

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WILLIAM W. BACKUS HOSPITAL

Employer identification number

06-0250773

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

	Yes	No
<b>1 a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1 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 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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: . . . . . <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250,0000</u> %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> 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% <input type="checkbox"/> Other _____%	X	
<b>c</b> If the organization did not use FPG to determine 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.		
<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>5 a</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>6 a</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? . . . . .		

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,313,006.	1,038,468.	2,274,538.	.90
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			55,952,799.	39,553,595.	16,399,204.	6.45
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			59,265,805.	40,592,063.	18,673,742.	7.35
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	96	41062	658,308.	12,340.	645,968.	.25
<b>f</b> Health professions education (from Worksheet 5) . . . . .	17	4531	275,274.	2,250.	273,024.	.11
<b>g</b> Subsidized health services (from Worksheet 6). . . . .		22476	5,140,665.		5,140,665.	2.02
<b>h</b> Research (from Worksheet 7)	1		24,431.		24,431.	.01
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8). . . . .	22	23	669,064.		669,064.	.26
<b>j</b> Total. Other Benefits . . . . .	136	68092	6,767,742.	14,590.	6,753,152.	2.65
<b>k</b> Total. Add lines 7d and 7j. . . . .	136	68092	66,033,547.	40,606,653.	25,426,894.	10.00

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2011

**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	8		69,051.		69,051.	.03
4 Environmental improvements						
5 Leadership development and training for community members	1		1,848.		1,848.	
6 Coalition building	2		18,320.		18,320.	.01
7 Community health improvement advocacy	1		510.		510.	
8 Workforce development						
9 Other	1		100.		100.	
10 Total	13		89,829.		89,829.	.04

**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 . . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy . . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	62,914,770.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	90,995,950.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-28,081,180.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:  
 Cost accounting system     Cost to charge ratio     Other

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	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 (see instructions)**

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 WILLIAM W. BACKUS HOSPITAL
326 WASHINGTON ST.
NORWICH CT 06360

Table with 10 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 has 'X' marks in the first three columns and the ER-24 hours column.

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: WILLIAM W. BACKUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input 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 Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input 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 Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input 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 Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . . . .	7	
<b>Financial Assistance Policy</b>			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

**Part V Facility Information (continued)** WILLIAM W. BACKUS HOSPITAL

		Yes	No
<b>10</b>	Used FPG to determine eligibility for providing <i>discounted care</i> ? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>12</b>	Explained the method for applying for financial assistance? . . . . .	X	
<b>13</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 policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</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 actions the hospital facility may take upon non-payment? . . . . .	X	
<b>15</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 patient's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b>	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 patient'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		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
<b>a</b>	<input type="checkbox"/> Notified patients of the financial assistance policy on admission		
<b>b</b>	<input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
<b>c</b>	<input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
<b>d</b>	<input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information (continued)** WILLIAM W. BACKUS HOSPITAL

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	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:			
<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 Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</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 type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? . . . . .		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? . . . . .		X
If "Yes," explain in Part VI.			

**Part V Facility Information** (continued)

**Section C. 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)
<b>1</b> BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH CT 06360	OUTPATIENT SERVICES
<b>2</b> MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH CT 06360	RADIATION THERAPY/LAB
<b>3</b> COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER CT 06415	RADIOLOGY/LAB/PRIMARY CARE
<b>4</b> MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE CT 06382	RADIOLOGY/LAB/PRIMARY CARE
<b>5</b> PAIN MANAGEMENT 112 LAFAYETTE STREET NORWICH CT 06360	PAIN MANAGEMENT CLINIC
<b>6</b> LEDYARD BACKUS HEALTH CENTER 743 COLONEL LEDYARD HWY LEDYARD CT 06339	LAB/PRIMARY CARE
<b>7</b> JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY CT 06351	LAB
<b>8</b> INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH CT 06360	CLINIC
<b>9</b> NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON CT 06359	PRIMARY CARE
<b>10</b> NORWICHTOWN BACKUS PATIENT SERVICE CNTR 55 TOWN STREET NORWICH CT 06360	LAB

**Part V Facility Information** (continued)

**Section C. 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> PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD CT 06374	LAB/RADIOLOGY/EMERGENCY SRVCS
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**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; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

SCHEDULE H, PART I, LINE 7

FROM OCTOBER 2011 THROUGH SEPTEMBER OF 2012 THE WILLIAM W. BACKUS HOSPITAL SUPPORTED 146 PROGRAMS THAT SERVED 68,101 PEOPLE, TOTALING A COMMUNITY BENEFIT OF \$6,859,351. PROGRAMS IMPROVED THE HEALTH AND WELLNESS OF THE COMMUNITY, ADDRESSING STRATEGIC COMMUNITY HEALTH PRIORITY AREAS. SUCH PRIORITY HEALTH AREAS INCLUDE REDUCING OBESITY, AUTISM, DRUG AND ALCOHOL USE, AND INCREASING ACCESS TO HEALTH CARE. PROGRAMS ALSO INCLUDED CLINICAL SERVICES PROVIDED BY THE HOSPITAL AT A FINANCIAL LOSS (SUBSIDIZED SERVICES). THESE SERVICES, IF DISCONTINUED, WOULD NOT BE AVAILABLE TO THE COMMUNITY OR WOULD FALL TO ANOTHER NOT-FOR-PROFIT OR GOVERNMENT AGENCY TO PROVIDE. HEALTH PROFESSIONAL EDUCATION WAS ALSO ENHANCED, THROUGH MENTORSHIPS, INTERNING OPPORTUNITIES, AND STUDENT ROTATIONS THROUGH THE FACILITY. THE HOSPITAL ALSO SUPPORTED COMMUNITY PARTNERSHIPS THROUGH CASH AND IN-KIND DONATIONS. SUCH SUPPORT INCLUDED ASSISTING A LOCAL FEDERALLY-QUALIFIED LOOK-ALIKE IN SUSTAINING A GYNECOLOGY SERVICES PROGRAM FOR UNDERSERVED AND UNINSURED WOMEN, AS WELL AS DONATING A BUILDING TO ESTABLISH A SATELLITE FQHC FACILITY TO PROVIDE

