

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization DANBURY HOSPITAL	Employer identification number 06-0646597
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
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) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0000</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>600.0000</u> %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
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?		X
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

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)			12,667,148.	7,371,440.	5,295,708.	1.07
b Medicaid (from Worksheet 3, column a)			73,873,981.	53,823,221.	20,050,760.	4.04
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			86,541,129.	61,194,661.	25,346,468.	5.11
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			262,191.		262,191.	.05
f Health professions education (from Worksheet 5)			16,041,684.	5,545,917.	10,495,767.	2.11
g Subsidized health services (from Worksheet 6)			1,299,107.	727,364.	571,743.	.12
h Research (from Worksheet 7)			2,140,808.		2,140,808.	.43
i Cash and in-kind contributions for community benefit (from Worksheet 8)			27,835.		27,835.	.01
j Total. Other Benefits			19,771,625.	6,273,281.	13,498,344.	2.72
k Total. Add lines 7d and 7j.			106,312,754.	67,467,942.	38,844,812.	7.83

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2011

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			1,133,515.		1,133,515.	.23
10 Total			1,133,515.		1,133,515.	.23

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

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

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: DANBURY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input 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 type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) DANBURY HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>6</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

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

Part V Facility Information (continued) DANBURY HOSPITAL

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 18

Name and address	Type of Facility (describe)
1 DANBURY HOSPITAL RIDGEFIELD SURG. CTR. 901 ETHAN ALLEN HIGHWAY RIDGEFIELD CT 06877	OUTPATIENT SURGICAL CENTER
2 MAIN STREET REHABILITATION CENTER 235 MAIN STREET DANBURY CT 06810	REHABILITATION
3 SIEFERT & FORD COMMUNITY HEALTH CENTER 70 MAIN STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
4 COMM. CTR. FOR BEHAVIORAL HEALTH 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
5 PHYSICAL MEDICINE CENTER OF SOUTHURY 22 OLD WATERBURY ROAD, SUITE 101 SOUTHURY CT 06488	OUTPATIENT-PHYSICIAN CLINIC
6 THE PEDIATRIC HEALTH CENTER 70 MAIN STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
7 THE ANTICOAGULATION CENTER 41 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
8 DANBURY HOSPITAL LABORATORY 79 SANDPIT ROAD DANBURY CT 06810	DIAGNOSTIC
9 SLEEP LAB 522 HERITAGE RD SOUTHURY CT 06488	DIAGNOSTIC
10 CENTER FOR CHILD & ADOL. TREAT. 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC

Schedule H (Form 990) 2011

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 DANBURY HOSPITAL DIABETES EDUCATION CTR. 41 GERMANTOWN ROAD DANBURY CT 06810	EDUCATION CENTER
2 WELLNESS ON WHEELS 24 HOSPITAL AVENUE DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
3 SOUTHBURY CARDIOVASCULAR DIAGNOSTICS 22 OLD WATERBURY ROAD SOUTHBURY CT 06488	DIAGNOSTIC
4 DANBURY HOSPITAL LAB. CTR OF NEW MILFORD 120 PARK LANE, STE A201 NEW MILFORD CT 06776	DIAGNOSTIC
5 DANBURY HOSPITAL LAB. CTR IN BROOKFIELD 60 OLD NEW MILFORD RD, UNIT 1C BROOKFIELD CT 06804	DIAGNOSTIC
6 RIDGEFIELD SPECIMEN COLLECTION FACILITY 10 SOUTH STREET RIDGEFIELD CT 06877	DIAGNOSTIC
7 DANBURY HOSPITAL SOUTHBURY LABORATORY 22 OLD WATERBURY ROAD, STE 101 SOUTHBURY CT 06488	DIAGNOSTIC
8 DANBURY HOSPITAL RESEARCH INSTITUTE 131 WEST STREET DANBURY CT 06813	DIAGNOSTIC
9 	
10 	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A

THE COMMUNITY BENEFIT REPORT IS REPORTED ON A NETWORK BASIS.

