

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization MOUNT SINAI REHABILITATION HOSPITAL, INC. **Employer identification number** 06-1422973

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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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 _____ %		
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			141,577.		141,577.	.56%
b Medicaid (from Worksheet 3, column a)			4837659.	2938501.	1899158.	7.47%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			4979236.	2938501.	2040735.	8.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			91,972.		91,972.	.36%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			119,161.	28,909.	90,252.	.36%
j Total. Other Benefits			211,133.	28,909.	182,224.	.72%
k Total. Add lines 7d and 7j			5190369.	2967410.	2222959.	8.75%

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 MOUNT SINAI REHABILITATION HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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	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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</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?	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 SCHEDULE H, PART V, SECTION C</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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 MOUNT SINAI REHABILITATION HOSPITAL

	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>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input 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 checked="" 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 type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized 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, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</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, SECTION C</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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MOUNT SINAI REHABILITATION HOSPITAL

	Yes	No
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 nonpayment?	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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MOUNT SINAI REHABILITATION HOSPITAL

	Yes	No
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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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.		

Schedule H (Form 990) 2018

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MOUNT SINAI REHABILITATION HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS.

1. ACCESS TO REHABILITATION HEALTHCARE SERVICES:

- NAVIGATING HEALTH INSURANCE PLANS & HIGH-DEDUCTIBLE PLANS
- CONTINUITY OF CARE
- TRANSPORTATION BARRIERS

2. DEMAND FOR REHABILITATION SERVICES:

- HIGH DEMAND FOR REHABILITATION SERVICES WITH AGING POPULATION
- HIGH RATES OF OBESITY INCREASE DEMAND FOR REHABILITATION SERVICES
- VETERANS AND MULTIPLE SCLEROSIS (MS) POPULATIONS NEED FOR SPECIALIZED REHABILITATION SERVICE

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY, ESPECIALLY FROM THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, WAS PRIORITIZED AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE 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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

PRIMARY MECHANISMS FOR DATA COLLECTION AND COMMUNITY & STAKEHOLDER

ENGAGEMENT:

QUANTITATIVE AND QUALITATIVE DATA WERE COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS. SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U.S. CENSUS, U.S. BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES. TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS.

MOUNT SINAI REHABILITATION HOSPITAL PARTNERED WITH DATAHAVEN AND, IN PART, SPONSORED THE 2018 DATAHAVEN COMMUNITY WELLBEING SURVEY (DCWS) ALONG WITH 80 OTHER PUBLIC AND PRIVATE PARTNERS IN THE AREA. ORGANIZATIONS INVOLVED INCLUDE CAPITOL REGION COUNCIL OF GOVERNMENTS, UNIVERSITY OF HARTFORD, CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING, DEPARTMENT OF COMMUNITY MEDICINE AND HEALTH CARE, UCONN SCHOOL OF MEDICINE, AMERICAN HEART ASSOCIATION, MANCHESTER HEALTH DEPARTMENT, NORTH CENTRAL DISTRICT HEALTH DEPARTMENT, CENTRAL CONNECTICUT HEALTH DISTRICT, CITY OF BRISTOL, CAROLYN FOUNDATION, PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, LIBERTY BANK FOUNDATION, HEALTH EQUITY DATA ANALYTICS PROJECT (STATE OF CONNECTICUT), AND POWERING HEALTH LIVES (URBAN INSTITUTE AND ROBERT WOOD JOHNSON FOUNDATION).

THE SURVEY COMPLETED LIVE, IN-DEPTH INTERVIEWS WITH OVER 3,000 RESIDENTS IN THE REGION VIA CELLULAR AND LANDLINE PHONE; ADDITIONAL INFORMATION ON SURVEY METHODS ARE POSTED AT DATAHAVEN (CTDATAHAVEN.ORG).

