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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAPE COD HEALTHCARE INC & AFFILIATES
% MICHAEL L CONNORS
Doing business as

Number and street (or P O box if mail is not delivered to street address) 297 NORTH ST Suite BLDG 3 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
HYANNIS, MA 02601

D Employer identification number
90-0054984

E Telephone number
(508) 771-1800

G Gross receipts $ 871,055,420

F Name and address of principal officer
MICHAEL K LAUF
88 LEWIS BAY ROAD
HYANNIS, MA 02601

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3901

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CAPECODHEALTH org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	5,664
6	Total number of volunteers (estimate if necessary)	**6**	739
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,285,942
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	408

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,584,232	15,341,766
9	Program service revenue (Part VIII, line 2g)	813,097,623	844,858,980
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,134,688	8,432,277
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,193,542	2,195,757
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	839,010,085	870,828,780
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	421,295,177	445,642,426
16a	Professional fundraising fees (Part IX, column (A), line 11e)	120,968	86,247
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,386,990		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	362,645,424	377,540,307
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	784,061,569	823,268,980
19	Revenue less expenses Subtract line 18 from line 12	54,948,516	47,559,800

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	904,223,714	963,305,006
21	Total liabilities (Part X, line 26)	270,275,550	258,793,996
22	Net assets or fund balances Subtract line 21 from line 20	633,948,164	704,511,010

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2018-08-14

MICHAEL L CONNORS SR VP FINANCE/ CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GWEN SPENCER	GWEN SPENCER	2018-08-08		P00641463

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500
BOSTON, MA 02210

Phone no (617) 530-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 744,018,504 including grants of $) (Revenue $ 844,858,980)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 744,018,504

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	127		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,664		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶MICHAEL L CONNORS 25 COMMUNICATION WAY HYANNIS, MA 02601 (774) 470-5537

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,385,099	7,664,589	1,802,847

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 746

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CAPE COD HEALTHCARE INC, 297 NORTH STREET BLDG 3 HYANNIS, MA 02601	PURCHASED SERVICES	52,045,981
CORE MEDICAL GROUP, 3000 GOFFS FALLS RD STE 101 MANCHESTER, NH 03103	CONTRACT RN, PT, OT	515,173
QUALITY IN REAL TIME, 15 VEBENA AVE STE 210 FLORAL PARK, NY 11001	CODING REVIEW SRVCS	451,225
DELTA HEALTH, 400 LAKEMONT PARK BLVD ALTOONA, PA 16602	MIS SUPPORT	229,660
MEDTRONIC CARE MANAGEMENT, 7980 CENTURY BLVD CHANHASSEN, MA 55317	PATIENT SUPPORT SRVC	224,978

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 18,125			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,500,657			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 13,822,984			
	g Noncash contributions included in lines 1a-1f $ 173,993				
	h Total. Add lines 1a-1f . . . . . ▶	15,341,766			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	900099	816,840,229	816,840,229	
	b LABORATORY SERVICES	621500	9,029,180	6,743,238	2,285,942
	c QUALITY EARNED PAYMENTS	900099	8,732,275	8,732,275	
	d PROGRAM RELATED RENTAL INCOME	900099	3,460,315	3,460,315	
	e JOINT VENTURE REVENUE	900099	2,866,958	2,866,958	
	f All other program service revenue		3,930,023	3,930,023	
	g Total. Add lines 2a–2f . . . . ▶	844,858,980			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,985,405			5,985,405
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶	0			
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	2,446,872			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	2,446,872			
	d Net gain or (loss) . . . . . ▶	2,446,872			2,446,872
	8a Gross income from fundraising events (not including $ 18,125 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 583,640				
	b Less direct expenses . . . **b** 226,640				
	c Net income or (loss) from fundraising events . . ▶	357,000			357,000
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a CAFETERIA INCOME	900099	1,687,091		1,687,091
	b MEDICAL RECORDS	900099	107,873		107,873
	c EMPLOYEE PHARMACY	900099	43,793		43,793
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		1,838,757		
	12 Total revenue. See Instructions . . . . . ▶		870,828,780	842,573,038	2,285,942	10,628,034

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,576,847	3,576,847		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	120,450	120,450		
7 Other salaries and wages	348,325,415	311,847,974	35,119,811	1,357,630
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,780,093	9,320,996	1,404,792	54,305
9 Other employee benefits	59,523,129	53,251,653	6,086,711	184,765
10 Payroll taxes	23,316,492	20,525,967	2,686,666	103,859
11 Fees for services (non-employees)				
a Management	7,451,324	3,258,798	4,192,526	
b Legal	208,561	8,401	200,160	
c Accounting	888,326	179,649	708,677	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	86,247			86,247
f Investment management fees	553,181	56,407	496,774	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,621,505	33,013,606	607,899	
12 Advertising and promotion	955,364	898,655	56,709	
13 Office expenses	5,512,488	5,057,099	388,573	66,816
14 Information technology	10,063,272	9,165,050	898,222	
15 Royalties	0			
16 Occupancy	16,907,423	15,606,989	1,156,257	144,177
17 Travel	5,078,671	4,770,078	308,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	6,502,270	5,868,340	633,930	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,183,915	24,620,750	2,555,913	7,252
23 Insurance	2,605,123	2,496,793	108,330	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	116,943,969	116,943,969	0	0
b PURCHASED SERVICES	46,896,526	43,479,503	3,355,286	61,737
c ADMINISTRATION OFFICE OVERHEAD	53,004,843	39,996,172	12,462,581	546,090
d BAD DEBTS	14,533,756	14,533,756	0	0
e All other expenses	28,629,790	25,420,602	2,435,076	774,112
25 **Total functional expenses.** Add lines 1 through 24e	823,268,980	744,018,504	75,863,486	3,386,990
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	41,486,722	1	23,129,902
	2	Savings and temporary cash investments	1,407,662	2	1,413,064
	3	Pledges and grants receivable, net	13,712,338	3	12,662,460
	4	Accounts receivable, net	88,033,760	4	86,022,740
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	5,375,686	7	3,997,612
	8	Inventories for sale or use	11,108,863	8	10,914,440
	9	Prepaid expenses and deferred charges	7,950,467	9	2,406,916
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 633,018,852			
	b	Less accumulated depreciation — 10b: 343,811,263	292,692,694	10c	289,207,589
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	400,979,488	12	474,804,154
	13	Investments—program-related See Part IV, line 11	9,294,601	13	5,124,965
	14	Intangible assets	9,346,552	14	9,346,552
	15	Other assets See Part IV, line 11	22,834,881	15	44,274,612
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	904,223,714	16	963,305,006
Liabilities	17	Accounts payable and accrued expenses	57,125,221	17	54,459,109
	18	Grants payable	0	18	0
	19	Deferred revenue	781,816	19	429,407
	20	Tax-exempt bond liabilities	156,420,826	20	150,522,013
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	15,137,718	23	13,407,900
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	40,809,969	25	39,975,567
	26	**Total liabilities.** Add lines 17 through 25	270,275,550	26	258,793,996
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	564,517,008	27	630,388,180
	28	Temporarily restricted net assets	37,490,718	28	41,022,954
	29	Permanently restricted net assets	31,940,438	29	33,099,876
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	633,948,164	33	704,511,010
	34	Total liabilities and net assets/fund balances	904,223,714	34	963,305,006

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	870,828,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	823,268,980
3	Revenue less expenses Subtract line 2 from line 1	3	47,559,800
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	633,948,164
5	Net unrealized gains (losses) on investments	5	27,845,699
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,842,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	704,511,010

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 90-0054984

Name: CAPE COD HEALTHCARE INC & AFFILIATES

Form 990 (2016)

Form 990, Part III, Line 4a:

PATIENT SERVICES - SEE SCHEDULES H AND O

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELEANOR CLAUS TRUSTEE (UNTIL 5/17)	20 25	X						0	0	0
HOWARD CROW JR TRUSTEE (UNTIL 3/17)	20 25	X						0	0	0
PHILIP MCLOUGHLIN TRUSTEE	20 25	X						0	0	0
MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	55 0 55	X		X				0	1,386,267	244,399
NATE RUDMAN MD TRUSTEE	20 25	X						0	0	0
JOEL CROWELL TREASURER/CLERK/TRUSTEE	20 25	X		X				0	0	0
SUZANNE FAY GLYNN ESQ TRUSTEE	20 25	X						0	0	0
PATRICK J FLYNN MD TRUSTEE (UNTIL 5/17)	40 0 25	X						557,822	0	20,133
DEWITT DAVENPORT SEE SCHEDULE O FOR TITLE	20 25	X		X				0	0	0
DIANE COLETTI TRUSTEE	20 25	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM ZAMMER CHAIRMAN (UNTIL 5/17)/TRUSTEE	20 25	X		X				0	0	0
SUMNER B TILTON JR TRUSTEE	20 25	X						0	0	0
PAUL EVANS MD TRUSTEE (UNTIL 1/17)	20 25	X						0	0	0
E JAMES MULCAHY JR TRUSTEE	20 25	X						0	0	0
ROBERT TALERMAN TRUSTEE	20 25	X						0	0	0
GARY VACON VICE CHAIR(AS OF 5/17)/TRUSTEE	20 25	X		X				0	0	0
ROBERT WILSTERMAN MD TRUSTEE	40 0 25	X						786,161	0	52,391
WILLIAM AGEL MD TRUSTEE (AS OF 5/17)	40 0 25	X						482,609	0	44,181
THEODORE CALIANOS MD TRUSTEE (AS OF 5/17)	40 0 25	X						392,217	0	44,181
PAUL HOULE MD TRUSTEE (AS OF 5/17)	40 0 25	X						921,100	18,944	61,789

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE JOHNSTON TRUSTEE (AS OF 5/17)	2 0 2 5	X						0	0	0
MICHAEL G JONES Sr VP Chief Legal OffICER	55 0 5 5			X				0	406,665	77,730
MICHAEL L CONNORS SENIOR VP FINANCE/CFO	55 0 5 5			X				0	562,528	86,951
DIANNE C KOLB President VNA	45 0 5 0				X			0	258,229	62,719
JEANNE FALLON SR VP & CIO	45 0 5 0				X			0	303,074	64,025
JEFFREY S DYKENS SEE SCH O FOR TITLE	45 0 5 0				X			0	304,817	65,522
PATRICK KANE SVP OF MRKTG,COMMUN AND DEVLP	45 0 5 0				X			0	392,787	50,808
THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	45 0 5 0				X			0	306,644	61,351
VICTOR OLIVEIRA VP OF PATIENT SERVICES	45 0 5 0				X			0	302,363	72,285
DONALD GUADAGNOLI MD CMO CAPE COD HOSPITAL	45 0 5 0				X			0	543,148	71,461

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EMILY SCHORER SVP HUMAN RESOURCES	45 0 5 0				X			0	318,698	56,154
MICHAEL BUNDY COO (AS OF 6/16)	45 0 5 0				X			0	196,525	31,354
LORI JEWETT RN MSN COO - FH (AS OF 6/16)	45 0 5 0				X			0	267,870	27,235
KEVIN J MULROY SEE SCH O FOR TITLE	45 0 5 0				X			0	476,987	74,706
ALEXANDER HEARD MD CMO FALMOUTH HOSPITAL	45 0 5 0				X			53,430	483,297	64,162
CHRISTIAN BROWN SR VP MANAGED CARE	45 0 5 0				X			0	385,690	79,019
KEVIN RALPH SVP DEVELOPMENT	45 0 5 0				X			0	301,014	59,729
CARTER HUNT SEE SCHEDULE O FOR TITLE	45 0 5 0				X			0	203,048	59,663
NOELENE CERVIN SEE SCHEDULE O FOR TITLE	45 0 5 0				X			0	245,994	43,219
RICHARD B ZELMAN MD PHYSICIAN	40 0 0 0					X		1,554,027	0	47,558

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GORDON NAKATA MD PHYSICIAN	40 0 0 0					X		1,017,932	0	64,558
ACHILLE PAPAVASILIOU MD PHYSICIAN	40 0 0 0					X		1,004,446	0	64,558
NICHOLAS COPPA MD PHYSICIAN	40 0 0 0					X		874,605	0	38,881
PHILIP J DOMBROWSKI MD PHYSICIAN	40 0 0 0					X		740,750	0	12,125

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TY 2016 Affiliate Listing

Name: CAPE COD HEALTHCARE INC & AFFILIATES

EIN: 90-0054984

TY 2016 Affiliate Listing

Name	Address	EIN	Name control
CAPE COD HOSPITAL	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2103600	CAPE
VISITING NURSE ASSN OF CAPE COD INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2104159	CAPE
FALMOUTH HOSPITAL ASSOCIATION INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2220716	CAPE
CAPE COD HUMAN SERVICES INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2323506	CAPE
MEDICAL AFFILIATES OF CAPE COD INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3187299	CAPE
CAPE COD HEALTHCARE FOUNDATION INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3475950	CAPE
CAPE & ISLANDS HEALTH SERVICES II	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-3572408	CAPE
FALMOUTH ASSISTED LIVING INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	22-3379395	CAPE
JML CARE CENTER INC	297 NORTH ST BLDG 3 HYANNIS, MA 02601	04-2995795	CAPE

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	17,223,613	9,458,675	15,572,146	13,584,232	15,341,766	71,180,432
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	17,223,613	9,458,675	15,572,146	13,584,232	15,341,766	71,180,432
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,918,069
6 **Public support.** Subtract line 5 from line 4						69,262,363

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	17,223,613	9,458,675	15,572,146	13,584,232	15,341,766	71,180,432
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	680,260	3,486,933	4,951,534	5,368,273	5,985,405	20,472,405
9 Net income from unrelated business activities, whether or not the business is regularly carried on	187,290	1,059,076	1,000,152	798,057	408	3,044,983
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,163,050	2,189,718	2,271,023	2,353,977	2,422,397	11,400,165
11 **Total support.** Add lines 7 through 10						106,097,985

12 Gross receipts from related activities, etc (see instructions)	12	3,846,013,159

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	65 282 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	66 980 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		No

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		No
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	
2	Recoveries of prior-year distributions	2	0	
3	Other gross income (see instructions)	3	0	
4	Add lines 1 through 3	4	0	
5	Depreciation and depletion	5	0	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0	
7	Other expenses (see instructions)	7	0	
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8	0	

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a	0	
b	Average monthly cash balances	1b	0	
c	Fair market value of other non-exempt-use assets	1c	0	
d	**Total** (add lines 1a, 1b, and 1c)	1d	0	
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) 0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	
3	Subtract line 2 from line 1d	3	0	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6	Multiply line 5 by 035	6	0	
7	Recoveries of prior-year distributions	7	0	
8	**Minimum Asset Amount** (add line 7 to line 6)	8	0	

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2	Enter 85% of line 1	2		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4	Enter greater of line 2 or line 3	4		0
5	Income tax imposed in prior year	5		0
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 **Total annual distributions.** Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. 0			
d From 2014. 0			
e From 2015. 0			
f **Total** of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 $ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. 0			
c Excess from 2014. 0			
d Excess from 2015. 0			
e Excess from 2016. 0			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CAPE COD HEALTHCARE INC & AFFILIATES	90-0054984

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		62,386
j	Total Add lines 1c through 1i			62,386
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1I	Cape Cod Hospital and Falmouth Hospital Association, Inc pay membership dues to the Massachusetts Hospital Association which engages in lobbying purposes as defined by Medicare Per the MHA advisory, 18 94% of dues paid should be allocated to lobbying activity For FY17 for Cape Cod Hospital and Falmouth Hospital Association, Inc combined, the lobbying portion equals $62,386

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	38,809,089	37,495,620	38,872,003	36,060,986	35,475,473
b Contributions	30,699	57,261	1,523,222	1,925,651	60,508
c Net investment earnings, gains, and losses	3,061,173	2,000,285	-2,217,064	1,613,999	1,238,094
d Grants or scholarships					
e Other expenditures for facilities and programs	759,148	744,077	682,541	728,633	713,089
f Administrative expenses	-464,917				
g End of year balance	41,606,730	38,809,089	37,495,620	38,872,003	36,060,986

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 79 560 %
- c Temporarily restricted endowment ▶ 20 440 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		23,308,713		23,308,713
b Buildings		392,421,994	177,401,887	215,020,107
c Leasehold improvements		3,904,390	1,460,870	2,443,520
d Equipment		209,135,425	163,275,658	45,859,767
e Other		4,248,330	1,672,848	2,575,482
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				289,207,589

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LONG-TERM INVESTMENTS	409,264,981	F
(B) FUNDS HELD UNDER BOND	3,115,029	
(C) TEMP RESTRICTED INVESTMENTS	28,509,222	F
(D) PERM RESTRICTED INVESTMENTS	33,080,268	F
(E) SHORT TERM INVESTMENTS - FDN	834,654	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	474,804,154	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO AFFILIATES	16,284,660
EST SETTLEMENTS W 3RD PARTIES	21,578,855
OTHER CURRENT LIABILITIES	725,618
ABANDONED PROPERTY	16,896
INTEREST RATE SWAPS	1,369,538
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	39,975,567

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 90-0054984
Name: CAPE COD HEALTHCARE INC & AFFILIATES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO FURTHER THE HEALTHCARE MISSION OF CAPE COD HEALTHCARE AND ITS AFFILIATES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE ORGANIZATION DOES NOT HAVE A FIN 48 FOOTNOTE AS ANY UNCERTAIN TAX POSITIONS WERE DEEMED IMMATERIAL

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1	0	Program Services	CAPTIVE INSURANCE	2,491,282
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	0			2,491,282
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	0			2,491,282

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART I, COLUMN F	EXPENSES ARE CODED IN THE GENERAL LEDGER TO THE CAPTIVE INSURANCE COMPANY

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 Borns GroupVDM 503 BROWN COUNTY 19N ABERDEEN, SD 57401	DIRECT MAIL		No	261,070	86,247	174,823
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶	261,070	86,247	174,823

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CA, CT, FL, IL, MA, MI, NH, NJ, NY, NC, PA, SC, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 GALA EVENT (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	601,765			601,765
	2 Less Contributions	18,125			18,125
	3 Gross income (line 1 minus line 2)	583,640			583,640
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	26,387			26,387
	6 Rent/facility costs	6,500			6,500
	7 Food and beverages	75,833			75,833
	8 Entertainment	20,776			20,776
	9 Other direct expenses	97,144			97,144
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				226,640
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				357,000

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227018198

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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
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			
	☑ 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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	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)			6,698,123	2,794,478	3,903,645	0 480 %
b Medicaid (from Worksheet 3, column a)			96,936,483	87,354,539	9,581,944	1 180 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,421,947	7,854,220	1,567,727	0 190 %
d **Total** Financial Assistance and Means-Tested Government Programs			113,056,553	98,003,237	15,053,316	1 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,832,150		1,832,150	0 230 %
f Health professions education (from Worksheet 5)			1,492,372	85,481	1,406,891	0 170 %
g Subsidized health services (from Worksheet 6)			300,571,243	266,321,365	34,249,878	4 230 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,689,336		1,689,336	0 210 %
j **Total.** Other Benefits			305,585,101	266,406,846	39,178,255	4 840 %
k **Total.** Add lines 7d and 7j			418,641,654	364,410,083	54,231,571	6 690 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			36,936		36,936	
7 Community health improvement advocacy						
8 Workforce development			1,042,582		1,042,582	
9 Other						
10 Total			1,079,518		1,079,518	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
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 14,533,756			
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 10,004,187			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	255,213,259
6	Enter Medicare allowable costs of care relating to payments on line 5	6	240,615,064
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	14,598,195
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 ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **2**

	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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

A

Name of hospital facility or letter of facility reporting group

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

		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		No
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		No
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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	Yes	
6 a 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	Yes	
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		No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b ☑ Other website (list url) SEE PART V, SECTION C			
c ☑ 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	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on 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)

A

Name of hospital facility or letter of facility reporting group

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ 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	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		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 non-payment?	**17**	Yes	
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 ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ 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			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☑ 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**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		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 ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	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 ☐	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 ☐	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**		No
	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**		No
	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, 16j, 18e, 19e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **67**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	THE AMOUNT OF BAD DEBT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN LINE 7, COLUMN F WAS $14,533,756 THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE RATIO OF PATIENT CARE COST TO CHARGES AND BY FOLLOWING THE FORM 990, SCHEDULE H INSTRUCTIONS THE TOTAL PERCENTAGE OF CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST IN THE TABLE WAS CALCULATED ON A GROUP RETURN BASIS AS REQUIRED BY THE FORM 990 INSTRUCTIONS, AND NOT ON A HOSPITAL-ONLY BASIS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II LINE 6	CAPE COD HEALTHCARE CLINICAL, COMMUNITY BENEFITS AND SUPPORT STAFF PARTICIPATED IN A VARIETY OF COALITION BUILDING ACTIVITIES WITHIN THE SERVICE AREA TO ADDRESS AND IMPROVE CARE RELATED TO WOMEN'S HEALTH, BEHAVIORAL HEALTH, CHRONIC DISEASE SELF MANAGEMENT AND SUBSTANCE USE DISORDERS COALITION ACTIVITIES RANGED FROM NEW PROGRAM DEVELOPMENT TO REACH MEDICALLY UNDERSERVED POPULATIONS TO THE EXPANSION OF EXISTING ACTIVITIES TO STRENGTHEN COLLABORATION BETWEEN REGIONAL HEALTH CARE PROVIDERS AND HUMAN SERVICE AGENCIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II LINE 8	COALITION BUILDING Cape Cod Healthcare clinical, Community Benefits and support staff participated in a variety of coalition building activities within the service area to address and improve care related to womens health, behavioral health, chronic and infectious disease prevention and management and substance use and misuse in the region Regional coalitions serve as alliances for combined and coordinated action to improve key health issues Coalition activities ranged from implementation of new programs to offering community trainings and educational on important health topics to the development of multi-sector partnerships WORKFORCE DEVELOPMENT CAPE COD HEALTHCARE'S PHYSICIAN RECRUITMENT PROGRAM STRIVES TO IDENTIFY AREAS OF UNMET NEED AND IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE FOR VULNERABLE POPULATIONS, ESPECIALLY THOSE OVER 65 WITH PUBLIC HEALTH INSURANCE COVERAGE THROUGH RIGOROUS EFFORTS HIGHLY QUALIFIED PHYSICIANS AND PHYSICIAN EXTENDERS ARE RECRUITED AND RETAINED TO MEET THE HEALTH CARE NEEDS OF RESIDENTS OF CAPE COD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINES 2-3	THE ORGANIZATION IS REPORTING $10,004,187 OF BAD DEBT EXPENSE THAT MEETS ITS FINANCIAL ASSISTANCE POLICY THIS AMOUNT IS RELATED TO BAD DEBT FROM BOTH HOSPITALS DURING FY17 OF UNINSURED PATIENTS WHO WERE SEEN IN THE ER AND RECEIVED MEDICALLY NECESSARY SERVICES CAPE COD HEALTHCARE RECEIVES PAYMENTS FOR SERVICES RENDERED FROM FEDERAL AND STATE AGENCIES (UNDER THE MEDICARE AND MEDICAID PROGRAMS), MANAGED CARE PAYORS, COMMERCIAL INSURANCE COMPANIES, AND PATIENTS PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF CONTRACTUAL ALLOWANCES AND RESERVES FOR DENIALS, UNCOMPENSATED CARE, AND DOUBTFUL ACCOUNTS THE LEVEL OF RESERVES IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL AND PRIVATE EMPLOYER HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS IF A PATIENT IS INELIGIBLE FOR CHARITY CARE BECAUSE HIS OR HER INCOME EXCEEDS THE ELIGIBILITY GUIDELINES, ANY UNCOLLECTIBLE ACCOUNTS RECEIVABLE BALANCE IS WRITTEN OFF TO BAD DEBT AS REPORTED IN PART III, LINE 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	REFER TO PAGE 15 IN THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR FOOTNOTES RELATED TO ALLOWANCE FOR DOUBTFUL ACCOUNTS AND BAD DEBT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III LINE 9(B)	HOSPITAL FINANCIAL ASSISTANCE PROGRAMS PATIENTS WHO ARE ELIGIBLE FOR ENROLLMENT IN A STATE PUBLIC ASSISTANCE PROGRAM, LIKE THE MASSACHUSETTS MASSHEALTH OR HEALTH SAFETY NET PROGRAMS, ARE DEEMED ENROLLED IN A FINANCIAL ASSISTANCE PROGRAM FOR ALL PATIENTS THAT ARE ENROLLED IN THESE STATE PUBLIC ASSISTANCE PROGRAMS, THE HOSPITAL MAY ONLY BILL THOSE PATIENTS FOR THE SPECIFIC CO-PAYMENT, CO-INSURANCE, OR DEDUCTIBLE THAT IS OUTLINED IN THE APPLICABLE STATE REGULATIONS AND WHICH MAY FURTHER BE INDICATED ON THE STATE MEDICAID MANAGEMENT INFORMATION SYSTEM THE HOSPITAL WILL SEEK A SPECIFIED PAYMENT FOR THOSE PATIENTS THAT DO NOT QUALIFY FOR ENROLLMENT IN A MASSACHUSETTS STATE PUBLIC ASSISTANCE SUCH AS OUT-OF-STATE RESIDENTS, BUT WHO MAY OTHERWISE MEET THE GENERAL FINANCIAL ELIGIBILITY CATEGORIES OF A STATE PUBLIC ASSISTANCE PROGRAM FOR THESE PATIENTS, THE PAYMENT AMOUNT WILL BE SET AT THE HOSPITAL, WHEN REQUESTED BY THE PATIENT AND BASED ON AN INTERNAL REVIEW OF EACH PATIENT'S FINANCIAL STATUS, MAY OFFER A PATIENT AN ADDITIONAL DISCOUNT ON AN UNPAID BILL ANY SUCH REVIEW SHALL BE PART OF A SEPARATE HOSPITAL FINANCIAL ASSISTANCE PROGRAM THAT IS APPLIED ON A UNIFORM BASIS TO PATIENTS, AND WHICH TAKES INTO CONSIDERATION THE PATIENT'S DOCUMENTED FINANCIAL SITUATION AND THE PATIENT'S INABILITY TO MAKE A PAYMENT AFTER REASONABLE COLLECTION ACTIONS ANY DISCOUNT THAT IS PROVIDED BY THE HOSPITAL IS CONSISTENT WITH FEDERAL AND STATE REQUIREMENTS, AND DOES NOT INFLUENCE A PATIENT TO RECEIVE SERVICES FROM THE HOSPITAL POPULATIONS EXEMPT FROM COLLECTION ACTIVITIES THERE ARE SEVERAL SITUATIONS WHERE A PATIENT CAN BE EXEMPTED FROM FURTHER BILLING AND COLLECTION PROCEDURES ONCE THE DETERMINATION IS MADE THAT THE PATIENT IS EXEMPT PURSUANT TO STATE REGULATIONS A) PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, INCLUDING BUT NOT LIMITED TO, MASSHEALTH, EMERGENCY AID TO THE ELDERLY, DISABLED AND CHILDREN, HEALTHY START, CHILDREN'S MEDICAL SECURITY PLAN, OR DESIGNATED A "LOW INCOME PATIENT" BY THE OFFICE OF MEDICAID, SUBJECT TO THE FOLLOWING EXCEPTIONS (I) THE HOSPITAL MAY SEEK TO BILL AND COLLECT THE CO-PAYMENTS AND DEDUCTIBLES THAT ARE SET FORTH BY EACH SPECIFIC PROGRAM (II) THE HOSPITAL MAY ALSO INITIATE BILLING AND COLLECTION EFFORTS FOR A PATIENT WHO ALLEGES THAT HE OR SHE IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM THAT COVERS THE COSTS OF THE HOSPITAL SERVICES, BUT FAILS TO PROVIDE PROOF OF SUCH PARTICIPATION UPON RECEIPT OF SATISFACTORY PROOF THAT A PATIENT IS A PARTICIPANT IN A FINANCIAL ASSISTANCE PROGRAM, (INCLUDING RECEIPT OR VERIFICATION OF THE SIGNED APPLICATION) THE HOSPITAL SHALL CEASE ITS BILLING AND COLLECTION ACTIVITIES (III) THE HOSPITAL WILL NOT CONTINUE COLLECTION ACTION ON ANY LOW INCOME PATIENT FOR SERVICES RENDERED BY THE HOSPITAL DURING THE PERIOD FOR WHICH HE OR SHE HAS BEEN DETERMINED TO BE A LOW INCOME PATIENT BY THE OFFICE OF MEDICAID HOWEVER, THE HOSPITAL MAY CONTINUE COLLECTION ACTION ON A LOW INCOME PATIENT FOR SERVICES RENDERED PRIOR TO THE LOW INCOME PATIENT DETERMINATION, PROVIDED THAT THE CURRENT LOW INCOME PATIENT STATUS HAS BEEN TERMINATED, EXPIRED, OR NOT OTHERWISE IDENTIFIED ON THE STATE'S VIRTUAL GATEWAY OR RECIPIENT ELIGIBILITY VERIFICATION SYSTEM ONCE A LOW INCOME PATIENT IS DETERMINED ELIGIBLE AND ENROLLED IN THE HEALTH SAFETY NET, MASSHEALTH, OR CERTAIN COMMONWEALTH CARE PROGRAMS, THE HOSPITAL WILL CEASE ITS BILLING AND COLLECTION EFFORTS FOR SERVICES PROVIDED PRIOR TO THE BEGINNING OF THEIR ELIGIBILITY (IV) THE HOSPITALS MAY SEEK COLLECTION ACTION AGAINST ANY OF THE PATIENTS PARTICIPATING IN THE PROGRAMS LISTED ABOVE FOR NON-COVERED SERVICES THAT THE PATIENT HAS AGREED TO BE RESPONSIBLE FOR, PROVIDED THAT THE HOSPITAL OBTAINED THE PATIENT'S PRIOR WRITTEN CONSENT TO BE BILLED FOR THE SERVICE

