

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DANBURY HOSPITAL

Employer identification number

06-0646597

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	
1b 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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</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 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 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 used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

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)			12,551,226.	1,547,976.	11,003,250.	1.76
b Medicaid (from Worksheet 3, column a)		82775	98,753,200.	46,712,575.	52,040,625.	8.33
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		82775	111,304,426.	48,260,551.	63,043,875.	10.09
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	310	239099	297,710.	80,578.	217,132.	.03
f Health professions education (from Worksheet 5)	40	239	21,006,755.	7,249,420.	13,757,335.	2.20
g Subsidized health services (from Worksheet 6)	21	9645	2,854,080.	1,813,934.	1,040,146.	.17
h Research (from Worksheet 7)	1	126	2,329,841.	583,095.	1,746,746.	.28
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	372	249109	26,488,386.	9,727,027.	16,761,359.	2.68
k Total. Add lines 7d and 7j.	372	331884	137,792,812.	57,987,578.	79,805,234.	12.77

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

Schedule H (Form 990) 2014

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 6 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 3 columns: Question, Yes, 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. (7,709,381). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (1,431,402). Row 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table for Section B with 3 columns: Question, Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (209,181,129). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (264,752,197). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-55,571,068). Row 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: [X] Cost accounting system, [] Cost to charge ratio, [] Other.

Section C. Collection Practices

Table for Section C with 3 columns: Question, Yes, 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 %. Rows 1 through 13.

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY CT 06810 WWW.DANBURYHOSPITAL.ORG 0039	X	X		X		X	X			
2 NEW MILFORD HOSPITAL CAMPUS 21 ELM STREET NEW MILFORD CT 06776 WWW.NEWMILFORDHOSPITAL.ORG 0039	X	X					X			
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA, and excise tax.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	X	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group DANBURY HOSPITAL

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group NEW MILFORD HOSPITAL CAMPUS

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

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information (continued)

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

PART V, LINE 5 - ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL IN CONDUCTING ITS MOST RECENT CHNA IN 2012 (COMPLETED AND APPROVED IN 2013), DEVELOPED EFFECTIVE STRATEGIES TO IMPROVE COMMUNITY HEALTH INVOLVE ACTIVE COLLABORATION AND COMMITMENT AMONG HEALTH PROVIDERS, PUBLIC AND COMMUNITY HEALTH AGENCIES, EDUCATORS, WORK SITES, COMMUNITY AND FAITH-BASED ORGANIZATIONS AND GROUPS, AND THE PUBLIC THEY SERVE.

THE HOSPITAL COLLABORATES WITH COMMUNITY PARTNERS FOR ASSESSMENT OF COMMUNITY HEALTH NEEDS AND ACTION PLANNING. DANBURY HOSPITAL, AND ITS NEW MILFORD HOSPITAL CAMPUS, PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THE OTHER EIGHT TOWNS ARE BRIDGEWATER, BETHEL, BROOKFIELD, NEW FAIRFIELD, NEWTOWN, REDDING, RIDGEFIELD AND SHERMAN, CT, ALL TOWNS WITHIN THE PRIMARY SERVICE AREA OF BOTH HOSPITALS. DEVELOPING A PLAN FOR HEALTH IMPROVEMENT IN OUR REGION INVOLVES COLLECTIVE ACTION BY AND SHARING OF EXPERTISE AND RESOURCES ACROSS AGENCIES AND ORGANIZATIONS IN BOTH THE PUBLIC AND PRIVATE SECTORS.

PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL, AND ITS NEW MILFORD HOSPITAL CAMPUS, PARTICIPATED IN

Part V Facility Information (continued)

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

THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT.

PART V, LINE 6B - CHNA CONDUCTED BY ORGNIZATIONS OTHER THAN HOSPITAL FACILITY: DANBURY HOSPITAL

AS NOTED IN PART VI, LINE #2, NEEDS ASSESSMENT NARRATIVE, THE CHNA WAS CONDUCTED WITH VARIOUS COMMUNITY ORGANIZATIONS PARTICIPATING IN THE COMMUNITY FORUM AT DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS.

PART V, LINE 2 - ACQUISTION OF FACILITY PLACED IN SERVICE

FACILITY: NEW MILFORD HOSPITAL CAMPUS

ON OCTOBER 1, 2014 (THE MERGER DATE), DANBURY HOSPITAL (THE HOSPITAL) RECEIVED A SINGLE PROVIDER LICENSE TO INCLUDE THE NEW MILFORD HOSPITAL INCORPORATED (NEW MILFORD HOSPITAL). AS A RESULT, NEW MILFORD HOSPITAL MERGED WITH THE HOSPITAL AND THE OPERATIONS OF NEW MILFORD HOSPITAL BECAME A CAMPUS OF DANBURY HOSPITAL EFFECTIVE OCTOBER 1, 2014. THE HOSPITAL WILL OPERATE AS ONE LICENSED FACILITY WITH TWO CAMPUSES.

PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENT THE COMMUNITY

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS IN CONDUCTING ITS MOST RECENT CHNA IN 2012 (COMPLETED AND APPROVED IN 2013), DEVELOPED EFFECTIVE STRATEGIES TO IMPROVE COMMUNITY HEALTH INVOLVE ACTIVE COLLABORATION AND COMMITMENT AMONG HEALTH PROVIDERS, PUBLIC AND COMMUNITY HEALTH AGENCIES, EDUCATORS,

Part V Facility Information (continued)

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

WORK SITES, COMMUNITY AND FAITH-BASED ORGANIZATIONS AND GROUPS, AND THE PUBLIC THEY SERVE.

THE HOSPITAL COLLABORATES WITH COMMUNITY PARTNERS FOR ASSESSMENT OF COMMUNITY HEALTH NEEDS AND ACTION PLANNING. NEW MILFORD HOSPITAL AND DANBURY HOSPITAL CAMPUSES PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THE OTHER EIGHT TOWNS ARE BRIDGEWATER, BETHEL, BROOKFIELD, NEW FAIRFIELD, NEWTOWN, REDDING, RIDGEFIELD AND SHERMAN, CT, ALL TOWNS WITHIN THE PRIMARY SERVICE AREA OF BOTH HOSPITALS. DEVELOPING A PLAN FOR HEALTH IMPROVEMENT IN OUR REGION INVOLVES COLLECTIVE ACTION BY AND SHARING OF EXPERTISE AND RESOURCES ACROSS AGENCIES AND ORGANIZATIONS IN BOTH THE PUBLIC AND PRIVATE SECTORS.

PART V, LINE 6A - LIST OTHER HOSPITAL FACILITIES THAT JOINTLY CONDUCTED NEEDS ASSESSMENT

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL AND DANBURY HOSPITAL CAMPUSES PARTICIPATED IN THE DEVELOPMENT OF A COMMUNITY REPORT CARD FOR THE HOUSATONIC VALLEY REGION, A 10-DISTRICT MUNICIPALITY THAT INCLUDES DANBURY AND NEW MILFORD, CT. THAT INCLUDES DANBURY AND NEW MILFORD, CT.

PART V, LINE 6B - CHNA CONDUCTED BY ORGNIZATIONS OTHER THAN HOSPITAL

FACILITY: NEW MILFORD HOSPITAL CAMPUS

AS NOTED IN PART VI, LINE #2, NEEDS ASSESSMENT NARRATIVE, THE CHNA WAS

Part V Facility Information (continued)

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

CONDUCTED WITH VARIOUS COMMUNITY ORGANIZATIONS PARTICIPATING IN THE
COMMUNITY FORUM AT DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS.
HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS.

PART V, LINE 7A - URL

FACILITY: DANBURY HOSPITAL

HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B
ENEFIT

PART V, LINE 7A - URL

FACILITY: NEW MILFORD HOSPITAL

HTTP://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/ABOUT-US/COMMUNITY-BENEFIT

PART V, LINE 7B - URL

FACILITY: DANBURY HOSPITAL

HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/

PART V, LINE 7B - URL

FACILITY: NEW MILFORD HOSPITAL

HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/

PART V, LINE 10A - URL

FACILITY: DANBURY HOSPITAL

HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B
ENEFIT

Part V Facility Information (continued)

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

PART V, LINE 10A - URL

FACILITY: NEW MILFORD HOSPITAL

[HTTP://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/ABOUT-US/COMMUNITY-BENEFIT](http://WWW.NEWMILFORDHOSPITAL.ORG/ABOUT-US/ABOUT-US/COMMUNITY-BENEFIT)

PART V, LINE 16A - URL

FACILITY: DANBURY HOSPITAL

[HTTP://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING](http://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING)

PART V, LINE 16A - URL

FACILITY: NEW MILFORD HOSPITAL

[HTTP://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING](http://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING)

PART V, LINE 16B - URL

FACILITY: DANBURY HOSPITAL

[HTTP://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING](http://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING)

PART V, LINE 16B - URL

FACILITY: NEW MILFORD HOSPITAL

[HTTP://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING](http://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING)

PART V, LINE 16C - URL

FACILITY: DANBURY HOSPITAL

[HTTP://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING](http://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING)

Part V Facility Information (continued)

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

PART V, LINE 16C - URL

FACILITY: NEW MILFORD HOSPITAL

HTTP://WWW.NEWMILFORDHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING

PART V, LINE 16I - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY

FACILITY: DANBURY HOSPITAL

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. AVAILABLE TO PROVIDE FURTHER ASSISTANCE.