PART I, LINE 7

COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE:

CHARITY CARE AT COST PERCENTAGE:

TOTAL GROSS PATIENT CHARGES WRITTEN OFF TO CHARITY (INCOME STATEMENT) *

PATIENT COST TO CHARGE % (SEE BELOW) = TOTAL COMMUNITY BENEFIT EXPENSE

TOTAL COMMUNITY BENEFIT EXPENSES - REVENUE FROM UNCOMPENSATED CARE POOLS

AND PROGRAMS (DHS * % OF COST OF UNCOMPENSATED CARE SHOWN ON THE OCHA

SCHEDULE 500) = NET COMMUNITY BENEFITS EXPENSES

NET COMMUNITY BENEFITS EXPENSES * TOTAL EXPENSES = % OF TOTAL EXPENSES

RATIO COST TO CHARGE CALCULATION

Part VI Supplemental Information

Complete this part to provide the following information.

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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TOTAL OPERATING EXPENSES DIVIDED BY ADJUSTED PATIENT CARE COST

(BAD DEBT, OTHER OPERATING INCOME AND INTERCOMPANY INCOME ARE REMOVED
FROM THE TOTAL OPERATING EXPENSES)

ADJUSTED PATIENT CARE COST DIVIDED BY GROSS PATIENT CHARGES

PART I, LINE 7G

THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT.

PART III, LINE 4 - BAD DEBT EXPENSE

IT IS THE POLICY OF THE HOSPITAL TO PROVIDE NECESSARY CARE TO ALL PERSONS SEEKING TREATMENT WITHOUT DISCRIMINATION ON THE GROUNDS OF AGE, RACE, CREED, NATIONAL ORIGIN OR ANY OTHER GROUNDS UNRELATED TO AN INDIVIDUAL'S NEED FOR THE SERVICE OR THE AVAILABILITY OF THE NEEDED SERVICE AT THE HOSPITAL. A PATIENT IS CLASSIFIED AS A CHARITY CARE PATIENT BY REFERENCE TO ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED FEDERAL POVERTY INCOME GUIDELINES, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO A RESPONSIBLE PARTY'S INCOME AND THEIR COUNTABLE ASSETS. THOSE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

WHEN PRIVATE PAY PATIENTS ARE SENT TO THE COLLECTION AGENCY THEIR ACCOUNT IS CONSIDERED TO BE A BAD DEBT. SUBSEQUENTLY, MEDICAID MAY BE GRANTED FOR SOME OF THOSE PATIENTS. AT THAT TIME THOSE ACCOUNTS WOULD BECOME CHARITY CARE OR A COMMUNITY BENEFIT.

PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT
DANBURY HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA. AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS,
UNINSURED POPULATION AND COMMUNITY NEEDS.

A COST ACCOUNTING SYSTEM IS USED TO CALCULATE THE SHORTFALL, WHICH IS
MEDICARE NET PATIENT REVENUE LESS APPLICABLE COSTS.

PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES
FOR QUALIFIED PATIENTS

IT IS THE POLICY OF DANBURY HOSPITAL TO PROVIDE "FINANCIAL ASSISTANCE"
(EITHER FREE CARE OR REDUCED PATIENT OBLIGATION) TO PERSONS OR FAMILIES
WHERE: (I) THERE IS LIMITED OR NO HEALTH INSURANCE AVAILABLE; (II) THE
PATIENT FAILS TO QUALIFY FOR GOVERNMENTAL ASSISTANCE (FOR EXAMPLE
MEDICARE OR MEDICAID); (III) THE PATIENT COOPERATES WITH THE HOSPITAL IN
PROVIDING THE REQUESTED INFORMATION; (IV) THE PATIENT DEMONSTRATES
FINANCIAL NEED; AND (V) DANBURY HOSPITAL MAKES AN ADMINISTRATIVE
DETERMINATION THAT FINANCIAL ASSISTANCE IS APPROPRIATE.

AFTER THE HOSPITAL DETERMINES THAT A PATIENT IS ELIGIBLE FOR FINANCIAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 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.

