

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **Midstate Medical Center** Employer identification number **06-0646715**

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"/>	
1b 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 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> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	<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						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2106034.	0.	2106034.	1.00%
b Medicaid (from Worksheet 3, column a)			48442436.	29028397.	19414039.	9.19%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			50548470.	29028397.	21520073.	10.19%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			297,013.	0.	297,013.	.14%
f Health professions education (from Worksheet 5)			360,836.	0.	360,836.	.17%
g Subsidized health services (from Worksheet 6)			641,205.	262,786.	378,419.	.18%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,228.	0.	12,228.	.01%
j Total. Other Benefits			1311282.	262,786.	1048496.	.50%
k Total. Add lines 7d and 7j			51859752.	29291183.	22568569.	10.69%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes, No. Rows include: 1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes, No); 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, 4,423,863.); 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, 0.).

Section B. Medicare

Table for Section B with columns Yes, No. Rows include: 5. Enter total revenue received from Medicare (including DSH and IME) (5, 59,728,440.); 6. Enter Medicare allowable costs of care relating to payments on line 5 (6, 66,970,345.); 7. Subtract line 6 from line 5. This is the surplus (or shortfall) (7, -7,241,905.); 8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system, [X] Cost to charge ratio, [] Other.

Section C. Collection Practices

Table for Section C with columns Yes, No. Rows include: 9a. Did the organization have a written debt collection policy during the tax year? (Yes, No); 9b. If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI (Yes, No).

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

Table with 5 columns: (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, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Midstate Medical Center									
435 Lewis Avenue									
Meriden, CT 06451									
0070									
X									

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 MidState Medical Center

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MidState Medical Center

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

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group MidState Medical Center

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		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 type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 3j: This assessment incorporated data from both quantitative and qualitative sources. Quantitative data input include primary research and secondary research. The survey instrument used for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

To ensure the best representation of the population surveyed, a telephone interview methodology - one that incorporates both landline and cell phone interviews - was employed. The sample design used for this effort consisted of a random sample of 603 individuals age 18 and older in the MidState Medical Center service area. Because the study was part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Hartford Region as a whole.

A variety of existing (secondary) data sources was consulted to complement the research quality of the Community Health Needs Assessment.

Part V, Section B, Line 7a

https://www.midstatemedical.org/healthy_reports_assessment.aspx

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.

MidState Medical Center:

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

Berlin Senior Center

Boys and Girls Club of Meriden

Bristol Community Organization

Bristol-Burlington Health District

Calendar House Southington Senior Center

Central Connecticut Senior Health Services

Community Health Center, Inc.

Connecticut Association for Community Action

Girls Incorporated of Meriden

Greater New Britain Chamber of Commerce

Meriden Senior Center

Meriden-Wallingford Chrysalis, Inc.

MHT Christians in Action

MidState Medical Center

Quinnipiac Chamber of Commerce

South Central CT Substance Abuse Council

Southington Library

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.

Southington Public Schools

The Hospital of Central Connecticut

United Way

Wallingford Health Department

Wallingford Senior Center

Women and Families Center

YMCA

Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take a survey online. Key informants were asked to rate the degrees to which various health issues were a problem in the Central Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed.

MidState Medical Center recognizes that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. In terms of content, the assessment was designed to provide a comprehensive and broad picture of the health of the overall community. The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations, such as uninsured

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.

persons, low-income persons, and racial/ethnic minority groups. For additional statistics about uninsured, low-income, and minority health needs please refer to the complete Community Health Needs Assessment report, which can be viewed online at:

https://www.midstatemedical.org/healthy_reports_assessment.aspx

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

MidState Medical Center:

Part V, Section B, Line 11: As individual organizations begin to parse out the information from the 2015 Community Health Needs Assessment, it is MidState Medical Center's goal that this will foster greater desire to embark on a community-wide community health improvement planning process. MidState Medical Center has expressed this intention to partnering organizations and is committed to being a productive member in this process as it evolves.

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.

In addition, formal collaboratives have been formed, and system-wide initiatives have been launched that address nutrition education such as our partnership with a statewide super market retailer. In acknowledging the wide range of priority health issues that emerged from the CHNA process, MidState Medical Center determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence:

- *Nutrition, Physical Activity & Weight Status
- *Mental Health & Substance Abuse
- *Heart Disease/Stroke
- *Diabetes
- *Cancer

Other identified needs were:

- *Substance Abuse
- *Infant Health & Family Planning
- *Injury & Violence
- *Potentially Disabling Conditions
- *Sexually Transmitted Diseases
- *HIV/AIDS
- *Chronic Kidney Disease

In acknowledging the wide range of priority health issues that emerged from the CHNA process, MidState Medical Center determined that it could

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.

only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action/ Reason

Chronic Kidney Disease:

MMC believes that efforts outlined herein to improve and increase awareness of healthy lifestyles will have a positive impact on the detection of kidney disease and that we do not have the available resources to create a separate set of kidney-specific initiatives.