**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; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

PRIMARY CARE IN AN UNDERSERVED COMMUNITY. LASTLY, THE HOSPITAL COMMITTED RESOURCES TO FINDING "NOT-FOR-PROFIT" RESEARCH OPPORTUNITIES (IN OTHER WORDS, THOSE RESEARCH OPPORTUNITIES IN WHICH THE HOSPITAL HAS NO FINANCIAL INCENTIVE) TO HELP IMPROVE CLINICAL CARE AVAILABLE TO THE RESIDENTS OF EASTERN CONNECTICUT.

SCHEDULE H, PART I, LINE 7

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THE COLUMN IS \$7,950,269.

SCHEDULE H, PART I LINE 7

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2.

**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; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

BACKUS HOSPITAL CONDUCTS AND SPONSORS 10 SUPPORT GROUPS THAT PROVIDE ONGOING EDUCATION AND COUNSELING FOR A WIDE ARRAY OF HEALTH-RELATED ISSUES, FROM INFANT CHILD LOSS TO CANCER.

HOSPITAL EMPLOYEES VOLUNTEER THEIR SERVICE ON DOZENS OF COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS, MANY OF WHICH HAS HEALTHCARE AS A PRIMARY OR MAJOR FOCUS. EXAMPLES INCLUDE THE HEALTH CARE COUNCIL OF EASTERN CONNECTICUT, THE FOUNDATION OF THREE RIVERS COMMUNITY COLLEGE (WHICH PROVIDEDS FUNDING FOR NURSING STUDENT EDUCATION AND EQUIPMENT), THE REGION'S NON-PROFIT HOSPICE ORGANIZATION, THE NORWHICH CHAMBER OF COMMERCE HEALTH CARE COMMITTEE, UNITED WAY OF SOUTHEASTERN CONNECTICUT (WHICH PROVIDES FUNDING FOR MANY REGIONAL HUMAN SERVICES, INCLUDING THOSE THAT ARE HEALTH-RELATED); AS WELL AS SERVICE AND BOARD MEMBERSHIPS ON THE REGION'S TWO FEDERALLY QUALIFIED HEALTH CENTERS.

ADDITIONALLY, BACKUS PERSONNEL VOLUNTEER ON OTHER BOARDS AND

**Part VI Supplemental Information**

Complete this part to provide the following information.

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ORGANIZATIONS THAT ADVANCE THE QUALITY OF LIFE AND ECONOMIC WELL-BEING OF THE REGION, INCLUDING THE LOCAL LIBRARY, FAMILY SUPPORT AND SOCIAL SERVICE ORGANIZATIONS, THE REGIONAL CHAMBER OF COMMERCE, NUMEROUS CIVIC AND GOVERNMENTAL BODIES, AND VARIOUS VOLUNTEER FIRE COMPANIES AND AMBULANCE SERVICES.

MEMBERS OF THE ADMINISTRATIVE STAFF ROUTINELY SUBMIT GOVERNMENT TESTIMONY ON BEHALF OF REGIONAL NOT-FOR-PROFIT HEALTH-RELATED ORGANIZATIONS, AND PROVIDE RESEARCH AND ADVOCACY FOR THE HEALTHCARE ACCESS.

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINES 4, 8 AND 9B

THE HOSPITAL PROVIDES SERVICES WITHOUT CHARGE, OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES, TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO BE CHARITY CARE, SUCH SERVICES ARE NOT REPORTED AS NET REVENUE. THE HOSPITAL'S CHARITY CARE POLICY UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE. FOR PATIENTS WHO DO NOT

**Part VI Supplemental Information**

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APPLY OR DO NOT QUALIFY, THE UNCOLLECTED AMOUNTS ARE RECOGNIZED AS BAD DEBT EXPENSE. ESTIMATED COST OF BAD DEBT IS BASED ON THE RATIO OF COST TO CHARGES AS DETERMINED BY HOSPITAL SPECIFIC DATA.

MEDICARE SHORTFALL

SCHEDULE H, PART III, LINE 8

THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY BENEFIT COST.

THE COSTING METHODOLOGY CONSISTED OF INFORMATION FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM AS WELL AS COSTS FROM THE MEDICARE COST REPORT.

