

**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

<b>Name of the organization</b> THE NORWALK HOSPITAL ASSOCIATION	<b>Employer identification number</b> 06-6068853
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**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) 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	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>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? . . . . .		X
<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

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

<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) . . . . .		17316	6,275,150.	4,206,333.	2,068,817.	.62
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		43813	46,664,552.	35,303,508.	11,361,044.	3.39
<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 . . . . .		61129	52,939,702.	39,509,841.	13,429,861.	4.01
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	115	1347084	1,769,799.	31,811.	1,737,988.	.52
<b>f</b> Health professions education (from Worksheet 5) . . . . .	5	305	12,277,378.	3,723,467.	8,553,911.	2.55
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1		3,143,006.	1,883,420.	1,259,586.	.38
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .	121	1347389	17,190,183.	5,638,698.	11,551,485.	3.45
<b>k Total.</b> Add lines 7d and 7j. . . . .	121	1408518	70,129,885.	45,148,539.	24,981,346.	7.46

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	220	45,937.		45,937.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	220	45,937.		45,937.	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- Enter the amount of the organization's bad debt expense . . . . .
- Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy . . . . .
- 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.

	Yes	No
1	X	
2		
3		
5		
6		
7		
9a	X	
9b	X	

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) . . . . .
- Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .
- 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**

- Did the organization have a written debt collection policy during the tax year? . . . . .
- 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 . . . . .

**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 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	70.00000		25.00000
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 listed in Part V, Section A)

Name of Hospital Facility: NORWALK HOSPITAL ASSOCIATION

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)			
<b>1</b>	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):	<b>1</b>	
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input 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 type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input 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 Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>  </u> <u>  </u>		
<b>3</b>	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 . . . . .	<b>3</b>	
<b>4</b>	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 . . . . .	<b>4</b>	
<b>5</b>	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):	<b>5</b>	
<b>a</b>	<input type="checkbox"/> Hospital facility's website		
<b>b</b>	<input type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
<b>g</b>	<input type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	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 . . . . .	<b>7</b>	
<b>Financial Assistance Policy</b>			
<b>8</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	<b>8</b>	X
<b>9</b>	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>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	<b>9</b>	X

**Part V Facility Information (continued)** NORWALK HOSPITAL ASSOCIATION

	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 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 checked="" 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 checked="" 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)** NORWALK HOSPITAL ASSOCIATION  
**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? 3

Name and address	Type of Facility (describe)
<b>1</b> NORWALK HOSPITAL OUTPATIENT REHAB 520 WEST AVE. NORWALK CT 06850	OUTPATIENT REHABILITATION FACILITY
<b>2</b> NORWALK RADIOLOGY & MAMMOGRAPHY CTR 148 EAST AVE. NORWALK CT 06851	RADIOLOGY & MAMMOGRAPHY CENTER
<b>3</b> NORWALK HOSPITAL AMBULATORY SURGERY CTR 40 CROSS ST. NORWALK CT 06851	AMBULATORY SURGERY CENTER
<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.

PART I, LINE 7, COLUMN F

BAD DEBT EXPENSE OF \$23,530,477 HAS BEEN EXCLUDED FROM THE DENOMINATOR IN THE CALCULATIONS FOR PART I, COLUMN F.

PART II

GREATER NORWALK OPENING DOORS - PROJECT TO END HOMELESSNESS

NORWALK HOSPITAL HAS BEEN A LEADER IN THIS COALITION THROUGH A SERIES OF STRATEGIC GOALS AND ACTION STEPS. WORKING COLLABORATIVELY WITH MORE THAN 100 COMMITTED REPRESENTATIVES OF APPROXIMATELY 50 AGENCIES, A COLLABORATIVE MODEL HAS BEEN DEVELOPED INCLUDING THE DEVELOPMENT OF A PHILOSOPHY OF CARE AND A COORDINATED CARE TEAM. THIS BROAD COLLABORATION INCLUDES MULTIPLE CITY DEPARTMENTS WITH THE MAYOR SERVING AS THE CO-CHAIR OF THE LEADERSHIP COUNSEL. NORWALK HOSPITAL REPRESENTATIVES ARE ON THE LEADERSHIP COMMITTEE WHICH DIRECTS AND OVERSEES THE ENTIRE PROJECT AND ALSO SERVES AS CO-CHAIR OF THE SERVICES COMMITTEE.

