

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE WATERBURY HOSPITAL

Employer identification number

06-0665979

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	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	
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 discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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)			1635320.	684,878.	950,442.	.38%
b Medicaid (from Worksheet 3, column a)		45,013	54262481.	44747530.	9514951.	3.83%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		45,013	55897801.	45432408.	10465393.	4.21%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			14884224.	8780450.	6103774.	2.46%
g Subsidized health services (from Worksheet 6)		8,336	9725839.	5952643.	3773196.	1.52%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits		8,336	24610063.	14733093.	9876970.	3.98%
k Total Add lines 7d and 7j		53,349	80507864.	60165501.	20342363.	8.19%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, 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 THE WATERBURY HOSPITAL
64 ROBBINS STREET
WATERBURY, CT 06708

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, X.

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 WATERBURY HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
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>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	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, PAGE 7</u>		
b <input type="checkbox"/> Other website (list url):		
c <input 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	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): <u>SEE PART V, PAGE 7</u>		
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 WATERBURY 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>200</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 checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" 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?	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 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 type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
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 checked="" 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?	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 checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input checked="" 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 THE WATERBURY HOSPITAL

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?

	Yes	No
19		X

If "Yes," check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d 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 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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f 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?

	Yes	No
21	X	

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 Section C)
- d 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 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 Section C)

	Yes	No

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?

	Yes	No
23		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?

	Yes	No
24		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, 3, 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 WATERBURY HOSPITAL:

PART V, SECTION B, LINE 5: IN MAY 2016, INDIVIDUALS FROM HEALTHCARE ORGANIZATIONS, COMMUNITY AGENCIES, SOCIAL SERVICE ORGANIZATIONS, AND AREA NON-PROFITS GATHERED TO REVIEW THE RESULTS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) DATA AND PLANNING FOR THE FUTURE. THE MEETING WAS INITIATED BY PARTNERS OF GWHIP. THE GOAL OF THE MEETING WAS TO DISCUSS THE COMMITMENT TO THE GREATER WATERBURY AREA AND DISCUSS FUTURE PRIORITIZATIONS OF THE ORGANIZATION AND ITS MEMBERS.

THE OBJECTIVES OF THE SESSION WERE TO REVIEW COMPILED DATAHAVEN HEALTH AND WELLBEING DATA AND HIGHLIGHT KEY RESEARCH FINDINGS, GATHER FEEDBACK FROM COMMUNITY REPRESENTATIVES ABOUT COMMUNITY HEALTH NEEDS, AND PRIORITIZE THE COMMUNITY HEALTH NEEDS BASED ON SELECT CRITERIA.

EXECUTIVE LEADERS OF THE CONNECTICUT COMMUNITY FOUNDATION, THE CITY OF WATERBURY HEALTH DEPARTMENT, AND GWHIP FACILITATED THE PRIORITIZATION SESSION. THE MEETING BEGAN WITH AN ABBREVIATED RESEARCH OVERVIEW, INCLUDING THE RESULTS OF THE PRIMARY AND SECONDARY RESEARCH AND KEY FINDINGS OF THE CHNA.

FOLLOWING THE RESEARCH OVERVIEW OF THE DATAHAVEN HEALTH AND WELLBEING DATA, MEETING PARTICIPANTS WERE PROVIDED WITH INFORMATION REGARDING THE PRIORITIZATION PROCESS, CRITERIA TO CONSIDER MOVING FORWARD WITH KEY AREAS OF FOCUS, AND OTHER ASPECTS OF HEALTH IMPROVEMENT PLANNING. IN A LARGE-GROUP FORMAT, ATTENDEES WERE ASKED TO SHARE OPENLY WHAT THEY PERCEIVED TO BE THE NEEDS AND AREAS OF OPPORTUNITY IN THE COMMUNITY AND

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.