COLLECTION POLICY

SCHEDULE H, PART III, LINE 9B

IN THE SELF-PAY POLICY, SECTION II, B STATES THAT THE MEDICAL BUREAU OF ECONOMICS ("MBE") RECEIVES A WEEKLY LIST OF PATIENTS WHO WERE SENT FINANCIAL ASSISTANCE APPLICATIONS FROM BACKUS STAFF. THIS INFORMATION IS FROM THE PATIENT ACCOUNTS OR FINANCIAL COUNSELING DEPARTMENTS. MBE'S COLLECTION ACTIVITY ON THESE PATIENTS IS HALTED UNTIL IT HAS BEEN DETERMINED IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE

**Part VI Supplemental Information**

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HOSPITAL'S POLICY, BY THE HOSPITAL FINANCIAL COUNSELING UNIT. COLLECTION ACTION IS ONLY RESUMED ONCE IT IS DETERMINED THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE.

AVAILABILITY OF FINANCIAL ASSISTANCE

SCHEDULE H, PART V, LINES 13G, 17E

THE WILLIAM W. BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR INPATIENT, OUTPATIENT, AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

IF YOU ARE COPING WITH A FINANCIAL HARDSHIP AND ARE FACING DEBTS OWED TO THE WILLIAM W. BACKUS HOSPITAL, FINANCIAL ASSISTANCE SUCH AS FREE CARE OR A SLIDING SCALE DISCOUNT MAY BE AVAILABE TO YOU. THE FINANCIAL COUNSELING PROCESS WILL INDICATE WHAT OPTIONS EXIST TO ASSIST YOU WITH YOUR OUTSTANDING BALANCE.

FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER

**Part VI Supplemental Information**

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PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

TO APPLY PLEASE SUBMIT THE ATTACHED APPLICATION FOR FINANCIAL ASSISTANCE  
AND THE FOLLOWING VERIFICATIONS OF INCOME INFORMATION:

- MOST RECENT FEDERAL TAX RETURN AND W-2
- MOST RECENT 3 PAYROLL CHECKS
- COPIES OF UNEMPLOYMENT CHECKS
- COPIES OF ANY PENSION, ALIMONY, CHILD SUPPORT OR OTHER SOURCES OF  
INCOME
- COPIES OF SOCIAL SECURITY EARNINGS, IF ANY
- ANY OTHER PERTINENT INFORMATION.

PROOF OF INCOME OR EARNINGS IS REQUIRED WITH APPLICATION OR THE  
APPLICATION WILL NOT BE CONSIDERED.

PLEASE ALLOW 3 TO 4 WEEKS FOR PROCESSING TIME; YOU WILL BE NOTIFIED BY  
MAIL OF THE OUTCOME OF YOUR APPLICATION. IF YOU HAVE ANY QUESTIONS PLEASE

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CONTACT CUSTOMER SERVICE:

MONDAY THRU FRIDAY, 9:00 AM TO 4:00 PM

(860) 823-6394 / FAX: (860) 892-6902.

FURTHER, AS DETAILED IN THE HOSPITAL'S BAD DEBT WRITE OFF POLICY, A SERIES OF STATEMENTS, ALL INDICATING THE AVAILABILITY OF FINANCIAL ASSISTANCE (PER THE LETTER DESCRIBED PREVIOUSLY) ARE SENT OUT PRIOR TO COLLECTING ON THE OPEN ACCOUNT. THE BAD-DEBT COLLECTIONS AND WRITE OFF POLICY IS DESCRIBED BELOW:

I SELF PAY ACCOUNTS COLLECTION PROCESS (ACCOUNTS THAT DO NOT QUALIFY FOR MBE OUTSOURCE)

A INITIAL LETTER IS SENT 5 DAYS AFTER DISCHARGE.

B STATEMENT #1 IS SENT 30 DAYS LATER.

C STATEMENT # 2 IS SENT 30 DAYS LATER.

D PRECOLLECT LETTER IS SENT 15 DAYS LATER (BY MEDCONN).

E ACCOUNT WILL BE WRITTEN OFF TO BAD DEBT 45 DAYS LATER.



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II SELF PAY BALANCES AFTER INSURANCE (ACCOUNTS THAT DO NOT QUALIFY FOR  
MBE OUTSOURCE)

A STATEMENT # 1 IS SENT 15 DAY AFTER ACCOUNT GOES TO SELF PAY.

B STATEMENT # 2 IS SENT 30 DAYS LATER.

C STATEMENT # 3 IS SENT 21 DAYS LATER.

D PRECOLLECT LETTER IS SENT 21 DAYS LATER.

E ACCOUNT WILL BE WRITTEN OFF TO BAD DEBT 45 DAYS LATER.

III ALL FINAL BILLED ACCOUNTS WITH SELF-PAY BALANCES ONLY WILL BE  
OUTSOURCED TO MEDICAL BUREAU OF ECONOMICS (MBE). (REFER TO SELF PAY  
COLLECTIONS POLICY)

A STATEMENT # 1 IS SENT AT PLACEMENT WITH MBE. (5 DAYS AFTER DISCHARGE)

B STATEMENT # 2 IS SENT 30 DAYS LATER.

C STATEMENT # 3 IS SENT 30 DAYS LATER.

D FINAL STATEMENT SENT 15 DAYS LATER.

E ACCOUNT CLOSED AND RETURNED TO WWBH FOR BAD DEBT PROCESS 45 DAYS LATER

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1 ACCOUNTS WITH BALANCES OF \$1000 OR MORE.

A. IF TIME PERMITS THE STAFF WILL ATTEMPT TO CONTACT THE PATIENT TO ATTEMPT TO DETERMINE IF THEY MAY QUALIFY FOR FREE BED FUNDS, CHARITY CARE OR A PAYMENT CONTRACT.