Dementia, including Alzheimer's Disease:

MMC believes that this priority area falls more within the purview of local organizations, such as the area Alzheimer's Resource Center. MMC will support communication of these services.

Potentially Disabling Conductions:

Those voting felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.

Respiratory Diseases:

MMC participates in a statewide asthma collaborative established by the CT Department of Public Health and The CT Hospital Association. MMC will support the established initiatives from this collaborative.

Sexually Transmitted Diseases:

MMC believes that this priority area falls more within the purview of the

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

community/district health departments and other community organizations.
Limited resources and lower priority excluded this as an area chosen for
action.

HIV/AIDS:

MMC believes that this priority area falls more within the purview of the
community/district health departments and other community organizations.
Limited resources and lower priority excluded this as an area chosen for
action.

Infant Health & Family Planning:

MMC has limited resources, services, and expertise to address these
issues. Other community organizations have infrastructure and programs in
place to better address these needs. Limited resources excluded this as
an area chosen for action.

Injury & Violence Prevention:

MMC believes that this priority area falls more within the purview of the
community/district health departments and other community organizations.
Limited resources and lower priority excluded this as an area chosen for
action.

Sch H Part V, Line 9:

Although the approved implementation strategy date reflects the 2014 tax
year, the implementation strategy was approved in December 2015. The
organization reports its data on a fiscal year basis. As a result, the
current software prevents the disclosure of the 2015 date on the current

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.

Form. The correct date (2015) will be reflected on FY16 Form.

MidState Medical Center:

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

MidState Medical Center:

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

MidState Medical Center

Part V, line 16a, FAP website:
http://www.midstatemedical.org/pv_patient_billing_insurance.aspx

MidState Medical Center

Part V, line 16b, FAP Application website:
http://www.midstatemedical.org/pv_patient_billing_insurance.aspx

MidState Medical Center

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

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.

http://www.midstatemedical.org/pv_patient_billing_insurance.aspx

MidState Medical Center:

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

MidState Medical Center:

Part V, Section B, Line 22d: For FY15, the hospital did a computation to determine on average insurance companies reimbursement for the types of services rendered. The average (discount) was offered to all self-pay patients without regards to financial ability. Patients who were unable to pay their bills were able to apply for financial assistance. Based upon factors including family size & income, patients were eligible to receive write-offs ranging between 25 - 100%.

The Hospital Financial Assistance Policy (effective January 1, 2016) is compliant with IRS Code Sec. 501R. Per the Hospital's policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed to individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Starting January 1, 2016, the Hospital used the IRS 501R prescribed methodology to compute self-pay discount (AGB discount). The Hospital

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

calculates AGB based on a retrospective or look back review of amounts allowed by government (Medicare, Medicaid, etc.) and commercial insurance.

Lined area for supplemental information.

Part V 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:

Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility.

Part I, Line 7:

The organization utilized the Ratio of Cost to Charges (RCC) derived from the FY 2015 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community expenses. 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. 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 Line 7g.

Part I, Line 7g:

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Part V Supplemental Information (Continuation)

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

Part II, Community Building Activities:

MidState Medical Center has a very robust community benefits program.

MidState coordinates a Community Vision group that interacts with the community to address needs and facilitate responses to identified needs.

Through Community Vision, MidState has collaborated with the United Way of Meriden and Wallingford to address food collection and distribution for the needy while also conducting semi-annual food collections within the hospital for distribution to those in need. More specifically, MidState is involved in a Family Zone in Meriden that is modeled after the Harlem Children Zone in New York and provides extended services to families who reside in a targeted segment of the community. MidState representatives also serve on a housing coalition that addresses the need for housing and shelter in its primary service area. Since basic needs, such as food and housing, are tied to health status, MidState's participation in these initiatives alongside the United Way has been important and beneficial to the community the hospital serves.

MidState staff is also involved in workforce development activities through a regional board that is focused on training, education, and employment opportunities. This enhances the training of the workforce and also can lead to career opportunities at MidState Medical Center.

Furthermore, MidState is proud of the school business partnerships it has in the community, further addressing workforce development efforts among the area's youth and understanding that employment is another factor tied to health status.

Part VI Supplemental Information (Continuation)

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

Over 20 years ago MidState and its community partners, under the Healthy Meriden initiative, established the Multidisciplinary Geriatric Service Provider Team to bring together all the geriatric service providers in the area to address health issues that the elderly face and how the organizations around the table can better address those issues through collaboration, more coordinated service, and networking. The team still continues to meet monthly and participation is strong. MidState assists with organizing these meetings and serves as a meeting location for the group. Through this specialized team, work is being done to improve the healthcare services available to our aging population.

