

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Name of the organization **GRIFFIN HOSPITAL** Employer identification number **06-0647014**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> 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		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	<input 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 _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"/>	<input type="checkbox"/>
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 type="checkbox"/>	<input type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		278	1077837.	0.	1077837.	.82%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		13,928	14980475.	11687429.	3293046.	2.49%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....		85	77,853.	72,569.	5,284.	.00%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		14,291	16136165.	11759998.	4376167.	3.31%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	16	44,311	881,535.	54,896.	826,639.	.63%
<b>f</b> Health professions education (from Worksheet 5) .....	2	212	7300952.	5938278.	1362674.	1.03%
<b>g</b> Subsidized health services (from Worksheet 6) .....	3	39,626	7723089.	6645147.	1077942.	.82%
<b>h</b> Research (from Worksheet 7) .....	0	0	1137037.	1130680.	6,357.	.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2	1,623	32,184.	18,917.	13,267.	.01%
<b>j Total.</b> Other Benefits .....	23	85,772	17074797.	13787918.	3286879.	2.49%
<b>k Total.</b> Add lines 7d and 7j .....	23	100,063	33210962.	25547916.	7663046.	5.80%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes and No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (300,338). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B with columns Yes and No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (45,782,394). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (49,493,109). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-3,710,715). Row 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C with columns Yes and No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes: X). Row 9b: 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 (Yes: X).

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

Table with 5 columns: (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 %.

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

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418
GRIFFINHEALTH.ORG
00034

Table with 8 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first six columns.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group GRIFFIN HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> 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	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		<b>X</b>
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.GRIFFINHEALTH.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.CT.GOV/DPH/CWP/VIEW</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		<b>X</b>
<b>8a</b> 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)?		<b>X</b>
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued) GRIFFIN HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual'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 Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the 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		
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 Section C)		

**Part V Facility Information** (continued) **GRIFFIN HOSPITAL**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the 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)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
<b>19</b>	<input checked="" type="checkbox"/>	

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)**

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

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

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

If "Yes," explain in Section C.

<b>21</b>		<input checked="" type="checkbox"/>
<b>22</b>		<input checked="" type="checkbox"/>

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

If "Yes," explain in 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 3: REGIONAL COOPERATION ON HEALTH ISSUES -

REGIONAL COOPERATION, THE LEADERSHIP OF GRIFFIN HOSPITAL ON COMMUNITY

HEALTH IMPROVEMENT AND THE EFFECTIVENESS OF EFFORTS WAS POSITIVELY NOTED

IN FOCUS GROUPS, FORUMS AND SURVEYS. OF PARTICULAR NOTE WAS THE VALLEY

COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS (VCHHSO). GRIFFIN

HOSPITAL WAS A LEADER IN ESTABLISHING THE VALLEY COUNCIL OF HEALTH AND

HUMAN SERVICE ORGANIZATIONS WHICH HAS BECOME A MODEL FOR OTHER

COMMUNITIES. THE VALLEY COUNCIL IS A COOPERATIVE VENTURE FOUNDED OVER

TWENTY YEARS AGO LINKING APPROXIMATELY 50 NON-PROFIT HEALTH & HUMAN

SERVICE PROVIDERS THROUGHOUT THE VALLEY. ITS MISSION IS TO IDENTIFY,

PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SYSTEM OF HUMAN SERVICE

DELIVERY AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE

PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY. DECISION MAKERS FROM

EACH OF THE ACTIVE MEMBERS MEET MONTHLY. THE COUNCIL'S OBJECTIVES ARE TO:

1. ENGAGE IN PERIODIC ASSESSMENT AND IDENTIFICATION OF LOCAL SERVICE

NEEDS, INCLUDING CLIENT INPUT. 2. COLLABORATIVELY EVALUATE CURRENT

SERVICES, IDENTIFY GAPS, AND STRATEGIZE ON HOW TO FILL GAPS IN SERVICES.

3. SERVE AS THE PRIMARY PLANNING AND COORDINATING BODY FOR THE REGIONS'

SERVICE PROVISION SYSTEM. 4. PROVIDE A PLACE FOR SUPPORT AND NETWORKING

AMONG THE VALLEY HUMAN SERVICES COMMUNITY. 5. ADVOCATE FOR THE NEEDS OF

LOCAL RESIDENTS AND FOR RESOURCES TO MEET THOSE NEEDS ON A LOCAL, STATE,

AND FEDERAL LEVEL. 6. SEEK TO DEVELOP PARTNERSHIPS WITH OTHER COMMUNITY

SYSTEMS (I.E. SCHOOLS, BUSINESSES, STATE AND LOCAL GOVERNMENTS, PUBLIC

SAFETY) TO ENHANCE SERVICE DELIVERY. GRIFFIN REMAINS AN ACTIVE MEMBER OF

THE COUNCIL. NOT ONLY IS GRIFFIN HOSPITAL A CONTINUING MEMBER, THE VALLEY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PARISH NURSE PROGRAM AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER ALSO ARE MEMBERS. THE COMMUNITY ADVISORY COUNCIL ENGAGED THE PATIENTS AND THE COMMUNITY TO GET MEANINGFUL FEEDBACK ABOUT THE HOSPITAL'S SERVICES. THROUGHOUT ITS HISTORY, GRIFFIN'S MOST INNOVATIVE PROGRAMS HAVE BEEN DEVELOPED USING INSIGHTS GLEANED FROM PATIENTS AND FAMILY MEMBER FOCUS GROUPS. THE COMMUNITY ADVISORY COUNCIL WAS A NATURAL NEXT STEP FOR GRIFFIN AS A WAY TO SOLICIT THE PATIENT'S PERSPECTIVE OF CARE, PROGRAMS AND SERVICES AND TO IDENTIFY COMMUNITY NEEDS ON AN ONGOING BASIS.