ASSISTANCE, THE HOSPITAL WILL DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE TO THE PATIENT BY UTILIZING THE CHARITABLE ASSISTANCE GUIDELINES, WHICH ARE BASED UPON THE MOST RECENT FEDERAL POVERTY GUIDELINES.

DANBURY HOSPITAL SHALL REGULARLY REVIEW THIS FINANCIAL ASSISTANCE POLICY TO ENSURE THAT AT ALL TIMES IT: (I) REFLECTS THE PHILOSOPHY AND MISSION OF THE HOSPITAL; (II) EXPLAINS THE DECISION PROCESSES OF WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND IN WHAT AMOUNTS; AND (III) COMPLIES WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS CONCERNING THE PROVISION OF FINANCIAL ASSISTANCE TO INDIGENT PATIENTS.

CONSISTENT WITH THIS MISSION, DANBURY HOSPITAL RECOGNIZES ITS OBLIGATION TO THE COMMUNITY IT SERVES TO PROVIDE FINANCIAL ASSISTANCE TO INDIGENT PERSONS WITHIN THE COMMUNITY.

IN FURTHERANCE OF ITS CHARITABLE MISSION, DANBURY HOSPITAL WILL PROVIDE BOTH (I) EMERGENCY TREATMENT TO ANY PERSON REQUIRING SUCH CARE; AND (II)

Part VI Supplemental Information

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ESSENTIAL, NON-EMERGENT CARE TO PATIENTS WHO ARE PERMANENT RESIDENTS OF ITS PRIMARY SERVICE AREA WHO MEET THE CONDITIONS AND CRITERIA SET FORTH IN THIS POLICY, WITHOUT REGARD TO THE PATIENTS' ABILITY TO PAY FOR SUCH CARE. ELECTIVE PROCEDURES GENERALLY WILL NOT BE CONSIDERED ESSENTIAL, NON-EMERGENT CARE AND USUALLY WILL NOT BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

DANBURY HOSPITAL WILL COLLECT FROM INDIVIDUALS ON FINANCIAL ASSISTANCE IF THEY RECEIVED A PARTIAL CHARITABLE DISCOUNT. ALL PATIENTS CAN APPLY FOR CHARITABLE CARE ON BALANCES THEY FEEL THEY CANNOT AFFORD.

PART V, LINE 13G - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY DANBURY HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL. COUNSELORS ARE ALSO AVAILABLE TO PROVIDE FURTHER ASSISTANCE.

PART V - EXPLANATION OF NUMBER OF FACILITY TYPE

9 DIAGNOSTIC CENTERS

Part VI Supplemental Information

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6 OUTPATIENT PHYSICIAN CLINICS

1 OUTPATIENT SURGICAL CENTER

1 REHABILITATION CENTER

1 EDUCATION CENTER

PART VI - NEEDS ASSESSMENT

THE ORGANIZATION COLLABORATES AND PARTNERS WITH EDUCATION CONNECTION,
 AREA PUBLIC HEALTH DIRECTORS, UNITED WAY AND VARIOUS COMMUNITY
 ORGANIZATIONS AND AGENCIES TO PRODUCE A COMMUNITY HEALTH REPORT CARD.
 DATA SETS INCLUDED BASIC DEMOGRAPHICS, ALONG WITH HEALTH ISSUE-SPECIFIC
 INFORMATION. ADDITIONALLY, WE CAPTURE OPINIONS AND CONCERNS FROM OUR
 CONSUMERS ON AN ONGOING BASIS.

PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

DANBURY HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION
 REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL.
 ALSO SIGNS ARE POSTED THROUGHOUT THE HOSPITAL AND COUNSELORS ARE
 AVAILABLE TO PROVIDE FURTHER ASSISTANCE.

