

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

The Norwalk Hospital Association

06-6068853

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If 'No,' skip to question 6a.....	X	
b If 'Yes,' was it a written policy?.....	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to the various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care:..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care:..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the 'medically indigent'?.....	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?.....	X	
b If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?.....		X
c If 'Yes' to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?.....		
6a Did the organization prepare a community benefit report during the tax year?.....	X	
b If 'Yes,' did the organization make it available to the public?.....	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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).....			12,462,792.	5,692,260.	6,770,532.	2.20
b Medicaid (from Worksheet 3, column a).....		66,613	56,242,926.	44,109,286.	12,133,640.	3.95
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs...	0	66,613	68,705,718.	49,801,546.	18,904,172.	6.15
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).....	11	1980017	446,291.	3,384.	442,907.	0.14
f Health professions education (from Worksheet 5).....	2	320	11,896,794.	4,677,499.	7,219,295.	2.35
g Subsidized health services (from Worksheet 6).....	1	68	2,300,236.	1,406,748.	893,488.	0.29
h Research (from Worksheet 7).....						
i Cash and in-kind contributions for community benefit (from Worksheet 8)...	1		574.		574.	0.
j Total. Other Benefits.....	15	1980405	14,643,895.	6,087,631.	8,556,264.	2.78
k Total. Add lines 7d and 7j.....	15	2047018	83,349,613.	55,889,177.	27,460,436.	8.93

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.....	1	91,801	134,887.		134,887.	0.04
7 Community health improvement advocacy.....	1	902,703	1,376,101.		1,376,101.	0.45
8 Workforce development.....						
9 Other.....						
10 Total.....	2	994,504	1,510,988.	0.	1,510,988.	0.49

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
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	8,362,636.
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 rationale, if any, for including this portion of bad debt as community benefit	3	3,734,753.
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.	Part VI	
Section B. Medicare		
5 Enter total revenue received from Medicare (including DSH and IME)	5	92,379,942.
6 Enter Medicare allowable costs of care relating to payments on line 5.....	6	117,730,149.
7 Subtract line 6 from line 5. This is the surplus (or shortfall).....	7	-25,350,207.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	Part VI	
Section C. Collection Practices		
9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If 'Yes,' did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.....	9b	X

Part IV Management Companies and Joint Ventures (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 Norwalk Surgery Center	Ambulatory Surgery Center	64.1100		31.1000
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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? 1

Name, address, primary website address, and state license number

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? <u>1</u> Name, address, primary website address, and state license number	Licensed hospital	General medical and surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1 Norwalk Hospital</u> <u>24 Stevens Street</u> <u>Norwalk, CT 06850</u> <u>norwalkhospital.org</u>	X	X		X			X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Norwalk Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9.	1 X	
If 'Yes,' indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>2013</u>		
3 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. <u>Part V</u>	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C.	4	X
5 Did the hospital facility make its CHNA widely available to the public?	5 X	
If 'Yes,' indicate how the CHNA was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.norwalkhospital.org</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>See Part VI</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply) as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If 'No,' explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs.	7 X	
8a 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)?	8a	X
b If 'Yes' to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If 'Yes' to line 8b, 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) Norwalk Hospital Copy 1 of 1

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?.....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?..... If 'Yes,' indicate the FPG family income limit for eligibility for free care: <u> 200 </u> % If 'No,' explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care?..... If 'Yes,' indicate the FPG family income limit for eligibility for discounted care: <u> 400 </u> % If 'No,' explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients?..... If 'Yes,' indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?.....	X	
14	Included measures to publicize the policy within the community served by the hospital facility?..... If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?.....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?..... If 'Yes,' check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 17 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

Charges to Individuals Eligible for Financial Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?	21	X
If 'Yes,' explain in Section C.		
22 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?	22	X
If 'Yes,' explain in Section C.		

Part V Facility Information (continued)

Copy of

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by 'Facility A,' 'Facility B,' etc.

Part V, Line 3 - Account Input from Person Who Represent the Community

Facility: Norwalk Hospital

In conducting its most recent CHNA in 2012, Norwalk Hospital and the Norwalk Health Department engaged in a collaborative community planning process to improve the health of the Greater Norwalk Area residents including Norwalk, New Canaan, Westport, Weston, Wilton, Darien, and Fairfield. The initiative included a community health assessment (CHA) to identify the health-related strengths and needs of the area and a community health improvement plan (CHIP) to identify priorities, goals, and implement and coordinate strategies to address these priority issues across the region.

