

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE NORWALK HOSPITAL ASSOCIATION

Employer identification number

06-6068853

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			13,235,188.	3,887,486.	9,347,702.	2.47
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			69,571,474.	46,422,125.	23,149,349.	6.10
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			82,806,662.	50,309,611.	32,497,051.	8.57
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	11	1497043	431,310.		431,310.	.11
<b>f</b> Health professions education (from Worksheet 5) . . . . .	1	2	12,069,004.	4,568,893.	7,500,111.	1.98
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	3032	2,265,401.	1,025,867.	1,239,534.	.32
<b>h</b> Research (from Worksheet 7)			518,284.	426,677.	91,607.	.02
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	1		52.	100.		
<b>j Total.</b> Other Benefits . . . . .	14	1500077	15,284,051.	6,021,537.	9,262,562.	2.43
<b>k Total.</b> Add lines 7d and 7j. . . . .	14	1500077	98,090,713.	56,331,148.	41,759,613.	11.00

**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	1	400	619.		619.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	9392	18,746.		18,746.	
7 Community health improvement advocacy	1	12000	1,431,468.		1,431,468.	.38
8 Workforce development						
9 Other						
10 Total	3	21792	1,450,833.		1,450,833.	.38

**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? . . . . .	1	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	4,228,622.
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	1,888,503.
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	104,306,378.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	134,222,103.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-29,915,725.
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**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 CTR	AMBULATORY SURGERY CENTER	63.21000		32.07000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		X
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.NORWALKHOSPITAL.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART VI</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b> If "Yes," (list url): <u>SEE SCHEDULE O</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		X
<b>11</b> 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.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group NORWALK HOSPITAL

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

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

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

**Part V Facility Information** (continued)

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

PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY

FACILITY: NORWALK HOSPITAL

IN CONDUCTING THE CURRENT CHNA (COMPLETED AND APPROVED IN 2013), 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 CAANAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD. THE INITIATIVE INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) 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 CHNA IDENTIFIED OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AS PRIORITIES FOR THE AREA.

THE CHNA 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

**Part V Facility Information** (continued)

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

QUALITATIVES ASSESSMENT PROCESS ENGAGED OVER 200 INDIVIDUALS.

IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. THIS INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. LOCAL COLLABORATORS INCLUDED THE VARIOUS HEALTH DEPARTMENTS, POLICE DEPARTMENTS, PUBLIC HIGH SCHOOLS, SOCIAL SERVICE ORGANIZATIONS AND COMMUNITY HEALTH CENTERS. GOVERNMENT OFFICIALS WERE ALSO REPRESENTED AT THE STATE AND LOCAL LEVELS, SUCH AS CONNECTICUT SENATORS AND TOWN MAYORS.

PART V, LINE 6B - CHNA CONDUCTED BY ORGANIZATIONS OTHER THAN THE HOSPITAL FACILITY: NORWALK HOSPITAL  
NORWALK HEALTH DEPARTMENT

PART V, LINE 11 - EXPLANATION OF NEEDS NOT ADDRESSED AND REASONS WHY FACILITY: NORWALK HOSPITAL  
TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHIP. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT NORWALK HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, A COMMUNITY HEALTH IMPROVEMENT TASK FORCE WAS CREATED OF OVER 100 COMMUNITY RESIDENTS AND PROFESSIONALS REPRESENTING VARIOUS ORGANIZATIONS. THEY IDENTIFIED MENTAL HEALTH, OBESITY AND SUBSTANCE ABUSE AS THE MAIN PRIORITIES TO ADDRESS. THEY



**Part V Facility Information** (continued)

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

CREATED THE 2013 COMMUNITY HEALTH IMPROVEMENT PLAN WHICH DETAILS SPECIFIC GOALS AND METRICS FOR EACH IDENTIFIED NEED, AND COMMUNITY BENEFIT PROGRAMS THAT WOULD HELP ACHIEVE THESE GOALS.

THE NARRATIVE FOR PART II COMMUNITY BUILDING ACTIVITIES DESCRIBES ACTIONS TAKEN TO ADDRESS THE NEEDS IDENTIFIED IN THE 2013 CHNA.