B. IF THE PATIENT MAY QUALIFY, AND APPLICATION IS SENT AND THE ACCOUNT IS NOT SENT TO BAD DEBT, PENDING A RESPONSE WITHIN 14 DAYS. IF NO RESPONSE IS RECEIVED THE ACCOUNT WILL BE SENT TO BAD DEBT IN THE NEXT WEEKLY PROCESSING CYCLE.

C. THE ACCOUNT WILL BE PLACED ON "BAD DEBT HOLD". A NOTE IS PLACED ON THE ACCOUNT INDICATING THE APPLICATION FOR FREE BED AND CHARITY CARE.

D. A REMINDER WILL BE SET UP TO REVIEW THE ACCOUNT IN 14 DAYS. IF THE APPLICATION IS RECEIVED THE HOLD WILL BE REMOVED AND THE ACCOUNT WILL BE PROCESSED ACCORDING TO THE FREE BED/CHARITY CARE POLICY. IF THE PATIENT DOES NOT QUALIFY, THE HOLD WILL BE REMOVED AND THE ACCOUNT WILL GO TO BAD DEBT IN THE NEXT WEEKLY PROCESSING CYCLE. IF THE APPLICATION IS NOT

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RECEIVED BACK IN 14 DAYS THE HOLD WILL BE REMOVED AND THE ACCOUNT WILL GO TO BAD DEBT IN THE NEXT WEEKLY PROCESSING CYCLE.

E. IF TIME PERMITS THE STAFF WILL ATTEMPT TO PROCESS THE ACCOUNTS THROUGH PASSPORT ONE/SSI TO DETERMINE IF MEDICAID COVERAGE HAS BEEN ESTABLISHED FOR THE PATIENT. IF SO, THE ACCOUNT WILL BE UPDATED AND MEDICAID BILLED.  
 UPDATED AND MEDICAID BILLED.

COMMUNITY HEALTH NEEDS ASSESSMENT

SCHEDULE H, PART V, SECTION B

(A) IN ADDITION TO CONDUCTING ITS OWN RESEARCH, BACKUS HOSPITAL COLLABORATES WITH LOCAL AND REGIONAL HEALTH CARE ORGANIZATIONS TO DETERMINE THE NEED FOR HEALTH-RELATED PROGRAMS AND SERVICES.

(B) IN 2010, THE HOSPITAL COMMISSIONED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY HOLLERAN, A PROFESSIONAL RESEARCH FIRM. THE ASSESSMENT CONSISTED OF 1,109 BRFSS TELEPHONE SURVEYS WHICH WERE CONDUCTED THROUGHOUT THE HOSPITAL'S SERVICE REGION (BOTH NEW LONDON AND

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WINDHAM COUNTIES). THE ASSESSMENT ALSO INCLUDED A DETAILED ANALYSIS OF SECONDARY DATA SOURCES, AS WELL AS TWO COMPREHENSIVE FOCUS GROUPS TO GAIN QUALITATIVE DATA ON IDENTIFIED PRIORITY HEALTH AREAS. THE NEEDS ASSESSMENT WAS PRESENTED AND DISTRIBUTED, AND CAN BE ACCESSED AT WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY. SUBSEQUENTLY THE HOSPITAL HAS DEVELOPED A COMMUNITY NEEDS STRATEGIC PLAN WHICH IDENTIFIES AND OUTLINES TOP PRIORITY HEALTH NEEDS AS DETERMINED BY THE NEEDS ASSESSMENT. PRIORITY HEALTH AREAS INCLUDE OBESITY AND OVERWEIGHT, AUTISM, SMOKING, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, CHRONIC LOWER RESPIRATORY DISEASES, AND ACCESS TO HEALTHCARE. THIS PLAN HAS GUIDED HOSPITAL'S OUTREACH EFFORTS FOR THE LAST TWO FISCAL YEARS. A SECOND NEEDS ASSESSMENT WAS UNDERTAKEN IN THE FOURTH QUARTER OF FY 2012 TO MEASURE THE HOSPITAL'S PROGRESS, AND AUGMENT EXISTING RESEARCH. BASED ON THE HOLLERAN SURVEY, THE HOSPITAL PARTNERED WITH UNITED WAY OF SOUTHEASTERN CONNECTICUT TO CREATE THE NEW LONDON COUNTY FOOD POLICY COUNCIL, WHICH IS USING THE DATA TO ADDRESS OBESITY AND OTHER FOOD-RELATED ISSUES, AS WELL AS NORWICH TECHNICAL HIGH SCHOOL, TO FOCUS ON ADOLESCENT HEALTH ISSUES SUCH AS SELF-ESTEEM, DEPRESSION, AND SUBSTANCE ABUSE.

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(C) THE HOSPITAL IDENTIFIES HEALTH PROBLEMS IN THE COMMUNITY THROUGH INDICATORS AND MEASURES OF HEALTH RISK, DISEASE PREVALENCE, DISEASE MANAGEMENT AND OUTCOMES USING SOURCES SUCH AS BIRTH AND MORTALITY RECORDS, CENSUS DATA, BEHAVIORAL RISK FACTOR SURVEY DATA, ROBERT WOOD JOHNSON COUNTY HEALTH RANKINGS, AND OTHER DATASETS. PRIORITY AREAS WERE RANKED UTILIZING A METHODOLOGY WHICH DETERMINED THE SEVERITY OF THE PROBLEM AND THE HOSPITAL'S ABILITY TO IMPACT IT.

