

THE HOSPITAL RECEIVED THE PRESTIGIOUS MAGNET DESIGNATION IN 2016 FROM THE AMERICAN NURSES CREDENTIALING CENTER. YNHHS FIRST RECEIVED MAGNET DESIGNATION IN 2011, BUT THE RE-DESIGNATION NOW INCLUDES THE SAINT RAPHAEL CAMPUS. MAGNET RECOGNIZES QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE.

IN ADDITION, YNHHS EARNED INTERNATIONAL RECOGNITION AS A BABY-FRIENDLY BIRTH FACILITY, SIGNIFYING AN OPTIMAL LEVEL OF CARE FOR BREASTFEEDING MOTHERS. YNHHS WAS THE FIRST CONNECTICUT HOSPITAL TO EARN THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR CHEST PAIN CERTIFICATION.

ADDITIONALLY, THE HEART AND VASCULAR CENTER TAKEHEART CARDIAC REHABILITATION PROGRAM RECEIVED THREE-YEAR CERTIFICATION BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.

YALE NEW HAVEN HOSPITAL CONTINUED TO INVEST IN FACILITIES AND CLINICAL PROGRAMS THIS YEAR, OPENING A NEW CANCER GENETICS UNIT AT THE SAINT

Part VI Supplemental Information (Continuation)

RAPHAEL CAMPUS AND A NEW PHASE 1 CLINICAL TRIAL INFUSION CENTER AT 55 PARK STREET. NEW BARIATRIC AND GASTROINTESTINAL INPATIENT UNITS OPENED AT THE SAINT RAPHAEL CAMPUS, AS WELL AS NEW MUSCULOSKELETAL OFFICES AND A NEW RADIOLOGY AND GASTROINTESTINAL AND BARIATRIC SURGERY SUITE. AT THE YORK STREET CAMPUS, A MAJOR RENOVATION OF MATERNITY AND NEWBORN INTENSIVE CARE UNITS BEGAN, AND THE CHILDREN'S HOSPITAL SURGERY CENTER WAS RENOVATED. YNHH BECAME THE FIRST HOSPITAL IN CONNECTICUT TO PERFORM A NEW, LESS INVASIVE PROCEDURE TO HELP CLEAR CAROTID ARTERIES USING THE TRANSCAROTID ARTERY REVASCULARIZATION PROCEDURE TO HELP CLEAR CAROTID ARTERIES AND PROTECT THE BRAIN FROM STROKE RISK DURING CAROTID ARTERY STENTING. THE HOSPITAL WAS ALSO ONE OF ONLY TWO STROKE CENTERS IN THE STATE TO OFFER STENT RECEIVERS, A NEW TECHNOLOGY FOR TREATMENT OF SEVERE STROKES. YNHH ALSO PERFORMED THE NATION'S FIRST THYROIDECTOMY THROUGH THE MOUTH TO AVOID VISIBLE SCARRING.

THE HOSPITAL OPENED A BARIATRIC AND GASTROINTESTINAL SURGERY UNIT AT THE SAINT RAPHAEL CAMPUS IN JANUARY. A NEW CENTER FOR LIVING DONORS OPENED AT THE YNHH TRANSPLANTATION CENTER TO PROVIDE LONG-TERM, FOLLOW-UP CARE TO THE LIVING DONORS OF A KIDNEY OR LIVER. YNHH WAS ONE OF JUST TWO COMPREHENSIVE STROKE CENTERS IN THE STATE TO OFFER A NEW MINIMALLY INVASIVE TECHNOLOGY CALLED STENT RECEIVERS. YNHH ALSO PERFORMED THE NATION'S FIRST THYROIDECTOMY THROUGH THE MOUTH, WHICH AVOIDS VISIBLE SCARRING IN PATIENTS.

YNHH CONTINUED TO SERVE AS AN IMPORTANT TERTIARY CARE RESOURCE FOR OTHER HOSPITALS IN THE STATE AND BEYOND. THIS YEAR YNHH RECEIVED NEARLY 7,000 TRANSFERS OF ACUTE PATIENTS FROM OTHER HEALTHCARE ORGANIZATIONS THROUGH Y ACCESS, INCLUDING 151 TRANSPORTED BY THE SKYHEALTH HELICOPTER.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 3:

THE ORGANIZATION DOES NOT CURRENTLY HAVE A METHODOLOGY TO ACCURATELY QUANTIFY OR ESTIMATE THE AMOUNT OF BAD DEBT EXPENSE THAT WOULD BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

YNHH'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE INDIGENT AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE INDIGENT INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

YNHH MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF YNHH, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY YNHH TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE THE PROVISION FOR BAD DEBTS. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY YNHH, CARE GIVEN

Part VI Supplemental Information (Continuation)

BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND THE PROVISION FOR BAD DEBTS REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$129.9 MILLION AND \$114.4 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY.

THE ESTIMATED COST OF CHARITY CARE AND FREE CARE PROVIDED WAS APPROXIMATELY \$88.0 MILLION AND \$82.4 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES. THE ALLOCATION BETWEEN THE PROVISION FOR BAD DEBTS AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE PROVISION FOR BAD DEBTS, AT CHARGES, WAS APPROXIMATELY \$63.4 MILLION AND \$50.4 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE PROVISION FOR BAD DEBTS, AT COST, WAS APPROXIMATELY \$41.9 MILLION AND \$32.0 MILLION, RESPECTIVELY. THE PROVISION FOR BAD DEBTS IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, THE HOSPITAL RECEIVED APPROXIMATELY \$17.9 MILLION AND \$9.3 MILLION,

Part VI Supplemental Information (Continuation)

RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$12.1 MILLION AND \$6.7 MILLION, RESPECTIVELY WAS RELATED TO CHARITY CARE. YNHH MADE PAYMENTS INTO THE CDSHP OF \$136.8 MILLION AND \$89.3 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY, FOR THE ASSESSMENT. THESE ARE RECORDED IN NET PATIENT SERVICE REVENUE.