PART V LINE 22 - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INS.

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 MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/16).

NORWALK HOSPITAL AS OF 10/01/16 (THE EFFECTIVE DATE OF THE 501R REGULATIONS), BEGAN USING THE 501(R) REGULATION COMPLIANT "LOOK-BACK" METHOD FOR CALCULATING AGB.

**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? 12

Name and address	Type of Facility (describe)
<b>1</b> NORWALK HOSP RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVENUE SUITE 1R NORWALK CT 06851	RADIOLOGY AND MAMMOGRAPHY CENTER
<b>2</b> NORWALK SURGERY CENTER, LLC 40 CROSS STREET NORWALK CT 06851	AMBULATORY SURGERY CENTER
<b>3</b> NORWALK HOSP OUTPATIENT REHAB SERVICES 520 WEST AVENUE NORWALK CT 06850	OUTPATIENT REHABILITATION FACILITY
<b>4</b> NORWALK HOSPITAL SLEEP DISORDER CENTER 520 WEST AVENUE NORWALK CT 06850	SLEEP DISORDER SERVICES
<b>5</b> NORWALK BLOOD COLLECTION CENTER 40 CROSS STREET NORWALK CT 06851	BLOOD COLLECTION
<b>6</b> WESTPORT BLOOD COLLECTION CENTER 728 POST ROAD EAST WESTPORT CT 06880	BLOOD COLLECTION
<b>7</b> CROSS ST. RADIOLOGY 40 CROSS STREET NORWALK CT 06851	RADIOLOGY SERVICES
<b>8</b> NEW CANAAN BLOOD COLLECTION CENTER 25-30 EAST AVENUE NEW CANAAN CT 06840	BLOOD COLLECTION
<b>9</b> NORWALK HOSPITAL NEW CANAAN RADIOLOGY 28-30 EAST AVENUE NEW CANAAN CT 06840	RADIOLOGY SERVICES
<b>10</b> NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT CT 06880	RADIOLOGY SERVICES

Schedule H (Form 990) 2015

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> OCCUPATIONAL HLTH & REHAB SRVCS 45 GROVE STREET NEW CAANAN CT 06840	OUTPATIENT REHABILITATION SERVICES
<b>2</b> NORWALK BLOOD COLLECTION CENTER 148 EAST AVENUE NORWALK CT 06851	BLOOD COLLECTION
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT

LINE 6A & 6B: THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS SUBMITTED ON SCHEDULE H 990 FORM ANNUALLY. IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA. THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE:

[HTTP://WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&G=585448](http://www.ct.gov/dph/cwp/view.asp?a=3902&g=585448)

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

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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 EST AMOUNT & RATIONALE FOR INC COM 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 \$4,228,622 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$1,888,503.

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 DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS 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; AND TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE.

THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE

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HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

THE HOSPITAL'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSISTS OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS.

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. SERVICES 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

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CHARGES .

PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUAL. 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 FULL OR PARTIAL DISCOUNT.

PART VI - NEEDS ASSESSMENT

IN 2012 (COMPLETED AND APPROVED IN 2013) 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 NEEDS ASSESSMENT (CHNA) TO



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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 CHNA 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.

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

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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.

IN 2015, NORWALK HOSPITAL, ALONG WITH THE NORWALK HEALTH DEPARTMENT AND COMMUNITY MEMBERS, BEGAN THE PROCESS TO CREATE THE 2016 CHNA. COMMUNITY FORUMS WERE HELD IN 2016 TO DISCUSS RESULTS AND IDENTIFY PRIORITY ISSUES FROM THE COMMUNITY WELLBEING SURVEY CONDUCTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION MAKING. A KEY INFORMANT SURVEY WAS ALSO DEVELOPED AND DISTRIBUTED TO 200 COMMUNITY LEADERS IN THE NORWALK HOSPITAL AREA FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN NEXT YEAR'S SCHEDULE H, 990 REPORT.

