

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

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

**Part III 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	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<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) to determine eligibility for providing free 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> %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<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)			8368383.		8368383.	.85%
<b>b</b> Medicaid (from Worksheet 3, column a)			168635686.	148312496.	20323190.	2.06%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			177004069.	148312496.	28691573.	2.91%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			6185671.	105.	6185566.	.63%
<b>f</b> Health professions education (from Worksheet 5)			49199376.	14439509.	34759867.	3.53%
<b>g</b> Subsidized health services (from Worksheet 6)			9307561.	5378427.	3929134.	.40%
<b>h</b> Research (from Worksheet 7)			12844711.		12844711.	1.30%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			15119435.	11721892.	3397543.	.35%
<b>j Total.</b> Other Benefits			92656754.	31539933.	61116821.	6.21%
<b>k Total.</b> Add lines 7d and 7j			269660823.	179852429.	89808394.	9.12%

**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			216666.		216666.	.02%
2 Economic development			203942.		203942.	.02%
3 Community support			186660.	3585.	183075.	.02%
4 Environmental improvements			3293.		3293.	.00%
5 Leadership development and training for community members			126195.	140.	126055.	.01%
6 Coalition building			7174.		7174.	.00%
7 Community health improvement advocacy			19008.		19008.	.00%
8 Workforce development			54713.		54713.	.01%
9 Other						
10 Total			817651.	3725.	813926.	.08%

**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 .....	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy .....	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	294968734.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	268788601.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	26180133.
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 checked="" 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 (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 %

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 and address

1 Hartford Hospital
80 Seymour Street
Hartford, CT 06102

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks for the first seven categories.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: Hartford Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input 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 type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care? .....	<b>X</b>	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Income level		
<b>b</b> <input checked="" type="checkbox"/> Asset level		
<b>c</b> <input checked="" type="checkbox"/> Medical indigency		
<b>d</b> <input checked="" type="checkbox"/> Insurance status		
<b>e</b> <input checked="" type="checkbox"/> Uninsured discount		
<b>f</b> <input type="checkbox"/> Medicaid/Medicare		
<b>g</b> <input checked="" type="checkbox"/> State regulation		
<b>h</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b> <input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b> <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b> <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b> <input checked="" type="checkbox"/> The policy was available on request		
<b>g</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</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 actions the hospital facility may take upon non-payment? .....	<b>X</b>	
<b>15</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 patient's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		<b>X</b>
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		
<b>b</b> <input type="checkbox"/> Lawsuits		
<b>c</b> <input type="checkbox"/> Liens on residences		
<b>d</b> <input type="checkbox"/> Body attachments		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b> <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)		

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

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? .....

	Yes	No
<b>18</b>	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Individuals Eligible for Financial Assistance**

**19** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

<b>20</b>		X
<b>21</b>		X

**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....

If "Yes," explain in Part VI.

**21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

**Part V** Facility Information (continued)**Section C. 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? 13

Name and address	Type of Facility (describe)
1 Eye Center - Newington 505 Willard Avenue Newington, CT 06111	Eye Center
2 West Hartford Surgery Center 65 Memorial Road, Suite 500 West Hartford, CT 06102	General Cardiology, Integrative Medicine
3 The Sleep Center 1260 Silas Dean Hwy Wethersfield, CT 06109	Sleep Lab
4 Hartford Hosp. Healthcare - Enfield 113 Elm Street Enfield, CT 06082	Rehabilitation Services
5 Hartford Hospital Sleep Lab 533 Cottage Grove Road Bloomfield, CT 06002	Sleep Lab
6 Glastonbury Surgery Center, LLC 195 Eastern Boulevard Glastonbury, CT 06033	Nuclear Cardiology, Education Center
7 Glastonbury Endoscopy Center, LLC 300 Western Boulevard Glastonbury, CT 06033	Endoscopy Center, Education Center
8 Avon Family Wellness Center 339 West Main Street Avon, CT 06001	Wellness Center
9 Hartford Hosp. Healthcare - Windsor 1060 Day Hill Road Windsor, CT 06095	Education Center
10 Hart. Hosp. Healthcare - Wethersfield 1260 Silas Dean Hwy Wethersfield, CT 06109	Nuclear Cardiology, Education Center

