

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

THE MILFORD HOSPITAL, INC.

Employer identification number
06-0646741

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1 a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a ~~~~~
 b If "Yes," was it a written policy?
 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.
 Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
 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: ~~~~~
 100% 150% 200% Other 250 %
 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: ~~~~~
 200% 250% 300% 350% 400% Other _____ %
 c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.
- 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5 a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? ~~~~~
 b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? ~~~~~
 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? ~~~~~ 6
 a Did the organization prepare a community benefit report during the tax year? ~~~~~
 b If "Yes," did the organization make it available to the public? ~~~~~

| | Yes | No |
|----|-----|----|
| 1a | X | |
| 1b | X | |
| 3a | X | |
| 3b | X | |
| 4 | X | |
| 5a | X | |
| 5b | | X |
| 5c | | |
| 6a | X | |
| 6b | X | |

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 | (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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) ~~~~~ | | 154 | 121,393. | 13,767. | 107,626. | .15% |
| b Medicaid (from Worksheet 3, column a) ~~~~~ | | 10,026 | 10,721,490. | 7,020,293. | 3,701,197. | 5.33% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) ~~~~~ | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 10,180 | 10,842,883. | 7,034,060. | 3,808,823. | 5.48% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) ~~~~~ | 27 | 98,581 | 88,623. | 6,377. | 82,246. | .12% |
| f Health professions education (from Worksheet 5) ~~~~~ | 5 | 170 | 397,047. | | 397,047. | .57% |
| g Subsidized health services (from Worksheet 6) ~~~~~ | | | | | | |
| h Research (from Worksheet 7) ~~~~~ | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) ~~~~~ | 8 | 68,135 | 47,578. | | 47,578. | .07% |
| j Total. Other Benefits ~~~~~ | 40 | 166,886 | 533,248. | 6,377. | 526,871. | .76% |
| k Total. Add lines 7d and 7j <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 40 | 177,066 | 11,376,131. | 7,040,437. | 4,335,694. | 6.24% |

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 FACILITY REPORTING GROUP - A

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? ~~~~~ | | 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 ~~~~~ | | 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 ~~~~~ If "Yes," indicate what the CHNA report describes (check all that apply): | X | |
| 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 Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 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 ~~~~~ | 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 ~~~~~ | 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 ~~~~~ | X | |
| 7 Did the hospital facility make its CHNA report widely available to the public? ~~~~~ If "Yes," indicate how the CHNA report was made widely available (check all that apply): | X | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.MILFORDHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-A</u> | | |
| b Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d 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 ~~~~~ | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u> | X | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? ~~~~~ | | |
| a If "Yes," (list url): <u>HTTP://WWW.MILFORDHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u> | | X |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? ~~~~~ | | |
| 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)? ~~~~~ | | X |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ~~~~~ | | |
| 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 **FACILITY REPORTING GROUP - A**

| | | 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? ~~~~~ If "Yes," indicate the eligibility criteria explained in the FAP: | X | |
| 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 | 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 | Residency | | |
| h | 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? ~~~~~ 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): | X | |
| 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 | Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? ~~~~~ If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u> | | |
| b | The FAP application form was widely available on a website (list url): _____ | | |
| c | A plain language summary of the FAP was widely available on a website (list url): _____ | | |
| 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 checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | 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 | Reporting to credit agency(ies) | | |
| b | Selling an individual's debt to another party | | |
| c | Actions that require a legal or judicial process | | |
| d | 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 FACILITY REPORTING GROUP - A

| | 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? ~~~~~ If "Yes," check all actions in which the hospital facility or a third party engaged: | | X |
| a Reporting to credit agency(ies) | | |
| b Selling an individual's debt to another party | | |
| c Actions that require a legal or judicial process | | |
| d 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 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? ~~~~~ If "No," indicate why: | 21 | X | |
| 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 Section C) | | | |
| d 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 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 The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| d 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? ~~~~~ If "Yes," explain in Section C. | 23 | | X |
| 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? ~~~~~ If "Yes," explain in Section C. | 24 | | X |

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.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

PART V, LINE 16A, FAP WEBSITE:

WWW.MILFORDHOSPITAL.ORG/PATIENTS-VISITORS/BILLING-INFORMATION/

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: THE MILFORD HOSPITAL, INC.