Findings from the CHA identified obesity, mental health and substance abuse as priorities for the area.

The community health assessment was guided by a participatory, collaborative approach, which examined health in its broadest sense. This process included integrating existing data regarding social, economic, and health indicators in the region with qualitative information from 15 focus groups with community residents and service providers and 17 interviews with community stakeholders. Focus groups and interviews were conducted with individuals from the 7 municipalities that comprise the Greater Norwalk Area, with individuals representing youth; the Hispanic and African American communities; individuals receiving services from a federally-qualified health center; social service, health care, and mental health providers; businesses; housing; law enforcement; and the local government. This qualitative assessment process engaged over 200 individuals.

Part V, Line 20d - Other Billing Determination of Individuals Without Insurance

Facility: Norwalk Hospital

Norwalk Hospital intends to be in compliance with the regulations regarding the maximum amounts that can be charged to FAP-eligible individuals for emergency and other medically necessary care by the effective date (10/1/16)

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? 11

Name and address	Type of Facility (describe)
1 Norwalk Hospital Outpatient Rehabilitation Services 520 West Avenue Norwalk, CT 06850	Outpatient Rehabilitation Facility
2 Norwalk Hospital Outpatient Rehabilitation Services 40 Cross Street, Suite 110 Norwalk, CT 06851	Outpatient Services
3 Norwalk Hospital Sleep Disorder Center 520 West Avenue Norwalk, CT 06850	Sleep Disorder Services
4 Norwalk Hospital Radiology and Mammography Center 148 East Avenue Suite 1R Norwalk, CT 06851	Radiology and Mammography Center
5 Norwalk Hospital New Canaan Radiology 28-30 East Avenue New Canaan, CT 06840	Radiology Services
6 Norwalk Hospital Westport Radiology 728 Post Road East Westport, CT 06880	Radiology Services
7 New Canaan Blood Collection Center 25-30 East Avenue New Canaan, CT 06840	Blood Collection
8 Westport Blood Collection Center 728 Post Road East Westport, CT 06880	Blood Collection
9 Norwalk Blood Collection Center 40 Cross Street Norwalk, CT 06851	Blood Collection
0 Norwalk Blood Collection Center 148 East Avenue Norwalk, CT 06851	Blood Collection

BAA

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? 11

Name and address	Type of Facility (describe)
1 Norwalk Surgery Center, LLC 40 Cross Street Norwalk, CT 06851	Ambulatory Surgery Center

BAA

Part VI Supplemental Information

Complete this part to provide the following information.

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

Part I, Line 7g - Costs Associated With Physicians Clinics

SUBSIDIZED HEALTH SERVICES LINE G - Norwalk Hospital Receives a DHMAS Grant From The State Of Connecticut For The Outpatient Psychiatric Clinic. These dollars help offset the shortfall from under or uninsured patients.

Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

Bad debt expense is a function of actual bad debt write-offs and estimated bad debts for balances still in accounts receivable (AR) as of the measurement date. The Hospital calculates the estimated bad debts in AR by computing historical payment % by payor, service type and by account age and applies those percentages adjusted for price increase to current AR.

Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit

The percent of charity care applications under Norwalk Hospital's financial assistance policy that resulted in a discount was 44.66%. We applied this % to our bad debt expense of \$8,362,636 to arrive at our estimate of bad debt expense attributable to patients eligible under Norwalk Hospital's financial assistance policy of \$3,734,753.

Part III, Line 4 - Bad Debt Expense

Patient accounts receivable result from the health care services provided by the Hospital. Additions to the allowance for uncollectible accounts result from the provision for uncollectible accounts. Accounts written off as uncollectible are

Part VI Supplemental Information

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

Part III, Line 4 - Bad Debt Expense (continued)

deducted from the allowance for uncollectible accounts.

The Hospital's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient receivable and the effectiveness of the Hospital's collection efforts. The Hospital's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded. On a monthly basis, the Hospital reviews its accounts receivable balances and various analytics to support the basis for its estimates. These efforts primarily consist of reviewing the following: Historical write-off and collection experience using a hindsight or look-back approach; Revenue and volume trends by payor, particularly the self-pay components; Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients; Cash collections as a percentage of net patient revenue less the provision for uncollectible accounts; Trending of days revenue in accounts receivable.

The Hospital regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the

Part VI Supplemental Information

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

Part III, Line 4 - Bad Debt Expense (continued)

reasonableness of its process for estimating the allowance for uncollectible accounts.

