

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization THE CHARLOTTE HUNGERFORD HOSPITAL	Employer identification number 06 0646678
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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	✓	
1b If "Yes," was it a written policy?	✓	
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 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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	✓	
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
a Financial Assistance at cost (from Worksheet 1)		1,399	679,802	0	679,802	0.56
b Medicaid (from Worksheet 3, column a)		50,025	26,635,454	16,668,946	9,966,508	8.15
c Costs of other means-tested government programs (from Worksheet 3, column b)		520	147,265	91,919	55,346	0.05
d Total Financial Assistance and Means-Tested Government Programs	0	51,944	27,462,521	16,760,865	10,701,656	8.75
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	2,660	120,576	0	120,576	0.10
f Health professions education (from Worksheet 5)	2	400	2,153	0	2,153	0.00
g Subsidized health services (from Worksheet 6)	6	82,974	31,087,251	27,543,411	3,543,840	2.90
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,570	22,371	0	22,371	0.02
j Total. Other Benefits	18	87,604	31,232,351	27,543,411	3,688,940	3.02
k Total. Add lines 7d and 7j	18	139,548	58,694,872	44,304,276	14,390,596	11.76

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					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

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	✓
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	2,393,914	
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		
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	42,121,368
6	Enter Medicare allowable costs of care relating to payments on line 5	6	46,590,622
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(4,469,254)
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
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	ADVANCED MEDICAL IMAGING OF NORTHWEST CT LLC	IMAGING CENTER	50.00		50.00
2	UROLOGY CENTER OF NW CT	UROLOGY CENTER	62.50		37.50
3					
4					
5					
6					
7					
8					
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11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 CHARLOTTE HUNGERFORD HOSPITAL
 540 LITCHFIELD STRRET, TORRINGTON 06790
 WWW.CHARLOTTEHUNGERFORD.ORG STATE LICENSE
 NO. : 0042

2

3

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓	✓		

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHARLOTTE HUNGERFORD HOSPITAL

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	✓	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
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 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 significant 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 checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7 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):	✓	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CHARLOTTEHUNGERFORD.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		✓
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	✓	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?		✓
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CHARLOTTE HUNGERFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	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):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

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

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group CHARLOTTE HUNGERFORD HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	✓	
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

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

Part V, Section C

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

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p>FACILITY NAME: CHARLOTTE HUNGERFORD HOSPITAL:</p> <p>DESCRIPTION: THE STUDY WAS CONDUCTED BY THE CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES AT EDUCATION CONNECTION IN LITCHFIELD, CT. THE STEERING COMMITTEE INCLUDED THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS: JOANNE BORDUAS, BSN, MSN, MBA, CHIEF EXECUTIVE OFFICER, COMMUNITY HEALTH AND WELLNESS CENTER HEATHER CAPPABIANCA, RN, MHA, DIRECTOR, CT OFFICE OF RURAL HEALTH, COORDINATOR, NCCC, ALLIED HEALTH STEPHANIE K. FOWLER, M.D., CHARLOTTE HUNGERFORD HOSPITAL, BOARD OF GOVERNORS RUTHANN HORVAY, DIRECTOR, WINSTED FAMILY RESOURCE CENTER, WINCHESTER PUBLIC SCHOOLS JOHN N. LAVIERI, PRESIDENT, STERLING ENGINEERING TIM J. LEBOUTHILLIER, DIRECTOR OF PUBLIC RELATIONS, CHARLOTTE HUNGERFORD HOSPITAL BRIAN E. MATTIELLO, VP FOR ORGANIZATIONAL DEVELOPMENT, CHARLOTTE HUNGERFORD HOSPITAL THOMAS NARDUCCI, LCSW, ADMINISTRATIVE DIRECTOR, OUTPATIENT BEHAVIORAL HEALTH, CHARLOTTE HUNGERFORD HOSPITAL LESLIE POLITO, BSN, RN, PUBLIC HEALTH NURSE, TORRINGTON AREA HEALTH DISTRICT FRANK R. VANONI, M.D., COMMUNITY RESIDENT/FORMER MEMBER CHH STAFF,</p>
SCHEDULE H, PART V, SECTION B, LINE 16A	FAP AVAILABLE WEBSITE	WWW.CHARLOTTEHUNGERFORD.ORG
SCHEDULE H, PART V, SECTION B, LINE 16B	FAP APPLICATION FORM WEBSITE	WWW.CHARLOTTEHUNGERFORD.ORG
SCHEDULE H, PART V, SECTION B, LINE 16C	PLAIN LANGUAGE FAP SUMMARY WEBSITE	WWW.CHARLOTTEHUNGERFORD.ORG
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	<p>FACILITY NAME: CHARLOTTE HUNGERFORD HOSPITAL:</p> <p>DESCRIPTION: CHARGES FOR FAP CLIENTS ARE COMPLETELY WRITTEN OFF UP TO THE COST OF CHARGES, USING THE APPROPRIATE COST TO CHARGE RATIO.</p>