THE VALLEY CARES TASKFORCE BETH PATTON COMERFORD, MS, YALE-GRIFFIN PREVENTION RESEARCH CENTER (TASKFORCE CO-CHAIR) MARY S. NEScott, MPH, BIRMINGHAM GROUP HEALTH SERVICES, INC. (TASKFORCE CO-CHAIR) HEIDI ZAVATONE-VETH, PHD, VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES (VALLEY COUNCIL COORDINATOR) KAREN N. SPARGO, MA, MPH, NAUGATUCK VALLEY HEALTH DISTRICT JESSE REYNOLDS, MS, (CURRENTLY YALE UNIVERSITY) ANN HARRISON, THE WORKPLACE, INC. (CURRENTLY WORKFORCE ALLIANCE). THE MATERIAL IN THIS COMMUNITY HEALTH NEEDS ASSESSMENT WILL DOCUMENT GRIFFIN'S COMMITMENT TO THE SIX TOWN VALLEY COMMUNITIES THAT HAS BEEN ITS PRIMARY SERVICE AREA FOR OVER A CENTURY. MUCH OF THE RESEARCH REFERENCED AND USED IN THE CHNA HAS BEEN DONE OVER A TWO DECADE PERIOD OF TIME AND HAS BEEN A COLLABORATIVE EFFORT BETWEEN THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, GRIFFIN HOSPITAL AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 4: CHNA WAS NOT CONDUCTED WITH ANY OTHER



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HOSPITAL.

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 5D: [HTTP://WWW.GRIFFINHEALTH.ORG/PORTALS/0/CHNA/C](http://www.griffinhealth.org/portals/0/chna/c)  
[HTTP://WWW.GUIDESTAR.ORG/FINDOCUMENTS/2013](http://www.guidestar.org/finddocuments/2013) - GUIDESTAR

GRIFFIN HOSPITAL:

PART V, SECTION B, LINE 7: GRIFFIN'S CHNA IDENTIFIED OUR COMMUNITY NEEDS AS AWARENESS OF HEALTH AND HUMAN SERVICES, TRANSPORTATION, OBESITY, PRIMARY CARE ACCESS, COMMUNITY POPULATION BASED MEDICAL ISSUES, CLINICAL SERVICES, SUBSTANCE ABUSE, PRE-NATAL CARE AND REGIONAL COOPERATION ON HEALTH ISSUES. GRIFFIN PLANS TO ADDRESS PRIORITY AREAS WITH IMPLEMENTATION PLANS ON ALL BUT ONE OF THE SUGGESTED NEEDS. THERE WAS A PERCEPTION THAT PRE-NATAL CARE WAS LOW AND THAT AN INTERVENTION WAS NEEDED. RESEARCH, HOWEVER, REVEALED THAT PRENATAL CARE FOR MOTHERS-TO-BE IN THE VALLEY WAS SIGNIFICANTLY BETTER WHEN COMPARED TO THE STATE AND NEW HAVEN COUNTY AS REPORTED BY THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH. BASED ON THE ACTUAL DATA THERE IS NO ACTION REQUIRED RELATED TO PRE-NATAL CARE. THE INFORMATION WILL BE WIDELY SHARED WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS AND OTHER COMMUNITY LEADERS TO ENSURE THAT THERE IS INCREASED KNOWLEDGE OF THE VALLEY DATA AS COMPARED TO NEW HAVEN COUNTY AND THE STATE OF CONNECTICUT.

GRIFFIN HOSPITAL:

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 20D: THE UNINSURED RATES ARE ESTABLISHED BASED ON THE AVERAGE PAYMENTS RECEIVED FROM OUR LARGEST PARTICIPATING HMO.

Multiple horizontal lines for providing supplemental information.



**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:

GRIFFIN HOSPITAL CRITERIA FOR DETERMINING ELIGIBILITY FOR

FREE CARE OR DISCOUNTED CARE INCLUDE ELIGIBILITY REQUIREMENTS. ALL

GUARANTORS WITH FAMILY INCOME EQUAL TO OR BELOW TWO HUNDRED PERCENT OF THE

FEDERAL POVERTY STANDARD ADJUSTED FOR FAMILY SIZE SHALL BE DETERMINED TO

BE INDIGENT PERSONS QUALIFYING FOR CHARITY SPONSORSHIP FOR THE FULL AMOUNT

OF HOSPITAL CHARGES RELATED TO APPROPRIATE HOSPITAL-BASED MEDICAL SERVICES

THAT ARE NOT COVERED BY PRIVATE OR PUBLIC THIRD-PARTY SPONSORSHIP. ALL

GUARANTORS WITH FAMILY INCOME BETWEEN TWO HUNDRED AND FIFTY PERCENT (250%)