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Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT (CHNA REPORT) AND IMPLEMENTATION PLAN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC ON SEPTEMBER 30, 2016 THE GOALS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROJECT ARE TO MONITOR REGIONAL HEALTH DATA, ENGAGE HOSPITAL STAKEHOLDERS, PROMOTE PARTNERSHIPS BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZATIONS AND DEVELOP MULTI-YEAR IMPLEMENTATION STRATEGIES TO GUIDE HOSPITAL INITIATIVES TO IMPROVE THE HEALTH OF BARNSTABLE COUNTY RESIDENTS THE METHODOLOGY FOR CONDUCTING THE ASSESSMENT INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY HEALTH DATA, GATHERING SIGNIFICANT INPUT FROM THE COMMUNITY, AND THE IDENTIFICATION AND PRIORITIZATION OF KEY HEALTH NEEDS FOR THE REGION OVER 20 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STATISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZED AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH DISPARITIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND VULNERABLE POPULATIONS PROVIDED CRITICAL INSIGHT AND FEEDBACK ON THE REGIONAL HEALTH NEEDS THROUGH KEY INFORMATION INTERVIEWS AND COMMUNITY INPUT FORUMS THROUGH THIS COLLECTION OF DATA AND COMMUNITY INPUT THE SIGNIFICANT HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS WERE DISTINGUISHED AND PRIORITIZED BASED ON THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE SIGNIFICANT HEALTH NEEDS AND ASSOCIATED TARGET POPULATIONS IDENTIFIED THROUGH THE CHNA REPORT WILL SERVE AS THE FOUNDATION FOR COMMUNITY BENEFITS AND HOSPITAL PLANNING SPANNING FISCAL YEARS 2017-2019 THE FOLLOWING SOURCES WERE UTILIZED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS - CAPE COD HOSPITAL AND FALMOUTH HOSPITAL UTILIZATION DATA - BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVICES ANALYSIS OF SUBSTANCE ABUSE ON CAPE COD, A BASELINE ASSESSMENT, BARNSTABLE COUNTY BEHAVIORAL HEALTH WEB PORTAL, BARNSTABLE COUNTY PUBLIC HEALTH AND WELLNESS WEB PORTAL - CAPE COD FOUNDATION CONNECT CAPE COD - UNIVERSITY OF MASSACHUSETTS (UMASS) DONAHUE INSTITUTE LONG-TERM PROJECTIONS FOR MASSACHUSETTS REGIONAL AND MUNICIPALITIES - MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS COMMUNITY HEALTH INFORMATION PROFILE (MASS CHIP), MASSACHUSETTS BEHAVIORAL HEALTH RISK FACTOR SURVEILLANCE SYSTEM - US CENSUS BUREAU US CENSUS 2010, AMERICAN COMMUNITY SURVEY ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL SELECTED JOHN SNOW, INC (JSI) A PUBLIC HEALTH RESEARCH FIRM, TO CONDUCT PRIMARY RESEARCH INCLUDING HEALTH DATA RESEARCH, KEY INFORMANT INTERVIEWS AND FACILITATION OF COMMUNITY AND PROVIDER FORUMS JSI INTERVIEWED OVER 25 REGIONAL LEADERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND WHO OFFER INFORMATION OR EXPERTISE RELATIVE TO THESIGNIFICANT HEALTH NEEDS OF VULNERABLE POPULATIONS THEY INCLUDED SUCH ENTITIES AS MUNICIPAL PUBLIC HEALTH DEPARTMENTS, HUMAN SERVICE AGENCIES,SCHOOLS AND LAW ENFORCEMENT AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS, COMMUNITY ORGANIZATIONS SERVING LOW-INCOME, VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS, ELECTED OFFICIALS, AND HOSPITAL CLINICIANS AND ADMINISTRATORS FIVE COMMUNITY INPUT FORUMS WERE HELD ACROSS BARNSTABLE COUNTY MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS ATTENDED THESE FORUMS PROVIDED AN OPPORTUNITY TO PRESENT STATISTICAL HEALTH FINDINGS TO PARTICIPANTS AND IDENTIFY GAPS IN SERVICES ADDITIONALLY, THE FORUMS FACILITATED DIALOGUE ON ISSUES NOT IDENTIFIED AND TARGET POPULATIONS MOST IMPACTED BY HEALTH ISSUES A POST-FORUM SURVEY WAS PROVIDED TO PARTICIPANTS TO IDENTIFY AND RANK HEALTH PRIORITIES IN THE REGION FEEDBACK AND INPUT FROM THE KEY INFORMANT INTERVIEWS AND FROM ATTENDEES OF THE COMMUNITY AND PROVIDER FORUMS WAS USED TO INFORM THE SELECTION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

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Form and Line Reference	Explanation
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FOR THOSE PATIENTS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH THEM TO ASSIST WITH APPLYING FOR AVAILABLE FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER THEIR UNPAID HOSPITAL BILLS IN ORDER TO ASSIST UNINSURED AND UNDERINSURED PATIENTS IN FINDING AVAILABLE AND APPROPRIATE FINANCIAL ASSISTANCE PROGRAMS, THE HOSPITAL WILL PROVIDE ALL PATIENTS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PROGRAMS IN BOTH THE INITIAL BILL THAT IS SENT TO PATIENTS AS WELL AS IN GENERAL NOTICES POSTED THROUGHOUT THE HOSPITAL THE GOAL OF THESE NOTICES IS TO INFORM PATIENTS THAT THEY MAY BE ELIGIBLE TO APPLY FOR COVERAGE WITHIN A FINANCIAL ASSISTANCE PROGRAM, SUCH AS, BUT NOT LIMITED TO, MASSHEALTH, COMMONWEALTH CARE, CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, OR MEDICAL HARDSHIP THROUGH THE HEALTH SAFETY NET THE HOSPITAL WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE DESIGNATED A LOW INCOME PATIENT UNDER EITHER THE STATE HEALTH SAFETY NET PROGRAM OR THROUGH THE HOSPITAL'S OWN INTERNAL CHARITY CARE PROGRAM THE HOSPITAL WILL ALSO NOTIFY THE PATIENT ABOUT PAYMENT PLANS THAT MAY BE AVAILABLE TO HIM OR HER BASED ON THE SIZE OF HIS OR HER FAMILY AND FAMILY INCOME

Form and Line Reference	Explanation
PART VI, LINE 4	DEMOGRAPHICS OF THE SERVICE AREA CAPE COD HEALTHCARE IS THE COMMUNITY SAFETY-NET PROVIDER OF HEALTH CARE SERVICES FOR THE YEAR-ROUND RESIDENTS AND MILLIONS OF ANNUAL VISITORS TO BA RNSTABLE COUNTY, ALSO KNOWN AS "CAPE COD " CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, THE ON LY TWO ACUTE-CARE, NON-PROFIT HOSPITALS IN THE REGION, TOGETHER SHARE THE 15 TOWNS OF BARN STABLE COUNTY AS THEIR PRIMARY SERVICE AREA THE UPPER CAPE REGION INCLUDES THE MASHPEE WA MPANOAG TRIBAL REGION CAPE COD HOSPITAL, LOCATED IN HYANNIS, MA, IS A 259-BED ACUTE-CARE, NON-PROFIT HOSPITAL FALMOUTH HOSPITAL, LOCATED IN FALMOUTH, MA, IS A 95-BED ACUTE-CARE, NON-PROFIT HOSPITAL BARNSTABLE COUNTY IS A GEOGRAPHICALLY ISOLATED REGION LOCATED ON THE EASTERN SEABOARD OF MASSACHUSETTS THE NARROW PENINSULA SPANS OVER 70 MILES IN LENGTH AND HOSTS A YEAR-ROUND POPULATION OF 215,449 RESIDENTS BARNSTABLE COUNTY CONSISTS OF 15 TOWNS THAT VARY IN YEAR-ROUND POPULATION SIZE FROM ABOUT 45,000 RESIDENTS (BARNSTABLE) TO SLIGH TLY MORE THAN 1,700 RESIDENTS (TRURO) IN ADDITION TO SERVING YEAR-ROUND RESIDENTS,THE REG IONAL COMMUNITY INFRASTRUCTURE, INCLUDING CAPE COD HOSPITAL AND FALMOUTH HOSPITAL, MUST ME ET THE DEMANDS OF A SIGNIFICANT INFLUX OF SEASONAL RESIDENTS AND VISITORS EACH YEAR THE C APE COD COMMISSION PRODUCED ESTIMATES, USING SURVEY DATA FROM SECOND HOMEOWNERS TO INDICAT E THAT THE POPULATION OF SUMMER RESIDENTS ON CAPE COD, WHEN AVERAGED OVER A FULL YEAR, IS EQUIVALENT TO AN ADDITIONAL 68,856 FULL-TIME RESIDENTS THIS COUPLED WITH DAY VISITORS AND SHORT TERM TRAVELER VOLUME RESULTS IN AN ESTIMATED 7 MILLION VISITORS AND RESIDENTS ON CA PE COD IN A GIVEN SUMMER SEASON THIS SEASONAL POPULATION EXPANSION AND CONTRACTION CREATE S UNIQUE CHALLENGES FOR THE CAPE'S HEALTH CARE SYSTEM, TRANSPORTATION NETWORK, WORKFORCE, BUSINESS COMMUNITY, AND HOUSING MARKET POPULATION TRENDS AND AGE DEMOGRAPHIC ANALYSIS REV EALS TWO STRIKING TRENDS THAT WILL IMPACT BARNSTABLE COUNTY IN THE NEAR FUTURE CURRENT DA TA AND FUTURE DEMOGRAPHIC PREDICTIONS FOR THE REGION DEMONSTRATE THAT BARNSTABLE COUNTY'S OVERALL POPULATION IS DECLINING AND INCREASING IN AGE ACCORDING TO THE LONG-TERM POPULATI ON PROJECTIONS FOR MASSACHUSETTS REGIONS AND MUNICIPALITIES, A PUBLICATION BY THE UMASS DO NAHUE INSTITUTE, ALL REGIONS IN MA WILL EXPERIENCE POSITIVE POPULATION GROWTH FROM 2010-20 35 EXCEPT FOR BARNSTABLE COUNTY AND THE ISLANDS OF NANTUCKET AND MARTHA'S VINEYARD A PROJ ECTED NET LOSS OF 13% OF THE OVERALL POPULATION OF BARNSTABLE COUNTY IS PREDICTED BETWEEN 2010 AND 2035 BY 2035, THE TOTAL YEAR-ROUND POPULATION IS EXPECTED TO DECREASE TO APPROXI MATELY 188,000 RESIDENTS, A POPULATION SIMILAR TO HISTORIC 1990 NUMBERS THIS DECLINE IS A TTRIBUTED TO TWO FACTORS, AN OUTFLOW OF YOUNG PEOPLE FROM THE REGION, AND DEATHS CONTINUIN G TO OUTNUMBER BIRTHS IN ADDITION TO THE DECLINING POPULATION, THE YEAR-ROUND POPULATION OF BARNSTABLE COUNTY WILL CONTINUE TO HAVE A SIGNIFICANTLY LARGER PROPORTION OF SENIORS OV ER THE AGE OF 65 THAN THE STATE OF MASSACHUSETTS (MA) AND THE UNITED STATES (U S) ACCORD ING TO 2009-2013 AMERICAN COMMUNITY SURVEY ESTIMATES, NEARLY 26% OF THE YEAR-ROUND POPULAT ION OF BARNSTABLE COUNTY IS OVER THE AGE OF 65 COMPARED TO 14% IN MA AND 13% IN THE U S I T IS PREDICTED THAT BY THE YEAR 2035, NEARLY 35% OF THE POPULATION OF BARNSTABLE COUNTY WI LL BE OVER THE AGE OF 65 4 IN MA, 58% OF THE OVERALL POPULATION IS COMPRISED OF RESIDENTS BETWEEN THE AGES OF 0-44 YEARS MCOMPARED TO ONLY 42% IN BARNSTABLE COUNTY 'BABY BOOMERS' , WHO ARE CURRENTLY INCLUDED IN THE AGE BRACKET OF 45 TO 64 YEAR-OLD RESIDENTS, REPRESENT AN ADDITIONAL 32% OF THE CAPE'S POPULATION THESE COMBINED POPULATION STATISTICS SKEW BARN STABLE COUNTY'S MEDIAN AGE TO OVER 50 YEARS OLD, THE HIGHEST FOR ALL COUNTIES IN MASSACHUS ETTS THIS IS MORE THAN A DECADE OLDER THAN THE MA MEDIAN AGE OF 39 YEARS AND THE U S MED IAN AGE OF 37 YEARS A COMMON THEME DISCUSSED IN STAKEHOLDER INTERVIEWS AND COMMUNITY/PROV IDER FORUMS WAS THAT PERSONS OVER THE AGE OF 65 AND YOUTH (15-24 YEARS OLD)REPRESENTED TWO OF THE MOST VULNERABLE POPULATIONS IN THE SERVICE AREA YOUTH WERE IDENTIFIED AS A TARGET POPULATION DUE TO CONCERNS RELATED TO EARLY ONSET OF MENTAL HEALTH CONDITIONS, SUBSTANCE U SE AND RISKY HEALTH BEHAVIORS BARNSTABLE COUNTY'S GENDER DEMOGRAPHICS MIRROR THOSE OF MA, 52% OF RESIDENTS ARE FEMALE AND 48% ARE MALE NEARLY 12% OF BARNSTABLE COUNTY RESIDENTS O VER THE AGE OF 18 ARE VETERANS WHICH IS HIGHER THAN THE PERCENTAGE IN BOTH MA (7%) AND THE U S (9%) IN BARNSTABLE COUNTY, 13% OF RESIDENTS REPORT THAT THEY ARE LIVING WITH A DISA BILITY COMPARED TO 11% IN MA BARNSTABLE COUNTY MUST MEET THE UNIQUE HEALTH NEEDS OF VETER ANS AND PERSONS LIVING WITH DISABILITIES WHO MAY BE AT A GREATER RISK OF DEVELOPING COMORB ID CONDITIONS AND OFTEN ENCOUNTER LIMITED ACCESS OR BARRIERS TO CARE INCOME AND POVERTY A LTHOUGH BARNSTABLE COUNTY HAS A LOWER PROPORTION OF LOW-INCOME RESIDENTS THAN DOES MA (9% VS 11%), REPRESENTATIVES OF ORGANIZATIONS THAT SE

Form and Line Reference	Explanation
PART VI, LINE 4	RVE VULNERABLE, LOW-INCOME AND MEDICALLY UNDERSERVED POPULATIONS REPORT A GROWING NUMBER O F RESIDENTS WHO STRUGGLE TO SECURE AND MAINTAIN STABLE EMPLOYMENT THEY ALSO RELY ON PUBLI C ASSISTANCE PROGRAMS TO AFFORD HEALTH INSURANCE, FOOD AND HOUSING ACCORDING TO FIVE-YEAR CENSUS ESTIMATES (2009-2013), THE MEDIAN HOUSEHOLD INCOME OF BARNSTABLE COUNTY RESIDENTS WAS $60,526 COMPARED TO $66,866 FOR ALL MASSACHUSETTS RESIDENTS IN 2014, A HIGHER PERCENT OF PER CAPITA INCOME WAS DERIVED FROM TRANSFER PAYMENTS (SOCIAL SECURITY, DISABILITY PENS IONS, HOUSING AND FOOD SUBSIDY PROGRAMS, AND UNEMPLOYMENT BENEFITS) IN BARNSTABLE COUNTY (19%) COMPARED TO MA (15%) AND THE U S (17%) VULNERABLE POPULATIONS ARE FURTHER CHALLENGE D BY EMPLOYMENT OPPORTUNITIES ON CAPE COD WHICH DECREASE DURING WINTER MONTHS DUE TO CHARA CTERISTICS INHERENT IN A SEASONAL ECONOMY DEPENDENT ON TOURISM AND OTHER FACTORS IN 2015, THE UNEMPLOYMENT RATE IN BARNSTABLE COUNTY RANGED FROM 9% IN JANUARY TO 5% IN JULY COMPAR ED TO A STEADY ANNUAL RATE OF 6% UNEMPLOYMENT FOR MA OVERALL ACCORDING TO FIVE-YEAR ESTIM ATES (2009-2013) OF THE AMERICAN COMMUNITY SURVEY * MORE THAN 48% OF BARNSTABLE COUNTY RE SIDENT WHO RENT AND 38% WHO OWN A HOUSING UNIT ARE COST-BURDENED, SPENDING 35% OR MORE OF THEIR TOTAL INCOME ON HOUSING ACCORDING TO THE U S DEPARTMENT OF HOUSING AND URBAN DEVEL OPMENT, FAMILIES WHO PAY MORE THAN 30% OF THEIR INCOME FOR HOUSING ARE CONSIDERED COST-BUR DENED AND MAY HAVE DIFFICULTY AFFORDING NECESSITIES SUCH AS FOOD, CLOTHING, TRANSPORTATION AND MEDICAL CARE * 42% OF BARNSTABLE COUNTY RESIDENTS RECEIVE PUBLICILY-FUNDED HEALTH IN SURANCE COVERAGE COMPARED TO 32% OF RESIDENTS IN MA OVERALL, AND 42% OF RESIDENTS RECEIVE SOCIAL SECURITY PAYMENTS COMPARED TO 28% IN MA OVERALL COMBINED TOGETHER, THESE INDICATOR S PAINT A PICTURE OF MANY RESIDENTS IN NEED THE COMMUNITY INPUT COLLECTION PHASE OF THE P ROJECT IDENTIFIED NUMEROUS TARGET POPULATIONS IN NEED OF HEALTH INTERVENTIONS THESE INCLU DED FINANCIALLY DISADVANTAGED POPULATIONS, INCLUDING INDIVIDUALS WITH TRANSITIONAL EMPLOYM ENT, CHILDREN UNDER THE AGE OF 18, INDIVIDUALS/FAMILIES WITH HOUSING INSECURITIES, AND THO SE LIVING ON FIXED INCOMES RACE, ETHNICITY AND LANGUAGE IN ADDITION TO AGE AND INCOME, RA CE, ETHNICITY, AND LANGUAGE PLAY A ROLE IN DETERMINING HEALTH OUTCOMES FOR RESIDENTS COMP ARED TO MA, BARNSTABLE COUNTY HAS A RELATIVELY HOMOGENEOUS POPULATION WITH 92% IDENTIFYING AS CAUCASIAN IN 2009-2013 CENSUS ESTIMATES MASSACHUSETTS IS MORE RACIALLY DIVERSE WITH O NLY 76% OF RESIDENTS IDENTIFYING AS CAUCASIAN ACCORDING TO FIVE-YEAR ESTIMATES OF THE AME RICAN COMMUNITY SURVEY (2009-2013) THE LARGEST RACIAL/ETHNIC MINORITY GROUPS ON CAPE COD A RE HISPANICS/LATINOS AND AFRICAN-AMERICAN RESIDENTS WITH EACH GROUP REPRESENTING ABOUT 2% OF THE POPULATION IN THAT SAME TIME PERIOD, 7% OF THE POPULATION LIVING IN BARNSTABLE COU NTY WAS FOREIGN-BORN, COMPARED TO 15% FOR THE COMMONWEALTH OF MASSACHUSETTS SLIGHTLY MORE THAN 8% OF THE POPULATION FIVE YEARS OR OLDER IN BARNSTABLE COUNTY SPEAKS A LANGUAGE OTHE R THAN ENGLISH AT HOME COMPARED TO 22% IN THE COMMONWEALTH WHILE DIVERSITY MAY BE LOW COM PARATIVELY, PUBLIC HEALTH EXPERTS AND INDIVIDUALS REPRESENTING LOW-INCOME, VULNERABLE, AND MEDICALLY UNDERSERVED POPULATIONS ON CAPE COD CITE THAT FOREIGN-BORN RESIDENTS AND RACIAL /ETHNIC MINORITIES ON CAPE COD (E G , HISPANICS, AFRICAN AMERICANS, AND PORTUGUESE-SPEAKIN G BRAZILIANS) WERE MOST LIKELY TO EXPERIENCE BARRIERS TO ACCESSING CARE AND ARE DISPROPORT IONALLY IDENTIFIED WITHIN HIGH NEEDS POPULATIONS AS COMPARED TO OTHERS