MODELING A CURRENT PROGRAM DEVELOPED BY THE CORPORATION FOR SUPPORTIVE HOUSING WHICH IS SUPPORTED BY FEDERAL SOCIAL INNOVATION FUNDING, GREATER NORWALK OPENING DOORS HAS LAUNCHED AN INITIATIVE THAT STRIVES TO HOUSE

**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.

AND PROVIDE SERVICES TO 100 HOMELESS IN AN EFFORT TO INTEGRATE HOUSING, CASE MANAGEMENT AND HEALTH CARE. THE HOUSING AUTHORITY, A QUASI-MUNICIPAL AND FEDERAL AGENCY, IS PROVIDING FIVE HOUSING UNITS FOR THIS VULNERABLE POPULATION. THE NORWALK COORDINATED CARE TEAM MODEL SEEKS TO IMPROVE THE HEALTH, HOUSING STABILITY AND OVERALL WELL-BEING OF THE CITY'S MOST VULNERABLE POPULATION WHILE LOWERING PUBLIC COSTS. THE PROJECT IDENTIFIED HIGH UTILIZERS OF HEALTH SERVICES WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS AND WHO MAY HAVE CHRONIC PHYSICAL AND/OR MENTAL ILLNESSES, INCLUDING SUBSTANCE ABUSE DISORDERS. CLIENT GOALS AND OBJECTIVES WILL INCLUDE REDUCING HOMELESSNESS AND INCREASING HOUSING STABILITY, REDUCING EMERGENCY ROOM UTILIZATION, AND IMPROVING PHYSICAL AND MENTAL HEALTH. SYSTEM LEVEL GOALS AND OBJECTIVES INCLUDE BREAKING DOWN BARRIERS TO COORDINATED SERVICES THEREBY ENHANCING THE QUALITY OF CARE DELIVERED AND INTEGRATING AFFORDABLE HOUSING RESOURCES WITH THE HEALTH CARE SYSTEM.

PROJECT LEAN

PROJECT LEAN (LEARNING WITH ENERGY FROM ACTIVITY AND NUTRITION) IS AN

**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.

INNOVATIVE, COMMUNITY-WIDE COLLABORATIVE PROGRAM DESIGNED TO ACTIVELY ENGAGE ELEMENTARY SCHOOL CHILDREN WITH A HANDS-ON INTERACTIVE CURRICULUM TO COMBAT CHILDHOOD OBESITY. PROJECT LEAN'S GOAL IS TO IMPROVE ATTITUDES, INCREASE KNOWLEDGE, AND KEEP BODY MASS INDEX AT OR BELOW THE CENTER FOR DISEASE CONTROL AND PREVENTION AVERAGE GAINS THROUGH NUTRITION EDUCATION AND INCREASED ACTIVITY. THE AIM IS TO IMPROVE THE OVERALL HEALTH OF THE STUDENTS THROUGH HEALTHY NUTRITION AND EXERCISE WITH THE GOAL TO MAKE A SUSTAINABLE DIFFERENCE IN THEIR LIVES. THE PROGRAM HAS THREE COMPONENTS. THE BEFORE SCHOOL "BREAKFAST CLUB BOOT CAMP" BEGINS AT 7:30AM AND INCLUDES A FREE HEALTHY BREAKFAST SERVED AFTER 40 MINUTES OF FUN BUT STRUCTURED, VIGOROUS EXERCISES. THE IN-SCHOOL COMPONENT PROVIDES THE CHILDREN WITH A WEEKLY 40 MINUTE FUN-FILLED NUTRITION AND ACTIVITY EDUCATION PROGRAM DIRECTED BY A REGISTERED DIETITIAN FROM NORWALK HOSPITAL. THE DIETITIAN BRINGS NUTRITION EDUCATION TO LIFE IN THE CLASSROOM WITH WEEKLY INTERACTIVE, HANDS-ON ACTIVITIES. THE AFTER-SCHOOL ACTIVITIES INCLUDE A MONTHLY "FAMILY NIGHT" AIMED AT ENGAGING THE ENTIRE FAMILY AND PROVIDING EDUCATIONAL SESSIONS ON PHYSICAL ACTIVITIES, HEALTHY EATING, AND LEADING A HEALTHY LIFESTYLE. ACTIVITIES INCLUDE FAMILY