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ADDITIONAL WORK INCLUDED COMMUNITY MEETINGS WITH KEY INFORMANTS AND HOSPITAL LEADERSHIP CONVERSATIONS WITH PATIENTS AND ADVOCACY GROUPS FOR THOSE IN HIGH NEED OF REHABILITATION SERVICES.

AS PART OF THE CREATION OF THIS REPORT, BETWEEN FEBRUARY AND JUNE 2019, DATAHAVEN, THE CITY OF HARTFORD DEPARTMENT OF HEALTH AND HUMAN SERVICES, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE AT THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, CONNECTICUT CHILDREN'S MEDICAL CENTER, AND THE HARTFORD FOUNDATION FOR PUBLIC GIVING COLLECTED ADDITIONAL QUALITATIVE INPUT ON THE HEALTH AND HEALTH-RELATED CONCERNS THAT WERE MOST IMPORTANT TO THE GREATER HARTFORD COMMUNITY, AND TO RESIDENTS OF THE CITY OF HARTFORD IN PARTICULAR.

THIS INPUT WAS GATHERED FROM:

- A REGIONAL KEY INFORMANT MEETING HELD ON FEBRUARY 28, 2019 AT THE HARTFORD FOUNDATION FOR PUBLIC GIVING, WITH OVER 70 PARTICIPANTS. THESE KEY INFORMANTS REPRESENTED VARIOUS SECTORS, INCLUDING HEALTH CARE, EDUCATION, PUBLIC HEALTH, HOUSING, AND HUMAN SERVICES. AT THIS EVENT, DATAHAVEN ORGANIZED A "DATA WALK," WITH SMALL GROUPS CIRCULATING AMONG ABOUT A DOZEN POSTERS ON DIFFERENT TOPICS AND PROVIDING COMMENTS TO A FACILITATOR. ADDITIONALLY, A BRIEF PAPER SURVEY WAS COLLECTED FROM MEETING ATTENDEES.

- FOCUS GROUPS FOR HARTFORD NORTH END (HELD ON APRIL 2, 2019 WITH 13 PARTICIPANTS) AND SOUTH END (JUNE 11, 2019 WITH 11 PARTICIPANTS) COMMUNITY MEMBERS.

MOUNT SINAI REHABILITATION HOSPITAL,
INC.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

- A SURVEY OF SCHOOL HEALTH CARE PROVIDERS (HELD ON MARCH 8, 2019 WITH 29 RESPONDENTS).

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: MOUNT SINAI REHABILITATION HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA: CONNECTICUT CHILDREN'S MEDICAL CENTER, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, JOHNSON MEMORIAL HOSPITAL AND SAINT MARY'S HOSPITAL.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6B: MOUNT SINAI REHABILITATION HOSPITAL COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA: THE CITY OF HARTFORD/DEPARTMENT OF HEALTH AND HUMAN SERVICES, DATAHAVEN, THE UNITED WAY AND THE HARTFORD FOUNDATION FOR PUBLIC GIVING.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 11: MOUNT SINAI REHABILITATION HOSPITAL ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS THAT WERE IDENTIFIED IN THE LATEST CHNA:

ACCESS TO REHABILITATION HEALTHCARE SERVICES - IN ORDER TO HELP INDIVIDUALS IN NAVIGATING HEALTH INSURANCE PLANS, ESPECIALLY THOSE WITH A HIGH DEDUCTIBLE, ALONG WITH ENSURING THE CONTINUITY OF THEIR CARE, TWO FULL-TIME SOCIAL WORKERS HAVE BEEN ADDED. THESE ADDITIONAL STAFF HAVE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

EXPANDED THE ENTIRE CASE MANAGEMENT TEAM TO EASE THE COMPLEX INSURANCE AND CARE CONTINUITY ISSUES THAT CLIENTS ENCOUNTER WITH REHABILITATION SERVICES.