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1 NORTHWEST CONNECTICUT MEDICAL WALK IN 1598 EAST MAIN STREET TORRINGTON, CT 06790	WALK IN MEDICAL CLINIC
2 THE HUNGERFORD CENTER 780 LITCHFIELD STREET TORRINGTON, CT 06790	CARDIAC AND PULMONARY REHAB SERVICES
3 THE CENTER FOR CANCER CARE 200 KENNEDY DRIVE TORRINGTON, CT 06790	CANCER TREATMENT CENTER
4 HUNGERFORD DIAGNOSTIC CENTER 220 KENNEDY DRIVE TORRINGTON, CT 06790	RADIOLOGY SERVICES
5 THE CENTER FOR YOUTH AND FAMILIES 50 LITCHFIELD STREET TORRINGTON, CT 06790	PSYCH SERVICES FOR CHILDREN AND FAMILIES
6 WINSTED BEHAVIORAL HEALTH CENTER 294 MAIN STREET WINSTED, CT 06098	PSYCH SERVICES
7 SURGICAL ASSOCIATES OF CHH 538 LITCHFIELD STREET TORRINGTON, CT 06790	SURGICAL PHYSICIANS PRACTICE
8 NEUROLOGY PBC 780 LITCHFIELD STREET TORRINGTON, CT 06790	NEUROLOGY PHYSICIANS PRACTICE
9 CHH PRIMARY CARE 780 LITCHFIELD STREET TORRINGTON, CT 06790	PRIMARY CARE PHYSICIANS PRACTICE
10 CHH CARDIOVASCULAR MEDICINE SERVICE 1215 NEW LITCHFIELD STREET TORRINGTON, CT 06790	CARDIOVASCULAR PHYSICIANS PRACTICE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1 CHH WOUND CARE AND HYPERBARIC MEDICINE 7 FELICITY LANE TORRINGTON, CT 06790	WOUND CARE PHYSICIANS PRACTICE
2 CHH UROLOGY MEDICINE 538 LITCHFIELD STREET TORRINGTON, CT 06790	ADULT AND PEDIATRIC UROLOGY PHYSICIANS PRACTICE
3 HUNGERFORD EMERGENCY AND MEDICAL CARE 115 SPENCER STREET WINSTED, CT 06098	EMERGENCY SERVICES
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any 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 hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 3C	CRITERIA USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE	CARE WILL BE PROVIDED FREE FOR THOSE WHO QUALIFY AS UNINSURED AND VERIFICATION HAS DETERMINED THAT THEIR ANNUAL INCOME IS LESS THAN 200% OF THE FEDERAL INCOME POVERTY LEVEL. CARE WILL BE PROVIDED AT HOSPITAL COST, AS ESTABLISHED BY THE OFFICE OF HEALTH CARE ACCESS (OCHA), FOR THOSE UNINSURED PATIENTS WHO REQUEST ASSISTANCE AND VERIFICATION HAS DETERMINED THAT THEIR ANNUAL INCOME IS BETWEEN 200% AND 250% OF THE FPL. CARE WILL BE DISCOUNTED BY 30% FOR THOSE UNISURED PATIENTS WHO REQUEST ASSISTANCE AND VERIFICATION HAS DETERMINED THAT THEIR ANNUAL INCOME IS BETWEEN 250% AND 400% OF THE FPL. THE HOSPITAL WILL ALSO CONSIDER THE TOTAL MEDICAL EXPENSES FACED BY THE FAMILY AND THE FAMILY'S ABILITY TO PAY FOR THOSE EXPENSES, AND WILL CONSIDER OFFERING GREATER ASSISTANCE WHEN POSSIBLE TO THOSE FAMILIES FACING CATASTROPHIC MEDICAL EXPENSES.