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INSURANCE STATUS MASSACHUSETTS LEADS THE NATION AS THE STATE WITH THE	LOWEST RATE OF UNINSURED RESIDENTS IN 2014, ONLY 4% OF RESIDENTS IN THE COMMONWEALTH LACKED MEDICAL HEALTH INSURANCE, COMPARED TO 10% NATIONALLY, DUE TO THE STATE'S EARLY HEALTH REFORM EFFORTS WHICH BEGAN IN 2006 HOWEVER, THERE IS VARIATION IN INSURED POPULATIONS ACROSS THE STATE OF MA ACCORDING TO THE GEOGRAPHY OF UNINSURANCE IN MASSACHUSETTS 2009-2013, A PUBLICATION BY THE BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION AND THE URBAN INSTITUTE ACCORDING TO THE STUDY, BARNSTABLE COUNTY, AT 3 4%, HAS THE HIGHEST PERCENTAGE OF UNINSURED CHILDREN (0-17 YEARS) IN THE STATE COMPARED TO ALL OTHER COUNTIES BARNSTABLE COUNTY, WITH AN OVERALL 5% UNINSURED RATE (ADULTS AND CHILDREN), IS ALSO THE 4TH HIGHEST RANKING COUNTY IN MA FOR THE NUMBER OF UNINSURED PERSONS OF ALL AGES INPUT FROM PUBLIC HEALTH EXPERTS AND INDIVIDUALS REPRESENTING LOW-INCOME, VULNERABLE, AND MEDICALLY-UNDERSERVED POPULATIONS ON CAPE COD NOTE THAT BEYOND INDIVIDUALS AND CHILDREN WHO ARE UNINSURED, THERE ARE MANY RESIDENTS WHO ARE 'UNDER-INSURED' THIS POPULATION STRUGGLES WITH THE COST OF PUBLICLY AVAILABLE HEALTH PLANS, COVERAGE OF DEDUCTIBLES AND PRESCRIPTIONS, AND WITH MAINTAINING INSURANCE COVERAGE UNDER CONTINUOUS ENROLLMENT CHANGES CAPE COD HOSPITAL AND FALMOUTH HOSPITAL DERIVE APPROXIMATELY 67% OF PATIENT SERVICE REVENUES FROM PUBLIC PAYERS FROM FY2013 TO FY2015 THE HOSPITALS' PERCENTAGE OF MEDICAID AND MEDICARE STEADILY INCREASED WHILE THE PERCENTAGE FROM NON-GOVERNMENT SOURCES STEADILY DECREASED AS BOTH STATE AND FEDERAL PAYERS FACE BUDGETING CONCERNS, PUBLIC PAYER REIMBURSEMENT IS FORECASTED TO REMAIN FLAT OR DECLINE MANY OF THE KEY SERVICES USED BY VULNERABLE POPULATIONS SUCH AS BEHAVIORAL HEALTH ARE POORLY REIMBURSED THESE TRENDS DEMONSTRATE CONTINUED RELIANCE ON SOURCES OF PUBLIC HEALTH COVERAGE AS THE AREA DEMOGRAPHICS BECOME MORE CHALLENGING CONCLUSION UNDERSTANDING THE COMMUNITY NEED AND HEALTH STATUS OF BARNSTABLE COUNTY RESIDENTS BEGINS WITH IDENTIFYING THE DEMOGRAPHIC PROFILE AND UNDERLYING SOCIO-ECONOMIC DRIVERS THAT IMPACT HEALTH AND HEALTH EQUITY ASSESSING SOCIAL DETERMINANTS OF HEALTH SUCH AS AGE, INCOME, RACE/ETHNICITY,LANGUAGE, INCOME, POVERTY, UNEMPLOYMENT, INSURANCE COVERAGE, AND HOUSING STATUS PROVIDES CRITICAL INFORMATION FOR IDENTIFYING TARGET POPULATIONS AND COMMUNITY SETTINGS FOR HEALTH IMPROVEMENT INTERVENTIONS AND ACTIVITIES

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH Cape Cod Healthcare, Inc , (CCHC) through its Community Ben efits initiative, is committed to enhancing the quality of and access to comprehensive hea lth care services for all residents of Cape Cod Through continuous assessment of communit y needs, coordinated planning and the allocation of resources, this commitment includes a special focus on the unmet needs of the financially disadvantaged and underserved populati ons We will take a leadership role in collaborative efforts joining our resources, talent , and commitment with that of other providers, organizations and community members The Co mmunity Benefits Mission Statement was affirmed by the CCHC Community Health Committee and the Board of Trustees in 2000 and remains in effect THE FOLLOWING IS A LIST OF FY 17 TAR GET POPULATIONS - Individuals managing or at risk of developing chronic and infectious di seases such as cancer, cardiovascular disease, Alzheimers disease and dementia, Hepatitis C, and tick-borne diseases - Residents facing barriers to care due to language, cost, or age, including those who are uninsured or under-insured - Individuals with mental health disorders, substance use disorders, and co-occurring disorders - Senior population, ages 65 and older - Youth and young adults, ages 15 to 24 years old Key Accomplishments of Re porting Year Cape Cod Hospital, Falmouth Hospital, and Cape Cod Healthcare (CCHC) continue d to stand out in the areas of quality, innovation and patient appreciation in FY17 The s ystem garnered several important awards and recognition Americas 100 Great Community Hosp itals Cape Cod Hospital was named to the list of Americas 100 Great Community Hospitals by Beckers Hospital Review for the sixth consecutive year This recognition is based on qual ity of care and service to our community, and demonstrates that the hospital is successful ly and consistently achieving top results in patient care and satisfaction American Heart Association/American Stroke Association Get With the Guidelines - Falmouth Hospital earne d the Get With the Guidelines-Stroke Gold-Plus Quality Achievement Award for the eighth co nsecutive year This achievement recognizes the hospitals commitment and success in implem enting specific quality improvement measures outlineD by the American Heart Association/Am erican Stroke Association for the treatment of stroke patients Cape Cod Hospital earned t he Silver Plus Achievement Award Leapfrog Hospital Safety Score - Cape Cod Hospital achie ved straight As in the annual Hospital Safety Score for the sixth straight year Falmouth Hospital was recognized with a B Hospital Safety Score The Hospital Safety Score is the g old standard rating for patient safety and is compiled by The Leapfrog Group, a non-profit hospital safety watchdog RN Residency Accreditation - The RN Residency Transition Progra m at CCHC EARNED "ACCREDITATION WITH DISTINCTION" FROM THE AMERICAN NURSES Credentialing C enters Commission on Accreditation This is the highest recognition awarded by the program The Commission noted the strength of the CCHC programs leadership, and highlighted the p rograms flexibility to grow into other areas within the healthcare system Hepatitis B Bir th Dose Honor Roll - The Division of Epidemiology and Immunization, Massachusetts Departme nt of Public Health named Cape Cod Hospital to its honor roll for Hepatitis B Birth Dose f or achieving 95% coverage in our maternity department In FY17, the expansion and implemen tation of hospital-based and community-based health improvement activities mirrored the qu ality of and commitment to clinical achievements The release of the 2017-2019 Cape Cod Ho spital and Falmouth Hospital Community Health Needs Assessment Report and Implementation P lan served as the guide for implementation of health improvement strategies, partnership d evelopment and identification of community investment opportunities CCHCs Community Benef its activities focused on the four key health priorities identified in the report chronic and infectious disease, behavioral health, access to care, and disease prevention and wel lness These priorities were addressed through new and existing hospital programs, collabo ration with a network of federally qualified health centers, grant investments in communit y-based health and human service organizations, and expanding participation in regional co alitions and task force efforts Chronic and infectious disease management, prevention, sc reening, and detection efforts were supported through a variety of CCHC Community Benefits activities Hospital efforts included cancer survivorship services, oncology support grou ps, and physician-led cancer prevention workshops and health fairs A partnership with the Cape Wellness Collaborative provided patients undergoing cancer treatment with free commu nity-based services such as massage, acupuncture and nutritional counseling to complement their treatment at Cape Cod Hospital and Falmouth

Form and Line Reference	Explanation
PART VI, LINE 5	Hospital CCHC partnered with Team Maureen, a local nonprofit organization dedicated to en ding cervical cancer, to produce an HPV prevention public service announcement targeted at youth and young adults The video was accepted for screening by the Global Health Film Fe stival at the American Public Health Associations annual conference in Atlanta In FY17, C CHC launched the CCHC Congestive Heart Failure Clinic designed to provide residents with c hronic disease self-management and wellness resources Nutrition counseling, disease educa tion, and pharmacology are integrated and offered to patients to assist them in staying we ll and active at home and in the community As a recipient of state and federal grants inc luding the Ryan White HIV/AIDS Program grant for the region, CCHC Infectious Disease Clini cal Services coordinates regional HIV/AIDS screening, testing, care management, and health related supports for residents with HIV and AIDS through partnerships with community-base d health and human service organizations CCHC Community Benefits provided grants to the A lzheimers Family Caregiver Support Center and HOPE Dementia and Alzheimers Services to fun d new support groups, free counseling for families, and respite grants for caregivers The YMCA Cape Cod in partnership with the National Alliance on Mental Illness received fundin g from CCHC to develop support groups and wellness programs to address the co-morbidities of diabetes and depression CCHC partnered with the Cape Cod Cooperative Extension and the UMASS Laboratory of Medical Zoology to offer an innovative tick testing program for our r egion CCHC funding subsidized a portion of each tick test submitted by Barnstable County residents Tick disease results were provided to the resident, and aggregated disease surv eillance data was shared with collaborating agencies CCHCs Centers for Behavioral Health expanded staff capacity and outpatient services to increase access and strengthen regional health services for individuals with mental health, substance use, and co-occurring disor ders As a partner in new privatized services awarded by The MA Department of Mental Healt h, CCHC staff collaborated with community-based agencies, coalitions, advocacy groups, and law enforcement to implement a new model of crisis intervention services for our region CCHC is also a collaborative partner with the MA Department of Public Health and MA Depart ment of Mental Health on the Zero Suicide initiative to increase suicide prevention and re duce suicide deaths on Cape Cod and the islands of Marthas Vineyard and Nantucket CCHC Co mmunity Benefits provided grant awards to two federally qualified health centers, Duffy He alth Center and Outer Cape Health Services, to support regional efforts to reach and serve high risk target populations with behavioral health needs Outer Cape Health Services lau nched the Community Resource Navigator program to provide short-term case management and a ssistance with social determinants of health for individuals with behavioral health disord ers on the Lower and Outer Cape Duffy Health Center maintained key behavioral health serv ices for homeless individuals and those at risk of homelessness in Barnstable County CCHC provided funding and coordination with four federally qualified health centers to increas e regional Medication Assisted Treatment outpatient services across all regions of Cape Co d In addition to expanding outpatient treatment options, CCHC implemented a Recovery Spec ialist program in the emergency departments at Cape Cod Hospital and Falmouth Hospital In partnership with Gosnold on Cape Cod, the Recovery Specialist program provides peer-recov ery professionals to engage patients and assist in referrals and transition to inpatient a nd outpatient substance use disorder treatment programs upon discharge from the emergency departments

Form and Line Reference	Explanation
CCHC led an effort to improve care for pregnant women on Cape Cod with	substance use disorders Our Moms Do Care program, a program funded through a three-year M assachusetts Department of Public Health grant, provides integrated prenatal care and subs tance use treatment for pregnant women with opioid use disorders Physicians and clinical leaders at Cape Cod Hospital and Falmouth Hospital are active contributors to the Neonatal Quality Improvement Collaborative of MA to improve care of newborns and families impacted by perinatal opioid use and neonatal abstinent syndrome CCHCs support reached beyond cli nical settings through a partnership with Cape Cod Child Development to increase acceptanc e of Early Intervention services by families with newborns exposed to substances in utero A grant to the Mothers and Infants Recovery Network helped to launch additional support g roups in new locations on Cape Cod including the Barnstable County correctional facility f or women CCHCs commitment to improve access to care was demonstrated through support of e xisting programs and new initiatives designed to reduce barriers to care for vulnerable po pulations In partnership with the Cape and Islands Emergency Medical Services System, CCH C introduced an innovative model to provide medical interpreter services for limited-Engli sh speaking patients in pre-hospital settings The program provides phone based interprete r services to paramedics and first responders on ambulances to improve communication with patients during transport to the hospital In FY17, partnerships increased from two to thi rteen municipal fire and rescue departments Also, CCHC Interpreter Services continued to provide free medical interpreter services for limited-English speaking patients in communi ty-based primary and specialty care offices across the region CCHC Community Benefits gra nt funding supported the coordination of the Specialty Network for the Uninsured (SNU) Th e SNU program provides free/sliding-scale fees for visits to specialists for uninsured and under-insured residents of Barnstable County Coordination of visits with local specialis ts reduces the need for residents without coverage for these services to travel outside of the region, and addresses a gap in certain services not offered by federally qualified he alth centers A CCHC grant to the Barnstable County Human Services Department supported th e SHINE (Serving the Health Insurance Needs of Everyone) program to increase the number of seniors who received Medicare counseling, education, and enrollment assistance at Council on Aging offices across all 15 towns in Barnstable County Strategic workforce developmen t partnerships with Cape Cod Community College, local vocational programs, and several hig h schools in the region were strengthened in an effort to ensure a strong and skilled futu re workforce on Cape Cod CCHC provided funding, job shadowing and training opportunities for diverse allied health programs, including nursing and CNA employment tracks CCHC heal th improvement implementation strategies also addressed disease prevention for all residen ts of Barnstable County and sustaining the wellness of elders and caregivers A specific a rea of focus in FY17 was to increase access to nutritious food for low-income populations CCHC provided a strategic grant to the Family Pantry of Cape Cod to launch a mobile food pantry to deliver healthy foods to isolated seniors and caregivers in remote geographic lo cations The FlavorRX project featured collaboration between Sustainable CAPE and EMERALD PHYSICIANS, AN AFFILIATE OF CCHC, TO 'PRESCRIBE' PLANT-BASED foods and offer incentives fo r Mass Health patients to purchase locally grown fruits and vegetables at local farmers ma rkets CCHC also partnered with the Cape Cod Fishermans Alliance to increase the number of food pantries as distribution points for the Fish for Families program The program provi des locally sourced fish and shellfish as a nutrient dense protein option for food pantry clients across Cape Cod Healthy Parks, Healthy People, a walking and health promotion pro gram for residents and visitors to Cape Cod, was continued through a partnership between t he US National Park Service, the Cape Cod National Seashore, and Cape Cod Healthcare CCHC staff including physicians and physical therapists provided classes, education and resour ces to residents participating in the program The Parkinsons Support Network was awarded funding to offer additional wellness programs and support groups for individuals with Park insons disease and their caregivers Calmer Choice was awarded a CCHC Community Benefits g rant to offer community-based universal prevention programs that teach young people how to effectively and safely manage stress and resolve conflict with the goal to diminish the r isk of violence, substance abuse, and other self-destructive behaviors The Cape Cod Hoard ing Task Force received funding to offer broad community education events on the topic of hoarding and specialized training for members of t

Form and Line Reference	Explanation
CCHC led an effort to improve care for pregnant women on Cape Cod with	he task force who work directly with residents on issues of hoarding and health In additi on to these hospital-based programs and grant funded community-based projects, community b enefits and hospital staff continued to play leadership roles in health and human service organizations and coalitions across Barnstable County These include, but are not limited to, the Barnstable County Human Services Advisory Council, Barnstable County RegionaL Subs tance Use Council, Behavioral Health Provider Coalition of Cape Cod & the Islands, Cape & Islands Community Health Area Network (CHNA 27) Steering Committee, Healthy Aging Cape Cod , Quality of Life Initiative, and the Substance Use in Pregnancy Task Force Substance Use Council, Behavioral Health Provider Coalition of Cape Cod & the Islands, Cape & Islands C ommunity Health Area Network (CHNA 27) Steering Committee, Healthy Aging Cape Cod, Quality of Life Initiative, and the Substance Use in Pregnancy Task Force

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEMS ROLES THE HOSPITALS ARE PART OF AN AFFILIATED HEALTHCARE SYSTEM AND THEIR RESPECTIVE ROLES ARE CAPE COD HOSPITAL - A NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN HYANNIS,MASSACHUSETTS FALMOUTH HOSPITAL ASSOCIATION, INC - A NOT-FOR-PROFIT ACUTE CARE HOSPITAL LOCATED IN FALMOUTH, MASSACHUSETTS CAPE COD HEALTHCARE, INC - A NOT-FOR-PROFIT CORPORATION THAT SERVES AS THE PARENT COMPANY OF VARIOUS ENTITIES PROVIDING HEALTH CARE SERVICES TO THE POPULATION OF CAPE COD, MASSACHUSETTS CAPE COD HEALTHCARE FOUNDATION,INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE DEVELOPMENT AND FUNDRAISING SUPPORT TO CAPE COD HEALTHCARE CAPE AND ISLANDS HEALTH SERVICES II, INC - A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROVIDE VARIOUS NON-HOSPITAL HEALTH CARE SERVICES MEDICAL AFFILIATES OF CAPE COD, INC - A NOT-FOR-PROFIT MEDICAL GROUP PRACTICE VISITING NURSE ASSOCIATION OF CAPE COD - A NOT-FOR-PROFIT PROVIDER OF HOME HEALTH SERVICES CAPE COD HUMAN SERVICES, INC - A NOT-FOR-PROFIT PROVIDER OF OUTPATIENT MENTAL HEALTH SERVICES FALMOUTH ASSISTED LIVING, INC , D/B/A HERITAGE AT FALMOUTH - A NOT-FOR-PROFIT CORPORATION THAT OWNS AN ASSISTED LIVING FACILITY JML CARE CENTER, INC - A NOT-FOR-PROFIT SKILLED NURSING AND REHABILITATION FACILITY CAPE HEALTH INSURANCE COMPANY - A CAPTIVE INSURANCE COMPANY THAT PROVIDES MEDICAL PROFESSIONAL AND GENERAL LIABILITY INSURANCE TO CAPE COD HEALTHCARE CAPE COD HOSPITAL MEDICAL OFFICE BUILDING - A PROVIDER OF LEASED AND SUBLEASED SPACE TO CAPE COD HOSPITAL AND RELATED AFFILIATIONS PART VI, LINE 7 ALL STATES WHERE ORGANIZATION FILES A COMMUNITY BENEFITS REPORT MA

Additional Data

Software ID:

Software Version:

EIN: 90-0054984

Name: CAPE COD HEALTHCARE INC & AFFILIATES

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	CAPE COD HOSPITAL 27 PARK STREET HYANNIS, MA 02601 SEE PART V, SECTION C 2135	X	X					X			A
2	FALMOUTH HOSPITAL ASSOCIATION INC 100 TER HEUN DRIVE FALMOUTH, MA 02540 SEE PART V, SECTION C 2289	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION A	WEBSITES PART V, SECTION A, LINE 1 - CAPE COD HOSPITAL WWW CAPECODHEALTH ORG/LOCATIONS/CAPE-COD-HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION A, LINE 2 - FALMOUTH HOSPITAL	WWW CAPECODHEALTH ORG/LOCATIONS/FALMOUTH-HOSPITAL

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	OVER 20 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STAT ISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION, MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGIONAL STATISTICS WERE ANALYZE D AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHERE DEMOGRAPHIC AND HEALTH D ISPARITIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AND AUGMENTED WITH COMMUNITY INPUT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL SELECTED JOHN SNOW, INC (JSI) A PUBLIC HE ALTH RESEARCH FIRM, TO CONDUCT PRIMARY RESEARCH INCLUDING HEALTH DATA RESEARCH, KEY INFORM ANT INTERVIEWS AND FACILITATION OF COMMUNITY AND PROVIDER FORUMS JSI INTERVIEWED OVER 25 REGIONAL LEADERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND WHO OFFER INFORMATI ON OR EXPERTISE RELATIVE TO THE SIGNIFICANT HEALTH NEEDS OF VULNERABLE POPULATIONS THEY I NCLUDED SUCH ENTITIES AS MUNICIPAL PUBLIC HEALTH DEPARTMENTS,HUMAN SERVICE AGENCIES, SCHOO LS AND LAW ENFORCEMENT AGENCIES, FEDERALLY QUALIFIED HEALTH CENTERS,COMMUNITY ORGANIZATION S SERVING LOW-INCOME, VULNERABLE AND MEDICALLY UNDERSERVED POPULATIONS, ELECTED OFFICIALS, AND HOSPITAL CLINICIANS AND ADMINISTRATORS FIVE COMMUNITY INPUT FORUMS WERE HELD ACROSS BARNSTABLE COUNTY MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS ATTENDED THES E FORUMS PROVIDED AN OPPORTUNITY TO PRESENT STATISTICAL HEALTH FINDINGS TO PARTICIPANTS AN D IDENTIFY GAPS IN SERVICES ADDITIONALLY, THE FORUMS FACILITATED DIALOGUE ON ISSUES NOT I DENTIFIED AND TARGET POPULATIONS MOST IMPACTED BY HEALTH ISSUES A POST-FORUM SURVEY WAS P ROVIDED TO PARTICIPANTS TO IDENTIFY AND RANK HEALTH PRIORITIES IN THE REGION FEEDBACK AND INPUT FROM THE KEY INFORMANT INTERVIEWS AND FROM ATTENDEES OF THE COMMUNITY AND PROVIDER FORUMS WAS USED TO INFORM THE SELECTION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS TH E FOLLOWING ORGANIZATIONS PARTICIPATED IN THE COMMUNITY INPUT ACTIVITIES THROUGHOUT THE PH ASES OF THE PROJECT PUBLIC HEALTH EXPERTS, HEALTH CARE PROVIDERS AND HEALTH SERVICE ORGAN IZATIONS AIDS SUPPORT GROUP OF CAPE COD ALZHEIMER'S FAMILY SUPPORT CENTER OF CAPE COD ARBO R COUNSELING SERVICES BARNSTABLE COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT BARNSTABLE CO UNTY DEPARTMENT OF HUMAN SERVICES BARNSTABLE COUNTY PUBLIC NURSING DIVISION CCHC EMERGENCY SERVICES CCHC CENTERS FOR BEHAVIORAL HEALTH CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYS TEM CARON TREATMENT CENTER COMMUNITY HEALTH CENTER OF CAPE COD DUFFY HEALTH CENTER EMERALD PHYSICIANS FALMOUTH HUMAN SERVICES GOSNOLD ON CAPE COD HARBOR COMMUNITY HEALTH CENTER-HYA NNIS HOPE HEALTH HOPE DEMENTIA & ALZHEIMER'S SERVICES OF CAPE COD MASHPEE WAMPANOAG HEALTH SERVICE UNIT OUTER CAPE HEALTH SERVICES SPAULDING REHABILITATION HOSPITAL CAPE COD SPECIA LTY NETWORK FOR THE UNINSURED TOWN OF BREWSTER HEALTH DEPARTMENT TOWN OF FALMOUTH HEALTH D EPARTMENT TOWN OF MASHPEE HUMAN SERVICES VINFEN VISITING NURSE ASSOCIATION OF CAPE COD ORG ANIZATIONS SERVING LOW-INCOME,