Part VI Supplemental Information

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ALL UNINSURED INPATIENTS ARE INTERVIEWED BY FINANCIAL COUNSELORS AND ASSESSED FOR ELIGIBILITY FOR ASSISTANCE PROGRAMS. THE HOSPITAL PROVIDES INFORMATIONAL HANDOUTS TO ALL UNINSURED PATIENTS AT THE TIME OF REGISTRATION WHICH REFERS THEM TO FINANCIAL COUNSELING IF THEY WOULD LIKE ASSISTANCE WITH THEIR BILLS. FURTHER, THE HOSPITAL MAILES NOTICES TO ALL SELF-PAY ACCOUNTS REFERRING THEM TO FINANCIAL COUNSELING IF THEY NEED ASSISTANCE. THE COLLECTION DEPARTMENT WILL ALSO REFER PATIENTS TO FINANCIAL COUNSELING WHEN A PATIENT INDICATES THAT THEY CANNOT AFFORD THEIR BALANCES; AND FINALLY, SCHEDULERS REFER UNINSURED PATIENTS TO FINANCIAL COUNSELING PRIOR TO THEIR TEST OR PROCEDURE.

PART VI - COMMUNITY INFORMATION

THE HOSPITAL'S PRIMARY SERVICE AREA IS THE CITY OF DANBURY AND SURROUNDING SUBURBAN TOWNS THAT MAKE UP NORTHERN FAIRFIELD COUNTY. THE REGION IS VERY DIVERSE REQUIRING DIVERSE PROGRAMMING AND EDUCATION. CONSTITUENTS ARE PREDOMINANTLY EMPLOYED AND ARE FAIRLY WELL-EDUCATED. POVERTY LEVELS ARE BELOW OTHER AREAS IN CT. THE EXCEPTION TO THIS

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GENERALIZATION IS THE CITY OF DANBURY AS THE URBAN CORE THAT IS THE MOST DIVERSE COMMUNITY WITH A LARGE UNDOCUMENTED POPULATION NOT CAPTURED ON CENSUS.

PART VI - COMMUNITY BUILDING ACTIVITIES

DURING FYE2012, ROAD AND TRAFFIC LIGHTING SYSTEM IMPROVEMENTS AROUND THE GENERAL AREA OF THE HOSPITAL WERE MADE REDUCING CONGESTION AND SUBSEQUENT ACCIDENTS ADDING TO THE GENERAL WELL BEING OF THE COMMUNITY.

OVER 50% OF THE BOARD MEMBERS ARE INDEPENDENT AND DO NOT GET PAID BY DANBURY HOSPITAL. DANBURY HOSPITAL HAS AN OPEN MEDICAL STAFF.

SURPLUS FUNDS ARE USED TO PROVIDE INNOVATIVE TECHNOLOGY TO CLINICAL CARE IN ADDITION TO EXPANDING OUR SERVICE AREA. SEE DETAILS IN HOW WE "FURTHERED OUR EXEMPT PURPOSES".

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PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE

DURING 2012, DANBURY HOSPITAL HAS EXPERIENCED MEANINGFUL CHANGE,
DELIVERED LIFE-CHANGING EXPERIENCES, CONFRONTED SERIOUS ISSUES AND
ACHIEVED SIGNIFICANT PROGRESS. WE ARE PROUD OF THE REMARKABLE PROGRESS
WE HAVE MADE DURING A CHALLENGING AND ULTIMATELY REWARDING YEAR.

AS WE CONTINUE TO CHART A NEW PATH TO THE FUTURE OF HEALTHCARE WE FOCUS
ON THE REAL RESULTS THAT PEOPLE AND INVESTMENTS CAN CREATE. THE BEST
HEALTHCARE COMES FROM COMBINING TOP MEDICAL CARE WITH A PERSONAL TOUCH
PROVIDED BY OUR TEAM OF DEDICATED PROFESSIONALS. THAT'S HOW WE IMPROVE
THE HEALTH OF OUR COMMUNITIES, ONE PERSON AT A TIME.