PART V, LINE 16I - OTHER MEANS HOSPITAL FACILITY PUBLICIZED THE POLICY

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS 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, LINE 22D - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT INSURANCE

FACILITY: DANBURY HOSPITAL

DANBURY HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE REGULATIONS REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL NECESSARY CARE BY THE EFFECTIVE DATE (10/1/2016).

Part V Facility Information *(continued)*

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

PART V, LINE 22D - OTHER BILLING DETERMINATION OF INDIVIDUALS WITHOUT
INSURANCE

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL INTENDS TO BE IN COMPLIANCE WITH THE REGULATIONS
REGARDING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE
INDIVIDUALS FOR EMERGENCY AND OTHER MEDICAL NECESSARY CARE BY THE
EFFECTIVE DATE (10/1/2016).

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 23

Name and address	Type of Facility (describe)
1 DANBURY HOSPITAL RIDGEFIELD SURG. CTR. 901 ETHAN ALLEN HIGHWAY RIDGEFIELD CT 06877	OUTPATIENT SURGICAL CENTER
2 BREAST IMAGING CENTER 20 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
3 MAIN STREET REHABILITATION CENTER 235 MAIN STREET DANBURY CT 06810	REHABILITATION
4 SIEFERT & FORD COMMUNITY HEALTH CTR. 70 MAIN STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
5 DANBURY HOSPITAL SLEEP LAB II 25 LAKE AVENUE-EXTENSION DANBURY CT 06810	DIAGNOSTIC
6 COMM. CTR. FOR BEHAVIORIAL HEALTH 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
7 SOUTHBURY CARDIOVASCULAR DIAGNOSTICS 22 OLD WATERBURY ROAD SOUTHBURY CT 06488	DIAGNOSTIC
8 PULMONARY SERVICES 33 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
9 THE ANTICOAGULATION CENTER 41 GERMANTOWN ROAD DANBURY CT 06810	DIAGNOSTIC
10 PHYSICAL MEDICINE CENTER OF SOUTHBURY 22 OLD WATERBURY ROAD, SUITE 101 SOUTHBURY CT 06488	OUTPATIENT-PHYSICIAN CLINIC

Schedule H (Form 990) 2014

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

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

Name and address	Type of Facility (describe)
1 NEW MILFORD HOSPITAL BEHAVIORIAL HEALT 23 POPLAR STREET NEW MILFORD CT 06776	OUTPATIENT-PHYSICIAN CLINIC
2 DANBURY HOSPITAL LABORATORY 79 SANDPIT ROAD DANBURY CT 06810	DIAGNOSTIC
3 CENTER FOR CHILD & ADOL. TREAT. 152 WEST STREET DANBURY CT 06810	OUTPATIENT-PHYSICIAN CLINIC
4 DANBURY HOSPITAL LABORATORY CENTER NM 120 PARK LANE, SUITE A201 NEW MILFORD CT 06776	DIAGNOSTIC
5 DANBURY HOSPITAL SOUTHBURY LABORATORY 22 OLD WATERBURY ROAD, SUITE 101 SOUTHBURY CT 06488	DIAGNOSTIC
6 DANBURY HOSPITAL LAB CTR. IN BROOKFIELD 60 OLD NEW MILFORD ROAD, UNIT 1C BROOKFIELD CT 06804	DIAGNOSTIC
7 DANBURY HOSPITAL DIABETES EDUCATION CT 41 GERMANTOWN ROAD DANBURY CT 06810	EDUCATION CENTER
8 RIDGEFIELD SPECIMEN COLLECTION FACILI 10 SOUTH STREET RIDGEFIELD CT 06877	DIAGNOSTIC
9 BETHEL LABORATORY 68 STONY HILL ROAD BETHEL CT 06801	DIAGNOSTIC
10 NEWTOWN LABORATORY 14-18 CHURCH HILL ROAD NEWTOWN CT 06470	DIAGNOSTIC

Schedule H (Form 990) 2014

Part V Facility Information (continued)

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

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

Name and address	Type of Facility (describe)
1 KENOSIA LAB 51-53 KENOSIA AVENUE DANBURY CT 06810	DIAGNOSTIC
2 DANBURY HOSPITAL RESEARCH INSTITUTE 131 WEST STREET DANBURY CT 06813	DIAGNOSTIC
3 NEW MILFORD INTEGRATED MEDICINE PRGM 30 ELM STREET NEW MILFORD CT 06776	OUTPATIENT-PHYSICIAN CLINIC
4	
5	
6	
7	
8	
9	
10	

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.