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS BARNSTABLE PUBLIC SCHOOL SYSTEM BOYS & G IRLS CLUB OF CAPE COD CAPE COD CENTER FOR WOMEN CAPE COD CHILD DEVELOPMENT CAPE COD COUNCI L OF CHURCHES CAPE COD WIC CAPE COD NEIGHBORHOOD SUPPORT COALITION CHILD AND FAMILY SERVIC ES COALITION FOR CHILDREN COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS CHILDREN'S COVE COMMUNITY DEVELOPMENT PARTNERSHIP ELDER SERVICES OF CAPE COD & THE ISLANDS FALMOUTH P UBLIC SCHOOL SYSTEM FALMOUTH SERVICE CENTER FALMOUTH TOGETHER WE CAN FALMOUTH VOLUNTEERS I N PUBLIC SCHOOLS THE FAMILY PANTRY OF CAPE COD GLENNA KOHL FUND FOR HOPE HEALTH IMPERATIVE S HEALTHY LIVING CAPE COD HELPING OUR WOMEN HOMELESS PREVENTION COUNCIL HOUSING ASSISTANCE CORPORATION INDEPENDENCE HOUSE JUSTICE RESOURCE INSTITUTE LYME AWARENESS OF CAPE COD OUTE R CAPE WOMEN INFANTS AND CHILDREN (WIC) MOTHER AND INFANT RECOVERY NETWORK NATIONAL ALLIAN CE ON MENTAL ILLNESS CAPE COD SAMARITANS ON CAPE COD AND THE ISLANDS SANDPIPER NURSERY SCH OOL SANDWICH PUBLIC SCHOOL SYSTEM SHINE (SERVING HEALTH INFORMATION NEEDS OF EVERYONE) SIG HT LOSS SERVICES TOWN OF FALMOUTH COUNCIL ON AGING TOWN OF MASHPEE COUNCIL ON AGING TOWN O F PROVINCETOWN COUNCIL ON AGING TOWN OF SANDWICH COUNCIL ON AGING TOWN OF TRURO COUNCIL ON AGING WE CAN YMCA OF CAPE COD COUNTY, TOWN, OR MUNICIPAL ENTITIES AND REGIONAL TASK FORCE S CAPE & ISLANDS UNITED WA CAPE COD COMMUNITY COLLEGE CAPE COD DISTRICT ATTORNEY'S OFFICE CAPE COD FOUNDATION CAPE & ISLANDS SUICIDE PREVENTION COALITION YARMOUTH POLICE DEPARTMEN T MA DEPARTMENT OF MENTAL HEALTH MA DEPARTMENT OF PUBLIC HEALTH MASHPEE WAMPANOAG TRIBE HE ALTH SERVICES COMMUNITY HEALTH NETWORK AREA 27 BEHAVIORAL HEALTH PROVIDER COALITION OF CAP E COD & THE ISLANDS BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL BARNSTABLE TOWN COU NCIL SUBSTANCE USE IN PREGNANCY TASK FORCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6 (A)	CAPE COD HOSPITAL AND FALMOUTH HOSPITAL JOINTLY CONDUCTED THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7(A)	https //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assessments/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7(B)	https //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assessments/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10(A)	https //www capecodhealth org/about/caring-for-our-community/community-hea lth-needs-assessments/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA INCLUDE CHRONIC AND INFECTIOUS DISEASE, BEHAVIORAL HEALTH, ACCESS TO CARE AND DISEASE PREVENTION AND WELLNESS CAPE COD HOSPITAL (CCH) AND FALMOUTH HOSPITAL (FH) WILL ADDRESS THESE SPECIFIC ISSUES THROUGH A COMPREHENSIVE SET OF IMPLEMENTATION STRATEGIES THAT INCLUDE HOSPITAL-BASED PROGRAMS, COLLABORATIVE EFFORTS WITH NUMEROUS REGIONAL HEALTH PARTNERS AND PROVIDING GRANTS TO COMMUNITY BASED ORGANIZATIONS WITH INITIATIVES THAT ALIGN WITH COMMUNITY HEALTH IMPROVEMENT STRATEGIES THREE SPECIFIC ISSUES IDENTIFIED THROUGH THE ASSESSMENT FALL OUTSIDE OF THE CORE COMPETENCIES OF THE HOSPITALS AND WERE NOT INCLUDED IN THE CCH AND FH IMPLEMENTATION STRATEGIES THE ISSUES ARE TRANSPORTATION, HOUSING AND HOMELESSNESS, AND EMPLOYMENT THESE ISSUES ARE LONG-STANDING REGIONAL CHALLENGES AND WERE IDENTIFIED IN THE PREVIOUS CHNA AS ISSUES OUTSIDE THE SCOPE OF SIGNIFICANT HEALTH NEEDS THAT THE HOSPITALS CAN REASONABLY ADDRESS RESIDENTS IMPACTED BY THESE ISSUES WILL BE SERVED BY THE HOSPITALS SINCE IT IS THEIR MISSION TO SERVE ALL WITHOUT REGARD TO SEX, RACE, CREED, RESIDENCE, NATIONAL ORIGIN, SEXUAL ORIENTATION, OR ABILITY TO PAY CAPE COD HOSPITAL AND FALMOUTH HOSPITAL RECOGNIZE THAT THERE ARE REGIONAL ENTITIES WITH THE CORE COMPETENCIES, KNOWLEDGE, STAFF AND FUNDING SOURCES TO SPECIFICALLY ADDRESS THE ISSUES OF TRANSPORTATION, HOUSING AND HOMELESSNESS, AND EMPLOYMENT THE HOSPITALS WILL COLLABORATE ON ACTIVITIES THAT ARE LED BY THE APPROPRIATE AGENCIES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13(B)	IN SOME CASES, THE MASSACHUSETTS HEALTHCONNECTOR CALCULATOR OR MODIFIED ADJUSTED GROSS INCOME IS USED TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13(H)	STATE REGULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16 (A)	HTTPS //WWW CAPECODHEALTH ORG/APP/FILES/PUBLIC/3908/FAP-POLICY-CCHC-8-29-2 016 PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B,LINE 16(B)	HTTPS //WWW CAPECODHEALTH ORG/PATIENTS-VISITORS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16 (C)	HTTPS //WWW CAPECODHEALTH ORG/APP/FILES/PUBLIC/3910/PLAIN-LANGUAGE-SUMMARY -9-15-2016 PDF

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
Visiting Nurse Association of Cape Cod 255 Independence Drive Hyannis, MA 02601	home health
CAPE COD HEALTHCARE CORP 88 LEWIS BAY RD HYANNIS, MA 02601	ADMINISTRATIVE
Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	medical group practice
NEUROSURGEONS OF CAPE COD 46 NORTH ST STE 4 HYANNIS, MA 02601	medical group practice
Bramblebush Medical Group 21 Bramblebush Park FALMOUTH, MA 02540	medical group practice
Seaside Pediatrics 150 Ansel Hallet Road West Yarmouth, MA 02673	medical group practice
Manning Jr William J MD 700 Attucks Lane Suite 1A HYANNIS, MA 02601	medical group practice
Fontaine OUTPATIENT CENTER 525 Long Pond Drive Harwich, MA 02645	medical group practice
Guo X Y David MD PhD 90 TER HEUN DRIVE STE 302 Falmouth, MA 02540	medical group practice
BAYSIDE INTERNAL MEDICINE 2 Jan Sebastian Way Suite 100 Sandwich, MA 02563	medical group practice
SHAPIRO GARY MD & YAMIN JUSTIN MD 700 ATTUCKS LANE STE 1C Hyannis, MA 02601	medical group practice
Theodore A Calianos II MD 160 Falmouth Road Suite B MASHPEE, MA 02649	medical group practice
CAPE COD OBSTETRICS & GYNECOLOGY 90 Ter Heun Drive SUITE 100 Falmouth, MA 02540	medical group practice
Yarmouth Internists 257 Station Avenue SOUTH YARMOUTH, MA 02664	medical group practice
Chatham Medical Group 1629 Main Street Chatham, MA 02633	medical group practice

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

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
Endocrine Center of Cape Cod 40 Quinlan Way 2nd Fl Suite 206 Hyannis, MA 02601	medical group practice
Fal Specialty Care Practice 90 Ter Heun Drive Suite 302 Falmouth, MA 02540	medical group practice
MACC NEUROLOGY - CCHC 46 North Street SUITE 7 Hyannis, MA 02601	medical group practice
Cape Cod Pediatrics 55 Route 130 Forestdale, MA 02644	medical group practice
Nauset Family Practice 81 Old Colony Way STE D ORLEANS, MA 02653	medical group practice
Devin McManus Medical Practice 10 BrambleBush Drive FALMOUTH, MA 02540	medical group practice
Cape Health Insurance Company - FOREIGN 297 NORTH ST 3 HYANNIS, MA 02601	administrative
Healthcare Foundation One Financial Place 297 North Stre Hyannis, MA 02601	administrative
Healthcare Foundation Homeport 348C Gifford Street FALMOUTH, MA 02540	ADMINISTRATIVE
JML Care Center 184 Ter Heun Drive falmouth, MA 02540	skilled nur & rehab
Cape & Islands Health Services II 14 Yellow Brick Road HYANNIS, MA 02601	COLLECTION CENTER
Cape & Islands Health Services II 5 Industrial Drive Suite 102 MASHPEE, MA 02649	COLLECTION CENTER
Cape & Islands Health Services II 200 Jones Road FALMOUTH, MA 02540	COLLECTION CENTER
Cape & Islands Health Services II 525 Long Pond Drive HARWICH, MA 02645	COLLECTION CENTER
Cape & Islands Health Services II 81 Old Colony Way ORLEANS, MA 02653	COLLECTION CENTER

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

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
Cape & Islands Health Services II 2 Jan Sebastian Way Route 130 SANDWICH, MA 02563	COLLECTION CENTER
Cape & Islands Health Services II 860 Route 134 Unit 2 South Dennis, MA 02660	COLLECTION CENTER
Cape & Islands Health Services II 1 Trowbridge Road Bourne, MA 02532	COLLECTION CENTER
Cape & Islands Health Services II 68B Route 6A SANDWICH, MA 02563	COLLECTION CENTER
Cape & Islands Health Services II 1629 MAIN STREET CHATHAM, MA 02633	COLLECTION CENTER
Cape & Islands Health Services II 27 PARK STREET HYANNIS, MA 02601	COLLECTION CENTER
Cape & Islands Health Services II 30 Shankpainter Road PROVINCETOWN, MA 02657	COLLECTION CENTER
Heritage at Falmouth 140 Ter Heun Drive FALMOUTH, MA 02540	ASSISTED LIVING
Cape Cod Human Services 460 West Main Street HYANNIS, MA 02601	outpatient clinic
Cape Cod Human Services 525 Long Pond Drive HARWICH, MA 02645	outpatient clinic
Cape Cod Medical Office Building Inc 20 Gleason Street HYANNIS, MA 02601	administrative
Orleans Medical CENTER 204 Main Street Orleans, MA 02653	Medical Group Practice
CAPE COD Dermatology 134 Ansel Hallett Road W Yarmouth, MA 02673	Medical Group Practice
Cape Cod Rheumatology Center 40 Quinlan Way 2nd Fl Suite 206 HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
CCHC Cardiovascular Center 25 Main Street HYANNIS, MA 02601	MEDICAL GROUP PRACTICE

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

How many non-hospital health care facilities did the organization operate during the tax year?_____

Name and address	Type of Facility (describe)
Ziad Farah MD-Fontaine Medical Center 525 Long Pond Drive HARWICH, MA 02645	MEDICAL GROUP PRACTICE
Fontaine Urgent Care Center 525 Long Pond Drive HARWICH, MA 02645	MEDICAL GROUP PRACTICE
Park Street Primary Care 62 Park Street HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
Sandwich Medical Group STONEMAN OUTPATIENT2 Jan Sebastian SANDWICH, MA 02563	MEDICAL GROUP PRACTICE
Sandwich Primary Care 2 JAN SEBASTIAN WAY SUITE 202 SANDWICH, MA 02563	MEDICAL GROUP PRACTICE
Upper Cape Orthopedics 26 Edgerton Drive Suite C NORTH FALMOUTH, MA 02556	MEDICAL GROUP PRACTICE
Michael Barnett MD Practice 348 Gifford Street FALMOUTH, MA 02540	MEDICAL GROUP PRACTICE
All Cape Urology Practice 20 Gleason Street HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
Vascular And Vein Center Of Cape Cod 90 Ter Heun Drive 3RD Fl MOB STE Falmouth, MA 02540	Medical Group Practice
CCHC General & Specialty Surgery 105 Park Street Hyannis, MA 02601	Medical Group Practice
Cape Cod Sports Medicine 360 Gifford Street Unit 2B Falmouth, MA 02540	Medical Group Practice
CARDIOVASCULAR CENTER - FALMOUTH 90 TER HEUN DRIVE SUITE 300 FALMOUTH, MA 02540	Medical Group Practice
GASTROENTEROLOGY HYANNIS - PARK STREET 105 PARK STREET HYANNIS, MA 02601	Medical Group Practice
STONEMAN OUTPATIENT CENTER - URGENT CARE 2 JAN SEBASTIAN DRIVE SUITE 101 SANDWICH, MA 02563	Medical Group Practice
MASHPEE SURGICAL CENTER 160 FALMOUTH ROAD MASHPEE, MA 02649	MEDICAL GROUP PRACTICE

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
CAPE COD HEALTHCARE WOUND CARE 905 ATTUCKS LANE HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
SOUTHEASTERN SURGICAL ASSOCIATES 100 CAMP STREET HYANNIS, MA 02601	MEIDCAL GROUP PRACTICE
FALMOUTH URGENT CARE 273 TEATICKET HIGHWAY FALMOUTH, MA 02536	MEDICAL GROUP PRACTICE
HYANNIS URGENT CARE 1220 IYANNOUGH ROAD HYANNIS, MA 02601	MEDICAL GROUP PRACTICE
UPPER CAPE EAR NOSE THROAT 200 A JONES ROAD FALMOUTH, MA 02540	MEDICAL GROUP PRACTICE
ORTHOPEDIC SPECIALISTS 5 BRAMBLEBUSH DRIVE FALMOUTH, MA 02540	MEDICAL GROUP PRACTICE
PATIENT SERVICE CENTER 35 WILKENS LANE BARNSTABLE, MA 02601	MEDICAL GROUP PRACTICE

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B - 457(F)	CAPE COD HEALTHCARE, INC AND AFFILIATES SPONSORS A 457(F) VOLUNTARY PERSONAL DEFERRAL PLAN ("THE PLAN") FOR KEY EXECUTIVES VESTING IS DEFERRED FOR AT LEAST TWO YEARS FROM THE DATE OF THE AWARD THE PLAN OFFERS PARTICIPATING EMPLOYEES AN ANNUAL DEFERRAL OF CASH COMPENSATION AMOUNTS DEFERRED UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AND AMOUNTS PAID UNDER THE PLAN DURING CALENDAR YEAR 2016 WERE AS FOLLOWS - MICHAEL K LAUF - $70,336 - MICHAEL G JONES - $17,252 - MICHAEL L CONNORS - $19,421 - DIANNE C KOLB - $11,082 - JEANNE FALLON - $12,781 - JEFFREY S DYKENS - $12,226 - PATRICK KANE - $15,620 - THERESA AHERN - $10,408 - VICTOR OLIVEIRA - $11,358 - DONALD GUADAGNOLI MD - $22,244 - EMILY SCHORER - $3,877 - KEVIN MULROY - $13,770 - CHRISTIAN BROWN - $13,679 CAPE COD HEALTHCARE, INC AND AFFILIATES ALSO SPONSOR A NONQUALIFIED PENSION RESTORATION ACCOUNT PLAN FOR KEY EXECUTIVES THE ORGANIZATION MAKES CONTRIBUTIONS OF TWO PERCENT OF THE INDIVIDUAL'S ANNUAL SALARY (INCLUDING BONUS) THROUGHOUT THE PLAN YEAR AMOUNTS DEFERRED ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AND UNDER THE PLAN, PARTICIPANTS ARE ENTITLED TO CERTAIN BENEFITS UPON RETIREMENT, TERMINATION, OR DEATH During calendar year 2016, Michael Lauf also participated in a Section 457(f) plan Twelve percent of his base salary was contributed and each contribution is subject to a three year vesting schedule The amount deferred in calendar year 2016 was $102,000 and is included in Schedule J, Part II, Column (C) IN ADDITION, $100,146 WAS PAID OUT FROM HIS CEO SUPPLEMENTAL PLAN, AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III)
SCHEDULE J, PART I, LINE 7	Discretionary bonuses are awarded annually based upon both the performance of the organization and the individual Bonuses are reflected in Schedule J, Part II, Column B(ii) THE INDIVIDUALS REPORTED IN SCHEDULE J, PART II REPORTED AS BEING PAID FROM A RELATED ORGANIZATION WERE EMPLOYEES OF, AND COMPENSATED BY CAPE COD HEALTHCARE, INC , THE PARENT CORPORATION

Additional Data

Software ID:
Software Version:
EIN: 90-0054984
Name: CAPE COD HEALTHCARE INC & AFFILIATES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1DIANNE C KOLB President VNA	(I)	0	0	0	0	0	0	0
	(II)	205,110	40,516	12,603	38,637	24,082	320,948	10,403
1MICHAEL G JONES Sr VP Chief Legal OffICER	(I)	0	0	0	0	0	0	0
	(II)	311,790	75,817	19,058	41,622	36,108	484,395	15,965
2MICHAEL K LAUF PRESIDENT/CEO/TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	870,690	308,438	207,139	204,404	39,995	1,630,666	146,200
3MICHAEL L CONNORS SENIOR VP FINANCE/CFO	(I)	0	0	0	0	0	0	0
	(II)	431,640	101,200	29,688	49,993	36,958	649,479	18,911
4PATRICK J FLYNN MD TRUSTEE (UNTIL 5/17)	(I)	555,902	1,290	630	18,872	1,261	577,955	0
	(II)	0	0	0	0	0	0	0
5JEANNE FALLONSR VP & CIO	(I)	0	0	0	0	0	0	0
	(II)	247,021	40,360	15,693	39,535	24,490	367,099	12,075
6JEFFREY S DYKENS SEE SCH O FOR TITLE	(I)	0	0	0	0	0	0	0
	(II)	241,390	43,813	19,614	29,606	35,916	370,339	11,000
7RICHARD B ZELMAN MD PHYSICIAN	(I)	1,318,563	125,000	110,464	10,600	36,958	1,601,585	0
	(II)	0	0	0	0	0	0	0
8GORDON NAKATA MD PHYSICIAN	(I)	723,420	293,882	630	28,600	35,958	1,082,490	0
	(II)	0	0	0	0	0	0	0
9ACHILLE PAPAVASILIOU MD PHYSICIAN	(I)	723,420	280,396	630	28,600	35,958	1,069,004	0
	(II)	0	0	0	0	0	0	0
10PATRICK KANE SVP OF MRKTG,COMMUN AND DEVLP	(I)	0	0	0	0	0	0	0
	(II)	303,315	71,080	18,392	28,493	22,315	443,595	15,450
11THERESA M AHERN SVP, STRAT, COMMUNITY/GOV REL	(I)	0	0	0	0	0	0	0
	(II)	235,864	57,600	13,180	36,075	25,276	367,995	10,094
12VICTOR OLIVEIRA VP OF PATIENT SERVICES	(I)	0	0	0	0	0	0	0
	(II)	240,640	44,630	17,093	36,327	35,958	374,648	10,750
13DONALD GUADAGNOLI MD CMO CAPE COD HOSPITAL	(I)	0	0	0	0	0	0	0
	(II)	411,654	98,400	33,094	34,503	36,958	614,609	21,001
14ROBERT WILSTERMAN MD TRUSTEE	(I)	783,389	0	2,772	20,359	32,032	838,552	0
	(II)	0	0	0	0	0	0	0
15EMILY SCHORER SVP HUMAN RESOURCES	(I)	0	0	0	0	0	0	0
	(II)	254,611	59,580	4,507	22,372	33,782	374,852	0
16WILLIAM AGEL MD TRUSTEE (AS OF 5/17)	(I)	427,863	41,780	12,966	10,600	33,581	526,790	0
	(II)	0	0	0	0	0	0	0
17THEODORE CALIANOS MD TRUSTEE (AS OF 5/17)	(I)	370,820	19,591	1,806	10,600	33,581	436,398	0
	(II)	0	0	0	0	0	0	0
18PAUL HOULE MD TRUSTEE (AS OF 5/17)	(I)	723,420	196,714	966	25,831	35,958	982,889	0
	(II)	18,944	0	0	0	18,944		0
19MICHAEL BUNDY COO (AS OF 6/16)	(I)	0	0	0	0	0	0	0
	(II)	178,384	17,850	291	14,914	16,440	227,879	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 LORI JEWETT RN MSN COO - FH (AS OF 6/16)	(I)	0	0	0	0	0	0	0
	(II)	219,994	43,500	4,376	25,787	-1,448	-295,105	0
1 KEVIN J MULROY SEE SCH O FOR TITLE	(I)	0	0	0	0	0	0	0
	(II)	368,790	86,250	21,947	39,898	-34,808	-551,693	13,000
2 ALEXANDER HEARD MD CMO FALMOUTH HOSPITAL	(I)	53,333	0	97	4,946	6,290	64,666	0
	(II)	389,345	93,419	533	19,347	-33,579	-536,223	0
3 CHRISTIAN BROWN SR VP MANAGED CARE	(I)	0	0	0	0	0	0	0
	(II)	299,089	70,150	16,451	45,438	-33,581	-464,709	13,000
4 KEVIN RALPH SVP DEVELOPMENT	(I)	0	0	0	0	0	0	0
	(II)	242,884	57,500	630	24,015	-35,714	-360,743	0
5 NICHOLAS COPPA MD PHYSICIAN	(I)	726,589	147,596	420	5,300	33,581	913,486	0
	(II)	0	0	0	0	-0	-0	0
6 PHILIP J DOMBROWSKI MD PHYSICIAN	(I)	664,901	50,000	25,849	10,600	1,525	752,875	0
	(II)	0	0	0	0	-0	-0	0
7 CARTER HUNT SEE SCHEDULE O FOR TITLE	(I)	0	0	0	0	0	0	0
	(II)	188,454	14,000	594	25,437	-34,226	-262,711	0
8 NOELENE CERVIN SEE SCHEDULE O FOR TITLE	(I)	0	0	0	0	0	0	0
	(II)	204,798	38,500	2,696	9,876	-33,343	-289,213	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MHEFA REVENUE BONDS SERIES E	04-2456011	000000000	01-12-2012	29,440,000	REISSUE SER E (6/18/08 & 2/12/09)		X		X		X
B	MHEFA REVENUE BONDS SERIES 2012A	04-3431814	000000000	02-24-2012	25,800,000	REFUND SER B(8/15/98)& C (11/15/01)		X		X		X
C	MDFA REVENUE BONDS SERIES 2013	04-3431814	57584VAH8	07-11-2013	50,831,729	REFUND SER C(10/9/01) & CAP IMPR		X		X		X
D	MDFA REVENUE BONDS SERIES 2014	04-3431814	000000000	09-29-2014	24,000,000	RENOVATION & REAL ESTATE PURCHASE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,682,667	12,900,000	0	600,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	29,440,000	25,800,000	50,834,109	24,001,267
4	Gross proceeds in reserve funds	0	0	519,529	0
5	Capitalized interest from proceeds	0	0	1,295,804	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	336,100	803,269	0
8	Credit enhancement from proceeds	0	0	0	241,456
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	27,999,812	0
11	Other spent proceeds	29,440,000	25,463,900	20,735,223	23,759,811
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2012	2014	2015

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?						X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?						X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %				0 %		0 %
6	Total of lines 4 and 5		0 %				0 %		0 %
7	Does the bond issue meet the private security or payment test?						X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?						X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?						X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?					X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			X
b	Exception to rebate?	X		X		X			X
c	No rebate due?	X		X			X	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2(C)	THE DATE THE REBATE COMPUTATIONS WERE LAST PERFORMED FOR EACH BOND ARE BELOW MHEFA, REVENUE BONDS, SERIES E - 7/12/12 MHEFA, REVENUE BONDS, SERIES 2012 A - 6/30/16 MHEFA, REVENUE BONDS, SERIES 2014 - 8/31/10 SINCE THE BOND PROCEEDS HAVE BEEN SPENT FOR EACH BOND AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MDFA REVENUE BONDS SERIES 2017	04-3431814	000000000	02-01-2017	52,315,359	REFUND SERIES D(2/16/2010)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	52,800,024			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	51,858,248			
7	Issuance costs from proceeds	302,138			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	106,973			
11	Other spent proceeds	532,665			
12	Other unspent proceeds	0			
13	Year of substantial completion	2017			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR KATIE RUDMAN	SPOUSE OF TRUSTEE	120,450	MACC EMPLOYEE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	19	173,993	VALUE OF STOCK REC'D
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 19

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED SCHEDULE M, PART I, LINE 32(A) ON OCCASION THE ORGANIZATION UTILIZES A BROKER TO DISPOSE OF NONCASH CONTRIBUTIONS (OTHER THAN PUBLICLY TRADED SECURITIES)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	WE WILL BE THE HEALTH SERVICE PROVIDER OF CHOICE FOR CAPE COD RESIDENTS BY ACHIEVING AND MAINTAINING THE HIGHEST STANDARDS IN HEALTH CARE DELIVERY AND SERVICE QUALITY TO DO SO, WE WILL PARTNER WITH OTHER HEALTH AND HUMAN SERVICE PROVIDERS AS WELL AS INVEST IN NEEDED MEDICAL TECHNOLOGIES, HUMAN RESOURCES AND CLINICAL SERVICES ABOVE ALL, WE WILL HELP IDENTIFY AND RESPOND TO THE NEEDS OF OUR COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS MISSION STATEMENT	CAPE COD HEALTHCARE, INC , (CCHC) THROUGH ITS COMMUNITY BENEFITS INITIATIVE, IS COMMITTED TO ENHANCING THE QUALITY OF AND ACCESS TO COMPREHENSIVE HEALTH CARE SERVICES FOR ALL RESID ENTS OF CAPE COD THROUGH CONTINUOUS ASSESSMENT OF COMMUNITY NEEDS, COORDINATED PLANNING A ND THE ALLOCATION OF RESOURCES, THIS COMMITMENT INCLUDES A SPECIAL FOCUS ON THE UNMET NEED S OF THE FINANCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS WE WILL TAKE A LEADERSHIP ROLE IN COLLABORATIVE EFFORTS JOINING OUR RESOURCES, TALENT, AND COMMITMENT WITH THAT OF O THER PROVIDERS, ORGANIZATIONS AND COMMUNITY MEMBERS THE COMMUNITY BENEFITS MISSION STATEM ENT WAS AFFIRMED BY THE CCHC COMMUNITY HEALTH COMMITTEE AND THE BOARD OF TRUSTEES IN 2000 AND REMAINS IN EFFECT TARGET POPULATIONS NAME OF TARGET POPULATION INDIVIDUALS MANAGING OR AT RISK OF DEVELOPING CHRONIC AND INFECTIOUS DISEASES SUCH AS CANCER, CARDIOVASCULAR DI SEASE, ALZHEIMERS DISEASE AND DEMENTIA, HEPATITIS C, AND TICK-BORNE DISEASES BASIS FOR SE LECTION ALIGNED WITH STATE AND NATIONAL HEALTH PRIORITIES, BARNSTABLE COUNTY RESIDENTS MA NAGING CHRONIC DISEASES ARE AT THE GREATEST RISK OF DECLINED HEALTH AND DEATH CANCER, CAR DIOVASCULAR DISEASE, ALZHEIMERS DISEASE/DEMENTIA, HEPATITIS C, AND TICK-BORNE DISEASES WER E IDENTIFIED IN THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEE DS ASSESSMENT REPORT AS DISEASES OF PARTICULAR CONCERN FOR THE REGION NAME OF TARGET POPU LATION RESIDENTS FACING BARRIERS TO CARE DUE TO LANGUAGE, COST, OR AGE, INCLUDING THOSE W HO ARE UNINSURED OR UNDER-INSURED BASIS FOR SELECTION THE 2017-2019 CAPE COD HOSPITAL AN D FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT IDENTIFIED SPECIFIC TARGET PO PULATIONS THAT ENCOUNTER BARRIERS TO CARE OR GAPS IN COVERAGE DESPITE HIGH RATES OF INSURE D RESIDENTS IN BARNSTABLE COUNTY THE REPORT SPECIFICALLY IDENTIFIED CHILDREN AGES 0-17 YE ARS, INDIVIDUALS LACKING YEAR-ROUND EMPLOYMENT, SENIORS LIVING ON A FIXED INCOME, SEASONAL WORKERS, AND FOREIGN-BORN RESIDENTS WHO DO NOT MEET ELIGIBILITY CRITERIA FOR MASS HEALTH ENROLLMENT NAME OF TARGET POPULATION INDIVIDUALS WITH MENTAL HEALTH DISORDERS, SUBSTANCE USE DISORDERS, AND CO-OCCURRING DISORDERS BASIS FOR SELECTION ACCESS TO, AND AVAILABILI TY OF, COMMUNITY-BASED BEHAVIORAL HEALTH CARE IN BARNSTABLE COUNTY IS AN AREA OF CONCERN THIS IS EVIDENCED BY HIGH RATES OF PATIENTS PRESENTING WITH MENTAL HEALTH AND SUBSTANCE US E DISORDERS IN HOSPITAL EMERGENCY DEPARTMENTS SPECIFIC CHALLENGES REPORTED BY THE COMMUNI TY AND INCLUDED IN THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT INCLUDE A SHORTAGE OF PSYCHIATRIC PROVIDERS, LONG WAIT TIMES FOR O UTPATIENT APPOINTMENTS, LIMITED INPATIENT TREATMENT OPTIONS FOR SUBSTANCE USE, AND INSURAN CE BARRIERS TO CARE NAME OF TARGET POPULATION SENIOR POPULATION, AGES 65 AND OLDER BASIS FOR SELECTION ACCORDING TO CENSUS DATA, 26% OF THE YEAR ROUND POPULATION IN BARNSTABLE CO UNTY IS OVER THE AGE OF 65 OV