WE LOOK AT 2012 AS A YEAR OF PROGRESS ON MANY FRONTS. WE ARE EXPANDING
CANCER CARE, WOMEN AND CHILDREN'S HEALTH AND CARDIOVASCULAR SERVICES. WE
HAVE INTEGRATED LABORATORY AND RADIOLOGY SERVICES TO OFFER MORE ACCESS
AND IMPROVE EFFICIENCY. PROFESSIONAL COOPERATION BETWEEN OUR
PHYSICIANS, SUPPORT STAFF AND HOSPITALS HAS NEVER BEEN STRONGER. OUR
TOWER PROJECT AT DANBURY HOSPITAL WHEN COMPLETED, WILL ADD CAPACITY TO

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THE EMERGENCY ROOM AND PATIENT-CENTERED FEATURES. OUR RESEARCH INSTITUTE
ADVANCES FUNDAMENTAL KNOWLEDGE OF CANCER AND CARDIOVASCULAR DISEASES
WHILE OFFERING SELECTED PATIENTS ACCESS TO LEADING-EDGE CLINICAL TRIALS,
WHILE OUR INNOVATIVE GLOBAL HEALTH INITIATIVE BUILDS IMPORTANT BRIDGES TO
MEDICAL COMMUNITIES IN OTHER PARTS OF THE WORLD. OUR PLANNED AFFILIATION
WITH NORWALK HOSPITAL, SCHEDULED TO BEGIN IN 2013, WILL ENABLE US TO
BROADEN THE HEALTH CARE SERVICES THAT OUR COMMUNITIES CAN ACCESS.

MEDICAL EDUCATION PROGRAM PARTNERSHIP:

DANBURY HOSPITAL'S MEDICAL EDUCATION PROGRAM TOOK ANOTHER BIG STEP
FORWARD THIS YEAR WHEN IT FORMED A PARTNERSHIP WITH THE UNIVERSITY OF
VERMONT COLLEGE OF MEDICINE TO DEVELOP A GLOBAL CLINICAL HEALTH ELECTIVE
FOR FUTURE PHYSICIANS.

STRIVING FOR BETTER RESULTS:

IN A BRAVE NEW HEALTHCARE WORLD WHERE EVERYTHING IS MEASURED AND
BENCHMARKED, PERHAPS THE MOST IMPORTANT QUALITY MEASURE IS CARING ENOUGH
TO STRIVE FOR EVER-BETTER RESULTS.

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ACCOUNTABLE CARE IS A DELIVERY CONCEPT THAT TIES PROVIDER REIMBURSEMENTS TO SPECIFIC QUALITY MEASURES, PATIENT SATISFACTION, EFFICIENCIES AND REDUCTIONS IN THE TOTAL COST OF CARE FOR A PARTICULAR POPULATION OF PATIENTS. AN ACCOUNTABLE CARE ORGANIZATION (ACO) IS DESIGNED TO REWARD IMPROVEMENTS IN HEALTHCARE QUALITY BY SHARING THE SAVINGS THAT RESULT FROM A MORE COMPREHENSIVE CONTINUUM OF CARE THAT YIELDS BETTER PATIENT OUTCOMES AT EVERY LEVEL OF INTERVENTION. AT THE SAME TIME, A HOSPITAL THAT FAILS TO MEET MINIMUM MEASURES IS PUT ON NOTICE THAT THEY WILL EVENTUALLY BE PENALIZED WITH REDUCED REIMBURSEMENTS IF THEY DO NOT IMPROVE IN A NUMBER OF AREAS.

IN LATE 2011, THE ESTABLISHMENT OF ACOS BECAME AN IMPORTANT FEATURE OF THE AFFORDABLE CARE ACT WHEN THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ISSUED A SET OF GUIDELINES FOR HEALTHCARE PROVIDERS LIKE DANBURY HOSPITAL. TO ADDRESS THE OVERALL GOAL TO IMPROVE HEALTHCARE QUALITY, CMS SPECIFIES FIVE DOMAINS BY WHICH THEY AND PROVIDER PARTICIPANTS CAN MONITOR PERFORMANCE QUALITY:

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- PATIENT/CAREGIVER EXPERIENCE
- CARE COORDINATION
- PATIENT SAFETY
- PREVENTIVE HEALTH
- CARE OF AT-RISK POPULATIONS INCLUDING THE FRAIL ELDERLY

IN 2012, DANBURY HOSPITAL SWUNG INTO ACTION WITH A PILOT PLAN TO MEET
AND, WHERE POSSIBLE, EXCEED THESE GOALS.