SCHEDULE H, PART I, LINE 3C

ANNUAL INCOME AND LIQUID ASSETS ARE COMBINED TO DETERMINE ELIGIBILITY. IF FAMILY INCOME LIMIT FOR ELIGIBILITY IS BETWEEN 400% AND 500% THEN 50% WILL BE TAKEN OFF BASED ON A SLIDING SCALE. IF THE INCOME LIMIT FOR ELIGIBILITY IS BETWEEN 500% AND 600% THEN 100% WILL BE TAKEN OFF BASED ON A SLIDING SCALE.

SCHEDULE H, PART I, LINE 6A

PART I, LINE 6A & 6B: THE COMMUNITY BENEFIT REPORT IS REPORTED ON A NETWORK BASIS. IT CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT PROGRAMS AND SERVICES' DESCRIPTIONS AND FINANCIAL DATA. THE FORM IS MADE AVAILABLE TO THE PUBLIC ON THE OFFICE OF HEALTH CARE ACCESS' WEBSITE:

[HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/HOSPITALFILLINGS/2012/IRS990/DANBY990_HOSPITAL_2012.PDF](http://www.ct.gov/dph/lib/dph/ohca/hospitalfillings/2012/irs990/danby990_hospital_2012.pdf)

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.

SCHEDULE H, PART 1, LINE #7

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

TOTAL OPERATING EXPENSES - NON-PATIENT CARE ACTIVITIES, MEDICAID PROVIDER

TAX, TOTAL COMMUNITY BENEFIT EXPENSE AND TOTAL COMMUNITY BUILDING EXPENSE

= ADJUSTED PATIENT CARE COST.

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.

ADJUSTED PATIENT CARE COST DIVIDED BY GROSS PATIENT CHARGES= RATIO OF
PATIENT CARE COSTS TO CHARGES.

SCHEDULE H, PART I, LINE 7G

PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICANS CLINICS

THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT.

SCHEDULE H, PART III, LINE #2

THE RATIO OF COST TO CHARGES IS APPLIED TO THE BAD DEBT EXPENSE ON THE
AUDITED FINANCIAL STATEMENTS.

SCHEDULE H, PART III, LINE #3

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

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.

DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS 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. BECAUSE THE HOSPITAL IS NOT PAID FOR THESE SERVICES, THEY ARE CONSIDERED TO BE COMMUNITY BENEFIT.

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.

SCHEDULE H, PART III, LINE #4

THE HOSPITAL'S ESTIMATION OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED PRIMARILY UPON THE TYPE AND AGE OF THE PATIENT ACCOUNTS RECEIVABLE AND THE EFFECTIVENESS OF THE HOSPITAL'S COLLECTION EFFORTS. THE

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.

HOSPITAL'S POLICY IS TO RESERVE A PORTION OF ALL SELF-PAY RECEIVABLES, INCLUDING AMOUNTS DUE FROM THE UNINSURED AND AMOUNTS RELATED TO CO-PAYMENTS AND DEDUCTIBLES, AS THESE CHARGES ARE RECORDED. ON A MONTHLY BASIS, THE HOSPITAL REVIEWS ITS ACCOUNTS RECEIVABLE BALANCES AND VARIOUS ANALYTICS TO SUPPORT THE BASIS FOR ITS ESTIMATES. THESE EFFORTS PRIMARILY CONSIST OF REVIEWING THE FOLLOWING:

HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE USING A HINDSIGHT OR LOOK-BACK APPROACH;

REVENUE AND VOLUME TRENDS BY PAYOR, PARTICULARLY THE SELF-PAY COMPONENTS;

CHANGES IN THE AGING AND PAYOR MIX OF ACCOUNTS RECEIVABLE, INCLUDING INCREASED FOCUS ON ACCOUNTS DUE FROM THE UNINSURED AND ACCOUNTS THAT REPRESENT CO-PAYMENTS AND DEDUCTIBLES DUE FROM PATIENTS;

CASH COLLECTIONS AS A PERCENTAGE OF NET PATIENT REVENUE LESS THE

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.

PROVISION FOR UNCOLLECTIBLE ACCOUNTS; AND

TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE

THE AMOUNT OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON
MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS,
BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH
CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE HOSPITAL REGULARLY PERFORMS HINDSIGHT PROCEDURES TO EVALUATE
HISTORICAL WRITE-OFF AND COLLECTION EXPERIENCE THROUGHOUT THE YEAR TO
ASSIST IN DETERMINING THE REASONABLENESS OF ITS PROCESS FOR ESTIMATING
THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

THE HOSPITAL'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS
RECEIVABLE, WHICH CONSISTS OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL
AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS.

Part VI Supplemental Information

Provide the following 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 CHNAs 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.

THE HOSPITAL MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS, AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS. SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE INCLUDE 30%, 13% AND 57% AND 37%, 13% AND 50% FOR MEDICARE, MEDICAID AND NON-GOVERNMENT PAYORS, RESPECTIVELY, AT SEPTEMBER 30, 2015 AND 2014, RESPECTIVELY.