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS MISSION STATEMENT	ER 40% OF BARNSTABLE COUNTY HOUSEHOLDS REPORT AT LEAST ONE RESIDENT OVER THE AGE OF 65 RES IDES IN THE HOME INCREASING CONSUMPTION OF AND NEED FOR HEALTH CARE SERVICES, ISOLATION, LACK OF SOCIALIZATION, APPROPRIATE HOUSING AND TRANSPORTATION, AND FOOD ACCESS WERE SPECIF IC CHALLENGES IDENTIFIED IN THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNIT Y HEALTH NEEDS ASSESSMENT REPORT FOR RESIDENTS OVER THE AGE OF 65 NAME OF TARGET POPULATI ON YOUTH AND YOUNG ADULTS, AGES 15 TO 24 YEARS OLD BASIS FOR SELECTION YOUTH AND YOUNG ADULTS, AGES 1524 YEARS OLD, WERE IDENTIFIED IN THE 2017-2019 CAPE COD HOSPITAL AND FALMOU TH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AS A SPECIFIC AT-RISK POPULATION DUE TO INCREASING RATES OF SUBSTANCE USE TREATMENT ADMISSIONS AND CONCERNING HEALTH RISK BEHAV IORS PUBLICATION OF TARGET POPULATIONS NOT SPECIFIED, OTHER- COMMUNITY HEALTH NEEDS ASSES SMENT REPORT HOSPITAL/HMO WEB PAGE PUBLICIZING TARGET POP HTTPS //WWW CAPECODHEALTH ORG/A BOUT/CARING-FOR-OUR-COMMUNITY/COMMUNITY-HEA LTH-NEEDS-ASSESSMENTS/ KEY ACCOMPLISHMENTS OF REPORTING YEAR CAPE COD HOSPITAL, FALMOUTH HOSPITAL, AND CAPE COD HEALTHCARE (CCHC) CONTIN UED TO STAND OUT IN THE AREAS OF QUALITY, INNOVATION AND PATIENT APPRECIATION IN FY17 THE SYSTEM GARNERED SEVERAL IMPORTANT AWARDS AND RECOGNITION - AMERICAS 100 GREAT COMMUNITY HOSPITALS CAPE COD HOSPITAL WAS NAMED TO THE LIST OF AMERICAS 100 GREAT COMMUNITY HOSPITAL S BY BECKERS HOSPITAL REVIEW FOR THE SIXTH CONSECUTIVE YEAR THIS RECOGNITION IS BASED ON QUALITY OF CARE AND SERVICE TO OUR COMMUNITY, AND DEMONSTRATES THAT THE HOSPITAL IS SUCCES SFULLY AND CONSISTENTLY ACHIEVING TOP RESULTS IN PATIENT CARE AND SATISFACTION - AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES - FALMOUTH HOSPITAL EARNED THE GET WITH THE GUIDELINES-STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD FOR THE EIG HTH CONSECUTIVE YEAR THIS ACHIEVEMENT RECOGNIZES THE HOSPITALS COMMITMENT AND SUCCESS IN IMPLEMENTING SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINE BY THE AMERICAN HEART ASSOCIATI ON/AMERICAN STROKE ASSOCIATION FOR THE TREATMENT OF STROKE PATIENTS CAPE COD HOSPITAL EAR NED THE SILVER PLUS ACHIEVEMENT AWARD - LEAPFROG HOSPITAL SAFETY SCORE - CAPE COD HOSPITA L ACHIEVED STRAIGHT AS IN THE ANNUAL HOSPITAL SAFETY SCORE FOR THE SIXTH STRAIGHT YEAR FA LMOUTH HOSPITAL WAS RECOGNIZED WITH A B HOSPITAL SAFETY SCORE THE HOSPITAL SAFETY SCORE I S THE GOLD STANDARD RATING FOR PATIENT SAFETY AND IS COMPILED BY THE LEAPFROG GROUP, A NON -PROFIT HOSPITAL SAFETY WATCHDOG - RN RESIDENCY ACCREDITATION - THE RN RESIDENCY TRANSITI ON PROGRAM AT CCHC EARNED "ACCREDITATION WITH DISTINCTION" FROM THE AMERICAN NURSES CREDEN TIALING CENTERS COMMISSION ON ACCREDITATION THIS IS THE HIGHEST RECOGNITION AWARDED BY TH E PROGRAM THE COMMISSION NOTED THE STRENGTH OF THE CCHC PROGRAMS LEADERSHIP, AND HIGHLIGH TED THE PROGRAMS FLEXIBILITY TO GROW INTO OTHER AREAS WITHIN THE HEALTHCARE SYSTEM - HEPA TITIS B BIRTH DOSE HONOR ROLL

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFITS MISSION STATEMENT	- THE DIVISION OF EPIDEMIOLOGY AND IMMUNIZATION, MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH NAMED CAPE COD HOSPITAL TO ITS HONOR ROLL FOR HEPATITIS B BIRTH DOSE FOR ACHIEVING 95% CO VERAGE IN OUR MATERNITY DEPARTMENT IN FY17, THE EXPANSION AND IMPLEMENTATION OF HOSPITAL- BASED AND COMMUNITY-BASED HEALTH IMPROVEMENT ACTIVITIES MIRRORED THE QUALITY OF AND COMMIT MENT TO CLINICAL ACHIEVEMENTS THE RELEASE OF THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN SERVED AS THE G UIDE FOR IMPLEMENTATION OF HEALTH IMPROVEMENT STRATEGIES, PARTNERSHIP DEVELOPMENT AND IDEN TIFICATION OF COMMUNITY INVESTMENT OPPORTUNITIES CCHCS COMMUNITY BENEFITS ACTIVITIES FOCU SED ON THE FOUR KEY HEALTH PRIORITIES IDENTIFIED IN THE REPORT CHRONIC AND INFECTIOUS DIS EASE, BEHAVIORAL HEALTH, ACCESS TO CARE, AND DISEASE PREVENTION AND WELLNESS THESE PRIORI TIES WERE ADDRESSED THROUGH NEW AND EXISTING HOSPITAL PROGRAMS, COLLABORATION WITH A NETWO RK OF FEDERALLY QUALIFIED HEALTH CENTERS, GRANT INVESTMENTS IN COMMUNITY-BASED HEALTH AND HUMAN SERVICE ORGANIZATIONS, AND EXPANDING PARTICIPATION IN REGIONAL COALITIONS AND TASK F ORCE EFFORTS CHRONIC AND INFECTIOUS DISEASE MANAGEMENT, PREVENTION, SCREENING, AND DETECT ION EFFORTS WERE SUPPORTED THROUGH A VARIETY OF CCHC COMMUNITY BENEFITS ACTIVITIES HOSPIT AL EFFORTS INCLUDED CANCER SURVIVORSHIP SERVICES, ONCOLOGY SUPPORT GROUPS, AND PHYSICIAN-L ED CANCER PREVENTION WORKSHOPS AND HEALTH FAIRS A PARTNERSHIP WITH THE CAPE WELLNESS COLL ABORATIVE PROVIDED PATIENTS UNDERGOING CANCER TREATMENT WITH FREE COMMUNITY-BASED SERVICES SUCH AS MASSAGE, ACUPUNCTURE AND NUTRITIONAL COUNSELING TO COMPLEMENT THEIR TREATMENT AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL CCHC PARTNERED WITH TEAM MAUREEN, A LOCAL NONPROF IT ORGANIZATION DEDICATED TO ENDING CERVICAL CANCER, TO PRODUCE AN HPV PREVENTION PUBLIC S ERVICE ANNOUNCEMENT TARGETED AT YOUTH AND YOUNG ADULTS THE VIDEO WAS ACCEPTED FOR SCREENI NG BY THE GLOBAL HEALTH FILM FESTIVAL AT THE AMERICAN PUBLIC HEALTH ASSOCIATIONS ANNUAL CO NFERENCE IN ATLANTA IN FY17, CCHC LAUNCHED THE CCHC CONGESTIVE HEART FAILURE CLINIC DESIG NED TO PROVIDE RESIDENTS WITH CHRONIC DISEASE SELF-MANAGEMENT AND WELLNESS RESOURCES NUTR ITION COUNSELING, DISEASE EDUCATION, AND PHARMACOLOGY ARE INTEGRATED AND OFFERED TO PATIEN TS TO ASSIST THEM IN STAYING WELL AND ACTIVE AT HOME AND IN THE COMMUNITY AS A RECIPIENT OF STATE AND FEDERAL GRANTS INCLUDING THE RYAN WHITE HIV/AIDS PROGRAM GRANT FOR THE REGION , CCHC INFECTIOUS DISEASE CLINICAL SERVICES COORDINATES REGIONAL HIV/AIDS SCREENING, TESTI NG, CARE MANAGEMENT, AND HEALTH RELATED SUPPORTS FOR RESIDENTS WITH HIV AND AIDS THROUGH P ARTNERSHIPS WITH COMMUNITY-BASED HEALTH AND HUMAN SERVICE ORGANIZATIONS

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CCHC COMMUNITY BENEFITS PROVIDED GRANTS TO THE ALZHEIMER'S FAMILY	CAREGIVER SUPPORT CENTER AND HOPE DEMENTIA AND ALZHEIMERS SERVICES TO FUND NEW SUPPORT GRO UPS, FREE COUNSELING FOR FAMILIES, AND RESPITE GRANTS FOR CAREGIVERS THE YMCA CAPE COD IN PARTNERSHIP WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS RECEIVED FUNDING FROM CCHC TO DE VELOP SUPPORT GROUPS AND WELLNESS PROGRAMS TO ADDRESS THE CO-MORBIDITIES OF DIABETES AND D EPRESSION CCHC PARTNERED WITH THE CAPE COD COOPERATIVE EXTENSION AND THE UMASS LABORATORY OF MEDICAL ZOOLOGY TO OFFER AN INNOVATIVE TICK TESTING PROGRAM FOR OUR REGION CCHC FUNDI NG SUBSIDIZED A PORTION OF EACH TICK TEST SUBMITTED BY BARNSTABLE COUNTY RESIDENTS TICK D ISEASE RESULTS WERE PROVIDED TO THE RESIDENT, AND AGGREGATED DISEASE SURVEILLANCE DATA WAS SHARED WITH COLLABORATING AGENCIES CCHCS CENTERS FOR BEHAVIORAL HEALTH EXPANDED STAFF CA PACITY AND OUTPATIENT SERVICES TO INCREASE ACCESS AND STRENGTHEN REGIONAL HEALTH SERVICES FOR INDIVIDUALS WITH MENTAL HEALTH, SUBSTANCE USE, AND CO-OCCURRING DISORDERS AS A PARTNE R IN NEW PRIVATIZED SERVICES AWARDED BY THE MA DEPARTMENT OF MENTAL HEALTH, CCHC STAFF COL LABORATED WITH COMMUNITY-BASED AGENCIES, COALITIONS, ADVOCACY GROUPS, AND LAW ENFORCEMENT TO IMPLEMENT A NEW MODEL OF CRISIS INTERVENTION SERVICES FOR OUR REGION CCHC IS ALSO A CO LLABORATIVE PARTNER WITH THE MA DEPARTMENT OF PUBLIC HEALTH AND MA DEPARTMENT OF MENTAL HE ALTH ON THE ZERO SUICIDE INITIATIVE TO INCREASE SUICIDE PREVENTION AND REDUCE SUICIDE DEAT HS ON CAPE COD AND THE ISLANDS OF MARTHAS VINEYARD AND NANTUCKET CCHC COMMUNITY BENEFITS PROVIDED GRANT AWARDS TO TWO FEDERALLY QUALIFIED HEALTH CENTERS, DUFFY HEALTH CENTER AND O UTER CAPE HEALTH SERVICES, TO SUPPORT REGIONAL EFFORTS TO REACH AND SERVE HIGH RISK TARGET POPULATIONS WITH BEHAVIORAL HEALTH NEEDS OUTER CAPE HEALTH SERVICES LAUNCHED THE COMMUNI TY RESOURCE NAVIGATOR PROGRAM TO PROVIDE SHORT-TERM CASE MANAGEMENT AND ASSISTANCE WITH SO CIAL DETERMINANTS OF HEALTH FOR INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS ON THE LOWER AND OUTER CAPE DUFFY HEALTH CENTER MAINTAINED KEY BEHAVIORAL HEALTH SERVICES FOR HOMELESS INDIVIDUALS AND THOSE AT RISK OF HOMELESSNESS IN BARNSTABLE COUNTY CCHC PROVIDED FUNDING AND COORDINATION WITH FOUR FEDERALLY QUALIFIED HEALTH CENTERS TO INCREASE REGIONAL MEDICA TION ASSISTED TREATMENT OUTPATIENT SERVICES ACROSS ALL REGIONS OF CAPE COD IN ADDITION TO EXPANDING OUTPATIENT TREATMENT OPTIONS, CCHC IMPLEMENTED A RECOVERY SPECIALIST PROGRAM IN THE EMERGENCY DEPARTMENTS AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL IN PARTNERSHIP WITH GOSNOLD ON CAPE COD, THE RECOVERY SPECIALIST PROGRAM PROVIDES PEER-RECOVERY PROFESSIONALS TO ENGAGE PATIENTS AND ASSIST IN REFERRALS AND TRANSITION TO INPATIENT AND OUTPATIENT SUB STANCE USE DISORDER TREATMENT PROGRAMS UPON DISCHARGE FROM THE EMERGENCY DEPARTMENTS CCHC LED AN EFFORT TO IMPROVE CARE FOR PREGNANT WOMEN ON CAPE COD WITH SUBSTANCE USE DISORDERS OUR MOMS DO CARE PROGRAM, A PROGRAM FUNDED THROUGH A THREE-YEAR MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH GRANT, PROVI

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CCHC COMMUNITY BENEFITS PROVIDED GRANTS TO THE ALZHEIMER'S FAMILY	DES INTEGRATED PRENATAL CARE AND SUBSTANCE USE TREATMENT FOR PREGNANT WOMEN WITH OPIOID US E DISORDERS PHYSICIANS AND CLINICAL LEADERS AT CAPE COD HOSPITAL AND FALMOUTH HOSPITAL AR E ACTIVE CONTRIBUTORS TO THE NEONATAL QUALITY IMPROVEMENT COLLABORATIVE OF MA TO IMPROVE C ARE OF NEWBORNS AND FAMILIES IMPACTED BY PERINATAL OPIOID USE AND NEONATAL ABSTINENT SYNDR OME CCHCS SUPPORT REACHED BEYOND CLINICAL SETTINGS THROUGH A PARTNERSHIP WITH CAPE COD CH ILD DEVELOPMENT TO INCREASE ACCEPTANCE OF EARLY INTERVENTION SERVICES BY FAMILIES WITH NEW BORNS EXPOSED TO SUBSTANCES IN UTERO A GRANT TO THE MOTHERS AND INFANTS RECOVERY NETWORK HELPED TO LAUNCH ADDITIONAL SUPPORT GROUPS IN NEW LOCATIONS ON CAPE COD INCLUDING THE BARN STABLE COUNTY CORRECTIONAL FACILITY FOR WOMEN CCHCS COMMITMENT TO IMPROVE ACCESS TO CARE WAS DEMONSTRATED THROUGH SUPPORT OF EXISTING PROGRAMS AND NEW INITIATIVES DESIGNED TO REDU CE BARRIERS TO CARE FOR VULNERABLE POPULATIONS IN PARTNERSHIP WITH THE CAPE AND ISLANDS E MERGENCY MEDICAL SERVICES SYSTEM, CCHC INTRODUCED AN INNOVATIVE MODEL TO PROVIDE MEDICAL I NTERPRETER SERVICES FOR LIMITED-ENGLISH SPEAKING PATIENTS IN PRE-HOSPITAL SETTINGS THE PR OGRAM PROVIDES PHONE BASED INTERPRETER SERVICES TO PARAMEDICS AND FIRST RESPONDERS ON AMBU LANCES TO IMPROVE COMMUNICATION WITH PATIENTS DURING TRANSPORT TO THE HOSPITAL IN FY17, P ARTNERSHIPS INCREASED FROM TWO TO THIRTEEN MUNICIPAL FIRE AND RESCUE DEPARTMENTS ALSO, CC HC INTERPRETER SERVICES CONTINUED TO PROVIDE FREE MEDICAL INTERPRETER SERVICES FOR LIMITED -ENGLISH SPEAKING PATIENTS IN COMMUNITY-BASED PRIMARY AND SPECIALTY CARE OFFICES ACROSS TH E REGION CCHC COMMUNITY BENEFITS GRANT FUNDING SUPPORTED THE COORDINATION OF THE SPECIALT Y NETWORK FOR THE UNINSURED (SNU) THE SNU PROGRAM PROVIDES FREE/SLIDING-SCALE FEES FOR VI SITS TO SPECIALISTS FOR UNINSURED AND UNDER-INSURED RESIDENTS OF BARNSTABLE COUNTY COORDI NATION OF VISITS WITH LOCAL SPECIALISTS REDUCES THE NEED FOR RESIDENTS WITHOUT COVERAGE FO R THESE SERVICES TO TRAVEL OUTSIDE OF THE REGION, AND ADDRESSES A GAP IN CERTAIN SERVICES NOT OFFERED BY FEDERALLY QUALIFIED HEALTH CENTERS A CCHC GRANT TO THE BARNSTABLE COUNTY H UMAN SERVICES DEPARTMENT SUPPORTED THE SHINE (SERVING THE HEALTH INSURANCE NEEDS OF EVERYO NE) PROGRAM TO INCREASE THE NUMBER OF SENIORS WHO RECEIVED MEDICARE COUNSELING, EDUCATION, AND ENROLLMENT ASSISTANCE AT COUNCIL ON AGING OFFICES ACROSS ALL 15 TOWNS IN BARNSTABLE C OUNTY STRATEGIC WORKFORCE DEVELOPMENT PARTNERSHIPS WITH CAPE COD COMMUNITY COLLEGE, LOCAL VOCATIONAL PROGRAMS, AND SEVERAL HIGH SCHOOLS IN THE REGION WERE STRENGTHENED IN AN EFFOR T TO ENSURE A STRONG AND SKILLED FUTURE WORKFORCE ON CAPE COD CCHC PROVIDED FUNDING, JOB SHADOWING AND TRAINING OPPORTUNITIES FOR DIVERSE ALLIED HEALTH PROGRAMS, INCLUDING NURSING AND CNA EMPLOYMENT TRACKS CCHC HEALTH IMPROVEMENT IMPLEMENTATION STRATEGIES ALSO ADDRESS ED DISEASE PREVENTION FOR ALL RESIDENTS OF BARNSTABLE COUNTY AND SUSTAINING THE WELLNESS O F ELDERS AND CAREGIVERS A SPE

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CCHC COMMUNITY BENEFITS PROVIDED GRANTS TO THE ALZHEIMER'S FAMILY	CIFIC AREA OF FOCUS IN FY17 WAS TO INCREASE ACCESS TO NUTRITIOUS FOOD FOR LOW-INCOME POPUL ATIONS CCHC PROVIDED A STRATEGIC GRANT TO THE FAMILY PANTRY OF CAPE COD TO LAUNCH A MOBIL E FOOD PANTRY TO DELIVER HEALTHY FOODS TO ISOLATED SENIORS AND CAREGIVERS IN REMOTE GEOGRA PHIC LOCATIONS THE FLAVORRX PROJECT FEATURED COLLABORATION BETWEEN SUSTAINABLE CAPE AND E MERALD PHYSICIANS, AN AFFILIATE OF CCHC, TO "PRESCRIBE" PLANT-BASED FOODS AND OFFER INCENT IVES FOR MASS HEALTH PATIENTS TO PURCHASE LOCALLY GROWN FRUITS AND VEGETABLES AT LOCAL FAR MERS MARKETS CCHC ALSO PARTNERED WITH THE CAPE COD FISHERMANS ALLIANCE TO INCREASE THE NU MBER OF FOOD PANTRIES AS DISTRIBUTION POINTS FOR THE FISH FOR FAMILIES PROGRAM THE PROGRA M PROVIDES LOCALLY SOURCED FISH AND SHELLFISH AS A NUTRIENT DENSE PROTEIN OPTION FOR FOOD PANTRY CLIENTS ACROSS CAPE COD HEALTHY PARKS, HEALTHY PEOPLE, A WALKING AND HEALTH PROMOT ION PROGRAM FOR RESIDENTS AND VISITORS TO CAPE COD, WAS CONTINUED THROUGH A PARTNERSHIP BE TWEEN THE US NATIONAL PARK SERVICE, THE CAPE COD NATIONAL SEASHORE, AND CAPE COD HEALTHCAR E CCHC STAFF INCLUDING PHYSICIANS AND PHYSICAL THERAPISTS PROVIDED CLASSES, EDUCATION AND RESOURCES TO RESIDENTS PARTICIPATING IN THE PROGRAM THE PARKINSONS SUPPORT NETWORK WAS A WARDED FUNDING TO OFFER ADDITIONAL WELLNESS PROGRAMS AND SUPPORT GROUPS FOR INDIVIDUALS WI TH PARKINSONS DISEASE AND THEIR CAREGIVERS CALMER CHOICE WAS AWARDED A CCHC COMMUNITY BEN EFITS GRANT TO OFFER COMMUNITY-BASED UNIVERSAL PREVENTION PROGRAMS THAT TEACH YOUNG PEOPLE HOW TO EFFECTIVELY AND SAFELY MANAGE STRESS AND RESOLVE CONFLICT WITH THE GOAL TO DIMINIS H THE RISK OF VIOLENCE, SUBSTANCE ABUSE, AND OTHER SELF-DESTRUCTIVE BEHAVIORS THE CAPE CO D HOARDING TASK FORCE RECEIVED FUNDING TO OFFER BROAD COMMUNITY EDUCATION EVENTS ON THE TO PIC OF HOARDING AND SPECIALIZED TRAINING FOR MEMBERS OF THE TASK FORCE WHO WORK DIRECTLY W ITH RESIDENTS ON ISSUES OF HOARDING AND HEALTH IN ADDITION TO THESE HOSPITAL-BASED PROGRA MS AND GRANT FUNDED COMMUNITY-BASED PROJECTS, COMMUNITY BENEFITS AND HOSPITAL STAFF CONTIN UED TO PLAY LEADERSHIP ROLES IN HEALTH AND HUMAN SERVICE ORGANIZATIONS AND COALITIONS ACRO SS BARNSTABLE COUNTY THESE INCLUDE, BUT ARE NOT LIMITED TO, THE BARNSTABLE COUNTY HUMAN S ERVICES ADVISORY COUNCIL, BARNSTABLE COUNTY REGIONAL SUBSTANCE USE COUNCIL, BEHAVIORAL HEA LTH PROVIDER COALITION OF CAPE COD & THE ISLANDS, CAPE & ISLANDS COMMUNITY HEALTH AREA NET WORK (CHNA 27) STEERING COMMITTEE, HEALTHY AGING CAPE COD, QUALITY OF LIFE INITIATIVE, AND THE SUBSTANCE USE IN PREGNANCY TASK FORCE