IMPROVING CARE TO OUR COMMUNITIES:

AT THE HEART OF HOW WE DELIVER CARE IS THE QUALITY OF THE EXPERIENCE WE
CREATE. TODAY'S HEALTHCARE ENVIRONMENT CHALLENGES OUR ASPIRATIONS AS
WELL AS OUR REALITIES. THAT'S WHY OUR NEW PHYSICIAN-HOSPITAL
ORGANIZATION (PHO) IS ESSENTIAL TO HOW WE DELIVER CARE TO OUR
COMMUNITIES. THIS NEW APPROACH CONNECTS ALL THE PRINCIPAL PLAYERS IN
HEALTHCARE DELIVERY IN A FOCUSED EFFORT TO ADDRESS CURRENT HEALTHCARE
ISSUES.

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SINCE ITS INTRODUCTION IN SEPTEMBER 2011, THE PHO HAS RECRUITED SOME 425
PHYSICIAN MEMBERS WITH ANOTHER 75 OR SO EXPECTED TO JOIN BY MARCH 2013.

PUSHING THE FRONTIERS OF MEDICAL SCIENCE:

IN 2012, DANBURY HOSPITAL'S TWO YEAR-OLD BIOMEDICAL RESEARCH INSTITUTE
(BRI) CONTINUED TO PUSH THE FRONTIERS OF MEDICAL SCIENCE IN WAYS THAT ARE
MEANINGFUL BOTH TO THE CARE OF OUR PATIENTS AND TO MEDICINE AS A WHOLE.
AMONG THE BRI'S CLINICAL OUTCOMES RESEARCH PROJECTS THIS PAST YEAR WERE
25 NEW PROSPECTIVE AND QUALITY IMPROVEMENT STUDIES.

DANBURY HOSPITAL'S BROAD ARRAY OF BASIC AND CLINICAL RESEARCH, ITS MANY
TRIAL OFFERINGS AND OTHER ACADEMIC PURSUITS, PUTS IT IN THE COMPANY OF
SOME OF THE MAJOR ACADEMIC CENTERS IN THE NATION, A DISTINCTION THAT CAN
ONLY GROW WITH TIME.

EXPANDED OUTPATIENT LABORATORY SERVICES:

EACH YEAR, DANBURY HOSPITAL'S DEPARTMENT OF PATHOLOGY AND LABORATORY
MEDICINE PERFORMS MORE THAN 2.3 MILLION LABORATORY TESTS ON HUMAN BLOOD,

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TISSUE AND OTHER BODILY SAMPLES TO HELP OUR PHYSICIANS KNOW THEIR PATIENTS' CURRENT HEALTH STATUS IN GREATER DETAIL.

IN RECOGNIZING THE NEED FOR A BROADER HORIZON IN OUR TESTING CAPABILITIES, WE TURNED TO THE RENOWNED MAYO CLINIC, A MEDICAL CENTER THAT SERVES LARGE NUMBERS OF TERTIARY CASES DRAWN FROM ACROSS THE NATION AND AROUND THE GLOBE. THIS RELATIONSHIP SECURES SOME OF THE MOST ADVANCED TESTING EXPERTISE AVAILABLE ANYWHERE FOR THE SMALL NUMBER OF TEST SAMPLES THAT MAY NEED TO LEAVE OUR LABORATORIES FOR MORE DETAILED READINGS AND RECOMMENDATIONS. AS ANOTHER PART OF OUR OUTREACH STRATEGY, WE HAVE ALSO IMPROVED THE CONVENIENCE OF OUR OUTPATIENT TESTING FACILITIES.

