

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization **THE WILLIAM W BACKUS HOSPITAL** Employer identification number **06-0250773**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b 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 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?	X	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1514083.		1514083.	.57%
b Medicaid (from Worksheet 3, column a)			61534651.	38672617.	22862034.	8.54%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63048734.	38672617.	24376117.	9.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			549,220.		549,220.	.21%
f Health professions education (from Worksheet 5)			150,114.		150,114.	.06%
g Subsidized health services (from Worksheet 6)			3160177.		3160177.	1.18%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			55,500.		55,500.	.02%
j Total Other Benefits			3915011.		3915011.	1.47%
k Total. Add lines 7d and 7j			66963745.	38672617.	28291128.	10.58%

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 THE WILLIAM W BACKUS 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?		X
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		X
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	X	
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 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 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 type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</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	X	
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		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
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>SEE PART V</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 checked="" 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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)?		X
b 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 THE WILLIAM W BACKUS 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?	X	
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>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" 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?	X	
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 PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</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 checked="" 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?	X	
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 checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group THE WILLIAM W BACKUS 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?		X
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 checked="" 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?		X
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?		X
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?		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 5: TO SOLICIT INPUT FROM KEY INFORMANTS AND INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS. THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS INCLUDING THE FOLLOWING:

AMERICAN AMBULANCE SERVICE, INC.

AMERICAN RED CROSS BLOOD SERVICES

BACKUS HOSPITAL

CATHOLIC CHARITIES

GENERATIONS FAMILY HEALTH CENTER, INC.

MOHEGAN TRIBE

NORWICH ADULT EDUCATION / RELIANCE HOUSE, INC.

ROSE CITY SENIOR CENTER

SOUTHEASTERN REGIONAL ACTION COUNCIL

ST. VINCENT DE PAUL PLACE NORWICH

THREE RIVERS COMMUNITY COLLEGE NURSING PROGRAM

TOWN OF WINDHAM

TVCCA

UNCAS HEALTH DISTRICT

UNITED COMMUNITY AND FAMILY SERVICES

WINDHAM HOSPITAL

WINDHAM REGION NO FREEZE PROJECT

PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE OVERALL

Part V Facility Information (continued)

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

COMMUNITY. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. KEY INFORMANTS WERE ASKED TO RATE THE DEGREES TO WHICH VARIOUS HEALTH ISSUES WERE A PROBLEM IN THE HARTFORD REGION. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFIED AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED.

AFTER REVIEWING THE COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS, THE COMMUNITY REPRESENTATIVES MET ON JUNE 11, 2015 TO DETERMINE THE HEALTH NEEDS TO BE PRIORITIZED FOR ACTION. DURING A DETAILED PRESENTATION OF THE CHNA FINDINGS, THE HOSPITAL USED AUDIENCE RESPONSE SYSTEM (ARS) TECHNOLOGIES TO LEAD STEERING COMMITTEE MEMBERS THROUGH A PROCESS OF UNDERSTANDING KEY LOCAL DATA FINDINGS (AREAS OF OPPORTUNITY) AND RANKING IDENTIFIED HEALTH ISSUES AGAINST THE FOLLOWING ESTABLISHED, UNIFORM CRITERIA: MAGNITUDE, IMPACT/SERIOUSNESS/FEASIBILITY, CONSEQUENCES OF INACTION. FROM THIS EXERCISE, THE AREAS OF OPPORTUNITY WERE PRIORITIZED AS FOLLOWS BY THE COMMITTEE: MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS, DIABETES, SUBSTANCE ABUSE, CANCER, HEART DISEASE AND STROKE.

PART V, SECTION B, LINE 7A

WWW.BACKUSHOSPITAL.ORG/ABOUT-US/COMMUNITY-OUTREACH/HEALTH-NEEDS-ASSESSMENT

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 7D: THE NEEDS ASSESSMENT WAS PUBLISHED IN MARCH 2015 AND IS AVAILABLE ON THE HOSPITAL'S WEBSITE. IN ADDITION, COPIES WERE MADE AVAILABLE TO OUR COMMUNITY PARTNERS.