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 5: TO BOTH REMAIN IN COMPLIANCE WITH THE ACA, AS

WELL AS, BECAUSE OF OUR ONGOING COMMITMENT TO THE HEALTH OF THE

COMMUNITIES WE SERVE, MILFORD HOSPITAL PROUDLY JOINED THE HEALTHIER

GREATER NEW HAVEN PARTNERSHIP TO COMPLETE OUR 2016 COMMUNITY HEALTH NEEDS

ASSESSMENT. IN DEVELOPING AN IMPLEMENTATION STRATEGY AND COMMUNITY PLAN,

THE HOSPITAL CONDUCTED FOCUS GROUPS WITH COMMUNITY MEMBERS. MEMBERS WERE

REPRESENTATIVE OF KEY DEMOGRAPHIC AREAS INCLUDING THE AGING POPULATION AND

PARENTS. THE HOSPITAL HELD A STRATEGIC PLANNING SESSION FOR OUR

IMPLEMENTATION PLAN WITH THE FOLLOWING COMMUNITY LEADERS AND PROVIDERS:

JOSEPH PELACCIA, MILFORD HOSPITAL, PRESIDENT AND CEO

LAURA SMITH, MILFORD HOSPITAL, VICE PRESIDENT FINANCE AND CFO

DR. LLOYD FRIEDMAN, VICE PRESIDENT MEDICAL AFFAIRS AND COO

KAREN KIPFER, MILFORD HOSPITAL, DIRECTOR OF COMMUNITY RELATIONS

MARCY WINKEL, MILFORD HOSPITAL, DIRECTOR, SOCIAL SERVICES

SENATOR GAYLE SLOSSBERG, STATE SENATOR

REP PAM STANESKI, STATE REPRESENTATIVE MILFORD/ORANGE

REP CHARLES FERRARO, STATE REPRESENTATIVE MILFORD/ORANGE/WEST 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.

REP KIM ROSE, STATE REPRESENTATIVE MILFORD

MAYOR BEN BLAKE, CITY OF MILFORD

JOAN CAMPBELL, CITY OF MILFORD, DIRECTOR OF NURSING, HEALTH DEPARTMENT

JOSEPH DEEPA, CITY OF MILFORD, DIRECTOR, HEALTH DEPARTMENT

MAUREEN LILLIS, CITY OF WEST HAVEN HEALTH DEPARTMENT, DIRECTOR

JULIE NASH, CITY OF MILFORD, ECONOMIC & COMMUNITY DEVELOPMENT DIRECTOR

ELIZABETH FESER, CITY OF MILFORD, SUPERINTENDENT OF SCHOOLS

DR. ANDREW CARLSON, CITY OF MILFORD, SCHOOL & COMMUNITY MEDICAL ADVISOR

DR. ROBERT LEWIS, CARDIOVASCULAR PHYSICIANS AND CONSULTANTS, CARDIOLOGIST

BARBARA DEMAURO, BRIDGES, PRESIDENT AND CEO

WENDY GIBBONS, MILFORD PREVENTION COUNCIL, DIRECTOR

JANICE JACKSON, MILFORD SENIOR CENTER, EXECUTIVE DIRECTOR

GARY JOHNSON, UNITED WAY OF MILFORD, EXECUTIVE DIRECTOR

PEGGY KELLY, MILFORD FAMILY RESOURCE CENTER, DIRECTOR

JOYCE LINDSAY, HOME CARE PLUS, DIRECTOR

AUGUSTA MUELLER, YNH SYSTEM, DIRECTOR, COMMUNITY BENEFIT

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 6A: THE HOSPITAL'S CHNA WAS CONDUCTED WITH ONE

OTHER HOSPITAL FACILITY - YALE NEW HAVEN HOSPITAL.

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 6B: THE HOSPITAL'S CHNA WAS CONDUCTED WITH THE

PARTNERS OF HEALTHIER GREATER NEW HAVEN. ALL PARTNERS ARE AS FOLLOWS:

CLIFFORD BEERS CLINIC

COMMUNICARE

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.