STATE-OF-THE-ART FACILITY:

AFTER GETTING OFF TO A GOOD BEGINNING IN LATE SPRING 2011, WORK ON DANBURY HOSPITAL'S NEW \$150 MILLION NORTH TOWER EXPANSION PROJECT CONTINUED TO MOVE AHEAD SMARTLY IN 2012, MEETING OR EXCEEDING ALL CONSTRUCTION AND BUDGETARY GOALS. WHEN THE NEW STATE-OF-THE-ART FACILITY

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IS COMPLETED IN 2014, IT WILL NOT ONLY BE THE LARGEST PHYSICAL EXPANSION IN THE 125-YEAR HISTORY OF DANBURY HOSPITAL BUT IT WILL RIVAL IN CLINICAL QUALITY, PATIENT-CENTERED COMFORT AND TECHNOLOGICAL MODERNITY THOSE FACILITIES FOUND IN MANY OF THE MOST PROMINENT MEDICAL CENTERS IN THE COUNTRY.

INVESTMENTS FOR A HEALTHIER COMMUNITY:

DANBURY HOSPITAL STRIVES EVERY DAY TO PROTECT AND PROMOTE THE HEALTH AND WELLNESS OF EACH OF OUR PATIENTS AND TO PROVIDE ACCESS TO THE HIGHEST QUALITY CARE, REGARDLESS OF THEIR ABILITY TO PAY. WHETHER IT IS THROUGH CREATIVE PREVENTION PARTNERSHIPS, THE MANAGEMENT OF CHRONIC ILLNESSES, OR CONNECTING PATIENTS TO APPROPRIATE COMMUNITY SERVICES, WE ARE DEVOTED TO SERVING OUR NEIGHBORS IN NEED. WE ARE ESPECIALLY VIGILANT NOW DURING THESE DIFFICULT ECONOMIC TIMES, FOCUSING ON DISPARITIES IN CARE, OLDER ADULT HEALTH NEEDS, SUBSTANCE ABUSE AND MENTAL HEALTH AND IMPROVING AWARENESS OF HEALTH SERVICES AND SUPPORTS. MOREOVER, WE MUST PURSUE OUTREACH PROGRAMS THAT ADDRESS SUCH MAJOR HEALTH ISSUES AS HEART DISEASE AND CANCER. SOME OF OUR MOST EFFECTIVE HEALTH AND WELLNESS INITIATIVES

Part VI Supplemental Information

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 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.

ARE :

- COMMUNITY SCREENINGS AND PREVENTIVE MEDICINE FOR LOW-INCOME INDIVIDUALS AND FAMILIES AT OUR SEIFERT AND FORD FAMILY COMMUNITY HEALTH CENTER IN DOWNTOWN DANBURY;
- FORGING MORE PERSONAL AND INNOVATIVE APPROACHES TO CANCER AND HEART DISEASE TREATMENTS THROUGH DISCOVERIES AT THE DANBURY HOSPITAL BIOMEDICAL RESEARCH INSTITUTE;
- FINDING BETTER SOLUTIONS FOR CHRONIC SYMPTOMS OF TICK-BORNE ILLNESS THROUGH OUR LYME DISEASE REGISTRY AS WELL AS STATE AND FEDERAL ADVOCACY ON BEHALF OF LYME DISEASE CONTROL AND PREVENTION;
- GIVING HOPE AND STATE-OF-THE-ART LIFE-SAVING CARE TO THE TINIEST OF BABIES IN OUR LEVEL IIIB NICU;
- ENSURING MEDICAL RESIDENTS AND PROFESSIONALS ACCESS TO RESEARCH, MEDICAL EDUCATION AND SHARED CLINICAL EXPERTISE IN WAYS THAT RAISE THE STANDARD OF CARE ACROSS THE CONTINUUM AND
- OFFERING A STABLE SAFETY NET OF MEDICAL CARE AND SUPPORT SERVICES FOR OUR MOST VULNERABLE AND AT-RISK NEIGHBORS LIVING WITH SERIOUS MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES.

Part VI Supplemental Information

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OUR INVESTMENTS ARE REAL AND WE KNOW BY OUR OUTCOMES THAT WE ARE
ACHIEVING REAL RESULTS. OUR FINANCIAL COMMITMENT TO "COMMUNITY BENEFIT"
ACTIVITIES THIS PAST YEAR EXCEEDED \$105 MILLION - ALL OF THOSE DOLLARS
GOING DIRECTLY TO, AND FOR, THE BENEFIT OF THE PEOPLE IN OUR REGION. IT
IS OUR MISSION TO CREATE A HEALTHIER COMMUNITY THROUGH PARTNERSHIPS EVERY
DAY, ONE PATIENT AT A TIME.