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

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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 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 161,400 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

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MEDICALLY UNDERSERVED. NORWALK HAS A MEDIAN HOUSEHOLD INCOME OF \$76,051, AND A POVERTY RATE OF 8.1%. THE OVERALL UNINSURED POPULATION RATE FOR THE STATE IS ESTIMATED TO BE 3.8%. ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY UNCHANGED FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO HAVE A COMPOUND ANNUAL GROWTH RATE OF 2.36%, WHILE THE AGE 20-44 AGE COHORT'S RATE IS 0.06% OVER THE SAME TIME PERIOD.

PART VI - COMMUNITY BUILDING ACTIVITIES

RELATED TO PART II, LINE #6, COALITION BUILDING, TOTALING \$18,746

IN CONDUCTING THE CURRENT CHNA, NORWALK HOSPITAL COLLABORATED WITH VARIOUS COMMUNITY ORGANIZATIONS TO DEVELOP, IMPLEMENT, AND MONITOR STRATEGIES TO ADDRESS IDENTIFIED PRIORITIES IN THE CHIP. WORKGROUPS WERE CREATED FOR OBESITY, AND MENTAL HEALTH/SUBSTANCE ABUSE. THE COMMUNITY BENEFIT IN THE COALITION BUILDING CATEGORY WAS PROVIDED THROUGH PLANNING AND DEVELOPMENT MEETINGS, AS WELLS AS PROGRAMS FOR EACH PRIORITY AREA:

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MENTAL HEALTH AND SUBSTANCE ABUSE:

\*IN APRIL 2014, NORWALK HOSPITAL LAUNCHED A COMMUNITY CARE TEAM WITH THE GOAL OF TARGETING MENTAL HEALTH AND SUBSTANCE ABUSE POPULATIONS. THE FORMATION OF THE GREATER NORWALK COMMUNITY CARE TEAM (CCT) HAS ALLOWED US TO DELIVER ENHANCED CARE TO INDIVIDUALS WITH COMPLEX MEDICAL AND PSYCHOSOCIAL CHALLENGES. THIS BROAD COMMUNITY INITIATIVE PROVIDES WRAP AROUND SERVICES TO INDIVIDUALS WITH HOUSING INSTABILITY SUFFERING FROM MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES OR SERIOUS MEDICAL CONDITIONS.

NORWALK HOSPITAL'S GREATER NORWALK CCT CONSISTS OF APPROXIMATELY 20 REPRESENTATIVES FROM LOCAL PROGRAMS, AGENCIES AND INSTITUTIONS. THE CCT MEETS WEEKLY IN THE COMMUNITY TO DEVELOP, REVIEW, IMPLEMENT, AND MONITOR TREATMENT PLANS FOR VULNERABLE POPULATIONS. THE CCT NAVIGATOR WORKS TO IMPROVE OUTCOMES BY REFERRING TARGETED INDIVIDUALS TO APPROPRIATE COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND SERVING AS A LIAISON TO COORDINATE AND LEVERAGE EXISTING COMMUNITY-BASED RESOURCES.

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AS OF SEPTEMBER 30, 2016, INDIVIDUALIZED CARE PLANS HAVE BEEN DEVELOPED FOR MORE THAN 200 INDIVIDUALS. OUTCOMES FOR PATIENTS WITH CARE PLANS IN PLACE INCLUDE MAINTAINED SOBRIETY, MENTAL HEALTH STABILIZATION, IMPROVED ACCESS TO CRE, A 27% REDUCTION IN INAPPROPRIATE EMERGENCY DEPARTMENT (ED) VISITS AND REDUCED HOMELESSNESS WITH MORE THAN 50 INDIVIDUALS ASSISTED IN FINDING STABLE HOUSING.

