

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

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 NORWALK HOSPITAL ASSOCIATION	Employer identification number 06-6068853
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		17076	12,130,987.	4,964,575.	7,166,412.	2.11
b Medicaid (from Worksheet 3, column a)		46085	59,385,091.	41,428,745.	17,956,347.	5.30
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		63161	71,516,078.	46,393,320.	25,122,759.	7.41
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		1397468	1,780,359.	97,272.	1,683,087.	.05
f Health professions education (from Worksheet 5)		22	12,372,639.	4,399,270.	7,973,369.	2.35
g Subsidized health services (from Worksheet 6)		10014	3,465,077.	1,360,322.	2,104,755.	.62
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		1407504	17,618,075.	5,856,864.	11,761,211.	3.02
k Total. Add lines 7d and 7j.		1470665	89,134,153.	52,250,184.	36,883,970.	10.43

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	320	24,570.		24,570.	.01
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1	320	24,570.		24,570.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	17,836,044.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	7,965,577.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	89,000,371.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	118,035,020.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,034,649.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

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	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORWALK SURGERY CTR	AMBULATORY SURGERY CENTER	64.11000		31.10000
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12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group NORWALK HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply):	1	X
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	X
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	5	X
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" 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 CHNA, indicate how (check all that apply to date):		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .	7	X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy NORWALK HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

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

Part V Facility Information (continued) NORWALK HOSPITAL

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

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

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

21		X

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)
1 NORWALK HOSP. OUTPATIENT REHAB. SERVICES 520 WEST AVENUE NORWALK CT 06850	OUTPATIENT REHABILITATION FAC.
2 NORWALK HOSP. OUTPATIENT REHAB. SERVICES 40 CROSS STREET, SUITE 110 NORWALK CT 06851	OUTPATIENT SERVICES
3 NORWALK HOSP. SLEEP DISORDERS SERVICES 520 WEST AVENUE NORWALK CT 06850	SLEEP DISORDER SERVICES
4 NORWALK HOSP. RAD. & MAMMOGRAPHY CTR. 148 EAST AVENUE, SUITE 1R NORWALK CT 06851	RADIOLOGY & MAMMOGRAPHY CENTER
5 NORWALK HOSPITAL NEW CANAAN RADIOLOGY 29-30 EAST AVENUE NEW CANAAN CT 06840	RADIOLOGY SERVICES
6 NORWALK HOSPITAL WESTPORT RADIOLOGY 728 POST ROAD EAST WESTPORT CT 06880	RADIOLOGY SERVICES
7 NEW CANAAN BLOOD COLLECTION CENTER 28-30 EAST AVENUE NEW CANAAN CT 06840	BLOOD COLLECTION
8 WESTPORT BLOOD COLLECTION 728 POST ROAD EAST WESTPORT CT 06880	BLOOD COLLECTION
9 NORWALK BLOOD COLLECTION 40 CROSS STREET NORWALK CT 06851	BLOOD COLLECTION
10 NORWALK BLOOD COLLECTION 148 EAST AVENUE NORWALK CT 06851	BLOOD COLLECTION

Schedule H (Form 990) 2012

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)
1 NORWALK SURGERY CENTER, LLC 40 CROSS STREET NORWALK CT 06851	SURGERY CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART I, LINE 7, COLUMN F

NORWALK HOSPITAL HAS AN ACGME ACCREDITED MEDICAL RESIDENCY PROGRAM PARTNERED WITH YALE UNIVERSITY SCHOOL OF MEDICINE. APPROXIMATELY 58 RESIDENTS AND FELLOWS ROTATE IN THE MEDICINE, RADIOLOGY, GASTROENTEROLOGY, PULMONARY OR SLEEP PROGRAMS. THE ASSOCIATED COSTS AND REVENUES ARE DERIVED FROM THE MEDICARE COST REPORT.

SUBSIDIZED HEALTH SERVICES LINE G - NORWALK HOSPITAL RECEIVES A DHMAS GRANT FROM THE STATE OF CONNECTICUT FOR THE OUTPATIENT PSYCHIATRIC CLINIC. THESE DOLLARS HELP OFFSET THE SHORTFALL FROM UNDER OR UNINSURED PATIENTS.

PART II

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

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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 STRUCTURED, VIGOROUS EXERCISES. THE IN-SCHOOL COMPONENT PROVIDES THE CHILDREN WITH A WEEKLY 40 MINUTE 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 CIRCUIT TRAINING, COOKING CLASSES, SHOPPING ACTIVITIES, ETC. SINCE WEIGHT PROBLEMS IN CHILDHOOD OFTEN CONTINUE INTO ADULTHOOD,

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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. THE \$24,570 REPRESENTS THE VALUE OF THE HOURS DEVOTED TO PROVIDING THESE PROGRAMS AND COLLABORATING WITH COMMUNITY AGENCIES INVOLVED.

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.