OUR ACHIEVEMENTS OF 2012 SHOW A NEW PICTURE EMERGING: A COORDINATED AND
STRONG HEALTH CARE PARTNER THAT PRESERVES THE CARING SPIRIT OF A
COMMUNITY HOSPITAL WITH A CONTEMPORARY OPERATION THAT REFLECTS THE BEST
OF MODERN HEALTHCARE. AS WE APPROACH THE OPPORTUNITIES OF 2013, WE WILL
CONTINUE TO INVEST IN OUR FUTURE TO HELP OUR COMMUNITIES EXPERIENCE THIS
NEW PICTURE OF HEALTH.

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PART VI - AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION

WESTERN CONNECTICUT HEALTH NETWORK, INC. (PARENT)

WESTERN CONNECTICUT HEALTH NETWORK'S MISSION IS TO IMPROVE THE HEALTH AND WELL BEING OF THOSE WE SERVE, WHICH HELPS TO FURTHER THE HOSPITAL'S EXEMPT PURPOSE.

DANBURY HOSPITAL

DANBURY HOSPITAL PROVIDES MEDICAL SERVICES TO THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S MISSION STATEMENT, TO IMPROVE THE HEALTH AND WELL BEING OF THOSE WE SERVE.

NEW MILFORD HOSPITAL

NEW MILFORD HOSPITAL'S MISSION IS TO PROVIDE OUTSTANDING HEALTH CARE TO THE COMMUNITIES THEY SERVE THROUGH AN UNCOMPROMISING FOCUS ON CLINICAL QUALITY, COMPASSIONATE SERVICE, AND THE CREATION OF A MEDICAL "SAFE HAVEN" FOR THEIR PATIENTS AND THEIR FAMILIES. FOR 2012, NEW MILFORD HOSPITAL PROVIDED \$1,610,576 IN CHARITY CARE.

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WESTERN CONNECTICUT MEDICAL GROUP

THE MISSION AT WESTERN CONNECTICUT MEDICAL GROUP IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS NEEDS. THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS. FOR 2012, WESTERN CONNECTICUT MEDICAL GROUP PROVIDED \$1,552,949 IN CHARITY CARE.

WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION, INC.

WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION INC.'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO DANBURY HOSPITAL AND OTHER NOT-FOR-PROFIT HEALTH CARE AFFILIATES.

WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES

WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES PRINCIPAL PURPOSE IS TO

Part VI Supplemental Information

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PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO
 PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE
 SERVING THOSE THAT CANNOT AFFORD THE CARE. APPROXIMATELY \$2,000 IN
 CHARITY CARE WAS PROVIDED DURING 2012.

BUSINESS SYSTEMS, INC.

BUSINESS SYSTEMS, INC. IS A TAXABLE CORPORATION WHOSE MAIN BUSINESS IS
 THE OPERATION OF DANBURY PHARMACY, A RETAIL PHARMACY. THE PHARMACY'S
 REVENUE IS COMPRISED OF PRESCRIPTION SALES, OVER THE COUNTER SALES, AND
 WHOLESALE SALES (MEDICAL AND SURGICAL SUPPLIES) SOLD TO OFFICE PRACTICES
 AND CLINICIANS THAT ARE NOT COVERED BY INSURANCE PROGRAMS.

WESTERN CONNECTICUT HOME CARE, INC.

WESTERN CONNECTICUT HOME CARE, INC. (WCHC) PROVIDES STATE OF THE ART
 CLINICAL SERVICES RANGING FROM PEDIATRIC PATIENTS TO THE ELDERLY
 UTILIZING BEST PRACTICE IN HOME CARE TO MEET THE NEEDS OF THEIR PATIENTS.
 FOR 2012, WCHC PROVIDED \$590,645 FOR CHARITY CARE.

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PART VII - STATES WHERE COMMUNITY BENEFIT REPORT FILED

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