AND FOUR HUNDRED PERCENT (400%) OF THE FEDERAL POVERTY STANDARD ADJUSTED

FOR FAMILY SIZE SHALL BE DETERMINED TO BE INDIGENT PERSONS QUALIFYING FOR

DISCOUNTS FROM CHARGES RELATED TO APPROPRIATE HOSPITAL BASED MEDICAL

SERVICES IN ACCORDANCE WITH THE SLIDING FEE SCHEDULE AND POLICIES

REGARDING INDIVIDUAL FINANCIAL CIRCUMSTANCES BASED ON THE BELOW CRITERIA:

A. ELIGIBILITY SHALL BE BASED ON FINANCIAL NEED AT THE TIME OF APPLICATION

BY COMPARING TOTAL FAMILY INCOME WITH THE CURRENT FEDERAL POVERTY

GUIDELINES. IF A FAMILY'S TOTAL INCOME IS GREATER THAN 100% OF THE FEDERAL

POVERTY GUIDELINE FAMILY ASSETS, OTHER THAN EXEMPT ASSETS LISTED BELOW,

**Part VI** Supplemental Information (Continuation)

MAY BE CONSIDERED AS A SOURCE OF PAYMENT. B. EXEMPT ASSETS (BASED ON MEDICARE EXEMPTED ASSETS) LISTED BELOW SHOULD NOT BE ADDED TO FAMILY WORTH FOR CHARITY REVIEW: I. FAMILY PRINCIPAL RESIDENCE, II. NECESSARY MOTOR VEHICLES REQUIRED FOR EMPLOYMENT, REQUIRED FOR ACCESS TO TREATMENT, OR MODIFIED FOR OPERATION FOR TRANSPORT OF A DISABLED PERSON, III. PERSONAL EFFECTS AND HOUSEHOLD GOODS, IV. RESOURCES NECESSARY FOR SELF-SUPPORT. ALL RESOURCES OF BOTH SPOUSES ARE CONSIDERED TOGETHER. C. CHARITY WILL BE ASSIGNED USING THE MOST RECENTLY PUBLISHED FEDERAL POVERTY STANDARDS AND EVALUATED ON THE ADJUSTED FAMILY INCOME AS EXPLAINED ABOVE FOR THOSE ABOVE 250% OF SUCH STANDARDS. D. DOCUMENTATION WILL BE REQUESTED AND IN MOST CASES WILL BE REQUIRED TO ESTABLISH ELIGIBILITY FOR CHARITY CARE. IN THE EVENT THAT THE GUARANTOR IS NOT ABLE TO PROVIDE THE DOCUMENTATION DESCRIBED ABOVE, THE HOSPITAL SHALL RELY UPON WRITTEN AND SIGNED STATEMENTS FROM THE GUARANTOR TO MAKE A FINAL DETERMINATION OF ELIGIBILITY FOR CLASSIFICATION AS AN INDIGENT PERSON.

PART I, LINE 6A:

GRIFFIN HOSPITAL DID PREPARE A COMMUNITY BENEFIT REPORT FOR THE YEAR ENDING 2014. IT WAS PART OF OUR ANNUAL REPORT.

PART I, LINE 6B:

GRIFFIN HOSPITAL POSTS ITS COMMUNITY BENEFIT REPORT AND INFORMATION ON THE HOSPITAL WEBSITE GRIFFINHEALTH.ORG.

PART I, LINE 7:

CHARITY CARE AND OTHER COMMUNITY BENEFITS TABLES WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR COST TO CHARGE RATIO. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS AND ASSIGNS COST

**Part VI** Supplemental Information (Continuation)

TO INDIVIDUAL SERVICES.

## PART II, COMMUNITY BUILDING ACTIVITIES:

EXPOSING STUDENTS AND ADULTS TO THE POSSIBILITIES OF A HEALTH CAREER PROFESSION IS A COMMUNITY BUILDING ACTIVITY THAT PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES. EDUCATING AND POTENTIALLY EMPLOYING INDIVIDUALS WOULD LEAD TO FAMILY SUPPORT AND ECONOMIC STABILITY. GRIFFIN HOSPITAL SPONSORED PROGRAMS TO INTRODUCE STUDENTS TO HEALTHCARE CAREERS. THESE PROGRAMS WERE HELD AT VARIOUS CAREER FAIRS AND INFORMATIONAL SESSIONS. FOLLOWING IS A PARTIAL LIST OF THE SCHOOLS INVOLVED. CAREER FAIR DERBY HIGH SCHOOL, INFORMATION SESSION, EMMITT O'BRIEN TECH, INFORMATION SESSION NAUGATUCK, VALLEY PROJECT, CAREER FAIR ANSONIA HIGH SCHOOL, INFORMATION SESSION SHELTON HIGH SCHOOL, CAREER FAIR JONATHAN LAW HIGH SCHOOL, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, VALLEY REGIONAL ADULT ED INFORMATIONAL SESSION, NAUGATUCK VALLEY PROJECT COMMUNITY OUTREACH, NAUGATUCK HIGH SCHOOL CAREER FAIR, JONATHAN LAW HIGH CAREER FAIR, EMMITT O'BRIEN SHADOW PROGRAM, CAREER FAIR EMMITT O'BRIEN TECH, HOSPITAL TOUR EMMITT O'BRIEN TECH, HEALTH FAIR VPN.