Part V Facility Information (continued)

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 11: IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY

HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL

DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED

MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO

INFLUENCE:

* NUTRITION

* PHYSICAL ACTIVITY & WEIGHT (OBESITY)

* CANCER

* DIABETES

* HEART DISEASE & STROKE

* RESPIRATORY DISEASES

* ACCESS TO CARE

* ORAL HEALTH

* DEMENTIA

* ALZHEIMER'S DISEASE

* MENTAL HEALTH & SUBSTANCE USE (INCLUDING TOBACCO USE).

BACKUS HOSPITAL IS IMPLEMENTING INITIATIVES THAT WILL RESPOND TO THESE

NEEDS. ADDITIONAL NEEDS IDENTIFIED AS "AREAS OF OPPORTUNITIES" WERE NOT

DEEMED AS SIGNIFICANT NEEDS AND DID NOT RANK HIGHLY ENOUGH TO EARN A

PRIORITIZED RANKING.

AREAS OF OPPORTUNITY, IDENTIFIED BUT NOT PRIORITIZED:

* INFANT HEALTH AND FAMILY PLANNING

Part V Facility Information (continued)

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

* INJURY & VIOLENCE

* POTENTIALLY DISABLING CONDITIONS

INFANT HEALTH AND FAMILY PLANNING: BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS FAMILY PLANNING AND INFANT HEALTH. OTHER COMMUNITY PARTNERS SUCH AS UCFS AND MADONNA PLACE HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED.

INJURY & VIOLENCE: BACKUS HOSPITAL BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF SAFE FUTURES, THE FORMER WOMEN'S SHELTER. BACKUS IS A COMMUNITY PARTNER AND HAS ARRANGED FOR SAFE FUTURES TO OPEN AN OFFICE IN THE MEDICAL OFFICE BUILDING, ADJOINING THE HOSPITAL. BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS INJURY PREVENTION.

POTENTIALLY DISABLING CONDITIONS: BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS POTENTIALLY DISABLING CONDITIONS.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 13H: FAMILY ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALSO INCLUDE FAMILY SIZE, EMPLOYMENT STATUS, FINANCIAL OBLIGATIONS, AND AMOUNT AND FREQUENCY OF HEALTH CARE EXPENSES.

THE WILLIAM W BACKUS HOSPITAL:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 15E: IN ADDITION, PATIENT MAY ASK A NURSE, PHYSICIAN, CHAPLAIN, OR STAFF MEMBER FROM PATIENT REGISTRATION, PATIENT FINANCIAL SERVICES, CASE COORDINATION, OR SOCIAL SERVICES ABOUT INITIATING THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 16I: PATIENTS ARE INFORMED DIRECTLY BY STAFF OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY.

THE WILLIAM W BACKUS HOSPITAL:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 22D: FOR UNINSURED PATIENTS, PUBLISHED RATES ARE REDUCED BY THE PERCENTAGE DEFINED BY THE IRS AS THE AMOUNTS GENERALLY BILLED USING A "LOOK BACK" RETROSPECTIVE CALULATION TO CALCULATE THE AMOUNT ALLOWED BY GOVERNMENTAL (MEDICARE AND MEDICAID) AND COMMERCIALY INSURED PATIENTS. THIS PERCENTAGE IS UPDATED ON AN ANNUAL BASIS. THE ANNUAL CALCULATION METHODOLOGY AND THE PERCENTAGES ARE LOCATED IN APPENDIX A OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. UNDERINSURED PATIENTS WILL NOT BE BILLED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO INSURED PATIENTS.