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.).
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LINE 3 - THE PERCENT OF CHARITY CARE APPLICATIONS UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY THAT RESULTED IN A DISCOUNT WAS 44.66%. WE APPLIED THIS % TO OUR BAD DEBT EXPENSE OF \$17,836,044 TO ARRIVE AT OUR ESTIMATE OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER NORWALK HOSPITAL'S FINANCIAL ASSISTANCE POLICY OF \$7,965,577.

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

Part VI Supplemental Information

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MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 WERE COMPUTED USING THE COST TO CHARGE RATIO FROM THE MEDICARE COST REPORT MULTIPLIED AGAINST MEDICARE CHARGES.

PART III, LINE 9B

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

PART V, SECTION B, LINE 3

NORWALK HOSPITAL AND THE NORWALK HEALTH DEPARTMENT ARE LEADING A

Part VI Supplemental Information

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COLLABORATIVE COMMUNITY PLANNING PROCESS TO IMPROVE THE HEALTH OF GREATER NORWALK AREA RESIDENTS. INVOLVED IN THIS EFFORT ARE THE HEALTH DEPARTMENTS OF NEW CANAAN, WESTPORT, WESTON, WILTON, DARIEN, AND FAIRFIELD, AS WELL AS THE NORWALK COMMUNITY HEALTH CENTER, NON-PROFIT AGENCIES, COMMUNITY AND FAITH BASED ORGANIZATIONS, AS WELL AS THE PUBLIC BEING SERVED. A BROAD REPRESENTATION OF THE COMMUNITY ALLOWS US TO SHARE EXPERTISE AND RESOURCES.

PART V, SECTION B, LINE 7

A SUBCOMMITTEE OF THE NORWALK HOSPITAL BOARD OF TRUSTEES, THE COMMUNITY HEALTH COMMITTEE (CHC), WAS ESTABLISHED TO PROVIDE OVERSIGHT AND DEVELOP PROJECTS AND PROGRAMS AIMED AT IMPROVING THE HEALTH OF CITIZENS IN LOWER FAIRFIELD COUNTY. THE CHC ASSURES STAKEHOLDER ENGAGEMENT, SETS GOALS, STRATEGIES AND METRICS, MEASURES PROGRAM IMPACT TO PRIORITY COMMUNITY NEEDS, AND MONITORS AND REPORTS PERFORMANCE.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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CO-LEADS (CONTENT EXPERTS AND OPERATIONAL LEADERS) WERE SELECTED TO FORMULATE WORKGROUPS FROM THE TASK FORCE TO DISCUSS, DEVELOP AND IMPLEMENT WAYS TO COMPLETE THE IMPROVEMENT PLAN WITH THE EMPHASIS ON CROSS-TOWN, CROSS-INSTITUTION COLLABORATION. WORKGROUPS, COMPRISED OF REPRESENTATIVES FROM A WIDE VARIETY OF COMMUNITY AGENCIES FROM THROUGHOUT THE REGION, FORMED THE OBESITY/HEALTHY LIFESTYLE INITIATIVE COMMITTEE AND MENTAL HEALTH/SUBSTANCE ABUSE INITIATIVE COMMITTEE. EACH COMMITTEE REVIEWED EVIDENCE-BASED STRATEGIES FOR THE HEALTH PRIORITIES WITH A FOCUS ON COMMUNITIES AND SUB-GROUPS OF THE COMMUNITY, SET RELATED PERFORMANCE MEASURES FOR SHORT- AND INTERMEDIATE-TERM PLANS, AND ESTABLISHED TIMELINES FOR ACHIEVING GOALS AND OBJECTIVES.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS PRESENTED TO THE NORWALK HOSPITAL BOARD OF TRUSTEES.

Part VI Supplemental Information

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NEEDS ASSESSMENT

PART VI, QUESTION 1

SERVING OUR COMMUNITIES SPECIAL NEEDS THROUGH OUTREACH PROGRAMS

NORWALK HOSPITAL TAKES PARTICULAR PRIDE IN -- NOT ONLY SERVING THE LOCAL COMMUNITIES WITH OUTSTANDING CARE -- BUT IN ITS ABILITY TO ACCOMMODATE EVERYONE WHO COMES THROUGH ITS DOORS. NO PATIENT IS TURNED AWAY FOR LACK OF FUNDS. NORWALK HOSPITAL PROVIDES NUMEROUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS WITHOUT CHARGE, SUCH AS CANCER SUPPORT, BEREAVEMENT SUPPORT, SMOKING CESSATION, ETC. THE HOSPITAL STAFF PARTICIPATES IN HEALTH FAIRS AND COMMUNITY LECTURES FOR ASSISTED LIVING CENTERS, SENIOR CENTERS, CHURCHES, PUBLIC SCHOOLS AND PROVIDES AMBULANCE TOURS TO THE ELEMENTARY SCHOOLS IN NORWALK.