**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.
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ZUMBA, COOKING CLASSES, SHOPPING ACTIVITIES, ETC.

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.

PART III, LINE 4

LINE 2 - BAD DEBT EXPENSE IS A FUNCTION OF ACTUAL BAD DEBT WRITE-OFFS AND  
 ESTIMATED BAD DEBTS FOR BALANCES STILL IN ACCOUNTS RECEIVABLE (AR) AS OF  
 THE MEASUREMENT DATE. THE HOSPITAL CALCULATES THE ESTIMATED BAD DEBTS IN  
 AR BY COMPUTING HISTORICAL PAYMENT % BY PAYOR, SERVICE TYPE, AND BY  
 ACCOUNT AGE AND APPLIES THOSE PERCENTAGES ADJUSTED FOR PRICE INCREASES TO  
 CURRENT AR.

LINE 3 - THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK

**Part VI Supplemental Information**

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HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44.67%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$23,530,477 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$10,510,336.

WE HAVE NO FOOTNOTE IN OUR AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE.

PART III, LINE 8

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

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MEDICARE CHARGES.

PART III, LINE 9B

NORWALK HOSPITAL COLLECTION PRACTICES CONSIST PRIMARILY OF BILLING NOTICES AND FOLLOW UP COURTESY CALLS. THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED. IF AT ANYTIME DURING THE COLLECTION PROCESS A PATIENT WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES. THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL COUNSELING TEAM FOR APPROVAL OF FULL OR PARTIAL DISCOUNTS.

NEEDS ASSESSMENT

PART VI, QUESTION 1

IN FY 2010, AS PART OF NORWALK HOSPITAL'S COMMUNITY OUTREACH STRATEGIC INITIATIVE, NORWALK HOSPITAL AND THE NORWALK HOSPITAL FOUNDATION DEVELOPED COMMUNITY ADVISORY BOARDS REPRESENTING EACH OF THE COMMUNITIES

**Part VI Supplemental Information**

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WE SERVE. COMPRISED OF NEIGHBORS, HEALTH DIRECTORS, PUBLIC OFFICIALS, CLERGY, BUSINESS LEADERS, CIVIC GROUP REPRESENTATIVES, ETC., THESE GROUPS ASSIST THE HOSPITAL IN ASSESSING THE HEALTH CARE NEEDS AND OUTREACH OPPORTUNITIES IN SPECIFIC TOWNS. THE ADVISORY BOARDS PROVIDE INVALUABLE FEEDBACK SO THAT WE CAN CONTINUALLY ENHANCE OUR OUTREACH EFFORTS AND MEET CHANGING HEALTH CARE NEEDS. THE PLANNING DEPARTMENT OF THE HOSPITAL HAS ACCESS TO HOSPITAL, STATEWIDE AND NATIONAL DATABASES THAT TRACK TRENDS AND SERVICE USAGE ON AN ONGOING BASIS IN ORDER TO EVALUATE HOW THE HOSPITAL IS MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY WE SERVE.