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? 11

Name and address	Type of Facility (describe)
1 BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH, CT 06360	OUTPATIENT SERVICES
2 MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH, CT 06360	RADIATION THERAPY/LAB
3 COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER, CT 06415	RADIOLOGY/LAB/PRIMARY CARE
4 MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE, CT 06382	RADIOLOGY/LAB/PRIMARY CARE
5 LEDYARD BACKUS HEALTH CENTER 2 LORENZ PARKWAY LEDYARD, CT 06339	LAB/PRIMARY CARE
6 FAMILY HEALTH CENTER AT CROSSROADS 196 PARKWAY SOUTH WATERFORD, CT 06385	PRIMARY CARE/REHAB/ORTHOPEDICS
7 INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH, CT 06360	CLINIC
8 NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON, CT 06359	PRIMARY CARE
9 NORWICHTOWN BACKUS PATIENT SERVICE CT 55 TOWN STREET NORWICH, CT 06360	LAB
10 PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD, CT 06374	LAB/RADIOLOGY/EMERGENCY SERVICES

Schedule H (Form 990) 2015

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

BACKUS HOSPITAL USED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY.
IN ADDITION, THE HOSPITAL TAKES INTO CONSIDERATION, MEDICAL INDIGENCY,
INSURANCE STATUS, UNDERINSURANCE STATUS, AND OTHER FAMILY ELIGIBILITY
CRITERIA SUCH AS FAMILY SIZE, EMPLOYMENT AND FINANCIAL OBLIGATIONS.

PART I, LINE 7:

THE ORGANIZATION UTILIZED THE RATIO OF COST TO CHARGE (RCC), DERIVED FROM
THE FY2016 MEDICARE COST REPORT WHICH ALREADY INCORPORATES OR IS NET OF
NON-PATIENT CARE COSTS (I.E. BAD DEBT, NON-PATIENT CARE, ETC). THE RATIO
WAS FURTHER REDUCED TO INCORPORATE THE DIRECTLY IDENTIFIED COMMUNITY
EXPENSES. THIS COST TO CHARGE RATIO WAS USED TO CALCULATE COSTS FOR PART I
LINES 7A & B. THE COSTS ASSOCIATED WITH THE ACTIVITIES REPORTED ON PART I,
LINE 7E WERE CAPTURED USING ACTUAL TIME MULTIPLIED BY AN AVERAGE SALARY
RATE. COSTS REPORTED IN PART III, SECTION B 6, WERE CALCULATED FROM THE
MEDICARE COST REPORT AND REDUCED FOR MEDICARE COSTS PREVIOUSLY REPORTED ON
PART I, LINES 7 F & G.

Part VI Supplemental Information (Continuation)

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 8,148,488.

PART III, LINE 4:

PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE
BEGINNING ON PAGE 20 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

PROVIDING FOR THOSE IN NEED, INCLUDING MEDICARE PATIENTS AND SERVING ALL
PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IS AN ESSENTIAL PART OF THE
ORGANIZATION'S MISSION. THE HOSPITAL SERVES ALL PATIENTS WITHOUT REGARD TO
ANY PAYMENT SHORTFALL. THEREFORE THE MEDICARE SHORTFALL SHOULD BE
CONSIDERED TO BE A COMMUNITY BENEFIT. THE ORGANIZATION'S MEDICARE COST
REPORT WAS USED TO ACCUMULATE ACTUAL COSTS RELATED TO PART III, SECTION B,
LINE 6.

PART III, LINE 9B:

THE FINANCIAL ASSISTANCE POLICY STATES: IN THE EVENT A PATIENT FAILS TO
QUALIFY FOR FINANCIAL ASSISTANCE OR FAILS TO PAY THEIR PORTION OF
DISCOUNTED CHARGES PURSUANT TO THIS POLICY, AND THE PATIENT DOES NOT PAY
TIMELY THEIR OBLIGATIONS TO THE HOSPITAL, THE HOSPITAL RESERVES THE RIGHT
TO BEGIN COLLECTION ACTIONS, INCLUDING BUT NOT LIMITED TO, IMPOSING WAGE
GARNISHMENTS OR LEINS ON PRIMARY RESIDENCES, INSTITUTING LEGAL ACTION AND
REPORTING THE MATTER TO ONE OR MORE CREDIT RATING AGENCIES. FOR THOSE
PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE AND WHO ARE COOPERATING IN
GOOD FAITH TO RESOLVE THE HOSPITAL'S OUTSTANDING ACCOUNTS, THE HOSPITAL

Part VI Supplemental Information (Continuation)

MAY OFFER EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS, WILL NOT IMPOSE WAGE GARNISHMENTS OR LIENS ON PRIMARY RESIDENCES, WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES AND WILL CEASE ALL COLLECTION EFFORTS.