Part III, Line 8 - Explanation Of Shortfall As Community Benefit

All hospitals must record profits in order to generate the capital needed to invest in facilities and services. Service that respond to public health needs provided to Medicare patients at Norwalk Hospital generate negative margins averaging around 25% of cost. It is possible that some of these services would be discontinued if the decision was made on a purely financial basis. For this reason, it would be appropriate to consider the Medicare payment shortfall a community benefit. The Medicare allowable costs of care on Part III, Line 6 were computed using the cost to charge ratio from the Medicare cost report multiplied against Medicare charges.

Part III, Line 9b - Provisions On Collection Practices For Qualified Patients

Norwalk Hospital collection practices consist primarily of billing notices and follow up courtesy calls. The patient is notified of the financial assistance program with each written notification and at each point of service. Notification is shared by postings and verbal notification at the time the procedure is scheduled.

If at any time during the collection process a patient would like to participate in the financial assistance program collection activity ceases. The patient is then sent an application and works with the financial counseling team for approval of

Part VI Supplemental Information

Complete this part to provide the following information.

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

Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

full or partial discount.

Part VI - Needs Assessment

In 2012 Norwalk Hospital and the Norwalk Health Department engaged in a collaborative community planning process to improve the health of the Greater Norwalk Area residents. The initiative included a community health assessment (CHA) to identify the health-related strengths and needs of the area and a community health improvement plan (CHIP) to identify the priorities, goals and implement and coordinate strategies to address these priority issues across the region. The community health assessment was guided by a collaborative approach, which included integrating existing health indicators, social and economic data with qualitative information from community residents and stakeholders. Focus groups and interviews were conducted with participation from youth, ethnic communities, social services, health care provider businesses, law enforcement and local government agencies. For example, Mid-Fairfield Child Guidance Center participated in these focus groups and interviews. Through the process, they were able to identify mental health/substance abuse as a priority need. They also provided data and input on barriers and challenges to access and quality care for children in the area, as well as strategies on how to enhance treatment and care.

Part VI Supplemental Information

Complete this part to provide the following information.

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Part VI - Needs Assessment (continued)

In addition to the CHNAs reported in Part V, Section B, the Western CT Health Network (of which Norwalk Hospital is a part) conducted a Physician Resource Assessment to evaluate the supply of healthcare providers within its combined service area towns. This is done to document community need for healthcare providers, and to develop a plan to the healthcare needs of the community served.

Through Western CT Health Network's annual Planning Process, an environmental assessment is conducted to identify healthcare gaps and needs of the service area community brought about by local and national trends in economic, legislative, demographic, healthcare industry and other environmental factors. These forces are incorporated in meeting the healthcare needs of the community by helping to frame the priorities, goals and initiatives of Western CT Health Network's long range and annual strategic plans.

Part VI - Patient Education of Eligibility for Assistance

The patient is notified of the financial assistance program (FAP) with each written notification and at each point of service. Notification is shared by postings and verbal notification at the time the procedure is scheduled. The facility also employs financial counselors to facilitate patient education regarding all programs available to include State, local and internal. If at any time in the collection

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Part VI - Patient Education of Eligibility for Assistance (continued)

process a patient would like to participate in the FAP collection activity ceases.

The patient is then sent an application and works with the financial counseling team for approval of full or partial discount.

Part VI - Community Information

Norwalk Hospital serves an area with a population of about 280,000 people. The Primary Service Area includes Norwalk, New Canaan, Westport, Weston and Wilton, CT, and the Secondary Service Area includes Fairfield, Darien, Redding, Ridgefield (in Fairfield County, CT) and South Salem (in Westchester County, NY). This service area is comprised of a densely populated core of the urban/suburban City of Norwalk surrounded by predominantly affluent residential towns. No other general medical/surgical hospitals are located in this service area. This area is home to a diverse socio-economic population, from the affluent to the medically under served; Central Norwalk is listed as a Medically Under served Area, or MUA).

Norwalk has a median household income of \$75,446, and a poverty rate of 9.4%. The uninsured population rate is estimated to be 9.0%. Although the population of the primary and secondary service areas is expected to remain virtually level from 2010 to 2015, the cohort aged 65 and over is expected to increase by 1.8%, while the age 20-44 age cohort is forecast to decline 1.3% over the same time period.