DEMAND FOR REHABILITATION SERVICES - WITH THE INCREASE IN OBESITY AND WITH AN AGING POPULATION, THE DEMAND FOR REHABILITATION SERVICES HAS INCREASED ALONG WITH THE SPECIALIZED NEEDS OF VETERANS AND INDIVIDUALS WITH MULTIPLE SCLEROSIS (MS). TO ADDRESS THESE DEMANDS, NEW SERVICES AND STAFFING HAVE BEEN ADDED. TO AUGMENT THE BREADTH OF RESOURCES AVAILABLE, NEW HOLISTIC HEALTH SERVICES HAVE BEEN INTRODUCED INCLUDING ACUPUNCTURE AND YOGA. THE NEUROLOGY, PHYSIATRY, INFUSION AND RESEARCH TEAMS HAVE ALSO BEEN EXPANDED TO INCLUDE AN ADDITIONAL 15 FULL-TIME STAFF TO FACILITATE THIS INCREASE IN DEMAND AND SPECIALIZATION.

MOUNT SINAI REHABILITATION HOSPITAL ACKNOWLEDGES THE PRIORITY HEALTH ISSUES THAT EMERGED FROM THE LATEST CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO CONTROL AND INFLUENCE IN ITS ROLE AS A HEALTHCARE PROVIDER. THE HOSPITAL WILL NOT TAKE ACTION ON THE HEALTH NEED OF ACCESS TO REHABILITATION SERVICES AS IT RELATES TO TRANSPORTATION. THIS ISSUE IS ALREADY BEING WORKED ON BY A VARIETY OF COMMUNITY-BASED LEADERS AND MOUNT SINAI WILL CONTINUE TO ENGAGE WITH THEM TO ADDRESS THE TRANSPORTATION NEED.

MOUNT SINAI REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON

AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS

UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL

NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE

MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS

ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF

OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN

ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS

TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A

SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY

PATIENTS.

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 7A:

[WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-](http://WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS)

[NEEDS-ASSESSMENTS](http://WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS)

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 9:

MOUNT SINAI REHABILITATION HOSPITAL,
INC.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S
IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE
FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE
TO THE PUBLIC.

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 10A:

WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-
NEEDS-ASSESSMENTS

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16A:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

MOUNT SINAI REHABILITATION HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MOUNT SINAI REHABILITATION HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, MOUNT SINAI REHABILITATION HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

Part VI Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$530,578, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MOUNT SINAI REHABILITATION HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING

Part VI Supplemental Information (Continuation)

SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MOUNT SINAI REHABILITATION HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MOUNT SINAI REHABILITATION HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MOUNT SINAI REHABILITATION HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED.

FOR PATIENT ACCOUNTS RECEIVABLE RESULTING FROM REVENUE RECOGNIZED PRIOR TO JULY 1, 2018, PATIENT ACCOUNTS RECEIVABLE WERE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. PRIOR TO THIS DATE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS ESTABLISHED TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. GENERALLY, THIS ALLOWANCE WAS ESTIMATED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION

Part VI Supplemental Information (Continuation)

EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYER. UNDER THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2014-09 "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), "WHICH WAS ADOPTED EFFECTIVE JULY 1, 2018, AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE SUBSEQUENT TO THE ADOPTION OF ASU NO. 2014-09 ON JULY 1, 2018, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

MOUNT SINAI REHABILITATION HOSPITAL DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

Part VI Supplemental Information (Continuation)

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - STRONG COLLABORATION WITH GROUPS SUCH AS THE MS SOCIETY, VETERANS GROUPS AND TRAUMATIC BRAIN INJURY ADVOCATES SERVE TO KEEP THE ORGANIZATION INFORMED OF THE LATEST NEEDS AND STAY ABREAST OF THE OPPORTUNITIES TO HAVE A POSITIVE IMPACT ON THOSE IN NEED OF REHABILITATION SERVICES. ADDITIONALLY, THE RESEARCH PORTFOLIO OF MOUNT SINAI REHABILITATION HOSPITAL SERVES TO PROVIDE ANOTHER OPPORTUNITY FOR COMMUNITY ENGAGEMENT.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MOUNT SINAI REHABILITATION HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