SCHEDULE H, PART III, LINE #8

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 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 VI Supplemental Information

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SCHEDULE H, PART III, LINE 9B

IT IS THE POLICY OF DANBURY HOSPITAL TO PROVIDE "FINANCIAL ASSISTANCE"
 (EITHER FREE CARE OR REDUCED PATIENT OBLIGATIONS) 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
 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

Part VI Supplemental Information

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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) 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.

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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 THAT THEY CANNOT AFFORD.

SCHEDULE H, PART V

14 DIAGNOSTIC CENTERS

6 OUTPATIENT PHYSICIAN CLINICS

1 OUTPATIENT SURGICAL CENTER

1 REHABILITATION CENTER

1 EDUCATION CENTER

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT: THE COMMUNITY FORUM HELD IN 2014 WAS ATTENDED BY 37 COMMUNITY STAKEHOLDERS FROM THE HOUSATONIC VALLEY REGION (HVR). THIS INCLUDED REPRESENTATIVES FROM 5 HEALTH DEPARTMENTS/DISTRICTS (DANBURY, NEW MILFORD, BETHEL, NEWTOWN, AND POMPERAUG), WESTERN CT HEALTH NETWORK, DANBURY EMS, THE BETHEL VISITING NURSE ASSOCIATION, THE UNITED WAY OF WESTERN CT, THE REGIONAL YMCA, THE HOUSATONIC VALLEY COALITION AGAINST

Part VI Supplemental Information

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SUBSTANCE ABUSE, THE MID-WESTERN CT COUNCIL ON ALCOHOLISM, THE AMERCARES FREE CLINIC, THE CIFC COMMUNITY HEALTH CENTER, DOCTOR'S EXPRESS URGENT CARE CENTER, THE REGIONAL EDUCATIONAL SERVICE CENTER, THE DANBURY FIRE DEPARTMENT, THE NEW MILFORD SENIOR CENTER, AND THE PETER AND CARMEN LUCIA BUCK FOUNDATION. TWO COMMUNITY HEALTH CONVERSATIONS WERE HELD WITH KEY COMMUNITY STAKEHOLDERS IN OCTOBER 2012 - (DANBURY AND NEW MILFORD, CT) TO ENSURE ACCESSIBILITY BY KEY STAKEHOLDERS THROUGHOUT THE REGION. ATTENDEES INCLUDED A TOTAL OF 52 REPRESENTATIVES FROM HOSPITALS; COMMUNITY HEALTH CENTERS; SCHOOL-BASED HEALTH CENTERS; VISITING NURSE ASSOCIATIONS/SERVICES; MUNICIPAL HEALTH, EDUCATION, SOCIAL SERVICE, SENIOR CENTERS AND FIRE DEPARTMENTS; NON-PROFIT ORGANIZATIONS; AND A LEGISLATOR'S OFFICE. GEOGRAPHICALLY, ALL 10 HVR MUNICIPALITIES WERE REPRESENTED EITHER DIRECTLY OR THROUGH REGIONAL AGENCIES AND ORGANIZATIONS. THE PARTICIPATION AND INSIGHTS OF COMMUNITY LEADERS AND AGENCIES/ORGANIZATIONS WHO PROVIDE DIRECT PROGRAMS AND SERVICES FOR THE LOW INCOME/MINORITY MEMBERS OF THE COMMUNITY WAS IMPORTANT TO THE DATA COLLECTION AND ASSESSMENT PROCESS.

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THE WESTERN CT HEALTH NETWORK (OF WHICH DANBURY HOSPITAL IS A PART)
 CONDUCTED A PHYSICIAN RESOURCE ASSESSMENT TO EVALUATE THE SUPPLY OF
 HEALTH CARE PROVIDERS WITHIN ITS COMBINED SERVICE AREA TOWNS. THIS IS
 DONE TO DOCUMENT COMMUNITY NEED FOR HEALTH CARE PROVIDERS, AND TO DEVELOP
 A PLAN TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY SERVED.

THROUGH WESTERN CT HEALTH NETWORK'S ANNUAL PLANNING PROCESS, AN
 ENVIRONMENTAL ASSESSMENT IS CONDUCTED TO IDENTIFY HEALTH CARE GAPS AND
 NEEDS OF THE SERVICE AREA COMMUNITY BROUGHT ABOUT BY LOCAL AND NATIONAL
 TRENDS IN ECONOMIC, LEGISLATIVE, DEMOGRAPHIC, HEALTH CARE INDUSTRY AND
 OTHER ENVIRONMENTAL FACTORS. THESE FORCES ARE CONSIDERED AND
 INCORPORATED IN MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY BY HELPING
 TO FRAME THE PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH
 NETWORK'S LONG RANGE AND ANNUAL STRATEGIC PLANS.