IN 2012, NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ENGAGED IN A COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF GREATER NORWALK AREA RESIDENTS. THIS EFFORT WAS SUPPORTED BY THE HEALTH DEPARTMENTS OF NEW CANAAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD. THE INITIATIVE INCLUDED A COMMUNITY HEALTH NEEDS ASSESSMENT TO IDENTIFY THE HEALTH-RELATED STRENGTHS AND NEEDS OF THE REGION AND A COMMUNITY HEALTH IMPROVEMENT PLAN TO IDENTIFY PRIORITIES, GOALS, AND STRATEGIES. THE ASSESSMENT AND IMPROVEMENT PLAN IMPACTS ZIP CODES 06820,

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06824, 06825, 06840, 06850, 06851, 06853, 06854, 06855, 06880, 06883,  
06890, AND 06897.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS GUIDED BY A PARTICIPATORY APPROACH THAT INTEGRATED EXISTING SOCIAL, ECONOMIC, AND HEALTH INDICATOR DATA WITH QUALITATIVE INFORMATION FROM 15 FOCUS GROUPS AND 17 KEY-INFORMANT INTERVIEWS WITH 225 COMMUNITY LEADERS, SERVICE PROVIDERS, AND RESIDENTS ACROSS THE GREATER NORWALK AREA. THE PRIMARY HEALTH NEEDS IDENTIFIED INCLUDE MENTAL HEALTH, SUBSTANCE ABUSE, OBESITY, CHRONIC DISEASE (CARDIOVASCULAR DISEASE, CANCER DIABETES, ASTHMA, HIV/AIDS), HEALTH LITERACY, LONG TERM CARE, AND ACCESS TO CARE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, QUESTION 3

THE PATIENT IS NOTIFIED OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WITH EACH WRITTEN NOTIFICATION AND AT EACH POINT OF SERVICE. NOTIFICATION IS SHARED BY POSTINGS AND VERBAL NOTIFICATION AT THE TIME THE PROCEDURE IS SCHEDULED. THE FACILITY ALSO EMPLOYS FINANCIAL COUNSELORS TO FACILITATE

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PATIENT EDUCATION REGARDING ALL PROGRAMS AVAILABLE TO INCLUDE STATE,  
LOCAL AND INTERNAL. IF AT ANYTIME DURING THE COLLECTION PROCESS A PATIENT  
WOULD LIKE TO PARTICIPATE IN THE FAP PROGRAM COLLECTION ACTIVITY CEASES.  
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COMMUNITY INFORMATION

PART VI, QUESTION 4

NORWALK HOSPITAL SERVICES AN AREA POPULATION OF ABOUT 270,000 IN LOWER  
FAIRFIELD COUNTY. THE PRIMARY SERVICE AREA INCLUDES NORWALK, NEW CANAAN,  
WESTPORT, WESTON AND WILTON, AND THE SECONDARY SERVICE AREA INCLUDES  
DARIEN, FAIRFIELD, REDDING AND RIDGEFIELD. THERE ARE NO OTHER HOSPITALS  
IN NORWALK'S PRIMARY OR SECONDARY SERVICE AREAS, BUT THERE ARE FIVE OTHER  
HOSPITALS LOCATED IN FAIRFIELD COUNTY. A DIVERSE SOCIO-ECONOMIC  
POPULATION, NORWALK HOSPITAL SERVES AN AGING POPULATION, FROM THE  
AFFLUENT TO THE MEDICALLY UNDERSERVED. THE MEDIAN HOUSEHOLD INCOME IN  
THE GREATER NORWALK AREA IS \$103,996 AND THE ESTIMATED UNINSURED  
POPULATION OF THOSE AGED 18-64 IN FAIRFIELD COUNTY IS 10.2%. THE

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PERCENTAGE OF THE POPULATION IN THE PRIMARY AND SECONDARY SERVICE AREAS THAT IS 65+ IS EXPECTED TO INCREASE FROM 13.8% IN 2010 TO 15.0% IN 2015, AND WOMEN OF CHILDBEARING AGE (20 - 44) ARE FORECAST TO DECLINE 7.5% OVER THIS SAME PERIOD OF TIME.