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	A COST TO CHARGE RATIO BASED ON CHARITY CARE CHARGES AND EXPENSES.
SCHEDULE H, PART III, LINE 2	METHODOLOGY USED TO ESTIMATE BAD DEBT	COSTING METHODOLOGY USED - THE HOSPITAL USES A MODEL CONSISTING OF OUR ACCOUNTS RECEIVABLE BALANCE DIVIDED INTO EIGHT AGING CATEGORIES AS FOLLOWS: 0-30 DAYS, 31-60 DAYS, 61-90 DAYS, 91-120 DAYS, 121-210 DAYS, 211-365 DAYS, AND GREATER THAN 365 DAYS. A PERCENTAGE IS THEN ASSIGNED TO EACH AGING BUCKET BASED ON AGE, WITH A HIGHER PERCENTAGE ASSIGNED AS THE DAYS OUTSTANDING INCREASES. THE RESULTING CALCULATION IS USED TO COMPARE WITH THE RESERVE AND A MONTHLY ADJUSTMENT IS MADE TO DETERMINE THE EXPENSE. ANNUALLY, THIS CALCULATION IS COMPARED TO AN AUDIT OF THE BAD DEBT RESERVES TO DETERMINE IF ANY ADJUSTMENTS ARE REQUIRED.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS NOTE 3 ON PAGES 11 AND 12 OF THE ATTACHED FINANCIAL STATEMENTS.
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	EXPLANATION: THE MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE ARE DERIVED DIRECTLY FROM THE MEDICARE COST REPORT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	THE HOSPITAL ATTEMPTS TO HAVE INDIVIDUALS FILL OUT ALL PAPER WORK REQUIRED FOR CHARITY CARE. IF THE PERSON IS NOT CAPABLE OF DOING THIS OR IS KNOWN TO BE UNABLE TO DO THIS (SUCH AS A KNOWN HOMELESS PERSON), THEN THE FINANCIAL ASSISTANCE COMMITTEE WILL ADJUST THE ACCOUNT TO CHARITY CARE AND IT WILL NOT BE REPORTED AS BAD DEBT. IF THE ACCOUNT HAS BEEN REPORTED AS BAD DEBT AND INFORMATION COMES FORTH INDICATING AN INABILITY TO PAY, THEN THE ACCOUNT WOULD BE REMOVED FROM BAD DEBT AND MOVED TO CHARITY CARE.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	THE HOSPITAL OFFERS FREE HEALTH SCREENINGS, FREE HEALTH EDUCATION AND LECTURES AT VARIOUS COMMUNITY EVENTS INCLUDING FAIRS, EXPOS, PRIVATE COMPANIES, PUBLIC MUNICIPALITIES, AND PUBLIC GATHERINGS. THESE EVENTS PROVIDE A FORUM FOR RECEIVING INFORMATION AND INPUT FROM THE COMMUNITY.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	THE HOSPITAL COUNSELS ALL SELF PAY PATIENTS BY PROVIDING A MEETING WITH A FINANCIAL COUNSELOR OR SOCIAL WORKER. ALL STATEMENTS DISTRIBUTED TO PATIENTS INCLUDE FINANCIAL COUNSELING INFORMATION. SIGNS ARE POSTED THROUGHOUT THE HOSPITAL, INCLUDING THE EMERGENCY ROOM, WHICH STATE CHARITY CARE POLICIES AND FINANCIAL ASSISTANCE INFORMATION.