\*A PILOT COLLABORATIVE OUTREACH TEAM EFFORT BETWEEN WESTERN CONNECTICUT HEALTH NETWORK AND SACRED HEART UNIVERSITY (SHU) HAS BEEN CREATED AS AN EXTENSION OF THE GREATER NORWALK CCT. THE COLLABORATION BRINGS SHU STUDENTS (IN AREAS OF NURSING, OCCUPATIONAL THERAPY, SOCIAL WORK) TOGETHER WITH WCHN STAFF TO FOCUS ON HIGH-RISK EMERGENCY DEPARTMENT FREQUENT USERS TO FURTHER ENGAGE CLIENTS AND SPEARHEAD A MEDICALLY INTEGRATED APPROACH TO DELIVER BETTER HEALTHCARE TO OUR MOST VULNERABLE PATIENTS. THIS APPROACH IS BASED ON THE CAMDEN COALITION CARE MANAGEMENT MODEL WHERE MULTI-DISCIPLINARY CARE TEAMS CONNECT QUICKLY WITH HIGH RISK PATIENTS (IN CLIENTS' HOMES) TO ADDRESS THEIR COMPLEX NEEDS. THIS APPROACH HAS DEMONSTRATED AN IMPROVEMENT IN QUALITY OF CARE, REDUCED COSTS AND REDUCED UNNECESSARY EMERGENCY DEPARTMENT VISITS AND INPATIENT

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STAYS - SYNONYMOUS WITH THE TRIPLE AIM APPROACH.

\*THE WESTERN CONNECTICUT HEALTH NETWORK, WHICH INCLUDES NORWALK HOSPITAL, HAS FORMED 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 IS DEFINED BY MEETING 33 QUALITY MEASURE BENCHMARKS IN

4 DOMAINS:

PATIENT CAREGIVER EXPERIENCE; CARE COORDINATION; PATIENT SAFETY; PREVENTATIVE HEALTH; AT-RISK POPULATIONS. THE ACO HAS DEFINED PROCESSES AND PROCEDURES TO PROMOTE EVIDENCE-BASED MEDICINE AND PATIENT ENGAGEMENT AND MUST REPORT ON QUALITY AND COST MEASURES. IT MUST ALSO MEET PATIENT-CENTEREDNESS CRITERIA SUCH AS THE USE OF PATIENT AND CAREGIVER ASSESSMENTS OR INDIVIDUALIZED CARE TEAM WHICH WILL ALIGN WITH OUR CURRENT

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GREATER NORWALK CCT INITIATIVE TO IMPROVE MANAGEMENT OF COMPLEX PATIENTS  
AND REDUCED UNNECESSARY EMERGENCY DEPARTMENT VISITS AND ADMISSIONS.

THE ACO SERVES APPROXIMATELY 100,000 MEDICARE BENEFICIARIES THROUGHOUT  
OUR REGION.

OBESITY/HEALTHY LIFESTYLES:

\*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



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GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES.

SINCE WEIGHT PROBLEMS IN CHILDHOOD OFTEN CONTINUE INTO ADULTHOOD,  
 TARGETING THIS AGE GROUP ALLOWS US TO MAKE A LASTING EFFECT ON HEALTHY  
 LIVING MINIMIZING FUTURE POTENTIAL MEDICAL RISKS AND SIGNIFICANTLY  
 IMPACTING THE BATTLE AGAINST OBESITY. ADDITIONALLY, IMPLEMENTING THIS  
 PROGRAM AT THIS POINT IN CHILDREN'S LIVES GREATLY INCREASES THE CHANCES  
 THE CHILDREN WILL RETAIN THE INFORMATION AS THEY AGE. WE STRESS THE  
 BENEFIT OF THE ENTIRE FAMILY WORKING TOGETHER TO LEAD A HEALTHY, ACTIVE  
 LIFESTYLE AND GIVE THEM THE SKILLS TO DO SO.