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

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

PART III, LINE 8:

THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH

Part VI Supplemental Information (Continuation)

IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, STRATAJAZZ.

PART III, LINE 9B:

IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE. THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED. AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY. IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY.

PART VI, LINE 2:

COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT YALE NEW HAVEN HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

YALE NEW HAVEN HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS. THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT. FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROVES. THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL. THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS.

PART VI, LINE 4:

YALE NEW HAVEN HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE SPECIFICALLY FOCUSED IN THE TOWNS WHERE THE HOSPITAL IS ENGAGED WITH COMMUNITY PARTNERS. THIS GEOGRAPHIC AREA INCLUDES THE CITY OF NEW HAVEN AND THE TOWNS COMPRISING THE INNER AND OUTER RING SUBURBS INCLUDING: EAST HAVEN, HAMDEN, WEST HAVEN, BETHANY, BRANFORD, GUILFORD, MILFORD, MADISON, ORANGE, NORTH BRANFORD, NORTH HAVEN, AND WOODBRIDGE. THE GREATER NEW HAVEN REGION HAS A POPULATION OF 465,227. THE MEDIAN AGE FOR BOTH THE POPULATION OF NEW HAVEN AND THE INNER RING TOWNS OF HAMDEN AND WEST HAVEN WERE LESS THAN THE STATE OF CONNECTICUT MEDIAN AGE (40.3) AND GREATER NEW HAVEN REGION (39.2) WHEREAS THE REMAINDER OF THE GREATER NEW HAVEN REGION INCLUDING EAST HAVEN AND THE TOWNS COMPRISING THE OUTER RING SUBURBS OF NEW HAVEN HAD HIGHER MEDIAN AGES RANGING FROM 43.6 TO 48. THE TOWNS IN THE REGION VARY DRAMATICALLY IN TERMS OF THEIR RACIAL AND ETHNIC COMPOSITION. THE TOWNS COMPRISING THE INNER AND OUTER RINGS OF NEW HAVEN ARE

Part VI Supplemental Information (Continuation)

RESPECTIVELY 63% WHITE AND 16% HISPANIC AND 89% WHITE AND 1% HISPANIC. BY CONTRAST, NEW HAVEN IS 32% WHITE AND 34% HISPANIC.

MEDIAN HOUSEHOLD INCOME IN THE STATE OF CONNECTICUT (\$69,899) AND THE GREATER NEW HAVEN REGION (\$65,764) ARE SIMILAR, HOWEVER WIDE GAPS EXIST WITHIN THE REGION ITSELF PARTICULARLY WHEN COMPARING THE INNER RING (\$59,872) AND OUTER RING (\$89,102). THE CITY OF NEW HAVEN HAS A MEDIAN INCOME OF \$37,508 WHICH IS LESS THAN HALF OF THE STATEWIDE MEDIAN INCOME. THE PROPORTION OF RESIDENTS IN THE GREATER NEW HAVEN REGION WITH A COLLEGE DEGREE OR HIGHER (39%) IS APPROXIMATELY THE SAME AS THE STATE OVERALL (37%). HOWEVER, THE NEW HAVEN PROMISE ZONE COMMUNITIES (17%) AND INNER RING SUBURBAN TOWNS OF EAST HAVEN AND WEST HAVEN (BOTH 21%) ARE SIGNIFICANTLY LESS THAN THAT OF THE STATE OF CONNECTICUT.

PART VI, LINE 5:

EVERY YEAR, YALE NEW HAVEN HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2016, YALE NEW HAVEN HOSPITAL MANAGED \$631.7 MILLION IN COMMUNITY BENEFITS THROUGH FINANCIAL AND IN-KIND CONTRIBUTIONS IN FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES.

YALE NEW HAVEN HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A VOLUNTARY BOARD OF TRUSTEES WITH THE MAJORITY OF THE MEMBERS RESIDING IN NEW HAVEN, GUILFORD, HAMDEN AND WOODBRIDGE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. THE HOSPITAL'S MEDICAL STAFF TOTALS

Part VI Supplemental Information (Continuation)

4,248 MEMBERS INCLUDING RESIDENTS, FELLOWS AND HOSPITALISTS.

YALE NEW HAVEN HOSPITAL, FOUNDED IN 1826 AS THE FIRST HOSPITAL IN CONNECTICUT, IS A 1,541-BED ACUTE AND TERTIARY CARE HOSPITAL. WITH TWO INPATIENT CAMPUSES IN NEW HAVEN, YALE NEW HAVEN IS THE PRIMARY TEACHING HOSPITAL FOR YALE SCHOOL OF MEDICINE AND IS A MAJOR TERTIARY CARE CENTER FOR ACUTELY ILL OR INJURED PATIENTS, RECEIVING REGIONAL, NATIONAL AND INTERNATIONAL REFERRALS. YALE NEW HAVEN HOSPITAL DISCHARGED 79,940 INPATIENTS AND PROVIDED 1.3 MILLION OUTPATIENT ENCOUNTERS. YALE NEW HAVEN HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE REGION AND THE SECOND LARGEST IN THE CITY OF NEW HAVEN WITH 12,700 EMPLOYEES IN 2016.

PART VI, LINE 6:

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

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

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