CT MENTAL HEALTH CENTER

CORNELL SCOTT-HILL HEALTH CENTER

FAIR HAVEN COMMUNITY HEALTH CENTER

MILFORD HOSPITAL

NORTHEAST MEDICAL GROUP

NEW HAVEN COMMUNITY MEDICAL GROUP

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

PROJECT ACCESS- NEW HAVEN

SCHOOL-BASED HEALTH CENTERS

SOUTHERN CENTRAL CT CONSORTIUM

YALE NEW HAVEN HEALTH

YALE NEW HAVEN HOSPITAL

YALE MEDICAL GROUP

YALE PEDIATRIC & INTERNAL MEDICINE

EAST SHORE DISTRICT HEALTH DISTRICT

GUILFORD HEALTH DEPARTMENT

MADISON HEALTH DEPARTMENT

MILFORD HEALTH DEPARTMENT

NEW HAVEN HEALTH DEPARTMENT

QUINNIPIACK VALLEY HEALTH DISTRICT

WEST HAVEN HEALTH DEPARTMENT

HOUSING AUTHORITY OF NEW HAVEN

NEW HAVEN COMMUNITY SERVICES ADMINISTRATION

NEW HAVEN PARKS, RECREATION AND TREES

CENTRAL CT COAST YMCA AND ELM CITY, HAMDEN/ NORTH HAVEN SOUNDVIEW FAMILY

AND WOODRUFF FAMILY YMCA LOCATIONS

COMMON GROUND HIGH SCHOOL

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.

DATA HAVEN

NEW HAVEN FAMILY ALLIANCE

NEW HAVEN HEALTHY START

NEW HAVEN LAND TRUST

AMERICAN CANCER SOCIETY

AMERICAN LUNG ASSOCIATION

CAIR

CONNECTICUT HOSPITAL ASSOCIATION

CT ACADEMY OF NUTRITION AND DIETETICS

NEW HAVEN FOOD POLICY COUNCIL

HEALTHY WEST HAVEN COLLABORATIVE

MATCH COALITION

MILFORD PREVENTION COUNCIL

NEW HAVEN DENTAL ASSOCIATION

PROJECT SMILE CT

PUTTING ON AIRS

REGION 6 ASTHMA ADVISORY COUNCIL

TOBACCO-FREE NEW HAVEN COALITION

TRIGGERS BE GONE

NEW HAVEN PUBLIC SCHOOLS (DISTRICT WELLNESS COMMITTEE)

SOUTHERN CT STATE UNIVERSITY

YALE SCHOOL OF MEDICINE, PRIMARY CARE RESIDENCY PROGRAM

YALE SCHOOL OF MEDICINE, SCHOLARS PROGRAM

COMMUNITY ALLIANCE FOR RESEARCH & ENGAGEMENT (CARE) AT THE YALE SCHOOL OF

PUBLIC HEALTH

COMMUNITY FOUNDATION FOR GREATER NEW HAVEN

UNITED WAY OF 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.

UNITED WAY OF MILFORD

CT DENTAL HEALTH PARTNERS

CT DEPARTMENT OF CORRECTIONS

CT DEPARTMENT OF PUBLIC HEALTH

CT DEPARTMENT OF SOCIAL SERVICES

CT STATE DEPARTMENT OF EDUCATION

CT STATE DENTAL ASSOCIATION

ACCESS HEALTH CT

COMMUNITY HEALTH NETWORK

GREATER NEW HAVEN CHAMBER OF COMMERCE

LOGISTICARE

FACILITY REPORTING GROUP - A

PART V, SECTION B, LINE 11: THE MILFORD HOSPITAL IS ADDRESSING THREE MAIN

PRIORITIES IDENTIFIED IN ITS MOST RECENT CHNA: ACCESS TO CARE, HEALTHY

LIFESTYLES, & MENTAL HEALTH & SUBSTANCE ABUSE.

THE FIRST PRIORITY IS TO PROVIDE ACCESS TO CARE BY ACHIEVING ACCESS TO

INTEGRATED HEALTH SERVICES IN THE GREATER NEW HAVEN REGION. THE STRATEGIES

FOR MEETING THIS GOAL ARE:

- DECREASE THE NUMBER OF PEOPLE WHO ARE NEGATIVELY IMPACTED BY INSURANCE

REDETERMINATION IN GREATER NEW HAVEN.

- INCREASE THE NUMBER OF YOUNG ADULTS AND ADULTS THAT HAVE A PRIMARY CARE

PROVIDER OR PLACE IN GREATER NEW HAVEN.

- DECREASE THE NUMBER OF PATIENTS EXPRESSING DIFFICULTY IN ACCESSING

HEALTH SERVICES DUE TO THE LACK OF NONEMERGENCY TRANSPORTATION.

