

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990.

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

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</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)			15,660,359.	2,573,873.	13,086,486.	2.03
b Medicaid (from Worksheet 3, column a)			112,596,213.	55,103,595.	57,492,618.	8.91
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			128,256,572.	57,677,468.	70,579,104.	10.94
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			202,451.	53,962.	148,489.	.02
f Health professions education (from Worksheet 5)			23,347,271.	8,156,282.	15,190,989.	2.35
g Subsidized health services (from Worksheet 6)			2,291,298.	1,419,628.	871,670.	.14
h Research (from Worksheet 7)			2,208,349.	610,286.	1,598,063.	.25
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,898.	410.	12,488.	
j Total. Other Benefits			28,062,267.	10,240,568.	17,821,699.	2.76
k Total. Add lines 7d and 7j.			156,318,839.	67,918,036.	88,400,803.	13.70

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,496.	100.	1,396.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			2,252.		2,252.	
7 Community health improvement advocacy			84,387.		84,387.	.01
8 Workforce development						
9 Other						
10 Total			88,135.	100.	88,035.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
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.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
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

5 Enter total revenue received from Medicare (including DSH and IME)	207,769,791.
6 Enter Medicare allowable costs of care relating to payments on line 5	265,627,861.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-57,858,070.
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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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 LICENSE #0039	X	X		X		X	X			
2 NEW MILFORD HOSPITAL CAMPUS 21 ELM STREET NEW MILFORD CT 06776 WWW.NEWMILFORDHOSPITAL.ORG LICENSE #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 12b regarding CHNA requirements, implementation strategies, and excise taxes.

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding CHNA requirements, implementation strategies, and excise taxes.

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>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input 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 VI FOR URL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</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>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input 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 VI FOR URL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI FOR URL</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI FOR URL</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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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? If "No," indicate why:		X
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? If "Yes," explain in Section C.		X
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? If "Yes," explain in Section C.		X

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

IN CONDUCTING THE CURRENT CHNA, DANBURY HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY IT SERVES. THIS INCLUDED THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH. LOCAL COLLABORATORS INCLUDED THE VARIOUS HEALTH DEPARTMENTS, THE UNITED WAY OF WESTERN CONNECTICUT, AND THE REGIONAL YMCA. GOVERNMENT OFFICIALS WERE ALSO REPRESENTED AT THE STATE AND LOCAL LEVELS, SUCH AS CONNECTICUT SENATORS AND TOWN MAYORS.

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 ORGANIZATIONS 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 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, 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,

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.

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 ORGANIZATIONS OTHER THAN HOSPITAL

FACILITY: NEW MILFORD HOSPITAL CAMPUS

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 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.

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

FACILITY: NEW MILFORD HOSPITAL CAMPUS

NEW MILFORD HOSPITAL CAMPUS 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) 2015

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) 2015

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.

PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)

ANNUAL INCOME IS USED 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.

PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT

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/CWP/VIEW.ASP?A=3902&Q=585448](http://www.ct.gov/dph/cwp/view.asp?a=3902&q=585448)

PART 1, LINE 7 - EXPLANATION OF COSTING METHOD

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

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.
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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.

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.

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

PART I, LINE 7G - COSTS ASSOCIATED WITH PHYSICIANS CLINICS
THERE ARE NO PHYSICIAN CLINICS INCLUDED IN THIS AMOUNT.

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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- 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 III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT EXPENSE

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

PART III, LINE 3 - METHODOLOGY OF ESTIMATED AMOUNT & RATIONALE FOR
INCLUDING IN COMMUNITY BENEFIT

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

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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- 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.

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.

PART III, LINE 4 - BAD DEBT EXPENSE

PATIENT ACCOUNTS RECEIVABLE RESULT FROM THE HEALTH CARE SERVICES PROVIDED BY THE HOSPITAL. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RESULT FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

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.
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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.

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 PROVISION FOR UNCOLLECTIBLE ACCOUNTS; AND

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.
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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.

TRENDING OF DAYS REVENUE IN ACCOUNTS RECEIVABLE

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.

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 31%, 14% AND 55% AND 30%, 11% AND 59% FOR MEDICARE, MEDICAID AND NON-GOVERNMENT PAYORS, RESPECTIVELY, AT SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY.