HOW THEY WOULD FIT INTO THE PRIORITIZATION AREAS.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH SAINT MARY'S HOSPITAL AS A PARTNER OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE CONNECTICUT COMMUNITY FOUNDATION, CITY OF WATERBURY HEALTH DEPARTMENT, UNITED WAY, AND STAYWELL HEALTH CENTER AS PARTNERS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 11: THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) REVIEWED THE FINDINGS AND DISCUSSED CROSS-CUTTING APPROACHES TO FURTHER HONE THE PRIORITY AREAS. THE FOLLOWING FOUR PRIORITY AREAS FOR WATERBURY WERE ADOPTED FOR THE 2017-2019 IMPLEMENTATION PLAN IN ORDER TO TOUCH ON SEVERAL HEALTH INITIATIVES: ACCESS TO CARE - INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE, HEALTHY LIFESTYLE - INCLUDING OBESITY AND TOBACCO USE, ASTHMA, AND HEALTH COMMUNICATIONS.

WATERBURY HOSPITAL CONTINUES TO BE A PARTNER IN GWHIP AND ACTIVELY

PARTICIPATES IN THE WORK GROUPS FOR EACH OF THE HEALTH INITIATIVES

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.

IDENTIFIED. IN ADDITION, WATERBURY HOSPITAL HAS ITS OWN IMPLEMENTATION PLAN THAT ILLUSTRATES THE HOSPITAL'S SPECIFIC STRATEGIES AND RESOURCES.

ACCESS TO CARE

WATERBURY HOSPITAL IS CURRENTLY CHAIRING THE GWHIP ACCESS TO CARE WORKGROUP. THE WORKGROUP IS WORKING ON DEVELOPING INFOGRAPHICS AS A WAY TO HELP PEOPLE NAVIGATE LOCAL HEALTH SYSTEM FOR DIFFERENT AREAS INCLUDING WHEN TO USE ED VS. URGENT CARE VS. PRIMARY CARE, ASTHMA, MENTAL HEALTH, AND DIABETES.

THE WORKGROUP ALSO CONTINUES TO WORK ON CREATING THE COMMUNITY CARE TEAM IN ORDER TO PROVIDE CROSS-ORGANIZATION CASE MANAGEMENT FOR HIGH UTILIZATION EMERGENCY DEPARTMENT VISITORS BETWEEN BOTH HOSPITAL EDS AND A COMPREHENSIVE ARRAY OF COMMUNITY ORGANIZATIONS.

HEALTHY LIFESTYLE

THE HEALTHY LIFESTYLE WORKGROUP IS WORKING ON MAPPING EXISTING COMMUNITY RESOURCES IN ORDER TO HAVE A DATABASE ON WHAT EXISTS AND WHO IN THE COMMUNITY IS DOING WHAT. THE WORKGROUP IS ALSO WORKING ON ESTABLISHING THE STATE OF CT LIVEWELL DIABETES SERIES IN WATERBURY OR HAVING SOME TYPE OF DIABETES EDUCATION AVAILABLE TO THE COMMUNITY.

ASTHMA

WATERBURY HOSPITAL IS PARTICIPATING IN THE CT HOSPITAL ASSOCIATION ASTHMA INITIATIVE WHICH IS WORKING TOWARDS HAVING AN ASTHMA ACTION PLAN GIVEN TO EVERY PATIENT WHO COMES INTO THE EMERGENCY DEPARTMENT (ED) WITH AN ASTHMA DIAGNOSIS AND PROVIDING EDUCATION ON PROPER USE OF INHALER.

THROUGH GWHIP, WE ARE PARTNERING WITH THE WATERBURY HEALTH DEPARTMENT WITH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 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 PUTTING ON AIRS PROGRAM. THE ED IS REFERRING QUALIFIED PATIENTS TO THE WATERBURY HEALTH DEPARTMENT WITH AN ASTHMA ACTION PLAN. THE PROGRAM IS AN EVIDENCED BASED FREE HOME VISITATION PROGRAM FOCUSING ON INDOOR ASTHMA TRIGGERS AND EDUCATION ABOUT ASTHMA AS A CHRONIC ILLNESS.