\*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 (A TOTAL  
 OF 44 WALKING ROUTES). USER-FRIENDLY NEIGHBORHOOD MAPS WERE DESIGNED AND  
 DISTRIBUTED THROUGHOUT THE COMMUNITY TO RESIDENTS AND BUSINESSES TO HELP  
 PROMOTE ACCESS TO THE DESIGNATED WALKING ROUTES.  
 WALKING ROUTES RANGE FROM APPROXIMATELY A HALF-MILE TO

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THREE-AND-A-HALF-MILES, AND CONDITIONS WALKERS CAN EXPECT, SUCH AS WHEELCHAIR AND STROLLER FRIENDLY ACCESS AND TERRAIN CONDITIONS, ARE OUTLINED FOR EACH ROUTE. IN 2015, ALL 44 WALKING ROUTES WERE AUDITED, UTILIZING THE CENTER FOR DISEASE CONTROL AND PREVENTION WALKABILITY AUDIT TOOL, AND SEVERAL ROUTES WERE UPDATED, REDESIGNED AND GIS MAPPED.

THROUGHOUT 2016, NORWALK'S MAYOR HOSTED A NORWALKER WALK EACH WEEKEND ENCOURAGING NORWALK RESIDENTS TO JOIN HIM ON ONE OF THE 44 FEATURED NORWALKER ROUTES. HE ENGAGED COMMUNITY MEMBERS (RANGING FROM 20-40 WEEKLY PARTICIPANTS) IN DISCUSSION ALONG THE WEEKLY WALKS. AS AN ADVOCATE FOR WELLNESS, THE MAYOR EMPHASIZED THE IMPORTANCE OF PHYSICAL ACTIVITY FOR OVERALL HEALTH AND WELL-BEING.

TO FURTHER INCREASE AWARENESS OF THE NORWALKER PROGRAM AND PROMOTE PHYSICAL ACTIVITY AMONG COMMUNITY MEMBERS, THE WORKGROUP HELD A SPRING EVENT ON JUNE 4, 2016. MORE THAN 100 COMMUNITY MEMBERS ATTENDED, WHICH FEATURED A 1.0 MILE WALK LED BY THE MAYOR OF NORWALK AND SENATOR BOB DUFF. HEALTH AND WELLNESS INFORMATION BOOTHS FROM LOCAL ORGANIZATIONS; NORWALK GROWS, NORWALK ACTS, SHOPRITE SUPERMARKETS, NORWALK HEALTH

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DEPARTMENT, AMERICAN HEART ASSOCIATION, NORWALK EARLY CHILDHOOD

DEVELOPMENT, NORWALK PUBLIC LIBRARY, ETC. PROVIDED HEALTH AND WELLNESS

INFORMATION TO ATTENDEES.

\*THE GREATER NORWALK HEALTHY RESTAURANT INITIATIVE (HRI) WAS DEVELOPED TO HELP MEETING 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 PRIMARY PURPOSE OF THIS INITIATIVE IS TO PROVIDE COMMUNITY MEMBERS IN THE GREATER NORWALK AREA HEALTHY MENU OPTIONS WHEN DINING OUT. THE PROGRAM IS VOLUNTARY FOR RESTAURANT OWNERS, AND TWENTY AREA RESTAURANTS FROM FAIRFIELD, WESTON, WILTON, NORWALK AND NEW CANAAN HAVE ELECTED TO PARTICIPATE AND COMMIT TO THE PROGRAM.

PARTICIPATING RESTAURANT OWNERS/CHEFS ARE WORKING WITH THE HRI PROGRAM COORDINATOR AND REGISTERED DIETITIAN (RD) TO ASSESS THE NUTRITIONAL VALUE OF A CURRENT MENU OPTION OR RECEIVE GUIDANCE IN THE DEVELOPMENT OF HEALTHY ENTREES. ONCE A MEAL(S) MEET THE ESTABLISHED NUTRITIONAL CRITERIA, IT WILL BE HIGHLIGHTED AS A HEALTHY MENU OPTION ON THE MENU

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(IDENTIFIED WITH A HEALTHY FOR LIFE BRANDED STICKER) AND THE RESTAURANT DESIGNATED AS A "HEALTHY RESTAURANT" PARTICIPATING IN THE HRI. MENU OPTIONS THAT DO NOT MEET THE NUTRITIONAL CRITERIA ARE ASSESSED BY THE RD AND CHEF AND IN COLLABORATION THEY DEVELOP A SOLUTION AND ULTIMATELY MAKE ADJUSTMENTS TO THE RECIPE.