PROMOTION OF COMMUNITY HEALTH

PART VI, QUESTION 5

NORWALK HOSPITAL PROVIDES A VAST ASSORTMENT OF SERVICES TO THE COMMUNITY FREE OF CHARGE AND FURTHER CARRIES OUT ITS CITIZENSHIP BY MEETING THE NEEDS OF THE UNDERSERVED.

THE HOSPITAL MAKES AVAILABLE TO THE COMMUNITY, WITHOUT REGARD FOR ABILITY TO PAY, AN IMPRESSIVE LIST OF SPECIALTIES, SUCH AS:

CHILDBIRTH CENTER: NORWALK HOSPITAL PROVIDES EXCEPTIONAL MATERNITY AND PEDIATRIC SERVICES. THE OBSTETRICIANS ARE SUPPORTED BY HIGHLY SKILLED NURSES, CERTIFIED NURSE MIDWIVES, PHYSICIAN ASSISTANTS, NEONATOLOGISTS, AND YALE PERINATOLOGISTS TO HELP MANAGE HIGH-RISK PREGNANCIES. THE

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HOSPITAL ALSO OFFERS COMPREHENSIVE CHILDBIRTH EDUCATION AND SUPPORT PROGRAMS .

THE SMILOW FAMILY BREAST HEALTH CENTER: THE SMILOW CENTER ADDRESSES BREAST CARE IN A SEAMLESS MANNER , BEGINNING WITH COMMUNITY EDUCATION AND SCREENING . FOCUSING ON RAPID DIAGNOSIS , THE PROGRAM PROVIDES ON-GOING SUPPORT THROUGHOUT THE PROCESS OF REFERRAL AND SCHEDULING TO ALL NEEDED SERVICES AND PHYSICIANS .

TRAUMA CENTER: NORWALK HOSPITAL IS DESIGNATED AS A LEVEL II TRAUMA CENTER , WHICH IS DEDICATED TO THE SURVIVAL AND RESTORATION OF PATIENTS TO THEIR BEST FUNCTIONAL OUTCOME .

STROKE PROGRAM: NORWALK HOSPITAL HAS EARNED THE GOLD SEAL OF APPROVAL FOR STROKE CARE . THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS HAS AWARDED NORWALK HOSPITAL PRIMARY STROKE CENTER CERTIFICATION "FOR DEMONSTRATING THAT ITS STROKE CARE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE

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OUTCOMES FOR STROKE PATIENTS. "

CANCER DIAGNOSTICS AND THERAPY: A COMPREHENSIVE PROGRAM THROUGH THE WHITTINGHAM CANCER CENTER BRINGS TO SOUTHWESTERN CONNECTICUT THE LATEST KNOWLEDGE, TECHNIQUES, AND TECHNOLOGY FOR THE DIAGNOSIS AND TREATMENT OF CANCER. THE CANCER CENTER IS COMMITTED TO ASSURING A FULL SPECTRUM OF ONCOLOGY SERVICES TO THE PEOPLE OF OUR COMMUNITY. FROM PREVENTION AND SCREENINGS, TO DIAGNOSIS AND TREATMENT, THE STAFF IS CONTINUALLY RESPONDING TO THE CHANGING NEEDS OF HEALTHCARE AND CANCER PATIENTS.

SURGICAL SERVICES: NORWALK HOSPITAL'S DEDICATED SURGICAL STAFF OFFERS HIGH QUALITY SURGICAL CARE. NORWALK HOSPITAL'S OUTSTANDING SURGEONS ARE IN THE FOREFRONT OF SURGICAL PROCEDURES INCLUDING LAPAROSCOPIC SURGERY, MAJOR JOINT REPLACEMENT, AND UROLOGICAL SERVICES.