HEALTH COMMUNICATIONS

THE HEALTH COMMUNICATIONS WORKGROUP WAS A NEW WORK GROUP THAT WAS ADDED AFTER THE 2016 CHNA PROCESS. THE WORKGROUP'S GOAL IS TO INCREASE MESSAGING AND COMMUNICATIONS TO THE PARTNERS, COMMUNITY ORGANIZATIONS, AND THE GREATER WATERBURY COMMUNITY. THEY HAVE IDENTIFIED A VENDOR THAT WILL BE IN CHARGE OF THE WEB DESIGN, SOCIAL MEDIA, LOGO, AND COLOR SCHEME AND THE WORK SHOULD BE COMPLETED BY FALL 2017.

WATERBURY HOSPITAL'S PR DEPARTMENT IS CURRENTLY INCLUDING INFORMATION ON COMMUNITY EVENTS AND PROGRAMS ON THE WATERBURY HOSPITAL'S WEBSITE - COMMUNITY CALENDAR, FACEBOOK PAGE, AND EVERGREEN NEWSLETTER.

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 22D: CCR - COST TO CHARGE RATIO

THE WATERBURY HOSPITAL:

PART V, SECTION B, LINE 7A:

HTTP://WWW.WATERBURYHOSPITAL.ORG/COMMUNITY/CHNA/2016-CHNA-FINAL-REPORT/

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3i, 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 WATERBURY HOSPITAL:

PART V, SECTION B, LINE 10A:

HTTP://WWW.WATERBURYHOSPITAL.ORG/COMMUNITY/CHNA/2016-CHNA-

IMPLEMENTATION-PLAN/

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? 7

Name and address	Type of Facility (describe)
1 CARDIOLOGY ASSOCIATES OF GTR WATERBURY 455 CHASE PARKWAY WATERBURY, CT 06708	MEDICAL OFFICES, DIAGNOSTIC TESTING
2 BLOOD DRAW STATION 134 GRANDVIEW AVENUE WATERBURY, CT 06708	BLOOD DRAWING FACILITY
3 BLOOD DRAW STATION 1625 STRAITS TURNPIKE, SUITE 304 MIDDLEBURY, CT 06762	BLOOD DRAWING FACILITY/X-RAYS
4 BLOOD DRAW STATION 22 OLD WATERBURY ROAD, SUITE 201 SOUTHBURY, CT 06488	BLOOD DRAWING FACILITY
5 BLOOD DRAW STATION 130 SOUTH MAIN STREET THOMASTON, CT 06787	BLOOD DRAWING FACILITY
6 BLOOD DRAW STATION 51 DEPOT STREET, SUITE 212 WATERTOWN, CT 06795	BLOOD DRAWING FACILITY
7 BLOOD DRAW STATION 305 CHURCH STREET, SUITE 16 NAUGATUCK, CT 06770	BLOOD DRAWING FACILITY

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:

N/A

PART I, LINE 6A:

N/A

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 \$ 5,693,497.

PART II, COMMUNITY BUILDING ACTIVITIES:

AS A LEADER IN THE DELIVERY OF HEALTHCARE SERVICES IN THE GREATER
 WATERBURY AREA, WATERBURY HOSPITAL (WH) IS COMMITTED TO STRENGTHENING THE
 WELFARE AND AWARENESS OF THE CITIZENS WITHIN ITS COMMUNITY. FROM
 STRENGTHENING THE CAREER PATHS OF WATERBURY AREA YOUTH; TO SUPPORTING THE
 UNINSURED AND UNDERINSURED THROUGH THE WATERBURY HEALTH ACCESS PROGRAM
 AND; PROVIDING TRANSPORT TO AND FROM MEDICAL APPOINTMENTS; WATERBURY

Part VI Supplemental Information (Continuation)

HOSPITAL IS REMOVING THE BARRIERS TO QUALITY HEALTH CARE FOR ALL AND REMAINS FIRM IN ITS COMMITMENT TO A HEALTHIER, STRONGER, AND MORE PRODUCTIVE COMMUNITY.