For FY15, the Medical Center expended \$4,161 on community building activities as reported on Part II of schedule H and in the narratives above.

Part III, Line 2:

The Hospital has established estimates based on information presently

Part VI Supplemental Information (Continuation)

available of amounts due to or from Medicare, Medicaid, and third-party payers for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets.

Part III, Line 3:

In 2012, a pre-bad debt financial assistance screening was put in place to identify patients that may 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 FY15 is immaterial.

Part III, Line 4:

Please see the text of the footnote that describes bad debt expense on pages 19 - 22 of the Audited Financial Statement.

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. Therefore the Medicare shortfall should be considered to be a community benefit. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b:

MidState Medical Center has adopted the Financial Assistance Policy of its

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Part VI Supplemental Information (Continuation)

Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities 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.

Part VI, Line 2:

MidState Medical Center conducts needs assessment every three years. The assessment includes:

1. Primary data, including focus groups, surveys both on paper and on the phone. This data addresses behaviors and perceptions.
2. Secondary data, including morbidity and mortality data, crime statistics, housing and homeless information, substance abuse, alcohol, and tobacco survey results, workforce data, and demographic information.
3. Other available data from various local, state, and national resources. This data is correlated and evaluated and leads to specific issues related to basic needs, health, housing, workforce, and issues related to specific age groups, including seniors and youth. A community group, incorporating MidState Medical Center, United Way, Chamber of Commerce, as well as other health and human service organizations, key opinion leaders, business leaders, clergy, and other volunteers collaborate to address these issues. This group has convened community-based task forces to address identified

Part VI Supplemental Information (Continuation)

issues.

The Center continues to use emergency room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

Part VI, Line 3:

MidState Medical Center disseminates information about its Financial Assistance Policy as follows: (i) provides 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) to directly provide each patient with a written summary information describing the Policy along with financial assistance contact information in all admission, patient registration discharge, billing and collection written communications; (iii) posts the Policy on the Hospital's website; (iv) educates 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:

MidState Medical Center is located in central Connecticut. Its primary service area has a total population of 178,012 people. Of those, 22% are

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

under the age of 18 and 15% are Seniors. The racial makeup is 77% White, 4% Black, 14% Hispanic and 3% Asian. Females make up 51% of the populations and males account for 49%. There are about 5,000 veterans in the service area. 8% of the population lives below the poverty level. Approximately 26% speak a language other than English at home. 32% have a Bachelor's degree or higher.

Part VI, Line 5:

The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. In towns across central Connecticut, MidState is committed and focused on efforts to promote health and wellness.

MidState Medical Center extends medical staff privileges to all qualified physicians in its community. The Hospital/Medical Center has partnered with the Community Health Center to provide health services to the underserved in the community. In addition, MidState participates in Community Vision to improve community health and well-being.

MidState 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 such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for services.

In towns across central Connecticut, MidState Medical Center is committed

Part V Supplemental Information (Continuation)

and focused on efforts to promote health and wellness in the communities the hospital serves.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff reach out to thousands of individuals every year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents.

MidState has coordinated and participated in many different program categories, including health fairs, countless educational seminars and dozens of free health screenings. The hospital also offers a number of support groups for cancer patients, new moms, diabetes patients and bereavement support. Through the combination of these programs, MidState has served tens of thousands of people.

Our MidState physicians and clinicians hold speaking engagements at various community locations to offer individuals the opportunity to ask questions and learn about specific health conditions and ways of leading a healthier lifestyle. Programming is consistently offered free of charge for local senior centers, libraries, YMCAs, women's groups, faith communities, Rotary clubs, Kiwanis, and other community groups. Together the Central Region participates in a Healthy Family FunFest held at the Aqua Turf annually and open to the public free of charge.

MidState takes a collaborative approach to building a healthier community, working with a variety of organizations on a number of initiatives to enhance the health and well-being of those we serve. In the last year,

Part VI Supplemental Information (Continuation)

MidState is privileged to have worked with the United Way of Meriden & Wallingford, the Cheshire and Wallingford YMCAS, its local health departments and the Meriden Chamber Health and Wellness Council. MidState has been particularly involved this year in the Activate Wallingford initiative with the Wallingford YMCA to address the issue of childhood obesity in the Wallingford Community.

Our medical and consumer health library offers a broad range of resources and services to support the needs of patients, caregivers and area residents for accurate and current health information. The Tremaine Resource Center supports student research and offers services to patients in the hospital.

Part VI, Line 6:

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

Part VI Supplemental Information (Continuation)

important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care."

The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows small communities easy and expedient access to the more extensive and specialized services 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 Innovation located at Hartford Hospital, the largest of the system hospitals.

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

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:

CT