\*TO HELP INCREASE THE AMOUNT OF PHYSICAL ACTIVITY AMONG PRESCHOOL, ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS THROUGHOUT THE SCHOOL DAY, THE MOVE MORE IN SCHOOLS TOOLKIT IS BEING DEVELOPED UNDER THE GUIDANCE OF MEMBERS FROM SEVERAL AREA BOARDS OF EDUCATION, SCHOOL NURSES, ADMINISTRATORS, EDUCATORS AND COMMUNITY MEMBERS. THE COMPREHENSIVE GUIDE WILL PROVIDE SIMPLE, YET SPECIFIC, CONCRETE STRATEGIES TO INCORPORATE MORE PHYSICAL ACTIVITY INTO THE DAY. APPENDICES OFFER EDUCATORS HANDS-ON ACTIVITIES THAT ARE EASILY INCORPORATED INTO THE SCHOOL DAY THAT CAN BE ACCESSED WITH LITTLE TO NO COST OR RESOURCES.

\*NORWALK HOSPITAL AND WESTERN CONNECTICUT HEALTH NETWORK HAS TEAMED UP WITH THE RIVERBROOK REGIONAL YMCA TO PROMOTE HEALTH AND WELLNESS THROUGH THE HEALTHY LIVING PARTNERSHIP. THE PARTNERSHIP AIMS TO DELIVER COMMUNITY-BASED HEALTH AND WELLNESS SERVICES IN INNOVATIVE NEW WAYS

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ROOTED IN A COMMON COMMITMENT TO PREVENTION AND COMBATING CHRONIC DISEASE. THIS PARTNERSHIP INCLUDES THE INTEGRATION OF A WCHN RN AT THE WILTON YMCA LOCATION WHO GUIDES INTERESTED COMMUNITY MEMBERS THROUGH NUMEROUS CHRONIC DISEASE MANAGEMENT PROGRAM OFFERINGS AND SERVES AS A HEALTH COACH FOR MEMBERS, PROMOTING HEALTHY LIFESTYLES, GOOD NUTRITION, PHYSICAL ACTIVITY AND DISEASE PREVENTION.

PART VI - AFFILIATED HEALTHCARE 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 HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS, AND NORWALK HOSPITAL, THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED BIOMEDICAL RESEARCH INSTITUTE, THE WCHN FOUNDATION AND NORWALK HOSPITAL FOUNDATION, 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 FY2016, WCHN PROVIDED APPROXIMATELY \$23,863,188 IN TOTAL CHARITY CARE.

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DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL PROVIDED 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 AS NOTED ABOVE. FOR FY2016, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL, APPROXIMATELY \$9,347,702, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$13,086,486.

WESTERN CONNECTICUT MEDICAL GROUP: 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. FOR FY2016, WCMG PROVIDED \$1,382,000 IN CHARITY CARE. 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.

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NORWALK HOSPITAL FOUNDATION'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES.

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.

WESTERN 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 FY2016, WCHC PROVIDED \$47,000 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 GASTRO HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS.

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PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED

CT

ADDITIONAL INFORMATION

PART VI, LINE 5 - 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 OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY. THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER.

IN FY16, NORWALK HOSPITAL SERVED OVER 1.5 MILLION PERSONS THROUGH OVER 470 COMMUNITY HEALTH OCCURRENCES. HOSPITAL STAFF AND AFFILIATED PHYSICIANS PARTICIPATED IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES AND SCREENINGS WITH COMMUNITY ORGANIZATIONS. THE HEALTH TALK SHOWS AIRED ON CABLEVISION AND REACHED 1.275 MILLION. NORWALK HOSPITAL ALSO OFFERS PROGRAMS AND FINANCIAL SUPPORT TO THE CITY OF NORWALK AND SURROUNDING



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AREAS. EXAMPLES INCLUDE THE NORWALK COMMUNITY HEALTH CENTER (A FQHC) AND PROGRAM SUPPORT TO THE AMERICARES FREE CLINIC. NORWAK HOSPITAL SUB-SPECIALTY CLINICS ARE ALSO STAFFED BY VOLUNTEER-ATTENDING PHYSICIANS FOR UNDERSERVED PATIENTS.