**Part V Facility Information** (continued)

**Section C. 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 Avon Healthcare Center 100 Simsbury Road Avon, CT 06001	Nuclear Cardiology, Education Center
12 Duncaster Primary Care Satellite 40 Loeffler Road Bloomfield, CT 06002	Primary Care
13 South Windsor Family Wellness Center 1559 Sullivan Avenue South Windsor, CT 06074	Wellness Center



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 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.

Part I, Line 3c: Hartford Hospital used Federal Poverty Guidelines to determine eligibility.

Part I, Line 7: The organization utilized an overall cost to charge ratio, (RCC), developed from the audited Financial Statements, (AFS). Total expense was adjusted for: bad debt expense, directly identified community benefit expense and non-patient care expense, (as adjusted from the Medicare cost report). This was then divided by the total AFS gross revenue to develop the cost to charge ratio. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. The costs associated with Line 7h, were the actual costs reported in the organization's general ledger less any industry funded studies. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and g.

**Part V** Supplemental Information

Part I, Line 7g: No physician clinic costs were included in the subsidized Health Services cost calculations.

Part I, Ln 7 Col(f): The Bad Debt Expenses included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 22,658,424

Part II: Hartford Hospital recognizes the impact that the social determinants of health have on the wellness of the community it serves. The Hospital spent in excess of \$800,000 on community building activities during fiscal year 2012. The Hospital has addressed quality of life issues affecting residents in our community, who are predominantly minorities. Examples of these efforts to affect job opportunities and poverty; quality of housing; neighborhood safety; and education can be found in the following Community Building activities.

Advocacy for Community Health Improvement - Since the immediately adjacent community the Hospital serve is predominantly minorities, senior management provides expertise and resources to organizations in order to address social inequities and civil rights issues. Among these organizations are the Connecticut Coalition for Environmental Justice, Community Partners in Action (to assist people in the criminal justice system), Community Solutions (to provide alternatives to incarceration programs), and the Anti Defamation League.

Coalition Building - Hartford Hospital provides senior management support and resources to affect the allocation decisions and fundraising efforts by local organizations such as the United Way, Hartford Foundation for

**Part VI** Supplemental Information

Giving, and the Connecticut Council for Philanthropy to ensure programs to improve the wellness of local residents. These organizations make financial contributions to local agencies to provide free social services to our underprivileged population.

Community Support - To address the personal safety for participants at evening activities, as well as to prevent vandalism and break-ins, Hartford Hospital provides security patrols around the Girl Scout campus 24/7. Management participates on the boards of local homeless and domestic violence shelters and supports periodic employee activities to provide personal care and food items to those in need. The Hospital has donated funds to provide free ice skating at Bushnell Park during the winter season to allow underprivileged children and their families an opportunity to exercise outdoors in a safe environment.

Economic Development - Hartford Hospital is active in the marketing efforts to promote Hartford by the following organizations in order to bring more jobs and commerce to the city: Greater Hartford Visitors Convention Bureau; Metro Hartford Alliance; The Children's Museum, Connecticut Center for Advanced Technology; and Chambers of Commerce for towns in the Hospital's service area.

Leadership Development - Hartford Hospital supported the Latinas and Power Symposium, which provided professional development sessions on financial stability, personal growth, entrepreneurship and career building. This effort enhanced the job opportunities and improved the financial judgment of those currently living in poverty.

**Part VI** Supplemental Information

Mentoring Programs - Hartford Hospital provides support to programs such as Our Piece of the Pie for social and personal growth of urban youth; spelling bees; Hartford Public Schools city-wide Science Fair; and college scholarships through Capital Community College and Southside Institutions Neighborhood Alliance.