YOUTH PIPELINE INITIATIVES - THE WH YOUTH PIPELINE INITIATIVES WERE ESTABLISHED IN 2001 AS A PARTNERSHIP BETWEEN WATERBURY HOSPITAL AND WATERBURY PUBLIC SCHOOLS. THE MISSION OF THE PROGRAM IS: "TO CLOSE THE ACHIEVEMENT GAP FOR MINORITY AND ECONOMICALLY DISADVANTAGED STUDENTS IN WATERBURY SO THEY CAN MATRICULATE AND COMPETE NATIONALLY FOR PLACEMENT IN POST-SECONDARY EDUCATION PROGRAMS IN PREPARATION FOR HEALTH CAREERS". WH IS COMMITTED TO ENHANCING AND ENRICHING THE ACADEMIC OPPORTUNITIES AND PERSONAL JOURNEYS OF OUR YOUTH, WHO ARE THE EMERGING WORKFORCE OF TOMORROW. DURING 2016, WH PROVIDED 52 STUDENTS AND PARENTS IN GREATER WATERBURY WITH UNIQUE EDUCATIONAL PROGRAMS THAT WILL ENHANCE THE OVERALL WELFARE OF OUR COMMUNITY.

THE WH YOUTH PIPELINE INITIATIVES HAD FOUR FOCUS AREAS DURING FY 2016, INCLUDING:

- PARENT LEADERSHIP TRAINING INSTITUTE (PLTI) - IN 2016, 11 INDIVIDUALS FROM GREATER WATERBURY SUCCESSFULLY COMPLETED WATERBURY'S PLTI, A 20-WEEK CURRICULUM TEACHING LEADERSHIP AND ADVOCACY SKILLS, AS WELL AS INDIVIDUAL COMMUNITY PROJECT PLANNING. PLTI'S CORE MISSION IS TO IMPART LEADERSHIP AND ADVOCACY SKILLS TO PARENTS WHILE SIMULTANEOUSLY EDUCATING THEM ABOUT VOLUNTEERISM, CIVIC LIFE, AND THE PROCESS BY WHICH STATE AND LOCAL GOVERNMENTS ENACT AND CHANGE LAWS. EACH PARTICIPANT COMPLETES AND IMPLEMENTS A COMMUNITY PROJECT.

Part VI Supplemental Information (Continuation)

- CHILDREN LEADERSHIP TRAINING INSTITUTE (CLTI) - CLTI IS RUN IN CONNECTION WITH THE PLTI PROGRAM. 10 CHILDREN PARTICIPATED IN THE PROGRAM IN 2016.

- UCONN PEOPLE EMPOWERING PEOPLE (PEP) - THE PROGRAM INCLUDED A 10-WEEK PARENT LEADERSHIP AND ADVOCACY REGIMEN THROUGH WHICH 9 PARTICIPANTS SUCCESSFULLY COMPLETED THE PEP COURSE. UCONN PEP IS A PERSONAL, FAMILY, AND LEADERSHIP DEVELOPMENT PROGRAM WITH A STRONG COMMUNITY FOCUS. PEP IS DESIGNED TO BUILD ON THE UNIQUE STRENGTHS AND LIFE EXPERIENCES OF PARTICIPANTS AND EMPHASIZES THE CONNECTION BETWEEN AN INDIVIDUAL AND COMMUNITY ACTION. PARTICIPANTS WORK INDIVIDUALLY OR COLLABORATIVELY TO CREATE A COMMUNITY PROJECT WHICH IS COMPLETED AS PORTION OF THE PROGRAM.

- WH SUMMER BRIDGE PROGRAM - DURING THE SUMMER OF 2016, 22 STUDENTS FROM WATERBURY, GRADES 6-11, PARTICIPATED IN THE WH SUMMER BRIDGE PROGRAM. 100% OF MEALS WERE SECURED FOR THE PROGRAM FROM CITY OF WATERBURY SUMMER FOOD PROGRAM.