- INCREASE ADULTS ACCESSING DENTAL CARE IN 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.

- INCREASE ACCESS TO SPECIALTY CARE

THE SECOND PRIORITY IS HEALTHY LIFESTYLES BY REDUCING THE PREVALENCE AND

BURDEN OF CHRONIC DISEASE THROUGH SUSTAINABLE, EVIDENCE-BASED EFFORTS. THE

STRATEGIES FOR MEETING THIS GOAL ARE:

- TO PROMOTE HEALTHY EATING IN GREATER NEW HAVEN.

- TO PROMOTE PHYSICAL ACTIVITY IN GREATER NEW HAVEN.

- TO ADVOCATE FOR CHANGE TO IMPROVE ACCESS TO HEALTHY FOOD, PHYSICAL

ACTIVITY, AND ISSUES THAT IMPACT HEALTHY LIFESTYLES.

- TO EDUCATE THE COMMUNITY ABOUT THE DANGERS OF ALL FORMS OF TOBACCO.

- TO PROMOTE AND ENHANCE EVIDENCE-BASED APPROACHES FOR POPULATION-BASED

ASTHMA CARE THAT SUPPORTS THE MEDICAL HOME AND COMMUNITY-WIDE EFFORTS.

- TO PROMOTE FINANCIAL SUPPORT AND REIMBURSEMENT FOR EVIDENCE-BASED LEVELS

OF COST-EFFECTIVE ASTHMA CARE AND REVISE PROCESSES AND POLICIES THAT

RESULT IN EXCESS UTILIZATION OF HOSPITAL SERVICES.

- IDENTIFY ADDITIONAL MEASURES/TABLES TO ADD TO THE CT ASTHMA SURVEILLANCE

REPORT TO BETTER UNDERSTAND DISPARITIES AND OTHER VARIABLES AND SEEK TO

FURTHER ALIGN THE CHIP WITH DPH'S STATE HEALTH IMPROVEMENT PLAN.

- TO SUPPORT NEW HAVEN CITY TRANSFORMATION PLAN'S EFFORTS TO TARGET AREAS

IDENTIFIED WITH HIGH CONCENTRATIONS OF CHILDREN WITH ASTHMA.

WHILE THE HOSPITAL IS FOCUSING ON THESE THREE MAIN PRIORITY AREAS, THERE

ARE OTHER AREAS THAT HAVE BEEN IDENTIFIED THAT ARE CURRENTLY NOT BEING

DIRECTLY ADDRESSED BY THE HOSPITAL. THE OTHER AREAS IDENTIFIED AS

EMERGING ISSUES ARE: -LACK OF AFFORDABLE COMMUNITY ACTIVITIES, LACK OF

COORDINATION OF AGENCIES, LACK OF AFFORDABLE INSURANCE, LACK OF SUFFICIENT

TRANSPORTATION, ENVIRONMENT AND CLIMATE CHANGE, INCREASING AGING

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 7:

THE CALCULATION OF THE HOSPITAL'S RCC WAS DERIVED FROM WORKSHEET 2 OF THE
FORM 990 INSTRUCTIONS.

PART I, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
IS \$4,447,525.

PART III, LINE 2:

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED
BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS
RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF
AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE
ACCOUNTS. THE AMOUNT OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED
UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS,
BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH
CARE COVERAGE AND OTHER COLLECTION INDICATORS.

Part VI Supplemental Information (Continuation)

PART III, LINE 3:

THE HOSPITAL DOES NOT RECEIVE PAYMENTS FOR HEALTHCARE SERVICES PROVIDED TO UNINSURED INDIVIDUALS IN THE MILFORD COMMUNITY. INDIVIDUAL MEMBERS OF THE COMMUNITY ARE BENEFITING FROM GETTING HEALTHCARE SERVICES AT NO COST TO THEM.

PART III, LINE 4:

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS RESULT FROM THE PROVISION FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE AMOUNT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE HOSPITAL'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSISTS OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES, AND PRIVATE PATIENTS. THE HOSPITAL MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS, AND BY PROVIDING APPROPRIATE ALLOWANCES FOR DOUBTFUL AMOUNTS. SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE, BEFORE ALLOWANCES FOR DOUBTFUL ACCOUNTS, INCLUDE 40% FOR MEDICARE, AND 11% AND 7% FOR MEDICAID, AT SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

PART III, LINE 8:

THE HOSPITAL'S COSTS EXCEED REVENUE RECEIVED FROM CMS FOR MEDICARE PATIENTS BY APPROXIMATELY \$8.1M. THE COSTS WERE DERIVED FROM THE MEDICARE

Part VI Supplemental Information (Continuation)

COST REPORT.