SCHEDULE H, PART VI, LINE 3

PART VI- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
 THE HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION

Part VI Supplemental Information

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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. 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 MAILS 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. THE POLICY AND APPLICATIONS FOR ASSISTANCE ARE ALSO AVAILABLE ON LINE.

SCHEDULE H, PART VI, LINE 4

PART VI - COMMUNITY INFORMATION

COMMUNITY INFORMATION: DANBURY HOSPITAL AND THE NEW MILFORD HOSPITAL

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CAMPUS SERVES AN AREA WITH A POPULATION OF ABOUT 280,000 PEOPLE. THE PRIMARY SERVICE AREA INCLUDES BETHEL, BRIDGEWATER, BROOKFIELD, DANBURY, NEW FAIRFIELD, NEW MILFORD, NEWTOWN, RIDGEFIELD, AND SOUTHBURY (IN CT), AND THE SECONDARY SERVICE AREA INCLUDES KENT, REDDING, ROXBURY, SHERMAN, WASHINGTON, WINGDALE, AND WOODBURY (IN CT) AND BREWSTER, NORTH SALEM, PATTERSON, AND PAWLING (IN NY). THIS SERVICE AREA IS COMPRISED OF A DENSELY POPULATED CORE OF THE URBAN/SUBURBAN CITY OF DANBURY SURROUNDED BY MODERATELY AFFLUENT RESIDENTIAL AND RURAL TOWNS. DANBURY IS ALSO LISTED AS A MEDICALLY UNDERSERVED AREA, OR MUA. DANBURY HAS A MEDIAN HOUSEHOLD INCOME OF \$65,981 AND A POVERTY RATE OF 11.1%, WHILE NEW MILFORD HAS A HOUSEHOLD INCOME OF \$49,575 AND A POVERTY RATE OF 15.6%. THE OVERALL UNINSURED POPULATION RATE FOR THE STATE IS ESTIMATED TO BE 3.8%. ALTHOUGH THE POPULATION OF THE PRIMARY AND SECONDARY SERVICE AREAS IS EXPECTED TO REMAIN VIRTUALLY LEVEL FROM 2010 TO 2020, THE COHORT AGED 65 AND OVER IS EXPECTED TO INCREASE BY 2.78% IN DANBURY AND 4.05% IN NEW MILFORD, WHILE THE AGE 20-44 AGE COHORT IS FORECAST TO SLIGHTLY INCREASE AT 0.68% IN DANBURY AND DECREASE BY 1.13% IN NEW MILFORD OVER THE SAME TIME PERIOD.

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SCHEDULE H, PART II: COMMUNITY BUILDING ACTIVITIES

RELATES TO LINE #6, COALITION BUILDING, TOTALING \$9,169:

WESTERN CONNECTICUT HEALTH NETWORK (WCHN) PARTICIPATES AS A MEMBER OF A REGIONAL COLLABORATIVE REPRESENTING THE HOUSATONIC VALLEY REGION AND TEN MUNICIPALITIES. A STEERING COMMITTEE COMPRISED OF HEALTH CARE PROVIDERS, COMMUNITY-BASED PROVIDERS, AND LOCAL GOVERNMENT AGENCIES MEETS NO LESS THAN TWICE A YEAR TO OVERSEE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT WAS DEVELOPED UTILIZING DATA FROM A REPORT CARD AND PREVIOUS COMMUNITY CONVERSATIONS. FOUR PRIORITY HEALTH INDICATORS (PHI) ARE BEING ADDRESSED THROUGH A WORK GROUP STRUCTURE THAT INCLUDES A DESIGNATED LEADER WHO CONVENES THE GROUP TO FURTHER DEVELOP AND REFINE THEIR ACTION PLANS. COMMUNITY STAKEHOLDERS PARTICIPATED IN AN APRIL 2014 COMMUNITY FORUM FACILITATED BY THE CENTER FOR HEALTH SCHOOLS & COMMUNITIES @ EDUCATION CONNECTION. OVERALL, DATA OBTAINED FROM THE CONVERSATIONS PROVIDED HIGH QUALITY INFORMATION TO FRAME THE BEGINNING OF A COMMUNITY HEALTH IMPROVEMENT CHANGE PROCESS IN THE REGION.