## PART III, LINE 2:

GRIFFIN HOSPITAL BAD DEBT EXPENSE IS DETERMINED USING UNCOLLECTED ACCOUNTS NET OF ANY BAD DEBT RECOVERY MULTIPLIED BY THE COST TO CHARGE RATIO. GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THAT THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. CHARITY APPROVAL WILL AFFECT ALL ACCOUNTS FOR WHICH THE APPROVED GUARANTOR IS RESPONSIBLE. THE APPROVED CHARITY

**Part VI** Supplemental Information (Continuation)

PERCENTAGE WILL BE APPLIED TO ALL EXISTING ACCOUNTS WITH DEBIT BALANCES. ACCOUNTS MAY ALSO BE RETURNED FROM BAD DEBT STATUS IF FINANCIAL CIRCUMSTANCES WARRANT AND CHARITY MAY BE APPLIED. THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS FREE CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN IT'S ESTABLISHED AND CONTRACTUAL RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS FREE CARE, THEY ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE.

PART III, LINE 3:

GRIFFIN HOSPITAL DOES NOT ATTRIBUTE ANY BAD DEBT TO COMMUNITY BENEFIT EXPENSE. UNCOLLECTED BALANCES ARE REVIEWED AT MANY STAGES TO DETERMINE IF THEY FALL UNDER UNINSURED OR FREE CARE ASSISTANCE.

PART III, LINE 4:

GRIFFIN HOSPITAL AND SUBSIDIARY NOTES TO CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 2014, PAGE 11.

NEW ACCOUNTING PRONOUNCEMENT:

THE CORPORATION ADOPTED ACCOUNTING STANDARD UPDATE ("ASU") NO. 2011-7, WHICH REQUIRES HEALTH CARE ENTITIES TO CHANGE THE PRESENTATION OF THEIR STATEMENT OF OPERATIONS BY RECLASSIFYING THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS). ADDITIONALLY THOSE HEALTH CARE ENTITIES ARE REQUIRED TO PROVIDE ENHANCED DISCLOSURES ABOUT THEIR POLICIES FOR RECOGNIZING REVENUE, ASSESSING BAD DEBTS, AND DISCLOSURES OF PATIENT SERVICE REVENUE (NET OF

**Part VI** Supplemental Information (Continuation)

CONTRACTUAL ALLOWANCES AND DISCOUNTS).

PART III, LINE 8:

GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$3.710 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR MEDICARE ACCOUNTED FOR 2.8 % OF HOSPITAL EXPENSES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

PART III, LINE 9B:

GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT AMOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES AT TIME OF BILLING. GRIFFIN WILL PROVIDE TO ALL LOW INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL. FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM, GRIFFIN WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY. IF A PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE THE AMOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING



**Part VI** Supplemental Information (Continuation)

BALANCE. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES AN OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES DIRECTOR. THE UNCOLLECTED DEBT WILL BE TRANSFERRED TO UNINSURED OR FREE CARE ASSISTANCE BY THE SUPERVISOR AFTER REVIEW.

THE MEDICARE COSTS WERE OBTAINED FROM THE HOSPITAL'S INTERNAL COST ACCOUNTING SYSTEM.

## PART VI, LINE 2:

GRIFFIN HAS A HISTORY OF COMMUNITY SERVICE AND SOCIAL RESPONSIBILITY DATING BACK TO ITS FOUNDING 100 YEARS AGO, AND OF PROVIDING EDUCATIONAL, PREVENTION AND SCREENING PROGRAMS AND SERVICES. IN 1970, FUNDED BY A GRANT FROM THE KELLOGG FOUNDATION, GRIFFIN ESTABLISHED ONE OF THE FIRST HOSPITAL DEPARTMENTS OF COMMUNITY HEALTH IN THE COUNTRY TO FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE COMMUNITY IT SERVES. OVER THE PAST FIFTEEN YEARS, GRIFFIN'S REACH HAS BEEN EXPANDING INTO THE COMMUNITY. IN ADDITION TO PROVIDING HEALTH INFORMATION AND SERVICES TO THE PUBLIC AT THE HOSPITAL AND OTHER SATELLITE LOCATIONS, GRIFFIN TAKES THESE ACTIVITIES INTO THE COMMUNITIES WHERE PATIENTS LIVE AND WORK. BY OFFERING A VARIETY OF SUPPORT GROUPS, TRAINING SESSIONS, EDUCATIONAL PROGRAMS, AND OTHER COMMUNITY-BASED RESOURCES AND ACTIVITIES, AND COLLABORATING WITH OTHER NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES, GRIFFIN HAS EXTENDED ITS MISSION FAR BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF PEOPLE OF ALL AGES.