Part VI Supplemental Information

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Part VI - Community Building Activities

Part II: Community Building Activities: Obesity/Healthy Lifestyles: Through initiatives led by the Obesity/Healthy Lifestyles Initiative Committee, prevent and reduce obesity in the community by promoting healthy lifestyles. This was done through three programs in 2014: Walk to School Day; Story Walk Program; NorWALKer walking routes; Healthy Restaurant Initiative

Objective 2.1: Increase the number of children and adults who meet physical activity guidelines, and Objective 2.2: Increase access to and consumption of healthy and affordable foods throughout the region. Initiatives taken: To combat obesity, the Greater Norwalk Healthy Lifestyles work group was formed. The work group is a coalition of organizations, agencies, and community members from the Greater Norwalk area. The mission of the work group is to reduce and prevent obesity and chronic disease in the community by promoting healthy lifestyles.

Two Walk to School Day events were planned this year in collaboration with Norwalk Department of Health, Sacred Heart University Exercise Science students, City officials, and the Public School Systems of Norwalk, Darien, Westport, and New Canaan. Forty area school systems throughout our catchment area were contacted and provided a tool kit containing information on how to conduct a Walk to School Day event. On October 9, 2013, a total of 90 students and family members participated on

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Part VI - Community Building Activities (continued)

the first Walk to School Day event. The second event, conducted on May 2, 2014, attracted more than 350 students from area elementary and middle schools, family members, including school staff, and city officials. Both events generated \$2,220 in community benefit expense.

Two Family Story Walk initiatives were organized (October 10, 2013 and April 8, 2014) as a collaborative effort between Stepping Stones Museum, Norwalk Public Library, Family and Children's Agency, Norwalk Early Childhood Council, Norwalk Health Department, and Norwalk Hospital. The events, attracting children and family members from throughout the Greater Norwalk area, consisted of a one-mile walking route which encouraged literacy. The October 2013 event attracted 10 participants while the April 2014 event attracted 60 participants - demonstrating a 500% increase in participation. These initiatives generated \$1,482 in community benefit expense.

With the objective to increase physical activity among community members and those working within the community, the NorWALKer neighborhood walking project was developed. The project plan identified sixteen neighborhoods in Norwalk and mapped out walking routes in each. Approximately 7,500 printed maps were distributed throughout the community during FY2014. In addition, the Norwalk Department of Health's NorWALKer section of the website has seen a 20% increase in individuals seeking information on NorWALKer routes when compared to 2013 data.

Part VI Supplemental Information

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Part VI - Community Building Activities (continued)

The Greater Norwalk Healthy Restaurant Initiative (HRI) was developed to help meet the goal of increasing access to and consumption of healthy and affordable foods.

This healthy restaurant program will help restaurants in the Greater Norwalk area highlight healthy menu options to diners of all ages. The program is voluntary for restaurant owners, and thus far more than 40 area restaurant establishments have shown interest in the program and participated in discussions and/or guided focus groups. The 40 restaurants range from fast food chains, caterers and diners to fine dining establishments. The HRI generated \$3,852 in community benefit expense.

Coalition Building: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and underinsured. The total advocacy investment for fiscal 2014 is \$116,168.

Norwalk Hospital provided \$4,428 in EMS ambulance tours for the community and elementary schools. They also provided \$14,291 in donations/sponsorships to various organizations, such as Norwalk Housing Foundation, Tiny Miracles Foundation and American Heart Association.

Part VI Supplemental Information

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Part VI - Community Building Activities (continued)

Community Health Improvement Advocacy: For fiscal 2014, Norwalk Hospital provided 1,350,000 in support to Norwalk Community Health Center. \$3,511 was generated in support for Elementary School Outreach. \$2,220 was provided to walk to school events. \$1,482 was provided to the story walk program. \$3,852 was provided to the healthy restaurant initiative. \$14,811 was provided to Mental Health and Substance Abuse.

Part VI - Explanation Of How Organization Furthers Its Exempt Purpose

Schedule H - Part I, Line 7e - Community Health Improvement Services and Community Benefit Operations - Obesity/Healthy Lifestyles: Through initiatives led by the Obesity/Healthy Lifestyles Initiative Committee, prevent and reduce obesity in the community by promoting healthy lifestyles. One initiative was Project LEAN

Objective 2.1: Increase the number of children and adults who meet physical activity guidelines, and Objective 2.2: Increase access to and consumption of healthy and affordable foods throughout the region. Initiatives taken: To combat obesity, the Greater Norwalk Healthy Lifestyles work group was formed. The work group is a coalition of organizations, agencies, and community members from the Greater Norwalk area. The mission of the work group is to reduce and prevent obesity and chronic disease in the community by promoting healthy lifestyles.