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1. PREVENTION AND EDUCATION OF MOST PREVALENT CHRONIC DISEASES/HEALTH

CONDITIONS: OBESITY, TYPE 2 DIABETES, AND HYPERTENSION WERE IDENTIFIED AS THE MOST PREVALENT HEALTH CONDITIONS IN THE COMMUNITY. THE PHI TEAM GOALS ARE TO INCREASE HEALTHY EATING OPTIONS, ENHANCE ACCESS TO PHYSICAL ACTIVITIES, AND PROMOTE A UNIVERSAL HEALTHY LIFESTYLE. IN JULY 2014, THE PHI TEAM RECEIVED THE YMCA DIABETES PREVENTION PROGRAM GRANT WHICH WAS USED TO FUND THEIR DIABETES PREVENTION PROGRAM. THE PROGRAM BEGAN IN OCTOBER 2014, AND THROUGH DECEMBER 2015 10 CLASSES HAD BEEN CONDUCTED (AVERAGE CLASS SIZE OF 5.4 PARTICIPANTS, AVERAGE AGE OF 59 YEARS, AND 75% OF THE REFERRALS WERE FROM PHYSICIAN OFFICES). PARTICIPANTS EXCEEDED THE TARGETED WEIGHT LOSS GOAL OF 7% (ACHIEVED 10.4%) WHICH WAS SUPPORTED BY CONSISTENT PROGRAM PARTICIPATION, PHYSICAL ACTIVITY AND FOOD TRACKER COMPLETION. THE TEAM ALSO PARTICIPATED IN NATIONAL WALK DAY, WHICH GARNERED OVER 150 PEOPLE FROM THE HOUSATONIC VALLEY REGION AND FORMATION OF 3 COMMUNITY WALKING GROUPS. THE COALITION FOR HEALTHY KIDS IS PILOTING A "WALKING SCHOOL BUS" PROGRAM WITH A LOCAL SCHOOL TO ENCOURAGE PHYSICAL ACTIVITY. A WELLNESS CAMPAIGN BUILDING ON THE "5, 2, 1, 0 LET'S GO" MESSAGING WAS IMPLEMENTED AND THE "KNOW YOUR NUMBERS" CAMPAIGN TRACKED

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338 INDIVIDUALS WITH BLOOD PRESSURE MONITORING.

2. IMPROVING ACCESS/UTILIZATION TO SUBSTANCE ABUSE AND MENTAL HEALTH

SERVICES: MENTAL HEALTH ISSUES AND SUBSTANCE ABUSE CONTINUE TO BE PREVALENT ISSUES IN THE COMMUNITY. THIS PHI TEAM IS COLLABORATING WITH 12 LOCAL PREVENTION COUNCILS, THE CT PREVENTION FRAMEWORK, AND OTHER ENTITIES TO INCREASE OUTREACH EFFORTS. THEIR GOALS ARE TO IDENTIFY GAPS IN SERVICES AND ACCESS, PROVIDE EDUCATION, AND INCREASE AWARENESS REGARDING SERVICES AND PROGRAMS. THERE IS AWARENESS TO VULNERABLE TARGET GROUPS IN NEED OF ENHANCED SERVICES AND SUPPORTS, SUCH AS THE HOMELESS POPULATION AND YOUTH. THE TEAM WORKED TO IMPROVE EDUCATION AND INFORMATION DISSEMINATION, AND SUPPORTED INTEGRATION OF A "QUESTION-PERSUADE-REFER" MODEL FOR SUICIDE PREVENTION. AREAS OF FOCUS TARGETED PRESCRIPTION DRUG USE, SUPPORT FOR COMMUNITY "DROP BOXES" , OPIATE USE, UNDERAGE DRINKING, AND BEHAVIORAL HEALTH INITIATES IN PRIMARY CARE PRACTICES.

3. IMPROVE ASSESSMENT AND SERVICE PLANNING TO SENIOR HEALTH: SENIOR

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- 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.

CITIZENS, PARTICULARLY HOMEBOUND ELDERLY AND IMMIGRANTS, ARE IN NEED OF ASSESSMENT AND SERVICE PLANNING TO ADDRESS THEIR HEALTH, HOUSING, AND SOCIAL SUPPORT NEEDS. THE MAIN GOAL IS TO INCREASE AWARENESS, SERVICES, AND EDUCATION FOR SENIOR HEALTH. THIS TEAM IS SUPPORTING AND COLLABORATING WITH THE AGING IN PLACE INITIATIVES FUNDED BY THE PETER AND CARMEN LUCIA BUCK FOUNDATION, WHICH INCLUDES THE "SAFE AT HOME" PROGRAM THAT DELIVERS HOME SAFETY ITEMS TO SENIORS. EFFORTS CONTINUE TO MOVE THE DANBURY COMMUNITY AS A "LIVABLE" COMMUNITY AND TO SHARE LEARNINGS WITH ADJACENT COMMUNITIES.

4. IMPROVE AWARENESS AND UTILIZATION OF EXISTING HEALTH AND SOCIAL PROGRAMS/SERVICES: THIS TEAM FOCUSED ON ENHANCING AWARENESS AND UTILIZATION OF EXISTING PROGRAMS AND SERVICES IN THE COMMUNITY, INCLUDING SUPPORT OF INFOLINE 2-1-1 AND 5 HEALTH ACCESS CT ASSISTOR SITES BY TARGET POPULATIONS. IT ALSO ESTABLISHED A PARTNERSHIP WITH FAMILYWIZE TO PROVIDE PROMOTIONAL MATERIALS FOR DISTRIBUTION TO HEALTH PROVIDERS AND KEY COMMUNITY SITES.