Return Reference	Identifier	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	<p>THE CHARLOTTE HUNGERFORD HOSPITAL (CHH) IS LOCATED IN THE NORTHWEST PART OF CONNECTICUT (LITCHFIELD COUNTY) IN THE TOWN OF TORRINGTON. THE SERVICE AREA OF THE HOSPITAL IS COMPRISED OF THIRTEEN TOWNS WITH A TOTAL POPULATION OF APPROXIMATELY 95,000 PEOPLE. IN RECENT YEARS, THE AREA IS BECOMING MORE RACIALLY AND ETHNICALLY DIVERSE. IN THE PAST DECADE, THE NUMBER OF WHITE RESIDENTS INCREASED AT A SLOWER RATE COMPARED TO AFRICAN AMERICAN, ASIAN, AND HISPANIC RESIDENTS. THE LOCAL POPULATION IS ALSO AGING, AND HAS A LOWER PERCENTAGE OF PERSONS UNDER AGE 18 AND A HIGHER PERCENTAGE OF PERSONS AGE 65 AND OLDER THAN IN THE STATE. THIS IS EVIDENT IN THE HIGH PERCENTAGE OF MEDICARE AND MEDICAID REVENUE (APPROXIMATELY 70%) THE HOSPITAL RECEIVES AS PART OF ITS OPERATIONS. OF THE 13 SERVICE AREA TOWNS SERVED BY CHH, THE TOWNS OF TORRINGTON (11%) AND CORNWALL (12%) HAD THE HIGHEST POVERTY LEVELS. BOTH TOWNS WERE ABOVE THE STATE AVERAGE OF 10%. IN TERMS OF EDUCATIONAL ACHIEVEMENT, THE OVERALL COUNTY AVERAGE FOR HIGH SCHOOL COMPLETION OF 96% EXCEEDED THE STATE AVERAGE OF 89%. LOWER LEVELS OF ACHIEVEMENT ARE FOUND IN THE TOWNS OF TORRINGTON AND WINCHESTER. BOTH OF THESE TOWNS ALSO HAVE HIGHER POVERTY RATES AND LOWER MEDIAN HOUSEHOLD INCOMES THAN OTHER TOWNS SERVED BY THE HOSPITAL. THE SCHOOL DISTRICTS IN THESE TWO TOWNS HAD THE HIGHEST PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED MEALS WITH TORRINGTON AT 47% AND WINCHESTER AT 61%. THE VAST MAJORITY OF COUNTY RESIDENTS SPEAK ENGLISH (91%) WITH 9% HAVING A PRIMARY LANGUAGE OTHER THAN ENGLISH AND 3% SPEAKING ENGLISH LESS THAN "VERY WELL". IN TERMS OF SERVICES PROVIDED TO COMMUNITIES, TORRINGTON GENERATES 50% OF HOSPITAL CHARGES WITH 14% GENERATED FROM WINSTED.</p>
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	<p>ALL BOARD OF DIRECTORS MEMBERS RESIDE IN THE COMMUNITY SERVED BY THE CHARLOTTE HUNGERFORD HOSPITAL. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL PROVIDERS WHO MEET THE QUALIFICATION STANDARDS AND REQUIREMENTS SET FORTH IN THE CHARLOTTE HUNGERFORD HOSPITAL MEDICAL STAFF BY-LAWS.</p>
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	CT