STUDENTS COMPLETED THE FOLLOWING MODULES:

- 13.5 HOURS OF MATH (PRE- ALGEBRA, ALGEBRA II, ADVANCED MATH) REVIEW SESSIONS

- 14 HOURS OF ENGLISH LANGUAGE ARTS AND SECOND ANNUAL WH GREAT DEBATE

- 18 HOURS OF SAT VOCABULARY

- 13.5 HOURS OF PROJECT CITIZEN (CIVICS COURSE)

- 6.5 HOURS OF SAT VOCAB

- 9 HOURS OF PRACTICAL MONEY SKILLS

- 9 HOURS OF TEAM BUILDING

- 13 HOURS OF POETRY INSTRUCTION AND PARTICIPATION IN THE ANNUAL WH

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Part VI Supplemental Information (Continuation)

POETRY SLAM

- 6 HOURS SCIENCE MODULE AT STONE ACADEMY

- 6 HOURS OF SOCIAL DETERMINANTS OF HEALTH DOCUMENTARIES AND ACTIVE DISCUSSIONS WITH THE WATERBURY HEALTH DEPT.

- HEALTH & NUTRITION FAIR HOSTED BY THE STUDENTS INCLUDING PRESENTATIONS ON OBESITY

- FIELDTRIPS INCLUDED: HAMMONASSET STATE PARK (EDUCATIONAL SESSION AT MEIGS POINT NATURE CENTER), THE HAROLD LEEVER CANCER CENTER, LYMAN ORCHARD, AND MYSTIC AQUARIUM.

SUPPORT GROUPS - DURING 2016, WATERBURY HOSPITAL HOSTED SEVERAL SUPPORT GROUPS FOR ITS PATIENTS AND THEIR FAMILIES, INCLUDING:

- BEHAVIORAL HEALTH'S PARENT AND SIBLING SUPPORT GROUP, WHICH OFFERS EMOTIONAL ASSISTANCE TO FAMILIES WHO HAVE CHILDREN IN TREATMENT; AND

- ALCOHOLICS ANONYMOUS, SERVES OVER 4,000 PEOPLE ANNUALLY, MEETS WEEKLY THROUGHOUT THE YEAR, AND IS COORDINATED BY OUR BEHAVIORAL HEALTH DEPARTMENT.

PART III, LINE 2:

OVERALL COST TO CHARGE RATIO USED IN CALCULATION.

PART III, LINE 3:

FINANCIAL ASSISTANCE (CHARITY CARE) IS A SEPARATE NUMBER, AND NOT INCLUDED IN THE AMOUNT REPORTED ON LINE 2.

PART III, LINE 4:

THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED

Part VI Supplemental Information (Continuation)

POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME LEVELS, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES AND ASSETS. THESE SERVICES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES. EFFECTIVE OCTOBER 1, 2013, THE HOSPITAL CHANGED ITS CHARITY CARE POLICY TO DISCOUNT ALL SELF PAY RECEIVABLES BY 50% UPON FINAL BILLING.

PART III, LINE 8:

COSTING METHODOLOGY USED TO COMPUTE THE MEDICARE SHORTFALL AND ANY ASSOCIATED COMMUNITY BENEFIT IS A COMBINATION OF THE AMOUNT REPORTED ON LINE 7 AS WELL AS THE HEALTH PROFESSION EDUCATION LINE. A TOTAL SHORTFALL OF \$5,068,780 WAS DERIVED FROM THE 2016 MEDICARE COST REPORT USING AN AHA APPROVED FORM FOR SCHEDULE H WORKSHEET B PPS AND IPF HOSPITALS. ALL OF THIS SHORTFALL SHOULD BE REPORTED AS A COMMUNITY BENEFIT. THE HOSPITAL COST ACCOUNTING SYSTEM SHOWS A SHORTFALL FROM ALL MEDICARE PROGRAMS (INCLUDING MANAGED MEDICARE) OF \$9,819,801 (NET OF BAD DEBT AND FREE CARE).

PART III, LINE 9B:

WE HAVE SEVERAL CREDIT AND COLLECTION PROGRAMS GOVERNING PATIENTS WHO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE; PROMPT PAY DISCOUNT; SLIDING SCALE; PAYMENT ARRANGEMENTS; CHARITY CARE AND FREE BED FUNDS. ANY PATIENT EXPRESSING DIFFICULTY PAYING A BALANCE IS ENTITLED TO APPLY FOR FINANCIAL COUNSELING ASSISTANCE. CUSTOMER SERVICE REPRESENTATIVES WORK WITH THE PATIENTS TO DETERMINE PROGRAM QUALIFICATION BASED ON THE

Part VI Supplemental Information (Continuation)

COMPLETION OF A FINANCIAL APPLICATION. CASES ARE PREPARED AND PRESENTED TO THE PATIENT ASSISTANCE COMMITTEE. APPROVED CASES WILL BE EITHER FULLY OR PARTIALLY WRITTEN OFF TO FREE BED FUNDS OR CHARITY CARE.