PART I, LINE 7E - COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

NORWALK HOSPITAL PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE. BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION:

- \*CANCER: 614 SERVED THROUGH BEREAVEMENT GROUPS, CANCER ED. AT FAIRS AND TALKS
- \*DIABETES: 135 SERVED THROUGH HEALTH FAIRS
- \*ECONOMIC DEVELOPMENT: 149 SERVED THROUGH CHAMBER EXPOS AND TALKS
- \*SENIOR OUTREACH: 198 SERVED THROUGH SENIOR-ORIENTED FAIRS
- \*FAMILY/PARENTING ED.: 50 SERVED THROUGH "WHAT EVERY GIRL WANTS TO KNOW" TALK AT PERKIN AUDITORIUM

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\*HEALTH FAIRS: 14,702 SERVED THROUGH THE DAY-LONG KIDSFEST, PLUS FAIRS HELD AT CHURCHES, CORPORATIONS, LIBRARIES, ETC.

\*HEART DISEASE: 720 SERVED THROUGH HANDS FOR LIFE EVENTS AND TALKS

\*LECTURES: 1.476 MILLION SERVED THROUGH HEALTH TALK SHOWS (INCLUDING REPEATS), SCHOOLS, LIBRARIES AND CORPORATIONS. HEALTH TALK AIRS ON CABLEVISION; 51 SHOWS AIRED WITH A VIEWERSHIP OF 25,000 PER SHOW.

\*NUTRITION/WELLNESS: 3,234 SERVED THROUGH LECTURES, PROJECT LEAN PROGRAM AND THE AMERICARES CLINICS.

\*SUPPORT GROUPS: 127 SERVED THROUGH THE BARIATRIC AND BREAST CANCER SUPPORT GROUPS.

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 REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT.

**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.

SCHEDULE H - PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES - NORWALK HOSPITAL RECEIVES AS DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC. THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNISURED PATIENTS.

PART II LINE #6, COALITION BUILDING AS STATED IN PART VI, LINE 2, NORWALK HOSPITAL BEGAN THE PROCESS IN MAY 2015 TO DEVELOP THE 2016 CHNA. THIS INCLUDES CHNA AND COMMUNITY COALITION BUILDING MEETINGS THAT CONTRIBUTED TO THE TOTAL COALITION BUILDING AMOUNT. FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN THE FOLLOWING SCHEDULE H, 990 REPORT.

PART II, LINE #3, COMMUNITY SUPPORT AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$82,087:

COMMUNITY SUPPORT WAS PROVIDED THROUGH NONMONETARY DONATIONS TO BENEFIT KIDS IN CRISIS, GOBBLE GIVE BACK, AND NURSES WEEK COLLECTION FOR THE DEPARTMENT OF CHILDREN AND FAMILIES. STATE AND LOCAL ELECTED OFFICIALS

**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.
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AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED. THE TOTAL ADVOCACY INVESTMENT FOR FY2016 OS \$81,468, WHICH INCLUDES INDIRECT AND DIRECT STAFFIN COSTS. FOR FY2016, NORWALK HOSPITAL PROVIDED \$1,350,000 IN SUPPORT FOR NORWALK COMMUNITY HEALTH CENTER.

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/](http://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/)

ON THE CITY OF NORWALK WEBSITE:

[WWW.NORWALKCT.ORG/DOCUMENTCENTER/VIEW/4397](http://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/NO](http://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY_NEEDS_ASSESSMENT/CHNA/2014/NORWALK_HOSPITAL.PDF)

[RWALK\\_HOSPITAL.PDF](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.

PART V, SECTION B, LINES 16B AND 16C - FAP IS MADE AVAILABLE ON THE

**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.
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- 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.

## FOLLOWING LINKS

[HTTP://WWW.NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F](http://WWW.NORWALKHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F)

[FINANCIAL-ASSISTANCE-POLICY](#)