COMMUNITY LEADERSHIP RECOGNIZED THE NEED TO RESPOND TO THE CHANGING

**Part VI** Supplemental Information (Continuation)

COMMUNITY DEMOGRAPHICS AND THE DIFFERENT SOCIOECONOMIC AND HEALTH NEEDS AND EXPECTATIONS OF THE MORE DIVERSE POPULATION. THREE MAJOR NEW STRUCTURES WERE CREATED. IN 1993, THE VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATION (VCHHSO) WAS FOUNDED. MORE THAN 55 ORGANIZATIONS THAT PROVIDE MOST OF THE HEALTH AND HUMAN SERVICES ARE MEMBERS. VCHHSO'S VISION IS A PROVIDER NETWORK THAT WORKS COLLABORATIVELY TO CREATE AN INTEGRATED HUMAN SERVICES DELIVERY SYSTEM THAT MEETS THE NEEDS OF ALL RESIDENTS. "HEALTHY VALLEY 2000", THE STATE'S FIRST HEALTHY COMMUNITY EFFORT, WAS LAUNCHED IN 1994. WITH FOUNDATION GRANT SUPPORT, THE NATIONAL CIVIC LEAGUE WAS ENGAGED TO GUIDE STAKEHOLDERS THROUGH THE PROCESS. THE VISION OF THE BROAD-BASED, VOLUNTEER INSPIRED AND MANAGED EFFORT WAS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND ITS RESIDENTS BY MAKING THE COMMUNITY A BETTER PLACE IN WHICH TO LIVE, WORK, SHOP, RAISE A FAMILY AND ENJOY LIFE. BASED ON RESEARCH, INCLUDING USE OF THE NATIONAL CIVIC LEAGUE INDEX, A S.W.O.T ANALYSIS, AND BRAINSTORMING, 175 STAKEHOLDERS IDENTIFIED ARTS & RECREATION, COMMUNITY INVOLVEMENT, ECONOMIC DEVELOPMENT, EDUCATION AND HEALTH AS PRIORITIES. A TASK FORCE DEVELOPED A WORK PLAN FOR EACH OF THE PRIORITIES AND AN HONOR ROLE WAS DEVELOPED TO RECOGNIZE INITIATIVES UNDERTAKEN INDEPENDENTLY BY INDIVIDUALS OR ORGANIZATIONS RELATED TO THE IDENTIFIED PRIORITIES.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT REQUIRES NON-PROFIT HOSPITALS TO PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS AND TO ADOPT AN IMPLEMENTATION STRATEGY TO MEET OUTSTANDING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT AS A CONDITION OF MAINTAINING THE INSTITUTION'S FEDERAL TAX EXEMPTION. GRIFFIN HOSPITAL'S FIRST CHNA WAS REQUIRED TO BE SUBMITTED NOT LATER THAN SEPTEMBER 30, 2013. IN PREPARING THE GRIFFIN HOSPITAL CHNA, THE HOSPITAL COLLABORATED WITH THE

**Part VI** Supplemental Information (Continuation)

VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT, THE CONNECTICUT HOSPITAL ASSOCIATION AND THE CONNECTICUT ASSOCIATION OF DIRECTORS OF HEALTH AND NUMEROUS LOCAL COMMUNITY HEALTH AND HUMAN SERVICE ORGANIZATIONS THAT PARTICIPATED IN FOCUS GROUPS AND REVIEW OF THE CHNA DOCUMENT. GRIFFIN'S CHNA WAS SHARED WITH THE LOWER NAUGATUCK VALLEY HEALTH DISTRICT FOR USE IN PREPARING ITS COMMUNITY HEALTH IMPROVEMENT PLAN.

PART VI, LINE 3:

A FINANCIAL ASSISTANCE BROCHURE IS POSTED THROUGHOUT THE HOSPITAL (CHILDBIRTH AREA, ER AREA, AND CUSTOMER SERVICE AREA) IN ENGLISH AND SPANISH EXPLAINING THE FINANCIAL ASSISTANCE POLICY AND HOW TO CONTACT THE FINANCIAL COUNSELORS.

THE FOLLOWING POLICY REPRESENTS GRIFFIN HOSPITAL'S PROCEDURES FOR THE UNINSURED PATIENT, FREE CARE ASSISTANCE, AND FREE BED FUNDS AVAILABLE FOR PATIENTS WHO DO NOT HAVE MEDICAL INSURANCE:

1. UNINSURED PATIENT PROCEDURE

A. PATIENTS THAT ARE EITHER SCHEDULED OR REGISTERED WITH NO ACTIVE INSURANCE WILL IMPORT ONTO THE THREE FINANCIAL ADVISORS ONTRAC WORK LIST.

B. PATIENTS THAT ARE REGISTERED WILL RECEIVE A STATE APPLICATION PACKET FROM THE PATIENT ACCESS STAFF. THIS CONSISTS OF THE FINANCIAL ADVISOR'S BUSINESS CARD, STATE APPLICATION, AND LIST OF DOCUMENTS NEEDED TO COMPLETE THE STATE APPLICATION. A LISTING OF THE DSS OFFICES IS INCLUDED IN THE PACKET.

C. ALL PATIENTS IDENTIFIED WILL RECEIVE A CALL OR A DIRECT VISIT, IF

**Part VI** Supplemental Information (Continuation)

ADMITTED TO THE HOSPITAL, BY A FINANCIAL ADVISOR.

D. THE FINANCIAL ADVISOR WILL SCREEN THE PATIENT FOR ANY CURRENT SPONSORSHIP AND DISCUSS ALL ELIGIBILITY OPTIONS WITH THE PATIENT.

E. IF THE PATIENT MEETS CRITERIA, THE FINANCIAL ADVISORS WILL BEGIN THE HUSKY APPLICATION PROCESS WITH THE PATIENT.

F. A DUE DILIGENCE PROCESS WILL BE FOLLOWED BY THE FINANCIAL ADVISORS TO ENSURE THAT THE PATIENTS ARE PURSUING ACTIVE COVERAGE. THE FINANCIAL ADVISORS WILL MONITOR THE DSS WEBSITE TO TRACK THE PROGRESS OF THE APPLICATION WITH THE STATE.