PART VI, LINE 2:

IN ORDER TO ACCESS THE HEALTH CARE NEEDS OF THE COMMUNITY, WATERBURY HOSPITAL CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING SAINT MARY'S HOSPITAL, STAYWELL HEALTH CENTER, WATERBURY HEALTH DEPARTMENT, UNITED WAY, AND THE CONNECTICUT COMMUNITY FOUNDATION. THE PARTNERSHIP, ALSO KNOWN AS THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), REVIEWED THE FINDINGS AND DISCUSSED CROSS-CUTTING APPROACHES TO FURTHER HONE THE PRIORITY AREAS. THE FOLLOWING FOUR PRIORITY AREAS FOR WATERBURY WERE ADOPTED FOR THE 2017-2019 IMPLEMENTATION PLAN IN ORDER TO TOUCH ON SEVERAL HEALTH INITIATIVES: ACCESS TO CARE - INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE, HEALTHY LIFESTYLE - INCLUDING OBESITY AND TOBACCO USE, ASTHMA, AND HEALTH COMMUNICATIONS.

WATERBURY HOSPITAL CONTINUES TO BE A PARTNER IN GWHIP AND ACTIVELY PARTICIPATES IN THE WORK GROUPS FOR EACH OF THE HEALTH INITIATIVES IDENTIFIED. IN ADDITION, WATERBURY HOSPITAL HAS ITS OWN IMPLEMENTATION PLAN THAT ILLUSTRATES THE HOSPITAL'S SPECIFIC STRATEGIES AND RESOURCES.

PART VI, LINE 3:

WE HAVE SIGNAGE, PT HANDBOOK, STATEMENT BACKERS & HANDOUTS THAT INFORM PATIENTS OF FREE BED FUNDS ETC. THE HOSPITAL ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL.

Part VI Supplemental Information (Continuation)

ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS POSSIBLE. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUES FOR FINANCIAL REPORTING PURPOSES.

PART VI, LINE 4:

THE HOSPITAL'S TOTAL SERVICE AREA COMPRISES 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA WHICH COVERS NINE US CENSUS ZIP CODE TABULATION AREAS (ZCTAS) INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT HAS A POPULATION OF APPROXIMATELY 168,000. THE SECONDARY SERVICE AREA INCLUDES BEACON FALLS, BETHLEHEM, CHESHIRE, MIDDLEBURY, MORRIS, OXFORD, PLYMOUTH, SOUTHBURY, THOMASTON, WATERTOWN AND WOODBURY HAS A POPULATION OF APPROXIMATELY 133,000.

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 301,000 RESIDENTS, WITH THE MAJORITY OF PATIENTS LIVING IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,136, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$70,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2015 WAS 10.7%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 6.6%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 24.2% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% IN

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Part VI Supplemental Information (Continuation)

CONNECTICUT.

CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

PART VI, LINE 5:

WATERBURY HOSPITAL HAS SPECIFIC PROGRAMS AND RESOURCES THAT SUPPORT ONGOING EFFORTS TO ADDRESS THE IDENTIFIED COMMUNITY HEALTH PRIORITIES AND WE PARTICIPATE IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT THE YEAR. WE ALSO CONTINUE TO PARTICIPATE IN THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) WHICH CREATES OPPORTUNITIES FOR COLLECTIVE IMPACT, FOSTERS GREATER COLLABORATION COMMUNITY-WIDE, AND HELPS MAKE BETTER USE OF RESOURCES BY ELIMINATING DUPLICATION OF EFFORT WHEREVER POSSIBLE.

PART VI, LINE 6:

N/A

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

CT