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Project LEAN (Learning with Energy from Activity and Nutrition) is an innovative, community-wide program collaborative between Norwalk Hospital, Norwalk Health Department, Jefferson and Kendall* Elementary Schools, and Pepperidge Farm, Inc. which is designed to actively engage approximately 600 elementary school children with a hands-on interactive curriculum to combat childhood obesity. Project LEAN's goal is to improve attitudes, increase knowledge, and keep Body Mass Index at or below the Center for Disease Control and Prevention average gains through nutrition education and increased activity. The aim is to improve the overall health of the students through healthy nutrition and exercise with the goal to make a sustainable difference in their lives. Approximately 600 students in two city elementary schools have demonstrated (through survey measures) increased knowledge about nutrition and positive behavior changes.

Mental Health and Substance Abuse: Through initiatives led by the Mental Health/Substance Abuse Initiative Committee, provide education on and access to quality mental health and substance abuse prevention, intervention and treatment services across the life span. These initiatives generated \$14,811 in community benefit expense.

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Objective 1.1: Increase providers' and community members' awareness and use of quality mental health and substance abuse services and educational resources for prevention, intervention, treatment and recovery.

Initiative taken: Regional Database for Mental Health/Substance Abuse: In collaboration with Family & Children's Agency, Mid-Fairfield Child Guidance Center and the Norwalk Healthy Family Collaborative (which comprises more than 25 area organizations including the Norwalk Health Department), a regional assessment of existing mental health and substance abuse resources available to children and adults was conducted over the course of a year. After verifying and cross-referencing each resource, a comprehensive database was compiled. The resource guide is updated on a regular basis and community agencies are encouraged to self-report and update any changes related to their agency and/or services.

Objective 1.2: Enhance local and regional partnerships to improve access to timely, comprehensive, and coordinated services for diverse populations across the lifespan.

Initiative taken: Over several months, health officials from the University of

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Connecticut Health Center provided on-site SBIRT (Screening, Brief Intervention and Referral to Treatment) Practice Training for Norwalk Hospital Emergency Department and Behavioral Health Services staff. UCONN experts prepared staff to establish a process for assessing those at risk of or with substance abuse/misuse disorders.

This practice allows us to enhance collaborative planning, service delivery, and resource sharing to best serve this patient population. Behavioral Health Services staff is working towards implementing this practice and engaging active involvement from emergency services when appropriate.

Initiative taken: In April 2014, Norwalk Hospital launched a community care team with the goal of targeting mental health and substance abuse populations. This has allowed us to deliver enhanced care to individuals with complex medical and psychosocial challenges by providing wrap around services to individuals with housing instability suffering from mental health and/or substance abuse issues or serious medical conditions. As of September 30, 2014, the Greater Norwalk CCT has been active for six months. Individualized care plans have been developed for 150 individuals. The CCT has enabled Norwalk Hospital to break down existing silos by increasing communication and collaboration among community providers, improve patient engagement to appropriate services,

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

and decrease patient turn-over in community programs with a decrease in inappropriate ED utilization.

Objective 1.3: Reduce financial barriers to treatment. The strategy for this is to convene payers in ACO/PHO (Accountable Care Organization/Physician Hospital Organization) to address reimbursement issues around mental health and substance abuse.

Initiative taken: The Western Connecticut Health Network, which includes Norwalk Hospital, has applied to form a Medicare Shared Savings Program

Accountable Care Organization (ACO) to work together to provide higher-quality coordinated care for our patients, while helping to slow health care cost growth.

The ACO will also help to provide better care to Medicare's seniors and people with disabilities. In addition to helping us serve our community members in a more

comprehensive way, the ACO will help us identify gaps in care. High-quality care would be defined by meeting 33 quality measure benchmarks in 4 domains: Patient caregiver experience; care coordination; patient safety; preventative health;

at-risk populations. The ACO must also have defined processes and procedures to

promote evidence-based medicine and patient engagement and must report on quality

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

and cost measures. It must also meet patient-centeredness criteria such as the use of patient and caregiver assessments or individualized care teams which will align with our current Greater Norwalk CCT initiative to improve management of complex patients and reduce unnecessary emergency department visits and admissions. The ACO would serve approximately 17,000 Medicare beneficiaries throughout our region. We anticipate a decision regarding the application in January 2015.