NO EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE INITIATED DURING THE FIRST 120 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT TO A VALID ADDRESS OR DURING THE TIME THAT PATIENT'S FINANCIAL ASSISTANCE APPLICATION IS PROCESSING. BEFORE INITIATING ANY ECA, A NOTICE WILL BE PROVIDED TO THE PATIENT 30 DAYS PRIOR TO INITIATING SUCH AN EVENT. IF THE PATIENT APPLIES FOR ASSISTANCE WITHIN 240 DAYS FROM THE FIRST NOTIFICATION OF THE SELF-PAY BALANCE, AND IS GRANTED ASSISTANCE, ANY ECA'S SUCH AS NEGATIVE REPORTING TO A CREDIT BUREAU OR LIENS THAT HAVE BEEN FILED WILL BE REMOVED.

PART VI, LINE 2:

BACKUS HOSPITAL USES EMERGENCY ROOM DATA TO TRACK INCREASES IN MEDICAL CONDITIONS SUCH AS FALLS, FLU, DRUG OVERDOSES, ETC. THE SAME APPROACH IS TAKEN IN OUR OUTPATIENT CLINICS. WE PERIODICALLY CANVAS OUR SOCIAL WORK/CASE MANAGEMENT STAFF AS TO WHAT THEY ARE SEEING AND HEARING ABOUT AS THEY WORK WITH PATIENTS. WE ALSO TRACK REQUESTS FROM OTHER ENTITIES SUCH AS AREA NON-PROFITS, LOCAL GOVERNMENTAL AGENCIES AND PUBLIC SCHOOLS. THESE REQUESTS OFTEN REFLECT GROWING NEEDS AND ISSUES IN OUR COMMUNITY.

PART VI, LINE 3:

BACKUS HOSPITAL WILL PROVIDE INFORMATION ABOUT ITS FINANCIAL ASSISTANCE POLICY AS FOLLOWS: (1) PROVIDE SIGNS REGARDING THIS POLICY AND WRITTEN PLAIN LANGUAGE SUMMARY INFORMATION DESCRIBING THE POLICY ALONG WITH

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE EMERGENCY DEPARTMENT, LABOR AND DELIVERY AREAS AND OTHER PATIENT REGISTRATION AREAS; (2) PROVIDE TO EACH PATIENT WRITTEN PLAIN LANGUAGE SUMMARY INFORMATION DESCRIBING THE POLICY ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSION, PATIENT REGISTRATION, DISCHARGE, BILLING AND COLLECTION WRITTEN COMMUNICATIONS; (3) MAKE PAPER COPIES OF THE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE POLICY AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH BY MAIL AND IN PUBLIC LOCATIONS IN THE HOSPITAL FACILITY, INCLUDING THE EMERGENCY ROOM AND ADMISSION AREAS; (4) POST THE POLICY, PLAIN LANGUAGE SUMMARY AND FINANCIAL ASSISTANCE APPLICATION ON THE WEBSITE WITH CLEAR LINKAGE TO SUCH DOCUMENTS ON THE HOSPITAL'S HOME PAGE; (5) EDUCATE ALL ADMISSION AND REGISTRATION PERSONNEL REGARDING THE POLICY SO THAT THEY CAN SERVE AS AN INFORMATIONAL RESOURCE TO PATIENTS REGARDING THE POLICY AND (6) INCLUDE THE TAG LINE "PLEASE ASK ABOUT OUR FINANCIAL ASSISTANCE POLICY" IN BACKUS WRITTEN PUBLICATIONS.