MOUNT SINAI REHABILITATION HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION

Part VI Supplemental Information (Continuation)

TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS
REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY
LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

MOUNT SINAI REHABILITATION HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR
THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS.
MOUNT SINAI REHABILITATION HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE
POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR
ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT
MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - GREATER HARTFORD IS GENERALLY DEFINED AS THE AREA
SERVED BY THE CAPITOL REGION COUNCIL OF GOVERNMENTS WHICH CONSISTS OF 38
CITIES AND TOWNS: THE CITY OF HARTFORD, THE CITY OF NEW BRITAIN, BERLIN,
BLOOMFIELD, EAST HARTFORD, ENFIELD, MANCHESTER, NEWINGTON, PLAINVILLE,
ROCKY HILL, VERNON, WEST HARTFORD, WETHERSFIELD, WINDSOR, AND WINDSOR
LOCKS, AND THE 23 SUBURBS FURTHER OUT FROM THE CITY CENTER INCLUDING:
ANDOVER, AVON, BOLTON, CANTON, COLUMBIA, COVENTRY, EAST GRANBY, EAST
WINDSOR.

AGE DISTRIBUTION - GREATER HARTFORD'S OLDER POPULATION IS CONTINUING TO
GROW AND THE DEMAND FOR REHABILITATION SERVICES IS EXPECTED TO INCREASE AS
A RESULT OF THIS AGING POPULATION. BETWEEN 2000 AND 2017, THE MEDIAN AGE
IN GREATER HARTFORD INCREASED FROM 37.2 TO 40.1. THIS INCREASE IS IN LINE
WITH CONNECTICUT'S OTHER MORE URBAN COUNTIES, WHILE THE STATE'S RURAL
COUNTIES GENERALLY EXPERIENCED STEEPER INCREASES. OVERALL, THE MEDIAN AGE
IN GREATER HARTFORD IS SLIGHTLY YOUNGER THAN THAT OF THE STATE (40.8), BUT

Part VI Supplemental Information (Continuation)

OLDER THAN THAT OF THE U.S. FROM 1990 TO 2015, GREATER HARTFORD'S
POPULATION OF YOUNG ADULTS AGES 18-34 DECLINED BY 15 PERCENT, OR 39,985
PEOPLE. THE POPULATION OF OLDER SENIORS AGES 80 AND OVER INCREASED BY 55
PERCENT, OR 15,525 PEOPLE, AND THE POPULATION OF CHILDREN AGES 5-17
INCREASED BY 14 PERCENT. THE POPULATION IS MUCH YOUNGER IN THE CITY OF
HARTFORD.

RACIAL AND ETHNIC DIVERSITY - THE TOWNS IN THE REGION VARY IN TERMS OF
THEIR RACIAL AND ETHNIC COMPOSITION, WITH HARTFORD AND NEW BRITAIN HAVING
THE LARGEST PERCENTAGE CHANGE IN NON-WHITE POPULATIONS.

BELOW IS THE ETHNIC MAKE-UP OF THE 5 LARGEST CITIES AND TOWNS:

HARTFORD -15% WHITE, 35% BLACK, 44% HISPANIC, 3% OTHER

NEW BRITAIN - 42% WHITE, 12% BLACK, 41% HISPANIC, 3% OTHER

EAST HARTFORD - 34% WHITE, 25% BLACK, 34% HISPANIC, 4% OTHER

MANCHESTER - 58% WHITE, 14% BLACK, 14% HISPANIC, 11% OTHER

WEST HARTFORD -73% WHITE, 6% BLACK, 11% HISPANIC, 8% OTHER

POVERTY - THERE ARE WIDE GAPS IN HOUSEHOLD INCOME WITHIN THE REGION, AND
LOW INCOME RATES ARE INCREASING AMONG FAMILIES WITH CHILDREN. THOSE WITH
LOWER INCOMES HAVE INCREASED BARRIERS TO TRANSPORTATION AND OTHER ISSUES
RELATED TO ACCESSING SERVICES.