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PLANS FOR NEXT YEAR REPORTING YEAR	ANNUAL COMMUNITY BENEFITS PLANS FOR CAPE COD HOSPITAL, FALMOUTH HOSPITAL AND CAPE COD HEAL THCARE REFLECT THE PRIORITIES, GOALS AND OBJECTIVES EMBEDDED IN THE THREE-YEAR IMPLEMENTAT ION STRATEGIES INCLUDED IN THE 20172019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION PLAN CCHC COMMUNITY BENEFITS FY17FY19 G OALS - IMPROVE CHRONIC AND INFECTIOUS DISEASE PREVENTION AND MANAGEMENT TO MEET THE GROWI NG NEEDS OF AN AGING AND AT-RISK POPULATION - STRENGTHEN REGIONAL HEALTH SERVICES AND COM MUNITY RESOURCES FOR INDIVIDUALS WITH MENTAL HEALTH CONDITIONS, SUBSTANCE USE, CO-OCCURRIN G DISORDERS, AND COMORBIDITIES - REDUCE BARRIERS TO CARE AND STRENGTHEN THE REGIONAL HEAL TH SAFETY NET FOR VULNERABLE POPULATIONS - IMPROVE THE HEALTH AND DISEASE PREVENTION OF A LL RESIDENTS OF BARNSTABLE COUNTY AND SUSTAIN THE WELLNESS OF SENIORS AND CAREGIVERS - SU PPORT REGIONAL HEALTH EFFORTS THROUGH DIRECT GRANT FUNDING AND A COMPETITIVE RFP GRANTS PR OGRAM WITH FUNDING GUIDELINES THAT ARE ALIGNED WITH COMMUNITY BENEFITS PRIORITIES AND TARG ET POPULATIONS - STRENGTHEN REGIONAL COLLABORATION AND MAINTAIN LEADERSHIP ROLES WITH THE FOLLOWING COMMUNITY-BASED COALITIONS BARNSTABLE COUNTY HUMAN SERVICES ADVISORY COUNCIL, BARNSTABLE COUNTY REGIONAL SUBSTANCE USE COUNCIL, BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS, COMMUNITY HEALTH AREA NETWORK (CHNA 27) STEERING COMMITTEE, HEALTH Y AGING CAPE COD, AND THE SUBSTANCE USE IN PREGNANCY TASK FORCE COMMUNITY BENEFITS PROCES S COMMUNITY BENEFITS LEADERSHIP/TEAM CAPE COD HEALTHCARE, CAPE COD HOSPITAL AND FALMOUTH H OSPITAL, ALONG WITH OUR AFFILIATES, STRIVE TO BE THE HEALTH SERVICE PROVIDER OF CHOICE FOR BARNSTABLE COUNTY RESIDENTS AND VISITORS BY ACHIEVING AND MAINTAINING THE HIGHEST STANDAR DS IN HEALTHCARE DELIVERY AND SERVICE QUALITY TO DO SO, WE PARTNER WITH OTHER HEALTH AND HUMAN SERVICE PROVIDERS FROM ACROSS THE REGION AND INVEST IN NEEDED MEDICAL TECHNOLOGIES, DEVELOPING THE CURRENT AND FUTURE WORKFORCE AND CLINICAL SERVICES CAPE COD HEALTHCARE IS THE SAFETY NET HEALTH CARE PROVIDER FOR RESIDENTS OF BARNSTABLE COUNTY OUR VALUES DRIVE O UR COMMITMENT TO BE COMPASSIONATE, RESPECTFUL AND PROFESSIONAL IN THE WAY WE DELIVER CARE WE ARE RELENTLESS IN PURSUING THE HIGHEST STANDARD OF QUALITY THROUGH CONTINUOUS IMPROVEM ENT, EMPHASIZING THE POWER OF TEAMWORK WE ARE HONEST, ETHICAL AND OPEN IN ALL OF OUR RELA TIONSHIPS WE ARE RESPONSIBLE STEWARDS OF THE COMMUNITY`S RESOURCES BY WORKING EFFICIENTLY AND COST EFFECTIVELY WE SERVE ALL WITHOUT REGARD TO SEX, RACE, CREED, RESIDENCE, NATIONA L ORIGIN, SEXUAL ORIENTATION OR ABILITY TO PAY THE DEVELOPMENT OF CAPE COD HEALTHCARES ST RATEGIC INITIATIVES AND COMMUNITY COLLABORATIONS, INCLUDING THE COMMUNITY BENEFITS PROGRAM , IS LED BY MICHAEL K LAUF, CHIEF EXECUTIVE OFFICER AND THERESA M AHERN, SENIOR VICE PRE SIDENT, STRATEGY, COMMUNITY AND GOVERNMENTAL AFFAIRS MANAGEMENT OF THE PROGRAM IS THE RES PONSIBILITY OF LISA GUYON, DIR

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PLANS FOR NEXT YEAR REPORTING YEAR	ECTOR OF COMMUNITY BENEFITS AND GRANTS ADMINISTRATION THE COMMUNITY HEALTH COMMITTEE, A D ESIGNATED SUBCOMMITTEE OF CAPE COD HEALTHCARES BOARD OF TRUSTEES, PROVIDES STRATEGIC OVERS IGHT TO THE COMMUNITY BENEFITS PROGRAM THE COMMITTEE IS COMPRISED OF LEADERS OF HEALTH AN D HUMAN SERVICES ORGANIZATIONS, COMMUNITY HEALTH CENTERS, COUNTY GOVERNMENT, AND COMMUNITY -BASED ORGANIZATIONS REPRESENTING RESIDENTS ACROSS A SPECTRUM OF AGES, SOCIOECONOMIC STATU S, AND RACIAL, CULTURAL AND ETHNIC DIVERSITY, AS WELL AS CURRENT MEMBERS OF THE CCHC BOARD OF TRUSTEES THE COMMITTEE DEVELOPS AND RECOMMENDS POLICIES TO THE CAPE COD HEALTHCARE BO ARD OF TRUSTEES REGARDING COMMUNITY BENEFITS PROGRAMS, SETS PRIORITIES, AWARDS PRIORITY GR ANT FUNDING TO COMMUNITY ORGANIZATIONS, AND ADVISES ON COMMUNITY HEALTH ISSUES AND INITIAT IVES INCLUDING COMMUNITY HEALTH NEEDS ASSESSMENTS FY17 COMMUNITY HEALTH COMMITTEE MEMBERS SUZANNE FAY GLYNN, ESQ (CHAIR) CCHC BOARD MEMBER GLYNN LAW OFFICES 49 LOCUST STREET, FA LMOUTH, MA 02540 508-548-8282 LJARVIS@GLYNNLAWOFFICES COM REPRESENTING CCHC BOARD OF TRUS TEES ELEANOR CLAUS CCHC BOARD MEMBER KINLIN GROVER REAL ESTATE 927 ROUTE 6A, YARMOUTHPORT, MA 02675 508-362-3000 X203 ECLAUS@KINLINGROVER COM REPRESENTING CCHC BOARD OF TRUSTEES E LIZABETH ALBERT DIRECTOR BARNSTABLE COUNTY HUMAN SERVICES P O BOX 427, BARNSTABLE, MA 026 30 508-375-6626 BALBERT@BARNSTABLECOUNTY ORG REPRESENTING HEALTH AND HUMAN SERVICES COMMU NITY AT LARGE & COUNTY DEPARTMENTS KAREN CARDEIRA DIRECTOR FALMOUTH HUMAN SERVICES 65 TOWN HALL SQUARE, FALMOUTH, MA 02540 508-548-0533 KCARDEIRA@FALMOUTHHUMANSERVICES ORG REPRESEN TING COMMUNITY AT LARGE & UPPER CAPE REGION MARY DEVLIN PUBLIC HEALTH AND WELLNESS DIVISI ON MANAGER VISITING NURSE ASSOCIATION OF CAPE COD 255 INDEPENDENCE DRIVE, HYANNIS, MA 0260 1 508-957-7619 MDEVLIN@VNACAPECOD ORG REPRESENTING PROVINCETOWN TO PLYMOUTH WITH EMPHASIS ON CHRONIC DISEASE AND HEALTHY AGING OF THE SENIOR POPULATION KAREN GARDNER CHIEF EXECUTI VE OFFICER COMMUNITY HEALTH CENTER OF CAPE COD 107 COMMERCIAL ST , MASHPEE, MA 02649 508-4 77-7090 KGARDNER@CHCOFCAPECOD ORG REPRESENTING FEDERALLY QUALIFIED COMMUNITY HEALTH CENTE R NETWORK & UPPER CAPE COD STACIE PEUGH CHIEF EXECUTIVE OFFICER YMCA CAPE COD 2245 IYANNOU GH RD, WEST BARNSTABLE, MA 02668 508-362-6500 SPEUGH@YMCACAPECOD ORG REPRESENTING YOUTH D EVELOPMENT, DISEASE MANAGEMENT, WELLNESS AND PREVENTION SUSAN TRAVERS DIRECTOR TRURO COUNC IL ON AGING 7 STANDISH WAY, NORTH TRURO 02652 508-487-2462 STRAVERS@TRURO-MA GOV REPRESENT ING COUNCILS ON AGING SERVING TOGETHER (COAST), SENIOR POPULATIONS & OUTER CAPE COD CAPE COD HEALTHCARE MEMBER THERESA M AHERN SENIOR VICE PRESIDENT, STRATEGY, COMMUNITY AND GOV ERNMENTAL AFFAIRS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA 02601 508-862-5077 TAH ERN@CAPECODHEALTH ORG ADDITIONAL MEMBERS NOMINATED IN FY17 AND APPROVED TO JOIN COMMITTEE IN FY18 MICHAEL MCGUIRE DIRECTOR CAPE COD COOPERATIVE EXTENSION P O BOX 367, BARNSTABLE, MA 02630 508-375-6701 MMAGUIR

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PLANS FOR NEXT YEAR REPORTING YEAR	E@BARNSTABLECOUNTY ORG REPRESENTING BARNSTABLE COUNTY INITIATIVES RELATED TO NUTRITION, F OOD SAFETY, TICK BORNE DISEASES, WATER QUALITY PROTECTION AND YOUTH AND FAMILY PROGRAMS P ATRICIA MITROKOSTAS DIRECTOR OF PREVENTION PROGRAMS, PUBLIC RELATIONS & ORGANIZATIONAL ADV ANCEMENT GOSNOLD ON CAPE COD 350 GIFFORD STREET, SUITE W-10, FALMOUTH, MA 02540 (508) 540- 2317 PMITROKOSTAS@GOSNOLD ORG REPRESENTING REGIONAL-WIDE SUBSTANCE USE PREVENTION AND EAR LY INTERVENTION EFFORTS FOCUSED ON YOUTH, YOUTH ADULTS AND FAMILIES COMMUNITY BENEFITS TE AM MEETINGS THE FY2017 COMMUNITY HEALTH COMMITTEE MEETINGS WERE HELD ON THE FOLLOWING DATE S NOVEMBER 11, 2016 9 00 11 00 AM FEBRUARY 21, 2017 4 00-5 30 PM MAY 23, 2017 4 00-5 00 P M JULY 18, 2017 4 00-5 00 PM COMMUNITY PARTNERS ALZHEIMERS FAMILY CAREGIVER SUPPORT CENTER BARNSTABLE COUNTY CAPE COD COOPERATIVE EXTENSION SERVICES BARNSTABLE COUNTY HUMAN SERVICE S BARNSTABLE COUNTY REGIONAL SUBSTANCE USE COUNCIL BARNSTABLE COUNTY SHERIFF BARNSTABLE HI GH SCHOOL HEALTH CARE ACADEMY BARNSTABLE LAND TRUST BEHAVIORAL HEALTH PROVIDER COALITION O F CAPE COD & THE ISLANDS BIG BROTHERS BIG SISTERS OF CAPE COD & THE ISLANDS BOYS & GIRLS C LUB OF CAPE COD CALMER CHOICE CAPE & ISLANDS EMS SYSTEMS, INC CAPE & ISLANDS UNITED WAY CA PE COD CHILD DEVELOPMENT CAPE COD CHILDRENS MUSEUM CAPE COD CHILDRENS PLACE CAPE COD COMME RCIAL FISHERMANS ALLIANCE CAPE COD COMMUNITY COLLEGE CAPE COD FOUNDATION CAPE COD HOARDING TASK FORCE CAPE COD HUNGER NETWORK CAPE COD SHELTER AND DOMESTIC VIOLENCE SERVICES CHILDR ENS COVE COALITION FOR CHILDREN COMMUNITY DEVELOPMENT PARTNERSHIP COMMUNITY HEALTH CENTER OF CAPE COD COMMUNITY HEALTH NETWORK AREA 27 CAPE COD & ISLANDS (CHNA 27) DREAM DAY CAPE C OD DUFFY HEALTH CENTER FALMOUTH HOUSING CORPORATION FALMOUTH TOGETHER WE CAN FAMILY PANTRY OF CAPE COD FLOWER ANGELS USA GANDARA MENTAL HEALTH GLENNA KOHL FUND FOR HOPE GOSNOLD ON CAPE COD HARBOR COMMUNITY HEALTH CENTER HYANNIS HEALTHY AGING CAPE COD HELPING OUR WOMEN H OPE DEMENTIA & ALZHEIMERS SERVICESINDEPENDENCE HOUSE MASSACHUSETTS DEPARTMENT OF PUBLIC HE ALTH MOTHERS AND INFANTS RECOVERY NETWORK NATIONAL ALLIANCE ON MENTAL ILLNESS CAPE COD OUT ER CAPE HEALTH SERVICES PARKINSON SUPPORT NETWORK OF CAPE COD QUALITY OF LIFE INITIATIVE R IVERVIEW SCHOOL ROBERT F KENNEDY CHILDREN ACTION CORPS SAMARITANS ON CAPE COD AND THE ISL ANDS SHEAS YOUTH BASKETBALL ASSOCIATION SPECIALTY NETWORK FOR THE UNINSURED SUSTAINABLE CA PE TEAM MAUREEN TOWN OF BARNSTABLE YOUTH COMMISSION TOWN OF YARMOUTH PARK AND RECREATIONS DEPARTMENT UNITED STATES NATIONAL PARK SERVICE AND CAPE COD NATIONAL SEASHORE UNIVERSITY O F MASSACHUSETTS LABORATORY OF MEDICAL ZOOLOGY WE CAN YMCA CAPE COD

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COMMUNITY HEALTH NEEDS ASSESSMENT	DATE LAST ASSESSMENT COMPLETED AND CURRENT STATUS THE 2017-2019 CAPE COD HOSPITAL AND FALM OUTH HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT (CHNA REPORT) AND IMPLEMENTATION PL AN WAS RELEASED AND MADE WIDELY AVAILABLE TO THE PUBLIC ON SEPTEMBER 30, 2016 THE GOALS O F THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE TO MONITOR REGIONAL HEALTH DATA, ENGAG E HOSPITAL STAKEHOLDERS, PROMOTE PARTNERSHIPS BETWEEN THE HOSPITALS AND COMMUNITY ORGANIZA TIONS AND DEVELOP MULTI-YEAR IMPLEMENTATION STRATEGIES TO GUIDE HOSPITAL INITIATIVES TO IM PROVE THE HEALTH OF BARNSTABLE COUNTY RESIDENTS THE METHODOLOGY FOR CONDUCTING THE ASSESS MENT INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY HEALTH DATA, GATHERING OF SIGNIFICANT INPUT FROM THE COMMUNITY, AND THE IDENTIFICATION AND PRIORITIZATION OF REGI ONAL HEALTH NEEDS CCHC ENGAGED JOHN SNOW, INC TO ASSIST IN DATA COLLECTION, FACILITATION OF COMMUNITY FORUMS AND LEADERSHIP INTERVIEWS AND IDENTIFICATION OF KEY IMPLEMENTATION ST RATEGIES FOR THE PROJECT OVER 20 DATA SOURCES WERE UTILIZED TO COLLECT BARNSTABLE COUNTY AND TOWN-LEVEL HEALTH STATISTICS ON DISEASE INCIDENCE AND PREVALENCE, HOSPITAL UTILIZATION , MORBIDITY AND MORTALITY, BARRIERS TO ACCESSING CARE, AND BEHAVIORAL RISK FACTORS REGION AL STATISTICS WERE ANALYZED AND COMPARED TO STATE AND NATIONAL STATISTICS TO IDENTIFY WHER E DEMOGRAPHIC AND HEALTH DISPARITIES EXIST ONCE COLLECTED, STATISTICAL DATA WAS VETTED AN D AUGMENTED WITH COMMUNITY INPUT MORE THAN 140 INDIVIDUALS AND 90 COMMUNITY ORGANIZATIONS REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND VULNERABLE POPULATIONS PROVIDED CRITIC AL INSIGHT AND FEEDBACK ON THE REGIONAL HEALTH NEEDS THROUGH KEY INFORMATION INTERVIEWS AN D COMMUNITY INPUT FORUMS THROUGH THIS COLLECTION OF DATA AND COMMUNITY INPUT THE SIGNIFIC ANT HEALTH NEEDS OF BARNSTABLE COUNTY RESIDENTS WERE DISTINGUISHED AND PRIORITIZED BASED O N THE FREQUENCY, URGENCY, SCOPE, SEVERITY AND MAGNITUDE OF THE IDENTIFIED ISSUES THE SIGN IFICANT HEALTH NEEDS AND ASSOCIATED TARGET POPULATIONS IDENTIFIED THROUGH THE NEEDS ASSESS MENT REPORT SERVE AS THE FOUNDATION FOR COMMUNITY BENEFITS AND HOSPITAL PLANNING SPANNING FISCAL YEARS 2017-2019 CONSULTANTS/OTHER ORGANIZATIONS THE FOLLOWING ORGANIZATIONS PARTIC IPATED IN THE 2017-2019 CAPE COD HOSPITAL AND FALMOUTH HOSPITAL COMMUNITY HEALTH NEEDS ASS ESSMENT PROJECT AIDS SUPPORT GROUP OF CAPE COD ALZHEIMERS FAMILY SUPPORT CENTER OF CAPE C OD ARBOR COUNSELING SERVICES BARNSTABLE COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT BARNST ABLE COUNTY DEPARTMENT OF HUMAN SERVICES BARNSTABLE COUNTY PUBLIC NURSING DIVISION BARNSTA BLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL BARNSTABLE PUBLIC SCHOOL SYSTEM BARNSTABLE TOW N COUNCIL BEHAVIORAL HEALTH PROVIDER COALITION OF CAPE COD & THE ISLANDS BOYS & GIRLS CLUB OF CAPE COD CAPE & ISLANDS EMERGENCY MEDICAL SERVICES SYSTEM CAPE & ISLANDS SUICIDE PREVE NTION COALITION CAPE & ISLANDS UNITED WAY CAPE COD CENTER FOR WOMEN CAPE COD CHILD DEVELOP MENT CAPE COD COMMUNITY COLLEG

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COMMUNITY HEALTH NEEDS ASSESSMENT	E CAPE COD COUNCIL OF CHURCHES CAPE COD DISTRICT ATTORNEYS OFFICE CAPE COD FOUNDATION CAPE COD NEIGHBORHOOD SUPPORT COALITION CAPE COD WIC CARON TREATMENT CENTER CCHC CENTERS FOR B EHAVIORAL HEALTH CCHC EMERGENCY SERVICES CHILD AND FAMILY SERVICES CHILDRENS COVE COALITIO N FOR CHILDREN COMMUNITY ACTION COMMITTEE OF CAPE COD & THE ISLANDS COMMUNITY DEVELOPMENT PARTNERSHIP COMMUNITY HEALTH CENTER OF CAPE COD COMMUNITY HEALTH NETWORK AREA 27 DUFFY HEA LTH CENTER ELDER SERVICES OF CAPE COD & THE ISLANDS EMERALD PHYSICIANS FALMOUTH HUMAN SERV ICES FALMOUTH PUBLIC SCHOOL SYSTEM FALMOUTH SERVICE CENTER FALMOUTH TOGETHER WE CAN FALMOU TH VOLUNTEERS IN PUBLIC SCHOOLS GLENNA KOHL FUND FOR HOPE GOSNOLD ON CAPE COD HARBOR COMMU NITY HEALTH CENTER-HYANNIS HEALTH IMPERATIVES HEALTHY LIVING CAPE COD HELPING OUR WOMEN HO MELESS PREVENTION COUNCIL HOPE DEMENTIA & ALZHEIMERS SERVICES OF CAPE COD HOPE HEALTH HOUS ING ASSISTANCE CORPORATION INDEPENDENCE HOUSE JOHN SNOW, INC JUSTICE RESOURCE INSTITUTE L YME AWARENESS OF CAPE COD MA DEPARTMENT OF MENTAL HEALTH MA DEPARTMENT OF PUBLIC HEALTH MA SHPEE WAMPANOAG TRIBE HEALTH SERVICE UNIT MOTHER AND INFANT RECOVERY NETWORK NATIONAL ALLI ANCE ON MENTAL ILLNESS CAPE COD OUTER CAPE HEALTH SERVICES OUTER CAPE WOMEN INFANTS AND CH ILDREN (WIC) SAMARITANS ON CAPE COD AND THE ISLANDS SANDPIPER NURSERY SCHOOL SANDWICH PUBL IC SCHOOL SYSTEM SHINE (SERVING HEALTH INFORMATION NEEDS OF EVERYONE) SIGHT LOSS SERVICES SPAULDING REHABILITATION HOSPITAL CAPE COD SPECIALTY NETWORK FOR THE UNINSURED SUBSTANCE U SE IN PREGNANCY TASK FORCE THE FAMILY PANTRY OF CAPE COD TOWN OF BREWSTER HEALTH DEPARTMEN T TOWN OF FALMOUTH COUNCIL ON AGING TOWN OF FALMOUTH HEALTH DEPARTMENT TOWN OF MASHPEE COU NCIL ON AGING TOWN OF MASHPEE HUMAN SERVICES TOWN OF PROVINCETOWN COUNCIL ON AGING TOWN OF SANDWICH COUNCIL ON AGING TOWN OF TRURO COUNCIL ON AGING VINFEN VISITING NURSE ASSOCIATIO N OF CAPE COD WE CAN YARMOUTH POLICE DEPARTMENT YMCA OF CAPE COD DATA SOURCES COMMUNITY FO CUS GROUPS, HOSPITAL, INTERVIEWS, MASSCHIP, PUBLIC HEALTH PERSONNEL, SURVEYS, CHNA CHNA DO CUMENT - PDF FORMAT DOWNLOAD/VIEW ATTACHMENT (8347 KB) FILE NAME CCHC CHNA REPORT_2017-20 19 PDF IMPLEMENTATION STRATEGY (OPTIONAL) FILE UPLOAD (OPTIONAL) NOT SPECIFIED COMMUNITY B ENEFITS PROGRAMS COMMUNITY-BASED INTERPRETER SERVICES IN PHYSICIAN OFFICES - PROGRAM TYPE OUTREACH TO UNDERSERVED - STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED , CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM - EOHHS FOCUS ISSUE(S) (OPTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES - DON HEA LTH PRIORITIES (OPTIONAL) SOCIAL ENVIRONMENT - BRIEF DESCRIPTION OR OBJECTIVE CCHC PROVI DES FREE MEDICAL LANGUAGE INTERPRETERS TO COMMUNITY-BASED PHYSICIAN OFFICES TO ASSIST LIMI TED AND NON-ENGLISH SPEAKING PATIENTS AND THEIR FAMILIES THE AVAILABILITY OF PROFICIENT A ND PROFESSIONAL INTERPRETER SE