PART VI, LINE 4:

THE TOTAL POPULATION OF THE BACKUS HOSPITAL PRIMARY SERVICE AREA IS 391,769. 85.4% OF THE POPULATION IS WHITE WITH 4.4% BLACK. PEOPLE OF HISPANIC ORIGIN MAKE UP 8.9%. CHILDREN AGE 0-17 MAKE UP 21.8%, 18-64 64.3% AND SENIORS ACCOUNT FOR 13.9% OF THE POPULATION. THE POPULATION LIVING IN POVERTY IS 9.2% WITH THOSE LIVING BELOW 200% FPL IS 22.5%. 10.9% HAVE NO HIGH SCHOOL DIPLOMA.

THE REGION IS A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA.

PART VI, LINE 5:

A REGIONAL BOARD GOVERNS BACKUS, WINDHAM AND NATCHAUG HOSPITALS. THE BOARD IS RESPONSIBLE FOR MAINTAINING OUTSTANDING QUALITY SERVICES AND

Part VI Supplemental Information (Continuation)

CREDENTIALS ITS MEDICAL STAFF. ALL OF THE DIRECTORS RESIDE IN OUR SERVICE AREA AND ARE NEITHER EMPLOYEES, FAMILY MEMBERS, NOR CONTRACTORS OF THE HOSPITAL.

PART VI, LINE 6:

HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS AFFILIATES. HHC, THROUGH ITS AFFILIATES INCLUDING HARTFORD HOSPITAL, STRIVES TO IMPROVE HEALTH USING THE "TRIPLE AIM" MODEL: IMPROVING QUALITY AND EXPERIENCE OF CARE; IMPROVING HEALTH OF THE POPULATION (POPULATION HEALTH) AND REDUCING COSTS. THE STRATEGIC PLANNING AND COMMUNITY BENEFIT COMMITTEE OF THE HHC BOARD OF DIRECTORS ENSURES THE OVERSIGHT FOR THESE SERVICES BY EACH HOSPITAL COMMUNITY. HHC AND ITS AFFILIATES, INCLUDING ALL SUPPORTED ORGANIZATIONS, DEVELOP AND IMPLEMENT PROGRAMS TO IMPROVE THE HEALTH CARE IN OUR SOUTHERN NEW ENGLAND REGION. THIS INCLUDES INITIATIVES TO IMPROVE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE, CREATE EFFICIENCY ON BOTH OUR INTERNAL OPERATIONS AND THE UTILIZATION OF HEALTH CARE, AND PROVIDE PATIENTS WITH THE MOST TECHNICALLY ADVANCED AND COMPASSIONATE COORDINATED CARE. IN ADDITION, HHC CONTINUES TO TAKE IMPORTANT STEPS TOWARD ACHIEVING ITS VISION OF BEING "NATIONALLY RESPECTED FOR EXCELLENCE IN PATIENT CARE AND MOST TRUSTED FOR PERSONALIZED, COORDINATED CARE".

THE AFFILIATION WITH HHC CREATES A STRONG, INTEGRATED HEALTH CARE DELIVERY SYSTEM WITH A FULL CONTINUUM OF CARE ACROSS A BROADER GEOGRAPHIC AREA. THIS ALLOWS THE SMALL COMMUNITIES EASY AND EXPEDIENT ACCESS TO THE MORE EXTENSIVE AND SPECIALIZED SERVICES THE HOSPITAL IS ABLE TO OFFER. THIS INCLUDES CONTINUING EDUCATION OF HEALTH CARE PROFESSIONALS AT ALL THE AFFILIATED INSTITUTIONS THROUGH THE CENTER OF EDUCATION, SIMULATION AND

Part VI Supplemental Information (Continuation)

INNOVATION LOCATED AT HARTFORD HOSPITAL.

THE AFFILIATION FURTHER ENHANCES THE AFFILIATE'S ABILITIES TO SUPPORT THEIR MISSIONS, IDENTITY, AND RESPECTIVE COMMUNITY ROLES. THIS IS ACHIEVED THROUGH INTEGRATED PLANNING AND COMMUNICATION TO MEET THE CHANGING NEEDS OF THE REGION. THIS INCLUDES RESPONSIBLE DECISION MAKING AND APPROPRIATE SHARING OF SERVICES, RESOURCES AND TECHNOLOGIES, AS WELL AS CONTAINMENT STRATEGIES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

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