(D) THE HOSPITAL PARTNERS WITH TWO REGIONAL FEDERALLY QUALIFIED HEALTH CENTERS ("FQHC") - UNITED COMMUNITY AND FAMILY SERVICES, AND GENERATIONS HEALTHCARE. MANAGERS FROM THE HOSPITAL AND FQHCS MEET TO DETERMINE UNMET COMMUNITY NEEDS TO DEVELOP EDUCATIONAL, OUTREACH AND PREVENTATIVE HEALTH PROGRAMS TO MEET THESE NEEDS.

(E) THE HOSPITAL CONDUCTS FOLLOW-UP SURVEYS WITH ALL PARTICIPANTS IN ITS FREE EDUCATIONAL PROGRAMS. THE SURVEYS ASSESS PARTICIPANTS' SATISFACTION WITH THE PROGRAM, AND SOLICIT INFORMATION ABOUT OTHER NEEDS.

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PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

SCHEDULE H, PART VI, LINE 3

(A) NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS AVAILABLE AT ALL REGISTRATION AREAS, ON AND OFF THE MAIN HOSPITAL CAMPUS, IN WAITING AREAS, IN THE PATIENT HANDBOOK, ON OUR WEBSITE, ON PROMINENTLY PLACED SIGNS (IN ENGLISH AND SPANISH). ADDITIONALLY, CARE MANAGEMENT SOCIAL WORKERS MEET WITH PATIENTS, FAMILY, CLERGY AND OTHERS AS APPROPRIATE TO DISCUSS ASSISTANCE PROGRAMS AND SERVICES THAT MAY BE AVAILABLE.

IN ADDITION TO THE COMPLETE FINANCIAL ASSISTANCE POLICY AND APPLICATION FOR FINANCIAL ASSISTANCE, HERE IS THE INFORMATION INCLUDED ON THE HOSPITAL'S WEBSITE:

FINANCIAL ASSISTANCE

BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE PROGRAMS FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

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IF YOU ARE COPING WITH A FINANCIAL HARDSHIP, AND ARE FACING DEBTS OWED TO  
BACKUS HOSPITAL, FINANCIAL ASSISTANCE MAY BE AVAILABLE TO YOU.

## INCOME VERIFICATION

BACKUS REQUESTS INCOME INFORMATION FROM THE APPLICANT. VERIFICATION OF  
REPORTED INCOME SHOULD BE INCLUDED WITHIN THE APPLICATION PACKAGE.

APPROPRIATE VERIFICATION SOURCES INCLUDE:

- MOST RECENT FEDERAL TAX RETURN AND W-2
- MOST RECENT 3 PAYROLL CHECKS
- COPIES OF UNEMPLOYMENT CHECKS
- COPIES OF ANY PENSION, ALIMONY, CHILD SUPPORT OR OTHER SOURCES OF  
INCOME
- COPIES OF SOCIAL SECURITY EARNINGS, IF ANY
- ANY OTHER PERTINENT INFORMATION

IF THE APPLICANT HAS NO INCOME A STATEMENT DETAILING THE CURRENT METHOD  
OF SUPPORT WILL BE ACCEPTED. PROOF OF INCOME OR EARNINGS IS REQUIRED WITH

**Part VI Supplemental Information**

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- 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.

APPLICATION OR THE APPLICATION WILL NOT BE CONSIDERED.

#### FINANCIAL ASSISTANCE OPTIONS

THE LEVEL OF FINANCIAL ASSISTANCE THAT YOU MAY BE ELIGIBLE TO RECEIVE WILL BE BASED UPON THE CRITERIA DEFINED IN THE FINANCIAL ASSISTANCE POLICY.

THE WILLIAM W. BACKUS HOSPITAL CONSIDERS FINANCIAL ASSISTANCE AWARDS ON A CASE-BY-CASE BASIS. PLEASE CONTACT US IF YOU HAVE QUESTIONS REGARDING ELIGIBILITY.

#### FINANCIALLY INDIGENT

FINANCIALLY INDIGENT IS DEFINED AS AN INDIVIDUAL WHOSE TOTAL GROSS ANNUAL INCOME IS LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY GUIDELINES (FPG).

PATIENTS AT OR BELOW 250% FPG ARE ELIGIBLE FOR A 100% DISCOUNT OFF OF THEIR OUTSTANDING BALANCES. INDIVIDUALS ABOVE 250% UP TO 400% FPG ARE



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ELIGIBLE FOR A DISCOUNT BASED ON THEIR TOTAL GROSS ANNUAL INCOME.

MEDICALLY INDIGENT

BACKUS HOSPITAL CONSIDERS AN INDIVIDUAL TO BE MEDICALLY INDIGENT IF THEIR TOTAL ANNUAL GROSS INCOME IS ABOVE 400% FPG AND THEIR OUTSTANDING MEDICAL OBLIGATIONS ARE GREATER THAN 50% OF THEIR TOTAL ANNUAL GROSS INCOME.

THESE INDIVIDUALS MAY BE ELIGIBLE FOR A DISCOUNT SEPARATE FROM TRADITIONAL FINANCIAL ASSISTANCE. PLEASE REFER TO THE FINANCIAL ASSISTANCE POLICY FOR DETAILS REGARDING ELIGIBILITY AND THE DISCOUNT SCHEDULE.