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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- 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 III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

DANBURY HOSPITAL'S MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT AS THE ORGANIZATION STRIVES TO PROVIDE 24/7 COVERAGE, IMPROVED PATIENT ACCESS, HIGHEST CLINICAL QUALITY AS WELL AS ADDRESSING THE NEEDS OF THE COMMUNITY BY OFFERING CRITICAL SERVICES TO OUR GEOGRAPHIC AREA. AS A RESULT, THE ORGANIZATION MUST BALANCE THE COST OF THESE PROGRAMS AGAINST THE CONTINUED DECREASING GOVERNMENT REIMBURSEMENT LEVELS, UNINSURED POPULATION AND COMMUNITY NEEDS.

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

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

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

Part VI Supplemental Information

Provide the following information.

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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.

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 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.

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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- 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.

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.

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.

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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- 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 VI - NEEDS ASSESSMENT

PART VI, LINE 2: 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 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

Part VI Supplemental Information

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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.

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

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PRIORITIES, GOALS AND INITIATIVES OF WESTERN CT HEALTH NETWORK'S LONG RANGE AND ANNUAL STRATEGIC PLANS.

IN 2015, DANBURY HOSPITAL, ALONG WITH THE COMMUNITY ACTION PLANNING STEERING COMMITTEE CONSISTING OF VARIOUS COMMUNITY MEMBERS, BEGAN THE PROCESS TO DEVELOP THE 2016 CHNA. COMMUNITY FORUMS WERE HELD TO DISCUSS RESULTS AND IDENTIFY PRIORITY ISSUES FROM THE COMMUNITY WELLBEING SURVEY CONDUCTED BY DATAHAVEN, A NON-PROFIT ORGANIZATION THAT WORKS TO IMPROVE QUALITY OF LIFE BY COLLECTING, INTERPRETING, AND SHARING PUBLIC DATA FOR EFFECTIVE DECISION MAKING. A KEY INFORMANT SURVEY WAS ALSO DEVELOPED AND DISTRIBUTED TO 200 COMMUNITY LEADERS IN THE DANBURY HOSPITAL AREA. FURTHER DETAILS ON THE 2016 CHNA AND CHIP WILL BE PROVIDED IN NEXT YEAR'S SCHEDULE H, 990 REPORT.

PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3: THE HOSPITAL HAS MESSAGES ON ALL STATEMENTS PROVIDING INFORMATION REGARDING HOW THE PATIENT CAN GET ASSISTANCE WITH THEIR HOSPITAL BILL. ALSO SIGNS ARE POSTED THROUGHOUT THE HOSPITAL AND

Part VI Supplemental Information

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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 MAILES NOTICES TO ALL SELF-PAY ACCOUNTS REFERRING THEM TO FINANCIAL COUNSELING IF THEY NEED ASSISTANCE. THE COLLECTION DEPARTMENT WILL ALSO REFER PATIENTS TO FINANCIAL COUNSELING WHEN A PATIENT INDICATES THAT THEY CANNOT AFFORD THEIR BALANCES; AND FINALLY, SCHEDULERS REFER UNINSURED PATIENTS TO FINANCIAL COUNSELING PRIOR TO THEIR TEST OR PROCEDURE. THE POLICY AND APPLICATIONS FOR ASSISTANCE ARE ALSO AVAILABLE ON LINE, AS WELL AS UPON REQUEST AT THE HOSPITAL.

PART VI - COMMUNITY INFORMATION

PART VI, LINE 4: COMMUNITY INFORMATION:

DANBURY HOSPITAL AND THE NEW MILFORD HOSPITAL CAMPUS SERVES AN AREA WITH

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A POPULATION OF ABOUT 265,000 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 7.9%, WHILE NEW MILFORD HAS A HOUSEHOLD INCOME OF \$80,260 AND A POVERTY RATE OF 7.3%. 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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PART VI - COMMUNITY BUILDING ACTIVITIES

PART II: COMMUNITY BUILDING ACTIVITIES

RELATES TO LINE #6, COALITION BUILDING, TOTALING \$2,252:

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

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HEALTH IMPROVEMENT CHANGE PROCESS IN THE REGION.

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

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ACTIVITY. A WELLNESS CAMPAIGN BUILDING ON THE "5, 2, 1, 0 LET'S GO"

MESSAGING WAS IMPLEMENTED AND THE "KNOW YOUR NUMBERS" CAMPAIGN TRACKED

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.