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.
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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 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.
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THE INDIVIDUAL CHIP STEERING COMMITTEE MEMBERS, INCLUDING WCHN, SUPPORT THE IMPORTANCE OF SHARED COMMITMENT AND RESPONSIBILITY IN DEVELOPMENT AND EXECUTION OF ITS RECOMMENDED ACTION PLANS FOR HEALTH IMPROVEMENT.

TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PREVALENT ISSUES IN THE COMMUNITY ARE BEING ADDRESSED.

RELATES TO LINE #2, ECONOMIC DEVELOPMENT, LINE #3, COMMUNITY SUPPORT AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$5,204:

PART II: COMMUNITY HEALTH IMPROVEMENT ADVOCACY: LARGELY STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDER INSURED. AS PART OF THIS EFFORT, MISCELLANEOUS EXPENSES ARE NOTED IN SCHEDULE C, PART II-B 1I.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH. DANBURY HOSPITAL SERVED APPROXIMATELY 239,099 PERSONS THROUGH OVER 310 HEALTH EVENTS. ONE OF THE HIGHEST IMPACT

Part VI Supplemental Information

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OUTREACH ACTIVITIES INCLUDES APPROXIMATELY 187,000 INDIVIDUALS SERVED THROUGH HEALTH TALK. HEALTH TALK WHICH AIRS TWICE A WEEK FOCUSES ON DISEASE PREVENTION, NEW TREATMENTS IN PULMONARY, EMBOLISM ATRIAL FIBRILLATION, PEDIATRIC ASTHMA, HEART HEALTH, COLON CANCER, EXERCISE AND WELLNESS TALKS, TO NAME A FEW EXAMPLES.

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

SURPLUS FUNDS ARE USED TO PROVIDE INNOVATIVE TECHNOLOGY TO CLINICAL CARE IN ADDITION TO EXPANDING OUR SERVICE AREA.

PART VI-AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION
WESTERN CONNECTICUT HEALTH NETWORK (WCHN) IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF THREE COMMUNITY HOSPITALS AND THEIR AFFILIATED ENTITIES. IN ADDITION TO NORWALK HOSPITAL, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, THE CONTINUUM OF CARE INCLUDES A LARGE MEDICAL GROUP, HOME HEALTH CARE SERVICES, A NATIONALLY RENOWNED

Part VI Supplemental Information

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BIOMEDICAL RESEARCH INSTITUTE, THE WCHN AND NORWALK HOSPITAL FOUNDATIONS, AND OTHER RELATED AFFILIATES (THE NETWORK). WCHN'S MISSION IS TO IMPROVE THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. FOR 2015, WCHN PROVIDED APPROXIMATELY \$19,826,631 IN TOTAL CHARITY CARE.

DANBURY HOSPITAL, ITS NEW MILFORD HOSPITAL CAMPUS AND NORWALK HOSPITAL PROVIDE 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 NETWORK'S MISSION STATEMENT, AS NOTED ABOVE, FOR 2015, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL, \$7,649,926, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$11,003,250.

WESTERN CONNECTICUT MEDICAL GROUP/NORWALK HOSPITAL PHYSICIANS & SURGEONS: THE MISSION OF 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

Part VI Supplemental Information

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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 2015, WCMG/NHP&S PROVIDED APPROXIMATELY \$1,023,000 IN CHARITY CARE.

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

NORWALK HOSPITAL FOUNDATION'S MISSION IS TO RAISE FUNDS, REINVEST AND ADMINISTER THESE FUNDS AND MAKE DISTRIBUTIONS TO NORWALK HOSPITAL AND OTHER NOT-FOR-PROFIT NORWALK HOSPITAL AFFILIATES.

WESTERN CONNECTICUT HEALTH NETWORK AFFILIATES PRINCIPAL PURPOSE IS TO PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE

Part VI Supplemental Information

Provide the following 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 CHNAs reported in Part V, Section B.
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SERVING THOSE THAT CANNOT AFFORD THE CARE.

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 2015, WCHC PROVIDED APPROXIMATELY \$91,000 IN CHARITY CARE.

EASTERN NEW YORK MEDICAL SERVICES (ENYMS): THE MISSION AT ENYMS IS TO
 PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED PRIMARY AND
 GASTROENTEROLOGY HEALTH CARE IN THE COMMUNITIES WE SERVE AND STRIVE TO BE
 AWARE OF AND RESPOND TO OUR PATIENTS' NEEDS.

SCHEDULE H, PART VI, LINE 7

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