PART III, LINE 9B:

THE HOSPITAL HAS POLICIES AND PROCEDURES TO ASSIST COLLECTION PERSONNEL IN DETERMINING A PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE WHO HAVE NO INSURANCE AND MEET SPECIFIC INCOME THRESHOLDS BASED ON THE POVERTY GUIDELINES.

PART VI, LINE 2:

IN ADDITION TO THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH GUIDES THE PLANNING AND IMPLEMENTATION OF HEALTH AND WELLNESS PROGRAMMING AND SERVICES, MILFORD HOSPITAL SURVEYS COMMUNITY ORGANIZATIONS, THE SCHOOL SYSTEMS AND THE LOCAL GOVERNMENT TO ASSESS THE HEALTH AND EDUCATIONAL NEEDS OF THE COMMUNITY. THIS IS DONE VIA COMMITTEE AND COALITION MEETINGS AND PARTNERSHIPS, AS WELL AS, INFORMAL AND FORMAL SURVEYS AND EVALUATIONS.

PART VI, LINE 3:

NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS POSTED BY THE HOSPITAL IN BOTH ENGLISH AND SPANISH IN THE FOLLOWING LOCATIONS: ADMITTING, EMERGENCY, BILLING AND CREDIT AND COLLECTIONS AND SOCIAL SERVICES DEPARTMENTS. FINANCIAL ASSISTANCE INFORMATION IS ALSO MADE PUBLICLY AVAILABLE ON THE MILFORD HOSPITAL WEBSITE.

PART VI, LINE 4:

MILFORD HOSPITAL SERVES THE COMMUNITY OF MILFORD, CT AND SEVERAL SURROUNDING COMMUNITIES. MILFORD IS A SMALL CITY OF 52,759 RESIDENTS LOCATED ON LONG ISLAND SOUND. THE ECONOMY IS DIVERSIFIED AND SUPPORTS MANUFACTURING, RETAIL, CORPORATE OFFICE AND SERVICE INDUSTRIES. THE

Part VI Supplemental Information (Continuation)

MAJORITY OF THE POPULATION IDENTIFIES THEMSELVES AS WHITE (89.15%),
 HOWEVER, THE ASIAN AND HISPANIC POPULATIONS HAVE INCREASED RAPIDLY.
 MILFORD HAS AN OLDER POPULATION (16.3% OVER THE AGE OF 65), HIGHER THAN
 BOTH THE CONNECTICUT AND NATIONAL AVERAGES. CHILDREN AND YOUTH COMPRISE
 20% OF THE POPULATION. THE ECONOMIC INDICATORS ARE MIXED. RESIDENTS HAVE
 EXPERIENCED FINANCIAL STRESS IN RECENT YEARS. THE SURROUNDING COMMUNITIES
 HAVE SIMILAR DEMOGRAPHIC PROFILES.

PART VI, LINE 5:

MILFORD HOSPITAL IS NOT ONLY THE HEALTHCARE PROVIDER FOR THE COMMUNITY,
 BUT ALSO A RESOURCE AND A PARTNER TO NUMEROUS COMMUNITY BOARDS,
 COALITIONS, PROGRAMS AND ORGANIZATIONS. IN ADDITION, THE HOSPITAL
 PROVIDES EMERGENCY PREPAREDNESS AND DISASTER PLANNING FOR THE ENTIRE
 COMMUNITY WHICH IT SERVES. COMMUNITY HEALTH AND WELLNESS PROGRAMS, HEALTH
 PROFESSIONAL EDUCATION AND HEALTH PROMOTION ACTIVITES ARE OFFERED TO THE
 COMMUNITY THROUGHOUT THE YEAR. IN 2016, OVER 10,000 PERSONS WERE SERVED
 VIA EDUCATIONAL OFFERINGS AND MORE THAN 100,000 PEOPLE WERE IMPACTED
 THROUGH HEALTH PROMOTION, EMERGENCY PLANNING AND OTHER ACTIVITIES.

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

CT