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3. IMPROVE ASSESSMENT AND SERVICE PLANNING TO SENIOR HEALTH: SENIOR 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 FAMILYWISE TO PROVIDE PROMOTIONAL MATERIALS FOR DISTRIBUTION TO HEALTH PROVIDERS AND KEY

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COMMUNITY SITES.

TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHNA. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, 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. THE PRIORITY HEALTH ISSUES WILL BE RE-EVALUATED ONCE THE 2016 CHNA HAS BEEN REVIEWED AND THE IMPLEMENTATION STRATEGY APPROVED BY THE BOARD OF DH.

RELATES TO LINE #2, ECONOMIC DEVELOPMENT, AND LINE #7, COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOTALING \$85,783:

PART II: COMMUNITY HEALTH IMPROVEMENT ADVOCACY:

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VARIOUS WCHN OFFICIALS PARTICIPATED IN CHAMBER OF COMMERCE MEETINGS AND EVENTS, WORKING TO PROMOTE ECONOMIC DEVELOPMENT IN THE DANBURY HOSPITAL AREA. STATE AND LOCAL ELECTED OFFICIALS AND AGENCY HEADS WERE LOBBIED IN SUPPORT OF MAINTAINING PATIENT ACCESS TO ESSENTIAL SERVICES FOR THE UNINSURED AND UNDERINSURED. THE TOTAL ADVOCACY INVESTMENT FOR FY2016 IS \$84,387, WHICH INCLUDES INDIRECT AND DIRECT STAFFING EXPENSES. AS PART OF THIS EFFORT, MISCELLANEOUS EXPENSES ARE NOTED IN SCHEDULE C, PART II-B.II.

PART VI - EXPLANATION OF HOW ORGANIZATION FURTHERS ITS EXEMPT PURPOSE

PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH. IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITY, DANBURY HOSPITAL IS RESPONSIBLE FOR COORDINATING THE SERVICES OF THE HOSPITAL WITH THOSE OF OTHER HEALTH, EDUCATION, AND SOCIAL SERVICES IN THE COMMUNITY. THESE SERVICES ARE PROMOTED IN ORDER TO OPTIMIZE THE AVAILABILITY OF A FULL SCOPE OF SERVICES IN A COST-EFFECTIVE MANNER. DANBURY HOSPITAL (AND NEW MILFORD HOSPITAL) SERVED APPROXIMATELY 345,000 PERSONS THROUGH OVER 350 HEALTH OCCURRENCES IN FY16. ONE OF THE HIGHEST IMPACT OUTREACH ACTIVITIES INCLUDES 255,000 INDIVIDUALS SERVED THROUGH HEALTH TALK. HEALTH TALK WHICH AIRS TWICE A WEEK ON COMCAST AND

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FOCUSES ON DISEASE PREVENTION AND NEW TREATMENTS. TOPICS INCLUDED

ELECTROPHYSIOLOGY, CUSTOM KNEE REPLACEMENT, SUMMER SAFETY, AND IRRITABLE

BOWEL SYNDROME, 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

BIOMEDICAL RESEARCH INSTITUTE, THE WCHN AND NORWALK HOSPITAL FOUNDATIONS,

AND OTHER RELATED AFFILIATES (THE NETWORK). WCHN'S MISSION IS TO IMPROVE

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THE HEALTH OF EVERY PERSON WE SERVE THROUGH THE EFFICIENT DELIVERY OF EXCELLENT, INNOVATIVE AND COMPASSIONATE CARE. FOR 2016, WCHN PROVIDED APPROXIMATELY \$23,863,186 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 2016, CHARITY CARE WAS PROVIDED IN THE FOLLOWING AMOUNTS: NORWALK HOSPITAL, \$9,347,702, DANBURY HOSPITAL AND ITS NEW MILFORD HOSPITAL CAMPUS, APPROXIMATELY \$13,086,486.

ALL HOSPITALS NOTED ABOVE HAVE OPEN MEDICAL STAFFS. IF AN INDIVIDUAL MEETS THE EDUCATIONAL, EXPERIENTIAL AND LICENSURE REQUIREMENTS THEY CAN JOIN THE MEDICAL STAFF.