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COMMUNITY HEALTH NEEDS ASSESSMENT	RVICES ENSURES THE DELIVERY OF SAFE, QUALITY HEALTH CARE AND POSITIVE CLINICAL OUTCOMES - TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER ARTHRITIS, OTHER ASTHMA/ALLERGIES, OTHER CANCER, OTHER CARDIAC DISEASE, O THER CHRONIC PAIN, OTHER COLITIS/CROHN DISEASE, OTHER CULTURAL COMPETENCY, OTHER DIABE TES, OTHER FAMILY PLANNING, OTHER HEPATITIS, OTHER HIV/AIDS, OTHER HYPERTENSION, OTHER LYME DISEASE, OTHER NUTRITION, OTHER OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSONS DISEASE , OTHER PREGNANCY, OTHER PULMONARY DISEASE/TUBERCULOSIS, OTHER SAFETY - HOME, OTHER SE XUALLY TRANSMITTED DISEASES, OTHER SICKLE CELL DISEASE, OTHER SMOKING/TOBACCO, OTHER ST ROKE, OTHER UNINSURED/UNDERINSURED, OVERWEIGHT AND OBESITY, PHYSICAL ACTIVITY, RESPONSIBL E SEXUAL BEHAVIOR, SUBSTANCE ABUSE, TOBACCO USE - SEX ALL - AGE GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL PARTNERS PARTNER NAME, DESCRIPTION AND WEB ADDRESS COMMUNITY-BASED M EDICAL OFFICES ON CAPE COD VARIOUS HARBOR COMMUNITY HEALTH CENTER-HYANNIS - HTTP //WWW HHS I US/CAPE-COD/HARBOR-COMMUNITY-HEALTH-CENTER-HYANNIS/ CONTACT INFORMATION LISA GUYON, DIRE CTOR OF COMMUNITY BENEFITS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA 0260 PHONE 5 08-862-7896 LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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SPECIALTY NETWORK FOR THE UNINSURED	HARBOR COMMUNITY HEALTH CENTER HYANNIS - PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSH IP, OUTREACH TO UNDERSERVED - STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSU RED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERA BLE POPULATIONS - EOHHS FOCUS ISSUE(S) (OPTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, H EART DISEASE, AND DIABETES - DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED - BRIEF DESCR IPTION OR OBJECTIVE CAPE COD HEALTHCARE COMMUNITY BENEFITS PROVIDES ANNUAL GRANT SUPPORT TO HARBOR COMMUNITY HEALTH CENTER HYANNIS TO COORDINATE THE SPECIALTY NETWORK FOR THE UNIN SURED (SNU) THE SNU PROGRAM INCREASES ACCESS TO SPECIALTY CARE FOR UNINSURED AND UNDER-IN SURED RESIDENTS OF BARNSTABLE COUNTY THROUGH MANAGING A NETWORK OF MEDICAL SPECIALISTS WHO PROVIDE FREE OR SIGNIFICANTLY REDUCED SLIDING-SCALE FEES FOR OFFICE VISITS, PROCEDURES AN D CONTINUED CARE OF UNINSURED AND UNDER-INSURED INDIVIDUALS - TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER ARTHRITIS, OTH ER ASTHMA/ALLERGIES, OTHER CANCER, OTHER CARDIAC DISEASE, OTHER CHRONIC PAIN , OTHER DIABETES, OTHER FAMILY PLANNING, OTHER HEARING, OTHER HEPATITIS, OTHER HYPERTENSION, O THER LYME DISEASE, OTHER OSTEOPOROSIS/MENOPAUSE, OTHER PARKINSONS DISEASE, OTHER PREGN ANCY, OTHER PULMONARY DISEASE/TUBERCULOSIS, OTHER STROKE, OTHER UNINSURED/UNDERINSURED, OTHER VISION- SEX ALL - AGE GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIP TION INCREASE ACCESS TO SPECIALTY CARE FOR LOW-INCOME, UNINSURED AND UNDER-INSURED INDIVID UALS GOAL STATUS THE SNU PROGRAM PROVIDED 495 PATIENT APPOINTMENTS WITH SPECIALISTS IN FY 17 THE MOST UTILIZED SPECIALTIES INCLUDED OPHTHALMOLOGY, GASTROENTEROLOGY, UROLOGY, EARS, NOSE AND THROAT (ENT), CARDIOLOGY AND PODIATRY GOAL DESCRIPTION PROVIDE ACCESS TO SPECIA LISTS FOR UNINSURED OR UNDER-INSURED RESIDENTS WHO FACE LANGUAGE BARRIERS TO CARE GOAL ST ATUS TEN PERCENT (10%) OF SNU PATIENTS REQUESTED A MEDICAL INTERPRETER EIGHT-SIX PERCENT (86%) OF THOSE PATIENTS REQUIRED INTERPRETATION IN PORTUGUESE AND 14% REQUIRED INTERPRETAT ION IN SPANISH GOAL DESCRIPTION MAINTAIN REFERRAL RELATIONSHIP BETWEEN SNU PROGRAM AND FE DERALLY QUALIFIED HEALTH CENTERS IN THE REGION GOAL STATUS NEARLY ALL (99%) PROGRAM REFER RALS WERE MADE BY REGIONAL COMMUNITY HEALTH CENTERS INCLUDING HARBOR COMMUNITY HEALTH CENT ER-HYANNIS, COMMUNITY HEALTH CENTER OF CAPE COD, DUFFY HEALTH CENTER AND ISLAND HEALTH CAR E PARTNER NAME, DESCRIPTION AND WEB ADDRESS HARBOR COMMUNITY HEALTH CENTER- HYANNIS WWW H HSI US DUFFY HEALTH CENTER WWW DUFFYHEALTHCENTER ORG ISLAND HEALTH CARE WWW IHIMV ORG CAPE COD HEALTHCARE WWW CAPECODHEALTH ORG COMMUNITY HEALTH CENTER OF CAPE COD WWW CHCOFCAPECOD ORG CONTACT INFORMATION LISA GUYON CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA, 02 601 PHONE 508-862-7896 LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED PRESCR IPTION ASSISTANCE PROGRAM FOR

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SPECIALTY NETWORK FOR THE UNINSURED	VULNERABLE POPULATIONS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL - PROGRAM TYPE DIRECT SER VICES - STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE M ANAGEMENT IN DISADVANTAGE POPULATIONS, REDUCING HEALTH DISPARITY - EOHHS FOCUS ISSUE(S) (O PTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES - DON HEALTH P RIORITIES (OPTIONAL) NOT SPECIFIED - BRIEF DESCRIPTION OR OBJECTIVE THE PRESCRIPTION ASS ISTANCE PROGRAM IS AN INITIATIVE OF CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY, BEH AVIORAL HEALTH AND PHARMACY DEPARTMENTS AS A COMMUNITY BENEFIT ASSISTING UNINSURED, UNDER- INSURED AND FINANCIALLY DISADVANTAGED PATIENTS WITH NO OTHER VIABLE MEANS TO PAY FOR MEDIC ATIONS UPON DISCHARGE FROM HOSPITAL FACILITIES - TARGET POPULATION REGIONS SERVED COUNT Y-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER UNINSURED/UNDERINSURED - AG E GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION ASSIST RESIDENTS WHO ARE UNABLE TO AFFORD MEDICATIONS TO ENSURE COMPLIANCE WITH HOSPITAL DISCHARGE PLANNING GOAL STATUS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED PHARMACY VOUCHERS AND PRESCRIPTION ASSISTANCE TOTALING MORE THAN $23,500 FOR UNI NSURED, UNDER-INSURED, OR FINANCIALLY CHALLENGED PATIENTS PARTNER NAME, DESCRIPTION AND W EB ADDRESS CAPE COD HOSPITAL - WWW CAPECODHEALTH ORG FALMOUTH HOSPITAL - WWW CAPECODHEALTH ORG CONTACT INFORMATION LISA GUYON DIRECTOR OF COMMUNITY BENEFITS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA 02601 PHONE 508-862-7896ETAILED DESCRIPTION LGUYON@CAPECODHEAL TH ORG DETAILED DESCRIPTION NOT SPECIFIED TRANSPORTATION ASSISTANCE PROGRAM FOR VULNERABLE POPULATIONS CAPE COD HOSPITAL AND FALMOUTH HOSPITAL PROGRAM TYPE DIRECT SERVICES STATEW IDE PRIORITY REDUCING HEALTH DISPARITY EOHHS FOCUS ISSUE(S) (OPTIONAL) CHRONIC DISEASE W ITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES, MENTAL ILLNESS AND MENTAL HEALTH, SUBSTA NCE USE DISORDERS DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED BRIEF DESCRIPTION OR OBJ ECTIVE IN AN EFFORT TO ASSIST LOW-INCOME AND VULNERABLE POPULATIONS, CAPE COD HOSPITAL AN D FALMOUTH HOSPITAL PROVIDE TRANSPORTATION UPON DISCHARGE FROM EMERGENCY AND BEHAVIORAL HE ALTH DEPARTMENTS, TO THOSE PATIENTS WITHOUT RESOURCES FOR TRANSPORTATION TARGET POPULATIO N REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, OTHER SAF ETY, OTHER UNINSURED/UNDERINSURED - SEX ALL - AGE GROUP ALL - ETHNIC GROUP ALL - LANGU AGE ALL GOAL DESCRIPTION ASSIST RESIDENTS WHO ARE UNABLE TO AFFORD OR ACCESS TRANSPORTATI ON TO ENSURE COMPLIANCE WITH THEIR DISCHARGE PLAN GOAL STATUS CAPE COD HOSPITAL AND FALMO UTH HOSPITAL EMERGENCY AND BEHAVIORAL HEALTH DEPARTMENTS PROVIDED TRANSPORTATION VOUCHERS TOTALING MORE THAN $40,200 FOR FINANCIALLY DISADVANTAGED PATIENTS UPON DISCHARGE PARTNER NAME, DESCRIPTION AND WEB ADDRESS LOCAL TAXI COMPANIES N/A CONTACT INFORMATION LISA GUYON DIRECTOR OF COMMUNITY BENEFITS

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SPECIALTY NETWORK FOR THE UNINSURED	CAPE COD HEALTHCARE 88 LEWIS BAY ROAD HYANNIS, MA, 02601 PHONE 508-862-7896 LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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DUFFY HEALTH CENTER	SUPPORTING BEHAVIORAL HEALTH AND MEDICATION ASSISTED TREATMENT SERVICES FOR HOMELESS AND A T RISK ADULTS PROGRAM TYPE SCHOOL/HEALTH CENTER PARTNERSHIP STATEWIDE PRIORITY ADDRESS U NMET HEALTH NEEDS OF THE UNINSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS , PROMOTING WELLNESS OF VULNERABLE POPULATIONS EOHHS FOCUS ISSUE(S) (OPTIONAL) MENTAL ILL NESS AND MENTAL HEALTH, HOUSING STABILITY/HOMELESSNESS, SUBSTANCE USE DISORDERS DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED BRIEF DESCRIPTION OR OBJECTIVE THE DUFFY HEALTH CEN TER PROVIDES PRIMARY CARE AND BEHAVIORAL HEALTH CARE TO HOMELESS ADULTS AND THOSE AT-RISK FOR HOMELESSNESS IN BARNSTABLE COUNTY IN FY17, COMMUNITY BENEFITS FUNDING FROM CAPE COD H EALTHCARE SUPPORTED THE DUFFY HEALTH CENTERS BEHAVIORAL HEALTH SERVICES INCLUDING THERAPY, PSYCHIATRY, MEDICATION AND CASE MANAGEMENT SUPPORT FOR HEALTH CENTER PATIENTS TARGET POP ULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, MENT AL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER HOMELESSNESS, OTHER UNINSURED/UNDER INSURED, SUBSTANCE ABUSE - SEX ALL - AGE GROUP ADULT, ADULT-ELDER, ADULT-YOUNG - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION STAFFING LEVELS TO PROVIDE HEALTH SERVICES TO 1,200 PATIENTS WILL BE SUSTAINED GOAL STATUS BEHAVIORAL HEALTH SERVICES WERE PROVIDED TO MORE THAN 1,300 DUFFY HEALTH CENTER PATIENTS GOAL DESCRIPTION PSYCHIATRIC SERVICES, INCLU DING MEDICATION MANAGEMENT, WILL BE PROVIDED TO 300 PATIENTS GOAL STATUS PSYCHIATRIC SERV ICES, INCLUDING MEDICATION MANAGEMENT, WERE PROVIDED TO 630 PATIENTS GOAL DESCRIPTION CAP ACITY TO SERVE ADDITIONAL PATIENTS THROUGH EXPANDED OFFICE-BASED ADDICTION TREATMENT PROGR AMS WILL BE INCREASED TO SERVE 225 PATIENTS GOAL STATUS MEDICATION ASSISTED TREATMENT PRO GRAMS AT DUFFY SERVED 380 PATIENTS PATIENT ENGAGEMENT WAS INCREASED THROUGH IMPLEMENTATIO N OF A NEW RECOVERY SUPPORT NAVIGATOR POSITION TO ENGAGE WITH DUFFY PATIENTS AND INDIVIDUA LS IN NEED THROUGH OUTREACH AT CAPE COD HOSPITAL AND STREET OUTREACH PARTNER NAME, DESCRI PTION AND WEB ADDRESS THE DUFFY HEALTH CENTER - WWW DUFFYHEALTHCENTER ORG CONTACT INFORMAT ION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HY ANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SP ECIFIED SUPPORT GROUPS AND HEALTH EDUCATION CLASSES AT CAPE COD HOSPITAL AND FALMOUTH HOSP ITAL PROGRAM TYPE COMMUNITY EDUCATION, SUPPORT GROUP STATEWIDE PRIORITY CHRONIC DISEASE MA NAGEMENT IN DISADVANTAGE POPULATIONS EOHHS FOCUS ISSUE(S) (OPTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIE D BRIEF DESCRIPTION OR OBJECTIVE AT CAPE COD AND FALMOUTH HOSPITAL, SUPPORT GROUPS FOR BER EAVEMENT AND CANCER SURVIVORSHIP, CLASSES AND COUNSELING FOCUSED ON BREASTFEEDING AND FATH ERHOOD, AND HOLISTIC SERVICES TO COMPLEMENT TRADITIONAL MEDICAL CARE ARE OFFERED TO RESIDE NTS FREE OF CHARGE CLASSES AN

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DUFFY HEALTH CENTER	D GROUPS ARE AVAILABLE TO INDIVIDUALS, FAMILIES AND CAREGIVERS AND INCLUDE IN-PERSON MEETI NGS TO OFFER SUPPORT AND REASSURANCE THROUGH THEIR SPECIFIC DISEASE/HEALTH CARE SITUATION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR OTHER ARTHRITIS , OTHER BEREAVEMENT, OTHER CANCER, OTHER CHILD CARE, OTHER CHRONIC PAIN, OTHER DIABET ES, OTHER HOSPICE, OTHER HYPERTENSION, OTHER NUTRITION, OTHER PARENTING SKILLS, OTHER PREGNANCY, OTHER STRESS MANAGEMENT - SEX ALL - AGE GROUP ADULT, ADULT-ELDER, ADULT-YOU NG - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION PROVIDE SUPPORT GROUPS AND EDUCATI ONAL ACTIVITIES FOR PATIENTS, FAMILIES, CAREGIVERS, AND THE COMMUNITY ON A CONTINUUM OF IS SUES INCLUDING CANCER SURVIVORSHIP, PRENATAL/PARENTING GROUPS, BEHAVIORAL HEALTH, BEREAVEM ENT, AND CHRONIC DISEASE SELF-MANAGEMENT GOAL STATUS IN FY17, OVER 6,760 STAFF HOURS WERE DEDICATED TO ENSURING SUPPORT GROUPS AND CLASSES WERE OFFERED AND FACILITATED FOR INDIVID UALS, FAMILIES AND THE COMMUNITY PARTNER NAME, DESCRIPTION AND WEB ADDRESS AMERICAN CANCE R SOCIETY - WWW CANCER ORG CAPE COD HEALTHCARE - WWW CAPECODHEALTH ORG/CLASSES-EVENTS/ VIS ITING NURSES ASSOCIATION - WWW VNACAPECOD ORG YMCA CAPE COD- WWW YMCACAPECOD ORG CONTACT I NFORMATION LISA GUYON DIRECTOR OF COMMUNITY BENEFITS 88 LEWIS BAY ROAD HYANNIS, MA 02601 P HONE 508-862-7896 LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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WORKFORCE AND CAREER DEVELOPMENT INITIATIVES CAPE COD HEALTHCARE	PROGRAM TYPE MENTORSHIP/CAREER TRAINING/INTERNSHIP STATEWIDE PRIORITY REDUCING HEALTH DI SPARITY, SUPPORTING HEALTHCARE REFORM EOHHS FOCUS ISSUE(S) (OPTIONAL) NOT SPECIFIED DON H EALTH PRIORITIES (OPTIONAL) EDUCATION, EMPLOYMENT BRIEF DESCRIPTION OR OBJECTIVE CCHC IN VESTS IN PARTNERSHIPS WITH LOCAL HIGH SCHOOLS, VOCATIONAL SCHOOLS, COMMUNITY COLLEGES, AND ALLIED HEALTH PROGRAM FOR JOB SHADOWING, INTERNSHIPS, AND TRAINING WITH HEALTH CARE PROVI DERS IN VARIOUS HOSPITAL DEPARTMENTS INCLUDING PHLEBOTOMY, RADIOLOGY, BEHAVIORAL HEALTH, M ATERIALS MANAGEMENT, ETC OUR EFFORTS CONTRIBUTE TO ECONOMIC DEVELOPMENT IN OUR REGION, IN CREASE OPPORTUNITY FOR EDUCATIONAL ATTAINMENT, AND PROVIDE EXPERIENCE FOR INDIVIDUALS TO O BTAIN STABLE, QUALITY, AND WELL COMPENSATED JOBS IN OUR REGION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE - SEX ALL - AGE GROUP ADULT, ADULT-YOUNG - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION INCREASE THE SUP PLY OF QUALIFIED HEALTH PROFESSIONALS THROUGH OFFERING WORKFORCE AND CAREER DEVELOPMENT PA RTNERSHIPS GOAL STATUS IN FY17, OVER 19,550 STAFF HOURS WERE DEVOTED TO WORKFORCE AND CAR EER DEVELOPMENT PARTNERSHIP EFFORTS INCLUDING SUPERVISION OF STUDENT TRAININGS, JOB SHADOW ING, AND CLINICAL OVERSIGHT PARTNER NAME, DESCRIPTION AND WEB ADDRESS CAPE COD COMMUNITY COLLEGE WWW CAPECOD EDU/ UPPER CAPE REGIONAL TECHNICAL SCHOOL WWW UPPERCAPETECH COM/ MA COLLEGE OF PHARMACY AND HEALTH SCIENCES WWW MCPHS EDU THE RIVERVIEW SCHOOL WWW RIVERVIEW SCHOOL ORG UNIVERSITY OF MASSACHUSETTS WWW MASSACHUSETTS EDU/ CAPE COD REGIONAL TECHNICAL HIGH SCHOOL WWW CAPETECH US BARNSTABLE HIGH SCHOOL WWW BARNSTABLE K12 MA US CONTACT INF ORMATION LISA GUYON DIRECTOR OF COMMUNITY BENEFITS CAPE COD HEALTHCARE 88 LEWIS BAY ROAD H YANNIS, MA 02601 PHONE 508-862-7896 LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPE CIFIED COMMUNITY RESOURCE NAVIGATOR PROJECT AT OUTER CAPE HEALTH SERVICES PROGRAM TYPE GRA NT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY ADDRESS UNMET HEALTH NEEDS OF THE UN INSURED, CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VUL NERABLE POPULATIONS, REDUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM EOHHS FOCUS I SSUE(S) (OPTIONAL) MENTAL ILLNESS AND MENTAL HEALTH, HOUSING STABILITY/HOMELESSNESS, SUBST ANCE USE DISORDERS DON HEALTH PRIORITIES (OPTIONAL) BUILT ENVIRONMENT, SOCIAL ENVIRONMENT, HOUSING, EMPLOYMENT BRIEF DESCRIPTION OR OBJECTIVE CCHC COMMUNITY BENEFITS PROVIDES GRANT SUPPORT TO OUTER CAPE HEALTH SERVICES TO PILOT THE COMMUNITY RESOURCE NAVIGATOR PROJECT THE PROJECT PROVIDES INTERVENTIONS AND SHORT-TERM CASE MANAGEMENT FOR UNDERSERVED RESIDENT S WITH MENTAL HEALTH, SUBSTANCE USE, OR CO-OCCURRING DISORDER COMMUNITY-BASED RESOURCE NA VIGATORS ASSIST INDIVIDUALS IN GAINING ACCESS TO PRIMARY AND BEHAVIORAL HEALTH CARE AND AD DRESS ISSUES RELATED TO SOCIAL DETERMINANTS OF HEALTH (HOUSING, FOOD ACCESS, TRANSPORTATIO N, ETC) TARGET POPULATION RE

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WORKFORCE AND CAREER DEVELOPMENT INITIATIVES CAPE COD HEALTHCARE	GIONS SERVED REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR ACCESS TO HEALTH CARE, ENVIRONMENTAL QUALITY, MENTAL HEALTH, OTHER ALCOHOL AND SUBSTANCE ABUSE, OTHER DENTAL H EALTH, OTHER HEPATITIS, OTHER HIV/AIDS, OTHER HOMEBOUND, OTHER HOMELESSNESS, OTHER NU TRITION, OTHER PUBLIC SAFETY, OTHER SAFETY, OTHER SAFETY - HOME, OTHER SMOKING/TOBACCO , OTHER STRESS MANAGEMENT, OTHER UNINSURED/UNDERINSURED, SUBSTANCE ABUSE, TOBACCO USE SE X ALL - AGE GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION DURING THE PI LOT PHASE, A COMMUNITY RESOURCE NAVIGATOR WILL WORK WITH 50 CLIENTS ANNUALLY TO ADDRESS BE HAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH NEEDS GOAL STATUS IN FY17, 105 RESIDENT S WERE REFERRED TO THE PROGRAM AND 78 RESIDENTS WERE ENROLLED AND SERVED GOAL DESCRIPTION ASSESS THE GREATEST NEEDS AND MEASURE IMPROVEMENTS IN SELF-SUFFICIENCY THROUGH PRE AND PO ST ENGAGEMENT SURVEYS GOAL STATUS SURVEYS IDENTIFIED ACCESS TO MENTAL HEALTH SERVICES AND SOCIAL SERVICES (FOOD, TRANSPORTATION AND TRANSITIONAL ASSISTANCE AS THE GREATEST COMMON NEEDS OF INDIVIDUALS SERVED THROUGH THE PROGRAM A LIMITED GROUP OF PARTICIPANTS (16) WERE MONITORED FOR SELF-SUFFICIENCY CHANGES SURVEYS MEASURED THAT 69% OF THESE PARTICIPANTS I NCREASED BASELINE STATUS FROM BARELY SELF-SUFFICIENT' TO 'ADEQUATELY SELF-SUFFICIENT' WITH IN THREE A THREE MONTH SERVICE TIMELINE AND WERE DISCHARGED FROM THE PROGRAM PARTNER NAME , DESCRIPTION AND WEB ADDRESS OUTER CAPE HEALTH SERVICES WWW OUTERCAPE ORG CONTACT INFORMA TION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, H YANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT S PECIFIED SUPPORTING THE HEALTH INSURANCE NEEDS OF EVERYONE (CHINE) BARNSTABLE DEPARTMENT OF HUMAN SERVICES PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY RE DUCING HEALTH DISPARITY, SUPPORTING HEALTHCARE REFORM EOHHS FOCUS ISSUE(S) (OPTIONAL) NOT SPECIFIED DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED BRIEF DESCRIPTION OR OBJECTIVE CC HC COMMUNITY BENEFITS PROVIDES SUPPORT TO THE REGIONAL SHINE PROGRAM TO EXPAND INFORMATION , COUNSELING AND ASSISTANCE WITH MEDICARE AND HEALTH INSURANCE NEEDS AT VARIOUS OUTPOSTS A CROSS BARNSTABLE COUNTY TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDIC ATOR ACCESS TO HEALTH CARE, OTHER ELDER CARE, OTHER UNINSURED/UNDERINSURED - SEX ALL - A GE GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION INCREASE THE NUMBER OF REG IONAL MEDICARE BENEFICIARIES ASSISTED BY THE SHINE PROGRAM GOAL STATUS IN FY17, SHINE SER VED 7,730 INDIVIDUALS IN BARNSTABLE COUNTY, A 5% INCREASE COMPARED TO THE PREVIOUS YEAR G OAL DESCRIPTION INCREASE THE NUMBER OF TRAINED SHINE VOLUNTEER COUNSELORS AVAILABLE IN COU NCIL ON AGING OFFICES AND OTHER ORGANIZATIONS IN BARNSTABLE COUNTY GOAL STATUS SHINE TRAI NED 10 NEW VOLUNTEER COUNSELORS IN 2017, INCREASING THE NUMBER OF TRAINED COUNSELORS TO 69 FOR THE REGION GOAL DESCRIPT