MEDICALLY INDIGENT IS DEFINED BY THE IRS AS: 'PERSONS WHOM THE ORGANIZATION HAS DETERMINED ARE UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS BECAUSE THEIR MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF THEIR FAMILY OR HOUSEHOLD INCOME OR ASSETS (FOR EXAMPLE, DUE TO CATASTROPHIC COSTS OR CONDITIONS), EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY

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REQUIREMENTS FOR FREE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S  
FINANCIAL ASSISTANCE POLICY.'

BACKUS HOSPITAL TREATS EACH APPLICATION INDIVIDUALLY. IF YOU HAVE ANY  
QUESTIONS ABOUT YOUR SPECIFIC SITUATION, PLEASE CONTACT OUR CUSTOMER  
SERVICE REPRESENTATIVES AT 860-889-8331, EXT. 2917, MONDAY THROUGH FRIDAY  
FROM 7:30 AM TO 4 PM.

FINANCIAL ASSISTANCE LETTER

THE WILLIAM W. BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR CERTAIN  
QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR  
INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

IF YOU ARE COPING WITH A FINANCIAL HARDSHIP AND ARE FACING DEBTS OWED TO  
THE WILLIAM W. BACKUS HOSPITAL, FINANCIAL ASSISTANCE SUCH AS FREE CARE OR  
A SLIDING SCALE DISCOUNT MAY BE AVAILABLE TO YOU. THE FINANCIAL  
COUNSELING PROCESS WILL INDICATE WHAT OPTIONS EXIST TO ASSIST YOU WITH  
YOUR OUTSTANDING BALANCE.

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FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

FREQUENTLY ASKED QUESTIONS

1. DOES THE HOSPITAL HAVE A FINANCIAL ASSISTANCE POLICY?

THE WILLIAM W. BACKUS HOSPITAL DOES HAVE A WRITTEN FINANCIAL ASSISTANCE POLICY THAT DEFINES THE DISCOUNT STRUCTURE AND PROGRAMS AVAILABLE TO QUALIFYING PATIENTS.

THE WILLIAM W. BACKUS HOSPITAL BASES ALL FINANCIAL ASSISTANCE ON THE MOST CURRENT FEDERAL POVERTY GUIDELINES (FPG), WHICH ARE BASED ON THE GROSS INCOME AND HOUSEHOLD SIZE. BACKUS GRANTS 100% CHARITY CARE TO THOSE APPLICANTS WHOSE GROSS HOUSEHOLD INCOME IS AT OR BELOW 250% FPG. A SLIDING DISCOUNT IS AVAILABLE TO THOSE PATIENTS WHO HAVE GROSS INCOME UP TO 400% FPG.

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CURRENTLY, THE FEDERAL GOVERNMENT DEFINES 100% OF POVERTY AS AN INDIVIDUAL EARNING A GROSS INCOME OF \$10,890 PER YEAR. THE WILLIAM W. BACKUS HOSPITAL FINANCIAL ASSISTANCE POLICY GRANTS 100% CHARITY CARE TO A FAMILY OF ONE EARNING UP TO \$21,780 PER YEAR, OR 250% FPG. INCOME THRESHOLDS INCREASE RELATIVE TO HOUSEHOLD SIZE. A DISCOUNT IS AVAILABLE FOR APPLICANTS EARNING UP TO 400% FPG.

2. WHAT SERVICES DOES THE FINANCIAL ASSISTANCE POLICY COVER?

THE WILLIAM W. BACKUS HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS SERVICES RENDERED AT THE WILLIAM W. BACKUS HOSPITAL, INCLUDING INPATIENT, EMERGENCY, AND OUTPATIENT PROCEDURES. FINANCIAL ASSISTANCE MAY NOT BE GRANTED FOR SOME PROCEDURES, SUCH AS ELECTIVE PROCEDURES OR SOME SPECIAL SITUATIONS, SUCH AS THAT OF AN INDIVIDUAL WHO IS ELIGIBLE FOR INSURANCE BUT HAS REFUSED TO APPLY OR FUNDS ARE AVAILABLE THROUGH ANOTHER SOURCE FOR PAYMENT (I.E. SETTLEMENTS, STATE FUNDED PROGRAMS).

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3. DOES THE HOSPITAL PROVIDE PERSONNEL TO HELP WITH APPLICATIONS AND TO ANSWER QUESTIONS?

THE WILLIAM W. BACKUS HOSPITAL EMPLOYS FINANCIAL COUNSELORS TO HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, MEDICAID, AND OTHER STATE HEALTH PROGRAMS.

THE HOSPITAL ALSO HAS RESOURCES TO HELP WITH APPLICATIONS FOR STATE NUTRITIONAL ASSISTANCE PROGRAMS (SNAP) AND PHARMACY ASSISTANCE PROGRAMS. FINANCIAL COUNSELORS CAN HELP TO DETERMINE APPROPRIATE REFERRALS TO THESE RESOURCES.

THE WILLIAM W. BACKUS HOSPITAL PROVIDES LANGUAGE TRANSLATION VIA CYRACOM AND MARTTI LANGUAGE LINES.

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4. DOES THE HOSPITAL COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITY?

THE WILLIAM W. BACKUS HOSPITAL BELIEVES IT IS IMPORTANT TO COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITIES IT SERVES. THEREFORE, A NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS INCLUDED WITH THE PAPER BILL SENT TO THE PATIENT'S HOME, IS POSTED IN ALL MAIN REGISTRATION AREAS, IS AVAILABLE ON THE HOSPITAL'S WEBSITE, AND UPON REQUEST OF HOSPITAL STAFF OR REPRESENTATIVES.