G. ONCE ELIGIBILITY HAS BEEN DETERMINED, ALL APPROPRIATE ACCOUNTS WILL BE UPDATED TO THE HUSKY INSURANCE AND BILLED ACCORDINGLY.

H. ALL UNINSURED PATIENTS NOT GRANTED STATE/HUSKY COVERAGE WILL HAVE THE CHA UNINSURED RATE APPLIED TO THEIR ACCOUNT. THE UNINSURED RATE WAS DETERMINED BY THE HOSPITAL TO REPRESENT THE CONNECTICUT NOT-FOR-PROFIT HOSPITAL DISCOUNT POLICY AS ADOPTED BY THE CONNECTICUT HOSPITAL ASSOCIATION 4/10/2006.

2. FREE CARE ASSISTANCE

A. ANY PATIENT REQUESTING CONSIDERATION FOR FREE CARE ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILLS OR FINANCIAL RESPONSIBILITY AFTER INSURANCE PAYMENT SHOULD CONTACT THE HOSPITAL'S FINANCIAL ADVISORY STAFF.

B. THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION. THE INFORMATION REQUIRED FROM THE PATIENT TO COMPLETE THE FREE CARE APPLICATION IS AS FOLLOWS:

- PATIENT W-2 FORM OR MOST CURRENT AND COMPLETED TAX RETURN.
- OR THREE CONSECUTIVE PAYSTUBS FROM THE PATIENT'S CURRENT

**Part VI** Supplemental Information (Continuation)

## EMPLOYMENT/PROOF OF SOCIAL SECURITY.

- DEPENDENT INFORMATION (SPOUSE AND MINOR CHILDREN ONLY).

- ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS.

C. THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE.

THIS IS BASED ON THE FEDERAL GOVERNMENT POVERTY INCOME GUIDELINES. THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF THE PATIENT'S FREE CARE ELIGIBILITY STATUS.

D. IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE. THEN A LETTER WILL BE SENT OUT REFLECTING THE PATIENT'S NEW ADJUSTED BALANCE.

E. IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO:

- OBTAIN PAYMENT IN FULL.

- SEND TO AN OUTSIDE AGENCY TO SET UP A MONTHLY PAYMENT ARRANGEMENT.

F. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCES.

G. IF IT IS LATER DETERMINED BY THE GRIFFIN HOSPITAL OR A COLLECTION AGENCY ACTING ON BEHALF OF GRIFFIN HOSPITAL THAT THE PATIENT'S FINANCIAL CONDITIONS HAVE CHANGED AND THE PATIENT WAS UNABLE TO PAY THE OUTSTANDING ACCOUNT BALANCES, AN ADMINISTRATIVE OVERRIDE MAY BE APPLIED BY THE BUSINESS SERVICES COLLECTION SUPERVISOR OR DIRECTOR OF BUSINESS SERVICES. ALL ADMINISTRATIVE OVERRIDES WILL BE SIGNED OFF BY EACH OF THOSE PARTIES.

H. THE BUSINESS SERVICES COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL APPLIED FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

## 3. FREE BED FUNDS

**Part VI** Supplemental Information (Continuation)

THE HOSPITAL HAS THE FOLLOWING FREE BED FUNDS AVAILABLE FOR PATIENTS WHO MEET THE FOLLOWING OUTLINED CRITERIA FOR EACH FUND:

A. THE ENO FUND: THE APPLICANT MUST BE A WOMAN, 60 YEARS OF AGE OR OLDER, AND BE A RESIDENT OF ANSONIA, DERBY OR SEYMOUR.

B. PINE TRUST: THE FUND IS AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA.

C. DN CLARK: THE FUND IS AVAILABLE TO SHELTON RESIDENTS.

ALL FREE BED FUNDS GRANTED ARE PROCESSED THROUGH THE HOSPITAL'S FINANCIAL ADVISOR STAFF.

PART VI, LINE 4:

GRIFFIN HOSPITAL, LICENSED BY THE STATE OF CONNECTICUT FOR 160 BEDS AND 15 BASSINETS, IS A GENERAL ACUTE CARE HOSPITAL SERVING A PRIMARY SERVICE AREA (PSA) OF SIX TOWNS: ANSONIA, BEACON FALLS, DERBY, OXFORD, SYMOUR AND SHELTON, CONNECTICUT. THE SIX TOWN REGION HAS COME TO BE KNOWN AS THE LOWER NAUGATUCK VALLEY. THE SIX TOWNS, WITH AN AREA OF A LITTLE MORE THAN 100 SQUARE MILES, HAVE A COMBINED POPULATION OF OVER 107,000 BASED ON CURRENT ESTIMATES.