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Return Reference	Explanation
WORKFORCE AND CAREER DEVELOPMENT INITIATIVES CAPE COD HEALTHCARE	ION MEASURE THE POTENTIAL SAVINGS IN HEALTH CARE COSTS FOR MEDICARE BENEFICIARIES ASSISTED BY THE REGIONAL SHINE PROGRAM GOAL STATUS FY17 DATA, PROVIDED BY THE EXECUTIVE OFFICE OF ELDER AFFAIRS, IS NOT AVAILABLE AS OF MARCH 2018 THE FY17 ESTIMATED POTENTIAL COST SAVIN GS FOR BARNSTABLE COUNTY RESIDENTS ASSISTED BY THE REGIONAL SHINE PROGRAM IS $9,365,950 P ARTNER NAME, DESCRIPTION AND WEB ADDRESS BARNSTABLE COUNTY HUMAN SERVICES WWW BCHUMANSERVI CES NET/INITIATIVES/SHINE/ CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAP ECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
DIABETES AND DEPRESSION YMCA DIABETES RESOURCE CENTER	PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY CHRONIC DISEASE MANA GEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS EOHHS FOC US ISSUE(S) (OPTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES, MENTAL ILLNESS AND MENTAL HEALTH DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED BRIEF DESC RIPTION OR OBJECTIVE CCHC COMMUNITY BENEFITS AWARDED A GRANT TO THE YMCA CAPE COD TO EXPAN D COLLABORATION WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) CAPE COD TO OFFER FREE COMMUNITY-BASED SUPPORT GROUPS, LIFESTYLE CLASSES AND COUNSELING SESSIONS FOR RESIDENTS W ITH THE COMORBIDITIES OF DIABETES AND DEPRESSION TARGET POPULATION REGIONS SERVED COUNTY -BARNSTABLE - HEALTH INDICATOR MENTAL HEALTH, OTHER DIABETES, OTHER NUTRITION, PHYSICAL ACTIVITY - SEX ALL - AGE GROUP ALL ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION O FFER NAMI SUPPORT GROUPS FOR INDIVIDUALS WITH DIABETES AND DEPRESSION AT THE YMCA DIABETES EDUCATION CENTER OVER A 12 WEEK PERIOD WITH A GOAL OF ENGAGING 20 PARTICIPANTS GOAL STAT US THIRTY-NINE (39) INDIVIDUALS ATTENDING NAMI SUPPORT GROUPS TARGETING INDIVIDUALS WITH T HE COMORBIDITIES OF DIABETES AND DEPRESSION GOAL DESCRIPTION ENROLL 100 INDIVIDUALS IN A 12 WEEK YMCA DIABETES PREVENTION PROGRAM, A LIFESTYLE IMPROVEMENT PROGRAM FOR PREDIABETIC ADULTS GOAL STATUS IN FY17, 229 INDIVIDUALS ENROLLED IN THE YMCA DIABETES PREVENTION PROG RAM MORE THAN 60% OF PROGRAM PARTICIPANTS REDUCED BLOOD GLUCOSE LEVELS AND IMPROVED DISEA SE SELF-MANAGEMENT PARTNER NAME, DESCRIPTION AND WEB ADDRESS YMCA CAPE COD WWW YMCACAPECO D ORG NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) CAPE COD WWW NAMICAPECOD ORG CONTACT INFO RMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD , HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED FLAVORX FRUIT AND VEGETABLE PRESCRIPTION PROGRAM PROGRAM TYPE COMMUNITY PARTIC IPATION/CAPACITY BUILDING INITIATIVE,GRANT/DONATION/FOUNDATION/SCHOLARSHIP,HEALTH SCREENIN G,OUTREACH TO UNDERSERVED,PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISA DVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS EOHHS FOCUS ISSUE(S) (O PTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES DON HEALTH PRIO RITIES (OPTIONAL) BUILT ENVIRONMENT, SOCIAL ENVIRONMENT, EDUCATION BRIEF DESCRIPTION OR OB JECTIVE FLAVORX IS A COLLABORATION BETWEEN PRIMARY CARE PHYSICIANS, FARMERS MARKETS AND CO MMUNITY AGENCIES TO INCREASE ACCESS TO FRUIT AND VEGETABLES FOR HIGH-RISK, VULNERABLE POPU LATIONS THIS COMPREHENSIVE NUTRITION PROGRAM PROVIDES INCENTIVES FOR THE PURCHASE OF FRUI TS AND VEGETABLES AT LOCAL FARMER'S MARKETS, INTEGRATES NUTRITION EDUCATION AND COOKING CL ASSES, AND MEASURES IMPROVEMENTS TO OVERALL HEALTH AND CHRONIC DISEASE RISK/MANAGEMENT TA RGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR OTHER DIABETES, OTH ER HYPERTENSION, OTHER NUTRI

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Return Reference	Explanation
DIABETES AND DEPRESSION YMCA DIABETES RESOURCE CENTER	TION, OVERWEIGHT AND OBESITY - SEX ALL AGE GROUP ADULT ETHNIC GROUP ALL LANGUAGE ALL G OAL DESCRIPTION ENROLL A PILOT GROUP OF MASS HEALTH PATIENTS TO PARTICIPATE IN THE FLAVORX PROGRAM GOAL STATUS THIRTY-EIGHT (38) INDIVIDUALS WERE ENROLLED IN THE PROGRAM AND 24 IN DIVIDUALS COMPLETED THE PROGRAM PARTICIPANTS WERE DIVIDED INTO TWO GROUPS WITH ONE GROUP R ECEIVING PRESCRIPTION VOUCHERS FOR FRUITS AND VEGETABLES, NUTRITION EDUCATION AND HEALTH M ONITORING THE SECOND GROUP RECEIVED GAS CARDS, NUTRITION EDUCATION AND HEALTH MONITORING THE EFFECTIVENESS OF THE INTERVENTION WAS MEASURED USING A RANDOMIZED CONTROLLED TRIAL DE SIGN GOAL DESCRIPTION ALL PARTICIPANTS WILL INCREASE THEIR NUTRITIONAL KNOWLEDGE ABOUT PR OTEIN AND DIETARY FIBER AND 10% WILL INCREASE THEIR CONFIDENCE IN HEALTHY COOKING GOAL ST ATUS ONE-HUNDRED PERCENT OF PARTICIPANTS INCREASED KNOWLEDGE OF PROTEIN AND DIETARY FIBER NINETEEN (19%)PERCENT INCREASED THEIR CONFIDENCE IN HEALTHY COOKING GOAL DESCRIPTION TWE NTY-FIVE PERCENT (25%) OF PARTICIPANTS WILL IMPROVE BLOOD GLUCOSE LEVELS GOAL STATUS FORT Y-TWO PERCENT (42%) OF PARTICIPANTS IMPROVED BLOOD GLUCOSE LEVELS GOAL DESCRIPTION TWENTY -FIVE PERCENT (25%) OF PARTICIPANTS WILL IMPROVE BODY MASS INDEX GOAL STATUS FORTY-FIVE P ERCENT (45%) OF PARTICIPANTS IMPROVED BODY MASS INDEX GOAL DESCRIPTION TWENTY-FIVE PERCEN T (25%) OF PARTICIPANTS WILL IMPROVE TOTAL CHOLESTEROL LEVELS GOAL STATUS FIFTY-FOUR PERC ENT (54%) OF PARTICIPANTS IMPROVED TOTAL CHOLESTEROL LEVELS PARTNER NAME, DESCRIPTION AND WEB ADDRESS YMCA CAPE COD WWW YMCACAPECOD ORG NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) CAPE COD WWW NAMICAPECOD ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMMUNITY BENEFIT S, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@C APECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
BARNSTABLE COUNTY TICK TESTING AND TICK DISEASE SURVEILLANCE	PROJECT PROGRAM TYPE GRANT/DONATION/FOUNDATION/SCHOLARSHIP STATEWIDE PRIORITY CHRONIC DISE ASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS E OHHS FOCUS ISSUE(S) (OPTIONAL) NOT SPECIFIED DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIE D BRIEF DESCRIPTION OR OBJECTIVE CCHC COMMUNITY BENEFITS SUBSIDIZED A TICK DISEASE TESTING AND TICK-BORNE ILLNESS SURVEILLANCE PROGRAM FOR BARNSTABLE COUNTY RESIDENTS TICK-TESTING WAS PROVIDED BY THE UMASS LABORATORY OF MEDICAL ZOOLOGY AND EDUCATION AND SURVEILLANCE WA S PROVIDED BY THE CAPE COD COOPERATIVE EXTENSION TARGET POPULATION REGIONS SERVED COUNTY -BARNSTABLE - HEALTH INDICATOR OTHER LYME DISEASE - SEX ALL - AGE GROUP ALL - ETHNIC G ROUP ALL - LANGUAGE ALL GOAL DESCRIPTION TICKS SUBMITTED BY BARNSTABLE COUNTY RESIDENTS WILL BE TESTED BY THE UMASS LABORATORY OF MEDICAL ZOOLOGY FOR EPIDEMIOLOGICAL AND INFECTIO N STATUS RESULTS ARE REPORTED BACK TO RESIDENTS GOAL STATUS IN TOTAL, 863 TICKS WERE SUB MITTED BY RESIDENTS FOR TESTING RESULTS BASED ON A SUBSET OF TESTED ADULT DEER TICKS (391) DEMONSTRATED A 39% POSITIVE TEST LYME DISEASE, 9% TESTED POSITIVE FOR BABESIOSIS, AND 6% TESTED POSITIVE FOR ANAPLASMOSIS GOAL DESCRIPTION REGIONAL EDUCATION REGARDING TICK BITE PREVENTION, TICK DISEASE RISK AND TICK TESTING OPPORTUNITIES WILL BE PROVIDED THROUGH COM MUNITY PRESENTATIONS, WORKSHOPS, EVENTS AND MEDIA OPPORTUNITIES GOAL STATUS OVER 15,000 T ICK TESTING PROGRAM BROCHURES WERE DISTRIBUTED TO RESIDENTS THROUGH PHYSICIAN OFFICES, LIB RARIES AND OTHER COMMUNITY SETTINGS EPIDEMIOLOGY STAFF FROM THE CAPE COD COOPERATIVE EXTE NSION CONDUCTED MORE THAN 70 EDUCATIONAL WORKSHOPS AND CONTRIBUTED TO VARIOUS MEDIA OPPORT UNITIES TO EDUCATE THE PUBLIC ON TICK BITE PREVENTION AND TESTING PARTNER NAME, DESCRIPTI ON AND WEB ADDRESS CAPE COD COOPERATIVE EXTENSION WWW CAPECODEXTENSION ORG UMASS LABORATOR Y OF MEDICAL ZOOLOGY WWW TICKDISEASES ORG CONTACT INFORMATION LISA GUYON, DIRECTOR OF COMM UNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7 896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED HEALTHY PARKS, HEALTHY PE OPLE A COLLABORATION BETWEEN CAPE COD HEALTHCARE AND THE CAPE COD NATIONAL SEASHORE PROGR AM TYPE COMMUNITY PARTICIPATION/CAPACITY BUILDING INITIATIVE,GRANT/DONATION/FOUNDATION/SCH OLARSHIP,HEALTH SCREENING,PREVENTION STATEWIDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISA DVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS EOHHS FOCUS ISSUE(S) (O PTIONAL) CHRONIC DISEASE WITH FOCUS ON CANCER, HEART DISEASE, AND DIABETES DON HEALTH PRIO RITIES (OPTIONAL) BUILT ENVIRONMENT, SOCIAL ENVIRONMENT BRIEF DESCRIPTION OR OBJECTIVE CAP E COD HEALTHCARE COLLABORATED WITH THE CAPE COD NATIONAL SEASHORE TO PROMOTE WELLNESS, EXE RCISE AND PHYSICAL ACTIVITY TO IMPROVE THE HEALTH OF CAPE COD RESIDENTS AND VISITORS TARG ET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR OTHER HYPERTENSION, O THER STROKE, OVERWEIGHT AND O

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Return Reference	Explanation
BARNSTABLE COUNTY TICK TESTING AND TICK DISEASE SURVEILLANCE	BESITY, PHYSICAL ACTIVITY - SEX ALL - AGE GROUP ALL - ETHNIC GROUP ALL - LANGUAGE ALL GOAL DESCRIPTION ENGAGE RESIDENTS IN SEASONAL WALKING PROGRAM AND 5K RUN/WALK FOR HEART HE ALTH AIMED AT IMPROVING HEALTH KNOWLEDGE AND AWARENESS OF FREE AND OPEN SPACES FOR PHYSICA L ACTIVITY IN REGION GOAL STATUS OVER 220 RESIDENTS PARTICIPATED IN THE SUMMER WALKING PR OGRAM AND 5K RUN/WALK FOR HEART HEALTH AT THE CAPE COD NATIONAL SEASHORE PARTNER NAME, DE SCRIPTION AND WEB ADDRESS NATIONAL PARK SERVICE WWW NPS GOV/ /HEALTHY-PARKS-HEALTHY-PEOP LE CAPE COD NATIONAL SEASHORE WWW NPS GOV/CACO/INDEX HTM CONTACT INFORMATION LISA GUYON, D IRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED LIVING FIT FOR YOU! CANCER WELLNESS PROGRAM AT FALMOUTH HOSPITAL PROGRAM TYPE DIRECT SERVICES STATEW IDE PRIORITY CHRONIC DISEASE MANAGEMENT IN DISADVANTAGE POPULATIONS, PROMOTING WELLNESS OF VULNERABLE POPULATIONS EOHHS FOCUS ISSUE(S) (OPTIONAL) CHRONIC DISEASE WITH FOCUS ON CANC ER, HEART DISEASE, AND DIABETES DON HEALTH PRIORITIES (OPTIONAL) NOT SPECIFIED BRIEF DESCR IPTION OR OBJECTIVE LIVING FIT FOR YOU IS A FREE, STRUCTURED, AND MEDICALLY-SUPERVISED SIX -WEEK EXERCISE AND EDUCATION PROGRAM FOR CANCER SURVIVORS, BEFORE, DURING OR AFTER TREATME NT ACTIVITIES FOCUS ON IMPROVING FATIGUE, DE-CONDITIONING AND A LOSS OF PHYSICAL FUNCTION TARGET POPULATION REGIONS SERVED COUNTY-BARNSTABLE - HEALTH INDICATOR MENTAL HEALTH, O THER CANCER, OTHER CANCER - BREAST, OTHER CANCER - CERVICAL, OTHER CANCER - COLO-RECTA L, OTHER CANCER - LUNG, OTHER CANCER - MULTIPLE MYELOMA, OTHER CANCER - OTHER, OTHER C ANCER - OVARIAN, OTHER CANCER - PROSTATE, OTHER CANCER - SKIN, OTHER CHRONIC PAIN , OTH ER NUTRITION, PHYSICAL ACTIVITY - SEX ALL AGE GROUP ALL ETHNIC GROUP ALL - LANGUAGE A LL GOAL DESCRIPTION PROVIDE FREE EXERCISE AND EDUCATION CLASSES FOR CANCER SURVIVORS OF AL L AGES GOAL STATUS IN FY17, 219 EXERCISE AND EDUCATION CLASSES WERE OFFERED OVER 646 PAT IENT ENCOUNTERS TOOK PLACE INCLUDING EXERCISE VISITS, INDIVIDUAL CONSULTATIONS, AND EDUCAT ION FOLLOW-UP MEETINGS GOAL DESCRIPTION REFERRALS WILL BE MADE TO APPROPRIATE SERVICES TO CONTINUE REHABILITATION AND IMPROVED HEALTH OUTCOMES GOAL STATUS EIGHTY-FOUR REFERRALS W ERE MADE TO NUTRITIONISTS AND DIABETES EDUCATORS, SOCIAL WORKERS, PHYSICAL OR OCCUPATIONAL THERAPIST, OR FREE-COMMUNITY-BASED COMPLIMENTARY SERVICES SUCH AS MASSAGE, ACUPUNCTURE, A ND YOGA PARTNER NAME, DESCRIPTION AND WEB ADDRESS CAPE COD HEALTHCARE WWW CAPECODHEALTH O RG/CLASSES-EVENTS CAPE WELLNESS COLLABORATIVE WWW CAPEWELLNESS ORG CONTACT INFORMATION LIS A GUYON, DIRECTOR OF COMMUNITY BENEFITS, CAPE COD HEALTHCARE, 88 LEWIS BAY ROAD, HYANNIS, MA 02601, PHONE 508-862-7896, LGUYON@CAPECODHEALTH ORG DETAILED DESCRIPTION NOT SPECIFIED

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Return Reference	Explanation
FUNCTIONAL EXPENSE NOTE	FORM 990, PART I AND PART IX FUNDRAISING IS CONDUCTED ON BEHALF OF CAPE COD HEALTHCARE, IN C BY CAPE COD HEALTHCARE FOUNDATION, INC CERTAIN OFFICERS ARE COMPENSATED BY CAPE COD HE ATHCARE, INC FUNDS RAISED ARE REPORTED AT CAPE COD HEALTHCARE, INC AND AFFILIATES FORM 990, PART I, LINE 6 CAPE COD HEALTHCARE, INC 'S VOLUNTEERS INCLUDE ITS TRUSTEES FORM 990, PART VI, LINE 2 TRUSTEES SIT ON THE BOARDS OF THE FOLLOWING EMERALD PHYSICIANS MEMBER TR UST PHILIP MCLOUGHLIN JOEL CROWELL CAPE HEALTH INSURANCE COMPANY MICHAEL K LAUF MICHAEL L CONNORS MICHAEL G JONES SUMNER B TILTON, JR PHILIP MCLOUGHLIN PATRICK J FLYNN, MD THE ME MBERS OF CAPE COD HEALTHCARE, INC 'S BOARD ALSO SIT ON THE BOARD OF CAPE COD MEDICAL OFFIC E BUILDING AND EMERALD PHYSICIAN SERVICES, LLC, FOR-PROFIT RELATED ORGANIZATIONS FORM 990 , PART VI, LINES 6&7(A) THE ORGANIZATION HAS MEMBERS/INCORPORATORS WHO ELECT THE ORGANIZAT ION'S TRUSTEES FORM 990, PART VI, LINE 7(B) THE DECISIONS OF THE GOVERNING BODY THAT NEED APPROVAL BY ITS MEMBERS/INCORPORATORS INCLUDE APPROVAL OF CHANGES MADE TO THE CORPORATION 'S BYLAWS AND APPROVAL WHEN THERE IS A DIVESTING OF ONE OF THE MAJOR AFFILIATES OF THE ORG ANIZATION FORM 990, PART VI, LINE 11 THE ORGANIZATION'S FORM 990 IS REVIEWED AT SEVERAL L EVELS THE ORGANIZATION ENGAGES A PUBLIC ACCOUNTING FIRM TO ASSIST IN THE PREPARATION AND REVIEW OF ITS FORM 990 AND WHO SIGNS AS PAID PREPARER SENIOR MANAGEMENT OF THE ORGANIZATI ON IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990 THE COMPLETED FORM 990, WITH THE EXCEPTION OF AN ANONYMOUS DONOR, IS PROVIDED TO THE FINANCE COMMITTEE AND THE ENTIRE BOAR D IN ADVANCE OF THE FILING DEADLINE FORM 990, PART VI, LINE 12 THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY AND REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLI ANCE WITH THIS POLICY ON AN ANNUAL BASIS, EACH TRUSTEE, OFFICER AND EMPLOYEE AT THE SENIO R MANAGEMENT LEVEL COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM THE FORMS ARE REVIEWE D BY CAPE COD HEALTHCARE, INC 'S ("CCHC") DIRECTOR OF CLINICAL AND RESEARCH COMPLIANCE WHO PREPARES A SUMMARY FOR CCHC'S COMPLIANCE OFFICER ANY MATERIAL INTERESTS SO DISCLOSED ARE PRESENTED TO THE CORPORATION'S GOVERNANCE COMMITTEE FOR REVIEW AND RESOLUTION ALL DISCLO SURE STATEMENTS SUBMITTED BY EMPLOYEES WILL BE REVIEWED BY HUMAN RESOURCES AND/OR CCHC'S D IRECTOR OF CLINICAL AND RESEARCH COMPLIANCE FOR ANY DISCLOSURE THAT IS CONSIDERED SUBSTAN TIVE THE EMPLOYEE'S AREA MANAGER WILL BE CONSULTED TO DETERMINE IF THE SITUATION IS GENERA LLY ACCEPTABLE, REQUIRES FURTHER EXAMINATION AND POSSIBLE ACTION OR IS GENERALLY NOT ACCEP TABLE ANY ACTION PLAN CREATED TO MANAGE A CONFLICT OF INTEREST WILL BE MONITORED BY THE E MPLOYEE'S AREA MANAGER OR SUPERVISOR FORM 990, PART VI, LINE 15 THE ANNUAL PROCESS FOR DE TERMINING COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS, EXECUTIVES AND KEY EMPLOYEES I NCLUDE THE FOLLOWING CEO - COMPENSATION WILL BE DETERMINED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND

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Return Reference	Explanation
FUNCTIONAL EXPENSE NOTE	WILL INCLUDE CONSIDERATION OF RELEVANT MARKET DATA FURNISHED BY A DISINTERESTED COMPENSATI ON CONSULTANT, AND A REVIEW OF JOB PERFORMANCE OFFICERS, EXECUTIVES AND KEY EMPLOYEES - O FFICER, EXECUTIVE AND KEY EMPLOYEE COMPENSATION WILL BE DETERMINED BY THE CEO AND WILL INC LUDE CONSIDERATION OF RECENT RELEVANT MARKET DATA FURNISHED BY A DISINTERESTED COMPENSATIO N CONSULTANT, AND A REVIEW OF JOB PERFORMANCE THE CEO'S DETERMINATION OF SUCH COMPENSATIO N WILL BE SUBJECT TO THE APPROVAL OF THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE PROCESS AND CONCLUSIONS ARE DOCUMENTED IN THE MEETING MINUTES

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Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION MAKES ITS BYLAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO ATTACHED TO THE ANNUALLY FILED FORM PC, A PUBLICLY DISCLOSED TAX-EXEMPT ORGANIZATION FILING FOR THE STATE OF MASSACHUSETTS

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Return Reference	Explanation
FORM 990, PART VII, COLUMN (B)	THE INDIVIDUALS REPORTED AS RECEIVING COMPENSATION FROM A RELATED ORGANIZATION IN COLUMNS (E) AND (F) IN PART VII ARE EMPLOYEES AT CAPE COD HEALTHCARE, INC , A TAX-EXEMPT RELATED ORGANIZATION FORM 990, PART VII, SECTION A TITLE FOR KEVIN MULROY CHIEF OPERATING OFFICER (UNTIL 6/16), SVP CHIEF QUALITY & SAFETY OFFICER (AS OF 6/16) TITLE FOR JEFFREY S DYKENS COO FALMOUTH HOSPITAL (UNTIL 6/16), VP FINANCE & OPERATIONS (AS OF 6/16) TITLE FOR CARTER HUNT EXECUTIVE DIRECTOR - HOSPITAL/MEDICAL/SURGICAL PRACTICES (UNTIL 5/17), ADMINISTRATOR OF PRIMARY CARE (AS OF 5/17) TITLE FOR DEWITT DAVENPORT VICE CHAIRMAN (UNTIL 5/17), CHAIRMAN (AS OF 5/17), TRUSTEE TITLE FOR NOELENE CERVIN VP BUDGETING AND OPERATIONAL SUPPORT (AS OF 7/16) FORM 990, PART VII, SECTION B WITH THE EXCEPTION OF REPORTING FOR VISITING NURSE ASSOCIATION OF CAPE COD, INC, CAPE COD HEALTHCARE, INC PAYS INDEPENDENT CONTRACTORS ON BEHALF OF ITS AFFILIATES WHO FILE AS PART OF A GROUP FORM 990 AS CAPE COD HEALTHCARE, INC AND AFFILIATES

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES NET ASSETS RELEASED FROM RESTRICTION (4,931,497) TRANSFERS TO/FROM AFFILIATES (6,808,788) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 1,985,924 CHANGE IN VALUE OF BENEFICIAL INTEREST 1,067,696 TRANSFER OF NET ASSETS (20,000) OTHER CHANGES TO NET ASSETS 68,179 CONTRIBUTIONS ELIMINATIONS 3,795,833 ---------- ($4,842,653)

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Return Reference	Explanation
AFFILIATES INCLUDED IN GROUP RETURN	CAPE COD RESEARCH INSTITUTE, INC 27-0004441 IS FILING A SEPARATE FORM 990 FOR THE PERIOD OF 1/1/17-9/30/17 AND WILL BE INCLUDED IN THE GROUP RETURN EFFECTIVE SEPTEMBER 30, 2018 CAPE COD RESEARCH INSTITUTE, INC CAN BE REACHED AT 297 NORTH STREET, BUILDING #3, HYANNIS, MA 02601

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493227018198

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CAPE COD HEALTHCARE INC & AFFILIATES

Employer identification number
90-0054984

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)CAPE COD HEALTHCARE INC 297 NORTH STREET BLDG 3 HYANNIS, MA 02601 22-2600704	PARENT CORP	MA	501(c) (3)	10	NA	Yes	
(2)CAPE COD RESEARCH INSTITUTE INC 297 NORTH ST BLDG 3 HYANNIS, MA 02601 27-0004441	RESEARCH	MA	501(C)(3)	10	CCHC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CAPE AND ISLAND ENDOSCOPY CENTER 700 ATTUCKS LANE HYANNIS, MA 02601	ENDOSCOPY CENTER	MA	NA									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)CAPE HEALTH INSURANCE COMPANY PO BOX 1051GT GRAND CAYMAN CJ 98-1230418	INSURANCE	CJ	CAPE COD HLTHCR	C CORP	0	0		Yes	
(2)CAPE COD MEDICAL OFFICE BUILDING INC 27 PARK STREET HYANNIS, MA 02601 04-2423073	RENTAL SRVCE	MA	NA	C CORP	11,250	15,000	100 000 %	Yes	
(3)POOLED INCOME FUNDS (2)	SUPPORT	MA	NA					Yes	
(4)EMERALD PHYSICIAN SERVICES LLC 433 WEST MAIN STREET HYANNIS, MA 02601 04-3369730	PRIMARY CARE	MA	EMERALD TRUST	S CORP	29,518,252	17,352,931	100 000 %	Yes	
(5)EMERALD PHYSICIANS MEMBER TRUST 27 PARK STREET HYANNIS, MA 02601 46-7220648	EMRLD SHAREHO	MA	MACC	TRUST	0	0	100 000 %	Yes	
(6)CHARITABLE REMAINDER TRUSTS (20)	SUPPORT	MA	NA						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CAPE HEALTH INSURANCE COMPANY	R	2,491,282	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)