5. DOES THE HOSPITAL EVER DENY CARE BASED ON INABILITY TO PAY?

THE WILLIAM W. BACKUS HOSPITAL WILL NEVER DELAY OR DENY EMERGENCY CARE OR NECESSARY SERVICES DUE TO AN INABILITY TO PAY.

6. DOES THE HOSPITAL HAVE A PROGRAM FOR PATIENTS WHO DON'T QUALIFY FOR TRADITIONAL FINANCIAL ASSISTANCE BUT INCUR CATASTROPHIC MEDICAL DEBTS?

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THE HOSPITAL HAS A WRITTEN POLICY THAT COVERS CATASTROPHIC FINANCIAL ASSISTANCE FOR THE MEDICALLY INDIGENT. THE POLICY IS INCLUDED IN THE FINANCIAL ASSISTANCE POLICY, IS AVAILABLE ON THE WEBSITE, AND UPON REQUEST.

(B) THE HOSPITAL PROVIDES TWO ACCESS TO CARE SPECIALISTS (BOTH FIRST AND SECOND SHIFT) IN ITS EMERGENCY DEPARTMENTS AND TWO HEALTH CENTERS, WHO PROVIDES FREE INSURANCE ELIGIBILITY SCREENINGS TO UNINSURED CLIENTS SEEKING CARE. THE SPECIALISTS WORK WITH UNINSURED PATIENTS TO CONNECT THEM WITH A PRIMARY MEDICAL HOME, SO THEY CAN RECEIVE PREVENTATIVE CARE, RATHER THAN USING COSTLY EMERGENCY SERVICES FOR ILLNESSES THAT ARE NOT MEDICAL EMERGENCIES. SIGNIFICANT ONE-ON-ONE FOLLOW-UP IS PROVIDED THROUGH PHONE CALLS OR LETTERS TO MAKE APPOINTMENTS TO SCREEN PATIENTS AND HELP THEM FILL OUT APPLICATIONS FOR HUSKY OR CHARTER OAK APPLICATIONS. UNINSURED PATIENTS TO CONNECT THEM WITH A PRIMARY MEDICAL HOME, SO THEY CAN RECEIVE PREVENTATIVE CARE, RATHER THAN USING COSTLY EMERGENCY SERVICES FOR ILLNESSES THAT ARE NOT MEDICAL EMERGENCIES. SIGNIFICANT ONE-ON-ONE FOLLOW-UP IS PROVIDED THROUGH PHONE CALLS OR LETTERS TO MAKE

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APPOINTMENTS TO SCREEN PATIENTS AND HELP THEM FILL OUT APPLICATIONS FOR  
HUSKY OR CHARTER OAK APPLICATIONS.

## COMMUNITY INFORMATION

SCHEDULE H, PART VI, LINE 4

THE WILLIAM W. BACKUS HOSPITAL IS LOCATED IN NORWICH, 45 MINUTES  
SOUTHEAST OF HARTFORD. IN THE PAST DECADE, THE REGION HAS UNDERGONE MAJOR  
ECONOMIC CHANGES, DUE TO THE OPERATION OF TWO NATIVE AMERICAN-OWNED  
ENTERTAINMENT VENUES BRING BRINGING AN AVERAGE OF 40,000 VISITORS INTO  
THE REGION EACH DAY. THE CASINOS ARE THE LARGEST EMPLOYERS, AND ARE  
EXPERIENCING LAYOFFS AND CUTBACKS AS THE ECONOMY CONTINUES TO DECLINE.

THE HOSPITAL'S PRIMARY SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT  
118,000. THE SECONDARY SERVICE AREA CONSISTS OF LARGER COMMUNITIES, SUCH  
AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES.  
THE TOTAL POPULATION OF THE SECONDARY SERVICE AREA IS ABOUT 123,000. THE  
SERVICE AREAS CONTAIN MUNICIPALITIES IN NEW LONDON AND WINDHAM COUNTIES.



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THE FASTEST GROWING SEGMENT OF THE REGION'S POPULATION IS THE ELDERLY.

FOR THE LAST DECENNIAL CENSUS, THE REGION'S ELDERLY POPULATION GREW AT 10 TIMES THE RATE OF GROWTH FOR THE TOTAL POPULATION.

THE REGION'S LACK OF AFFORDABLE HOUSING BEGAN TO EMERGE AS A CRITICAL ISSUE EVEN BEFORE THE ECONOMIC DOWNTURN. HOMELESSNESS IS A GROWING CONCERN, AS THE NUMBER OF MORTGAGE FORECLOSURES GROW. FURTHER, THE 2012 ROBERT WOOD JOHNSON COUNTY HEALTH RANKINGS REPORTED THAT IN NEW LONDON AND WINDHAM COUNTIES BETWEEN 12-15% OF CHILDREN ARE LIVING IN POVERTY, AND 31-32% ARE LIVING IN SINGLE PARENT HOUSEHOLDS.

UNEMPLOYMENT IN THE REGIONAL LABOR MARKET (PER THE 2012 ROBERT WOOD JOHNSON COUNTY HEALTH RANKING) STANDS AT 8.7-10.3% IN NEW LONDON AND WINDHAM COUNTIES, HOVERING AROUND STATE AVERAGE OF 9.1%, AND WELL ABOVE THE NATIONAL AVERAGE OF 5.4%.