THE VALLEY, GEOGRAPHICALLY LOCATED IN SOUTH CENTRAL CONNECTICUT, IS SURROUNDED BY THREE OF THE STATE'S LARGEST CITIES, NEW HAVEN, TO THE SOUTH, BRIDGEPORT, TO THE SOUTHWEST, AND WATERBURY, TO THE NORTH, EACH BETWEEN 9 AND 15 MILES FROM GRIFFIN HOSPITAL. THERE ARE TWO TERTIARY CARE HOSPITALS IN BRIDGEPORT AND WATERBURY, AND WITH THE MERGER OF THE HOSPITAL OF ST. RAPHAEL WITH YALE NEW HAVEN HOSPITAL, ONE VERY LARGE HOSPITAL IN NEW HAVEN. YALE NEW HAVEN HOSPITAL IS NOW ONE OF THE TEN LARGEST HOSPITALS IN THE COUNTRY. EACH HAS VARYING DEGREES OF MARKET SHARE IN GRIFFIN'S

**Part VI** Supplemental Information (Continuation)

PRIMARY SERVICE AREA TOWNS DEPENDING ON THE PROXIMITY TO THE THREE CITIES AND THE HOSPITALS LOCATED THERE. GRIFFIN'S LARGER GEOGRAPHIC REGION IS ONE OF THE MOST COMPETITIVE HOSPITAL MARKETS IN THE COUNTRY FOR BOTH PATIENTS AND STAFF.

THE DEMOGRAPHICS IN TERMS OF POPULATION BY AGE GROUP MIRROR THOSE OF THE STATE OF CONNECTICUT. THE VALLEY'S AFRICAN AMERICAN POPULATION IS 4% COMPARED TO 10.1% FOR THE STATE, AND THE HISPANIC POPULATION IS 6% COMPARED TO 13.4% FOR THE STATE. THE AFRICAN AMERICAN POPULATION IS CENTERED PRIMARILY IN ANSONIA (11.6%), AND THE HISPANIC POPULATION IS CENTERED PRIMARILY IN ANSONIA (16.7%) AND DERBY (14.2%). POPULATION BY ETHNIC BACKGROUND REMAINS PRIMARILY ITALIAN - 23%, POLISH/RUSSIAN/UKRAINIAN - 17%, AND IRISH - 11%. THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010.

MEDIAN HOUSEHOLD INCOME (2007-2011) IN ALL VALLEY TOWNS HAS BEEN INCREASING, BUT ANSONIA (\$55,259) AND DERBY (\$55,478) REMAIN ALMOST \$15,000 BELOW THE STATE MEDIAN. THE REMAINING TOWNS, SEYMOUR (\$65,036), BEACON FALLS (\$70,228), SHELTON (\$79,176), AND OXFORD (\$95,710), WERE CLOSE TO OR CONSIDERABLY ABOVE THE CONNECTICUT MEDIAN (\$68,055), AN INDICATION OF THE ECONOMIC DISPARITIES WITHIN THE VALLEY. THE NUMBER OF FOOD STAMP RECIPIENTS IN ANSONIA (2,998 - 16%) AND DERBY (1,612 - 12%) WERE HIGHER THAN THE CONNECTICUT RATE (10%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE. THE OVERALL POVERTY RATE WAS THE HIGHEST IN THE VALLEY (YEAR 2009) IN DERBY (11.5%) AND ANSONIA (10.7%). ALL OTHER TOWNS WERE CONSIDERABLY BELOW THE STATE RATE (11.9%) WITH OXFORD THE LOWEST (2.1%). ANSONIA AND DERBY EXPERIENCED INSIGNIFICANT POPULATION

Part VI Supplemental Information (Continuation)

DECLINES BETWEEN THE 2000 AND 2010 CENSUS. IN ALL OTHER TOWNS THE POPULATION GREW BETWEEN 4% AND 31% IN OXFORD WHICH WAS THE FASTEST GROWING TOWN IN THE STATE PERCENTAGE WISE. THE TOTAL VALLEY POPULATION IS PROJECTED TO BE 109,510 IN 2017 UP FROM THE CURRENT 107,000.

UNDER 18 YEARS OLD: 23,701 (22%)

ABOVE 65 YEARS OLD: 16,353 (15%)

HISPANIC OR LATINO: 9,227 (9%)

NON-HISPANIC WHITE: 88,855 (83%)

NON-HISPANIC BLACK: 4,412 (4%)

NON-HISPANIC ASIAN: 2,834 (3%)

NON-HISPANIC OTHER: 1,638 (2%)

BACHELOR'S DEGREE OR HIGHER: 20,565 (28%)

NUMBER OF PEOPLE IN POVERTY: 5,831 (6%)

PART VI, LINE 5:

GRIFFIN HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH MANY PROGRAMS AND ASSOCIATIONS INCLUDING: - DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING. GRIFFIN COORDINATES THE PROGRAM OUT OF ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING. THE DEPARTMENT HAS FIVE EMPLOYEES WHO SUPPORT THE 75 VOLUNTEER PARISH NURSES AND 320 VOLUNTEERS WHO SERVE ON THE HEALTHCARE CABINETS OF THE CHURCHES.

THE VALLEY PARISH NURSING PROGRAM (VPN) AT GRIFFIN HOSPITAL WILL CELEBRATE ITS 25TH YEAR WITH A CELEBRATION AT GRIFFIN HOSPITAL. IN HONOR OF THIS IMPRESSIVE MILESTONE, WE OFFER SOME OF THE PROGRAM'S GREATEST ACHIEVEMENTS IN IMPROVING THE HEALTH OF VALLEY COMMUNITIES.