SLEEP CENTER: A NATIONALLY ACCREDITED CENTER PROVIDES FOR DIAGNOSIS AND MANAGEMENT OF THE FULL RANGE OF SLEEP DISORDERS, INCLUDING SLEEP APNEA AND INSOMNIA.

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BARIATRIC CENTER: THE NORWALK HOSPITAL BARIATRIC CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR BARIATRIC SURGERY (ASBS) BARIATRIC SURGERY CENTER OF EXCELLENCE. THE ASBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY.

WOUND CARE AND HYPERBARIC MEDICINE CENTER: AS A REFERRAL CENTER FOR COMPREHENSIVE WOUND MANAGEMENT, THE CENTER HAS HAD VERY SUCCESSFUL RESULTS BY PROVIDING ADVANCED TREATMENT TO CURE WOUNDS THAT PREVIOUSLY WOULD NOT HEAL. NORWALK HOSPITAL HAS MORE THAN TWENTY-FIVE YEARS OF EXPERIENCE IN PROVIDING HYPERBARIC OXYGEN THERAPY, PIONEERING AS THE FIRST HOSPITAL-BASED HYPERBARIC SERVICE IN NEW ENGLAND. TWENTY-FIVE PERCENT OF PEOPLE WITH NON-HEALING WOUNDS BENEFIT FROM RECEIVING HYPERBARIC OXYGEN THERAPY. MANY PATIENTS WITH NON-HEALING WOUNDS ARE REFERRED TO NORWALK HOSPITAL FOR ASSESSMENT BECAUSE OF THIS EXPERTISE.

OTHER COMMUNITY BENEFIT ACTIVITIES:

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NORWALK HOSPITAL OFFERS A WIDE RANGE OF COMMUNITY SERVICES BOTH AT THE HOSPITAL AND IN THE COMMUNITY. HOSPITAL ASSOCIATES AND AFFILIATED PHYSICIANS PROVIDE WELLNESS PROGRAMS TO SCHOOLS, CIVIC GROUPS, CHURCHES, AND OFFER COMMUNITY HEALTH FAIRS AND SCREENINGS.

EXAMPLES OF PROMOTING HEALTH OF COMMUNITY: NORWALK HOSPITAL STAFF AND AFFILIATED MDS PARTICIPATE IN HEALTH FAIRS, COMMUNITY EDUCATION LECTURES AND SCREENINGS WITH COMMUNITY YMCAS, SENIOR CENTERS, SCHOOLS, ETC.

NORWALK HOSPITAL OFFERS PROGRAM AND FINANCIAL SUPPORT TO THE NORWALK COMMUNITY HEALTH CENTER, A FQHC AND PROGRAM SUPPORT TO AMERICARES CLINIC. NORWALK HOSPITAL SUB-SPECIALTY CLINICS ARE STAFFED BY VOLUNTEER ATTENDING PHYSICIANS FOR SURGICAL, BREAST, GI, LIVER, DERMATOLOGY, PULMONARY, CARDIOLOGY, ORTHOPEDICS, PODIATRY, PHYSIATRY, RHEUMATOLOGY, NEPHROLOGY, AND NEUROLOGY FOR UNDERSERVED PATIENTS.

AFFILIATED HEALTH CARE SYSTEM

PART VI, QUESTION 6

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- 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.

IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY NORWALK HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION AND SOCIAL SERVICES IN THE COMMUNITY (E.G. LONG-TERM CARE FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION ORGANIZATIONS, ETC.) IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER. AS A NOT-FOR-PROFIT ORGANIZATION, NORWALK HOSPITAL PROVIDES NEEDED MEDICAL CARE TO ALL, INCLUDING THOSE WHO CANNOT PAY FOR IT. (THIS COMES FROM OUR VISION AND VALUES STATEMENT. WE ARE CURRENTLY A ONE SYSTEM HOSPITAL, NO AFFILIATED HOSPITALS.)