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PROMOTION OF COMMUNITY HEALTH

SCHEDULE H, PART VI, LINE 5

- A) THE HOSPITAL IS GOVERNED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS/TRUSTEES. THESE INDIVIDUALS REPRESENT AN ARRAY OF PROFESSIONS AND BACKGROUNDS.
- B) THE HOSPITAL HAS 110 CORPORATORS - VOLUNTEER MEMEBERS CHOSEN FROM ALL THE COMMUNITIES IN OUR PRIMARY AND SECONDARY SERVICE AREAS. IN ADDITION TO THEIR OFFICIAL CAPACITY AS NOMINATORS OF BOARD MEMBERS, THE CORPORATORS SERVE AS THE HOSPITAL'S EYES AND EARS THROUGHOUT ITS SERVICE AREA.
- C) THE HOSPITAL OWNS AND OPERATES A MOBILE HEALTH RESOURCE CENTER - A 40-FOOT VAN THAT TRAVELS TO VARIOUS LOCATIONS IN EASTERN CONNECTICUT OFFERING HEALTH EDUCATION, COUNSELING, AND SCREENINGS. THE VAN MAKES REGULARLY SCHEDULED STOPS AT SENIOR CITIZENS CENTERS, SOUP KITCHENS, ELDERLY HOUSING COMPLEXES AND HOMELESS SHELTERS. NOT-FOR-PROFIT GROUPS ARE ENCOURAGED TO REQUEST THE VAN AND ITS SERVICES AT THEIR FUNCTIONS OR

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OFFICES.

D) THE HOSPITAL PROVIDES INDIVIDUALS WHO DO NOT IDENTIFY AS HAVING A PRIMARY MEDICAL HOME WITH A FOLLOW UP VISIT POST DISCHARGE FROM TO BECOME LINK THESE INDIVIDUALS WITH A PRIMARY CARE PHYSICIAN IN THE COMMUNITY. THIS IS FACILITATED THROUGH THE MY HEALTH DIRECT PROGRAM, A WEB-BASED TOOL THAT ALLOWS HOSPITAL STAFF TO ACCESS BLOCKED APPOINTMENTS FOR PHYSICIANS IN THE COMMUNITY. FROM 10/1/11 TO 9/30/12 THE HOSPITAL LINKED 582 INDIVIDUALS WITH PRIMARY CARE.

E) THE HOSPITAL PROVIDES FREE COMMUNITY PROSTATE SCREENINGS, DIABETES EDUCATION, BACKPACK SAFETY, HIV EDUCATION/TESTING, BLOOD PRESSURE TESTS, SKIN CANCER SCREENINGS, NUTRITION EDUCATION AND MANY OTHERS SERVICES.

F) THE HOSPITAL PROVIDES A COMPREHENSIVE MEDICAL LIBRARY, WHICH IS OPEN TO ALL STAFF. THE LIBRARY HAS SUBSCRIPTIONS TO HUNDREDS OF MAJOR SCIENTIFIC AND CLINICAL JOURNALS, AS WELL AS AN ON-STAFF LIBRARIAN TO HELP WITH SPECIFIC RESEARCH REQUESTS.

**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; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.

G) THE HOSPITAL PROVIDES FREE WEBSITE ACCESS TO COMPLETE AND CURRENT MEDICAL INFORMATION TO ANSWER CLINICAL QUESTIONS, THROUGH UPTODATE.COM, A PEER-REVIEWED ONLINE MEDICAL REFERENCE. UPTODATE COVERS MORE THAN 7,400 TOPICS IN 13 MEDICAL SPECIALTIES AND INCLUDES MORE THAN 76,000 PAGES OF TEXT, GRAPHICS, LINKS TO MEDLINE ABSTRACTS, MORE THAN 254,000 REFERENCES, AND A DRUG DATABASE.

H) THE HOSPITAL PROVIDES FREE MEDICATION CARDS TO HELP PATIENTS KEEP TRACK OF THEIR CURRENT MEDICATIONS, AND ITS PHARMACISTS OFFER FREE REGULAR MEDICATION REVIEWS TO CHECK FOR POSSIBLE INTERACTIONS AND EXPIRED MEDICATIONS.

I) THE HOSPITAL OFFERS FREE WIRELESS INTERNET (WI-FI) USE THROUGHOUT THE CAMPUS, AND PROVIDES FREE COMPUTER USE TO VISITORS.

J) THE HOSPITAL PUBLISHES A MONTHLY CONSUMER HEALTH MAGAZINE. THE PUBLICATION CONTAINS INFORMATION ABOUT HEALTH ISSUES AND TRENDS, A

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CALENDAR OF FREE HEALTHCARE EDUCATION AND SCREENINGS, AND CONTACT INFORMATION FOR HEALTHCARE PROVIDERS. 44,000 COPIES ARE DISTRIBUTED MONTHLY. PUBLICATION CONTAINS INFORMATION ABOUT HEALTH ISSUES AND TRENDS, A CALENDAR OF FREE HEALTHCARE EDUCATION AND SCREENINGS, AND CONTACT INFORMATION FOR HEALTHCARE PROVIDERS. 44,000 COPIES ARE DISTRIBUTED MONTHLY.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

THE HOSPITAL FILES A COMMUNITY BENEFIT REPORT WITH THE CONNECTICUT OFFICE OF THE HEALTH ADVOCATE ("OHA").