Part III, Line 4: Please see the text of the footnote that describes bad debt expense beginning on page 16 of the Audited Financial Statement.

In 2012 a pre-bad debt financial assistance screening was put in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2012 would be immaterial.

Part III, Line 8: Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b: The Financial Assistance Policy states: In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Hospital, the Hospital reserves the right to begin collection actions, including but not limited

**Part V** Supplemental Information

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

Hartford Hospital:

Part V, Section B, Line 13g: A public notice regarding financial assistance and availability of free beds funds are posted at all of the registration sites, including admitting and emergency department.

Hartford Hospital:

Part V, Section B, Line 19d: Hartford Hospital is in the process of adopting proposed 501r regulations. Once the regulations are final the hospital will be in compliance.

Part VI, Line 2: Hartford Hospital conducted a Community Health Needs Assessment in collaboration with the Hartford Department of Health and Human Services, St. Francis Hospital and the Connecticut Children's Medical Center. The Health Needs Assessment was completed in March, 2012. The consortium hired a national consulting firm to conduct Key Respondent interviews with local social service, health, government and community leaders. In addition, the results from a survey of over 400 Hartford

**Part VI** Supplemental Information

residents by the Urban Alliance were incorporated into the findings. To be in compliance with IRS regulations, the Hospital will conduct a Needs Assessment at least once in every three years, and adopt an implementation strategy to meet the community health needs identified through such assessment.

Part VI, Line 3: Hartford Hospital disseminates information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other Hospital patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in admissions, patient registration discharge, billing and collection written communications; (iii) post the Policy on the Hospital's Home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy.

Part VI, Line 4: Hartford Hospital is located in the capital of the State of Connecticut, which is one of the poorest cities in the nation with 31.9% of all of its residents and 38.3% of its families with children under the age of 18 living below the poverty line (US Census 2010). According to the CHNA just completed, the City of Hartford's population of 124,775+/- remains overwhelmingly minority and is comprised of 42% Hispanic, 37% Black. White and other groups make up the rest of the population. The median age of Hartford residents is 31 (CERC, 2011). This compares unfavorably with Hartford County's median age of 40. In 2010,

**Part VI** Supplemental Information

the median income per household within the City of Hartford was \$26,055 (CERC, 2011). This compares unfavorably with Hartford County's median household income of \$60,177 (CERC, 2011). According to the Connecticut Department of Labor, the unemployment rate in the City of Hartford was estimated to be 15.4% in October, 2011 versus a statewide rate of 8.2%.

There is one other acute care hospital in Hartford proper and two smaller acute care hospitals in nearby suburbs.

Part VI, Line 5: The majority of Hartford Hospital's governing board is comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

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

The Hospital has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means-tested programs, as well as for the Hospital's Financial Assistance Program.

As a tertiary academic medical center, teaching hospital and Level 1 Trauma Center, Hartford Hospital provides specialized services not

**Part VI** Supplemental Information

available at other hospitals. These services are provided regardless of a patient's ability to pay.

Hartford Hospital is the Center for Emergency Medical Preparedness for the Connecticut Department of Emergency Management and Homeland Security for Regions 3 and 4. These regions include 15 hospitals. HH has responsibility for planning and training activities that service all of these hospitals.

The hospital uses its surplus funds to provide additional benefits to its patients and the community it serves as detailed in Sch O.

Part VI, Line 6: Hartford Hospital is an affiliate of Hartford HealthCare Corporation (HHC). HHC strives to provide compassionate care designed to deliver the necessary health services needed by the community. Hartford HealthCare Strategic Planning and Community Benefit Planning Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

HHC affiliation creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows the small communities easy and expedient access to the more extensive and specialized services the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and



**Part VI** Supplemental Information

Innovation located at Hartford Hospital, the flagship tertiary medical center of the system hospitals.

The affiliation further enhances the hospitals' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as containment strategies. These organizations provide significant benefits to the community. These benefits are not reported in the Community Benefit data provided by the hospital.

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

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