NORWALK HOSPITAL OFFERS PROGRAM AND FINANCIAL SUPPORT TO THE NORWALK COMMUNITY HEALTH CENTER, A COMMUNITY-BASED HEALTH CENTER, AND PROVIDES SUPPORT TO AMERICARES CLINIC. SPECIALTY CLINICS FOR THE MEDICALLY

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UNDERSERVED ARE STAFFED BY VOLUNTEER ATTENDING PHYSICIANS IN THE
FOLLOWING SPECIALTIES: SURGERY, GI, PULMONARY, ORTHOPEDICS, PODIATRY,
PHYSIATRY, NEPHROLOGY, NEUROLOGY, SEIZURE, DERMATOLOGY, CARDIOLOGY,
RHEUMATOLOGY, LIVER AND BREAST.

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
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.
THE PATIENT IS THEN SENT AN APPLICATION AND WORKS WITH THE FINANCIAL
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COMMUNITY INFORMATION

PART VI, QUESTION 4

COMMUNITY INFORMATION:

NORWALK HOSPITAL SERVES 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 LOCATED IN NORWALK HOSPITAL'S PRIMARY OR SECONDARY SERVICE AREAS, BUT THERE ARE FIVE OTHER HOSPITALS LOCATED IN FAIRFIELD COUNTY. A DIVERSE SOCIO-ECONOMIC POPULATION, NORWALK HOSPITAL SERVICES 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 IN NORWALK IS 8.9%. THE PERCENTAGE OF THE POPULATION IN THE PRIMARY AND SECONDARY 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 THE SAME PERIOD OF TIME.

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PROMOTION OF COMMUNITY HEALTH

PART VI, QUESTION 5

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 (IE, LONG TERM FACILITIES, COMMUNITY OUTREACH, HEALTH PROMOTION/ILLNESS PREVENTION, ETC.) TO OPTIMIZE 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 IS PART OF THE HOSPITAL'S "VISION AND VALUES."

NORWALK HOSPITAL PROVIDES A VAST ASSORTMENT OF SERVICES FREE OF CHARGE AND FURTHER CARRIES OUT ITS CITIZENSHIP BY MEETING THE NEEDS OF THE UNDERSERVED. THE HOSPITAL MAKES AVAILABLE TO THE COMMUNITY AN IMPRESSIVE LIST OF SPECIALTIES, SUCH AS:

CHILDBIRTH CENTER - NORWALK HOSPITAL PROVIDES EXCEPTIONAL MATERNITY AND

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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 HOSPITAL ALSO OFFERS COMPREHENSIVE CHILDBIRTH EDUCATION AND SUPPORT PROGRAMS.

THE SMILOW FAMILY BREAST HEALTH 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, DEDICATED TO THE SURVIVAL AND RESTORATION OF PATIENTS TO THEIR BEST FUNCTIONAL OUTCOME.

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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 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 HEALTH CARE AND CANCER PATIENTS.

SURGICAL SERVICES - NORWALK HOSPITAL'S DEDICATED SURGICAL STAFF OFFERS HIGH QUALITY SURGICAL CARE BY ALL MEASURABLE STANDARDS. OUTSTANDING SURGEONS ARE IN THE FOREFRONT OF SURGICAL PROCEDURES INCLUDING

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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

BARIATRIC CENTER - THE 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.

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

STATE FILING OF COMMUNITY BENEFIT REPORT

PART VI, QUESTION 7

NORWALK HOSPITAL TAKES PARTICULAR PRIDE IN -- NOT ONLY SERVING THE LOCAL COMMUNITIES WITH OUTSTANDING CARE -- BUT IN ITS ABILITY TO ACCOMMODATE EVERYONE WHO COMES THROUGH ITS DOORS. NO PATIENT IS TURNED AWAY FOR LACK OF FUNDS. NORWALK HOSPITAL PROVIDES NUMEROUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS WITHOUT CHARGE, SUCH AS CANCER SUPPORT, BEREAVEMENT SUPPORT, SMOKING CESSATION, ETC. THE HOSPITAL STAFF PARTICIPATES IN HEALTH FAIRS AND COMMUNITY LECTURES FOR ASSISTED LIVING CENTERS, SENIOR CENTERS, CHURCHES, PUBLIC SCHOOLS AND PROVIDES AMBULANCE TOURS TO THE ELEMENTARY SCHOOLS IN NORWALK.

NORWALK HOSPITAL OFFERS PROGRAM AND FINANCIAL SUPPORT TO THE NORWALK COMMUNITY HEALTH CENTER, A COMMUNITY-BASED HEALTH CENTER, AND PROVIDES SUPPORT TO AMERICARES CLINIC. SPECIALTY CLINICS FOR THE MEDICALLY UNDERSERVED ARE STAFFED BY VOLUNTEER ATTENDING PHYSICIANS IN THE FOLLOWING SPECIALTIES: SURGERY, GI, PULMONARY, ORTHOPEDICS, PODIATRY,

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PSYCHIATRY, NEPHROLOGY, NEUROLOGY, SEIZURE, DERMATOLOGY, CARDIOLOGY,

RHEUMATOLOGY, LIVER AND BREAST.