**Part VI** Supplemental Information (Continuation)

IN KEEPING WITH THE VALLEY PARISH NURSE PHILOSOPHY TO EMPOWER EACH AND EVERY PERSON TO CARE FOR HIS OR HER WHOLE BODY, MIND AND SPIRIT, THE VALLEY PARISH NURSES HAVE EMBARKED ON MANY NEW INITIATIVES IN ITS HISTORY. THE MOST NOTABLE ARE THE WOMEN & HEART DISEASE PROGRAM, CHILDHOOD IDENTIFICATION PROGRAM (CHIP), PUBLIC ACCESS DEFIBRILLATOR (PAD) PROGRAM, CHILDREN'S HEALTH & SAFETY FAIRS, FALLS PREVENTION PROGRAMS, AND BREAST WELLNESS OUTREACH.

PERHAPS THE MOST INFLUENTIAL PROGRAM STARTED BY THE VALLEY PARISH NURSE PROGRAM IS ITS CPR INITIATIVE. BY BRINGING CPR TRAINING AND HELPING SET UP AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) AT PLACES THROUGHOUT THE VALLEY, VPN HAS PLAYED A KEY ROLE IN INCREASING THE CARDIAC SURVIVAL RATE AT GRIFFIN HOSPITAL TO 26 PERCENT - THE NATIONAL SURVIVAL RATE IS 9%. SINCE THE INITIATIVE BEGAN, VALLEY PARISH NURSES HAVE ALSO RECEIVED MANY STORIES OF SURVIVAL RELATING TO CHOKING AND RECOGNIZING THE SIGNS OF HEART ATTACK AND CALLING 9-1-1.

- THE MOBILE HEALTH RESOURCE CENTER - THE MOBILE HEALTH RESOURCE CENTER FOCUSES ON PREVENTIVE HEALTH SERVICES AND PROVIDING HEALTH EDUCATION AND SCREENING SERVICES TO NEIGHBORHOODS, COMMUNITY EVENTS, HEALTH FAIRS, SHOPPING CENTERS AND BUSINESSES/COMPANIES.

- COMMUNITY OUTREACH SERVICES - IN FISCAL YEAR 2013, THE DEPARTMENT OF COMMUNITY OUTREACH AND THE VALLEY PARISH NURSE PROGRAM SERVED 39,054 PEOPLE. SERVICES INCLUDED 4,411 HEALTH SCREENING RECIPIENTS WHICH CONTRIBUTED TO 14,915 REFERRALS TO NEEDED SERVICES. IN ADDITION, 1,388 EDUCATIONAL PROGRAMS WERE PROVIDED ATTENDED BY 30,709 PEOPLE AND 3,540 PEOPLE WERE TRAINED IN CPR. THE PROGRAM ALSO PROVIDED AND PLACED AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) AT COMMUNITY SITES BRINGING THE TOTAL NUMBER OF AED'S PLACED AT COMMUNITY SITES TO 67.

**Part VI** Supplemental Information (Continuation)

STARTING SIX YEARS AGO GRIFFIN HOSPITAL THROUGH ITS DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING, JOINED WITH ANSONIA COMMUNITY ACTION, THE NON-PROFIT AGENCY PROVIDING SERVICES TO THE AFRICAN AMERICAN COMMUNITY, FOR AN OUTREACH PROGRAM TO PROVIDE FREE CHOLESTEROL, DIABETES, AND HYPERTENSION SCREENING AND HEALTH EDUCATION FOR PEOPLE WHO ARE 60 AND OLDER.

- GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER - IN MARCH 2005 THE VALLEY PARISH NURSE PROGRAM ESTABLISHED THE GREATER NAUGATUCK VALLEY SAFE KIDS CHAPTER. GRIFFIN HOSPITAL, THE VALLEY PARISH NURSE PROGRAM, THE VALLEY N.A.A.C.P., THE CITY OF ANSONIA AND THE COMMUNITY FOUNDATION OF GREATER NEW HAVEN SPONSORED THE ANNUAL COMMUNITY HEALTH AND SAFETY.

- CERTIFIED CPR TRAINING CENTER - GRIFFIN HOSPITAL HAS BEEN A CERTIFIED COMMUNITY AMERICAN HEART ASSOCIATION CPR TRAINING CENTER SINCE 2006.

- GRIFFIN BREAST HEALTH INITIATIVE - THE PURPOSE OF THE GRIFFIN BREAST HEALTH INITIATIVE IS TO PROVIDE OUTREACH AND EDUCATION TO WOMEN, INCLUDING THE UNINSURED OR UNDERINSURED, ABOUT THE IMPORTANCE OF BREAST WELLNESS AND EARLY BREAST CANCER DETECTION AND PROVIDE SCREENING MAMMOGRAMS TO WOMEN WHO WOULD OTHERWISE NOT BE ABLE TO AFFORD ONE.

- VALLEY WOMEN'S HEALTH INITIATIVE

- AED PLACEMENT AT PUBLIC SITES - THE GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM COORDINATED OBTAINING FUNDING FOR THE PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND HAS PLACED 65 AEDS AT PUBLIC NON-PROFIT PUBLIC ACCESS DEFIBRILLATOR SITES IN THE COMMUNITY.

- HOMELESS SHELTER FOOD BANK DONATIONS

- PATIENT AND COMMUNITY SUPPORT GROUPS AND EDUCATIONAL MEETINGS

- BY YOUR SIDE - CAREGIVER SUPPORT GROUP

- BEREAVEMENT SUPPORT GROUP

- BEREAVEMENT SUPPORT GROUP FOR PARENTS

**Part VI** Supplemental Information (Continuation)

- THE WIDOW AND WIDOWER SUPPORT GROUP

PART VI, LINE 6:

N/A

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

CT