BELOW IS THE INDICATOR WITH THE PERCENTAGE OF HARTFORD RESIDENTS VERSUS
CONNECTICUT AS A WHOLE:

POVERTY RATE - 24%, 7%

FOOD INSECURITY - 33%, 12%

HOUSING INSECURITY - 12%, 6%

Part VI Supplemental Information (Continuation)

IN EXCELLENT HEALTH - 48%, 62%

WITHIN HARTFORD COUNTY THE FEDERAL HEALTH RESOURCES & SERVICES
ADMINISTRATION HAS DESIGNATED SEVEN MEDICALLY UNDERSERVED
AREAS/POPULATIONS. THERE ARE SEVEN OTHER HOSPITALS SERVING THIS
COMMUNITY.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - FREE LECTURES AND SEMINARS WERE OFFERED BY
CLINICAL STAFF IN RESPONSE TO COMMUNITY REQUESTS; HOSPITAL STAFF SERVE ON
NUMEROUS LOCAL AND STATE LEVEL BOARDS AND COMMITTEES; AND PARTNERSHIPS
WITH STATE AGENCIES AND LOCAL HEALTHCARE PROVIDERS, ALL SERVE TO SUPPORT
OUR COMMITMENT TO IMPROVE COMMUNITY HEALTH.

TOBACCO 21 - ACTIVITIES INCLUDE THE HOSPITAL SYSTEM'S PARTICIPATION IN THE
STATE TOBACCO COALITION - MOBILIZE AGAINST TOBACCO FOR CONNECTICUT'S
HEALTH (MATCH) THAT SUPPORTED POLICY CHANGES THAT SUPPORT NON-SMOKING
BEHAVIOR AND ENGAGEMENT OF YOUTH, WHICH RESULTED IN PASSAGE OF TOBACCO 21
LEGISLATION IN THE STATE OF CONNECTICUT.

NEW ENGLAND 61 DAY CHALLENGE - IS A HEALTHY LIFESTYLE INITIATIVE THAT
INCLUDES EDUCATION ABOUT HEALTHY EATING, PHYSICAL ACTIVITY, AND POSITIVE
BEHAVIORAL CHANGES. IT ENCOURAGES INDIVIDUALS AND GROUPS TO PARTICIPATE
AND LEARN HOW TO MAKE SMART CHOICES AND DEVELOP HEALTHY BEHAVIORS.
PARTICIPANTS IN THE CHALLENGE PROMISE TO START TAKING THE STEPS TO A
HEALTHIER LIFESTYLE. THE HOSPITAL SYSTEM OFFERS A VARIETY OF CLASSES AND
PROGRAMS TO HELP INDIVIDUALS EAT HEALTHY, STAY ACTIVE AND MAKE POSITIVE
CHANGES.

Part VI Supplemental Information (Continuation)

SMOKE FREE CAMPUS - SMOKE FREE ELECTRONIC SIGNAGE MESSAGING WAS DISPLAYED THROUGHOUT THE HOSPITAL. THE HOSPITAL SYSTEM ALSO PARTICIPATED IN AND PROMOTED WORLD NO TOBACCO DAY (WNTD). THE ANNUAL CAMPAIGN IS AN OPPORTUNITY TO RAISE AWARENESS ON THE HARMFUL AND DEADLY EFFECTS OF TOBACCO USE AND SECOND-HAND SMOKE EXPOSURE, AND TO DISCOURAGE THE USE OF TOBACCO IN ANY FORM.

PART VI, LINE 6:

MOUNT SINAI REHABILITATION HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON:

1. REDUCING TOBACCO USE
2. REDUCING OBESITY PREVALENCE
3. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

HEALTH. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE. ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS. TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES,

Part VI Supplemental Information (Continuation)

PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND
ENVIRONMENTAL CHANGE.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.