Part VI - Affiliated Health Care System Roles and Promotion

Western Connecticut Health Network (WCHN) is an integrated health care delivery system comprised of three community hospitals and their affiliated entities. In addition to Danbury, New Milford and Norwalk Hospitals, the continuum of care includes a large medical group, home health care services, a nationally renowned biomedical research institute, the WCHN and Norwalk Hospital Foundations, and other related affiliates. WCHN's mission is to improve the health of every person we serve through the efficient delivery of excellent, innovative and compassionate care. For 2014, WCHN provided \$10,362,060 in total charity care.

Danbury, New Milford and Norwalk Hospitals provide medical services to the community regardless of the individual's ability to pay. Services include routine inpatient ancillary and outpatient care in support of the hospital's mission statement, to

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Part VI - Affiliated Health Care System Roles and Promotion (continued)

improve the health and well-being of those we serve. For 2014, WCHN provided charity care in the following amounts: Norwalk Hospital \$4,331,000, Danbury Hospital \$4,731,000, and New Milford Hospital \$346,000.

Western Connecticut Medical Group/Norwalk Hospital Physicians & Surgeons: The mission of Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to their patients' needs. They support a commitment to advance the health and well-being of individuals in their community by delivering quality care, participating in medical research and medical residency programs and the provision of medical services to patients. Western Connecticut Health Network Foundation Inc.'s mission is to raise funds, reinvest and administer these funds and make distributions to Danbury Hospital and other not-for-profit health care affiliates. For 2014, WCMG/NHP&S provided \$880,627 in charity care.

Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care. For 2014, WCHN Affiliates provided \$1,454 in charity care. Western

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Part VI - Affiliated Health Care System Roles and Promotion (continued)

Connecticut Home Care, Inc. (WCHC) provides state of the art clinical services ranging from pediatric patients to the elderly utilizing best practice in home care to meet the needs of their patients. For 2014, WCHC provided \$70,695 in charity care.

Eastern New York Medical Services (ENYMS) was formed in April, 2013. The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and Castro health care in the communities we serve and strive to be aware of and respond to our patients' needs. For 2014, ENYMS provided \$1,284 in charity care.

Part VI - States Where Community Benefit Report Filed

CT

Additional Information

Part I Line 7e Promotion of community health. In order to promote the health of the community, Norwalk Hospital is responsible for coordinating the services of the hospital with those of other health, education, and social services in the community (e.g. long-term care facilities, community outreach, health promotion/illness prevention organizations, etc.). These services are promoted in order to optimize the availability of a full scope of services in a cost-effective manner.

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- 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.

Additional Information (continued)

In FY14, Norwalk Hospital served over 2 million persons through over 240 community health events. One of the highest impact outreach activities includes the weekly 30 minute Health Talk show, airing on Cablevision's local programming. Health Talk reached an estimated 25,000 viewers each week, with topics ranging from heart health, cancer, therapy, and weight loss. Norwalk Hospital staff and affiliated physicians participated in health fairs, community education lectures and screenings with community YMCAs, senior centers, school, and other organizations.

Norwalk Hospital offers programs and financial support to the city of Norwalk and surrounding areas. Examples include the Community Health Center and a FQHC and program support to Americares Clinic. Norwalk Hospital sub-specialty clinics are also staffed by volunteer attending physicians for surgical, breast, GI, liver, dermatology, pulmonary, cardiology, orthopedics, podiatry, psychiatry, rheumatology, nephrology, and neurology for under served patients.

SCHEDULE H - PART I, LINE 7f - Health Professional Education - Norwalk Hospital Has An ACGME Accredited medical residency program partnered with Yale University School of Medicine. Approximately 58 residents and fellows rotate in the medicine, radiology, gastroenterology, pulmonary or sleep programs. The associated costs and

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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.).
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Additional Information (continued)

revenues are derived from the Medicare cost report.

Part II: Community Health Improvement Advocacy: Largely state and local elected officials and agency heads were lobbied in support of maintaining patient access to essential services for the uninsured and under insured.

Part V Line 5 - The most recently completed CHNA was made available on:

a) Norwalk Hospital's website: www.norwalkhealth.org,

b) on the CT Hospital Association's website:

<http://www.chime.org/advocacy/community-health/>

on the City of Norwalk website: www.norwalkct.org/DocumentCenter/View/4397 and

on the Norwalk Health Department's website:

http://www.ct.gov/dph/lib/dph/ohca/community_needs_assessment/chna/2014/norwalk_hospital.pdf

c) is available upon request from the hospital facility.