WESTERN CONNECTICUT MEDICAL GROUP: THE MISSION OF WESTERN CONNECTICUT MEDICAL GROUP IS TO PROVIDE SAFE, INNOVATIVE, CONVENIENT AND COORDINATED

Part VI Supplemental Information

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PRIMARY AND SPECIALTY HEALTH CARE IN THE COMMUNITIES THEY SERVE AND STRIVE TO BE AWARE OF AND RESPOND TO THEIR PATIENTS' NEEDS. THEY SUPPORT A COMMITMENT TO ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS IN THEIR COMMUNITY BY DELIVERING QUALITY CARE, PARTICIPATING IN MEDICAL RESEARCH AND MEDICAL RESIDENCY PROGRAMS AND THE PROVISION OF MEDICAL SERVICES TO PATIENTS. FOR 2016, WCMG PROVIDED APPROXIMATELY \$1,382,000 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

Part VI Supplemental Information

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PROVIDE OUTPATIENT HEALTH CARE SERVICES IN VARIOUS LOCATIONS AND ALSO
 PROVIDE AMBULANCE SERVICES TO DANBURY AND SURROUNDING TOWNS, WHILE
 SERVING THOSE THAT CANNOT AFFORD THE CARE.

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 \$47,000 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.

PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED

CT

Part VI Supplemental Information

Provide the following information.

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PART V - EXPLANATION OF NUMBER OF FACILITY TYPE

14 DIAGNOSTIC CENTERS

6 OUTPATIENT PHYSICIAN CLINICS

1 OUTPATIENT SURGICAL CENTER

1 REHABILITATION CENTER

1 EDUCATION CENTER

ADDITIONAL INFORMATION

PART I, LINE 7E:

WCHN PROVIDED COMMUNITY BENEFIT THROUGH VARIOUS PROGRAMS AND EVENTS THAT WERE MADE AVAILABLE TO THE COMMUNITY AT LARGE. BELOW IS A LIST OF ALL THE PROGRAMS OFFERED WITH A BRIEF DESCRIPTION:

- CANCER: 6,796 SERVED THROUGH FREE WIGS, "LOOK GOOD, FEEL BETTER" PROGRAM, TALKS, "FOOD FOR LIFE" COOKING AND NUTRITION CLASSES, COMMUNITY OUTREACH SUBCOMMITTEE (CANCER), AND TALKS
- SUPPORT GROUPS: 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS

Part VI Supplemental Information

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- DIABETES: 140 SERVED THROUGH TALKS AND FAIRS

- ECONOMIC DEVELOPMENT: 93 SERVED THROUGH CHA MEETINGS, CAHE MEETINGS,

GATEWAY CC PROGRAMS

- SENIOR OUTREACH: 186 SERVED THROUGH SENIOR SUPPERS AT NMH AND OTHER

TALKS

- HEALTH FAIRS: 20,701 SERVED THROUGH FAIRS IN NEWTOWN, RIDGEFIELD, (THE DAY-LONG DESTINATION WELLNESS AND FOUNDERS HALL), DANBURY AND NEW MILFORD (TWO-DAY LONG VILLAGE FAIRS DAYS)

- LECTURES: 300,879 SERVED THROUGH HEALTH TALK (INCLUDING REPEATS), LIBRARY, ROTARY, SENIOR RESIDENCE AND CORPORATE LECTURES. HEALTH TALK AIRS ON COMCAST; 51 SHOWS AIRED WITH A VIEWERSHIP OF 5,000 PER SHOW.

- NUTRITION/WELLNESS: 6,367 SERVED THROUGH PLOW TO PLATE PROGRAM, TALKS,

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HIGH SCHOOL FAIRS, STRONG WOMEN, STRONG BONES PROGRAM, YOGA CLASSES,

ETC.

- SUPPORT GROUPS: 68 SERVED THROUGH BARIATRIC AND TBI SUPPORT GROUPS.

PART V, LINE 7A & 7B:

THE COMPLETE URLS ARE AS FOLLOWS:

FOR BOTH DH AND NMH:

[HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B)

[ENEFIT](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B)

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

[HTTP://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/](http://WWW.CHIME.ORG/ADVOCACY/COMMUNITY-HEALTH/)

PART V, LINE 10A:

THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL, ARE AS

FOLLOWS:

Part VI Supplemental Information

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[HTTP://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B](http://WWW.DANBURYHOSPITAL.ORG/ABOUT-US/ABOUT-DANBURY-HOSPITAL/COMMUNITY-B)

ENEFIT

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

PART V, LINE 11:

TO THE BEST OF THE ORGANIZATION'S KNOWLEDGE, ALL PRIORITY HEALTH ISSUES IN THE COMMUNITY ARE BEING ADDRESSED THROUGH THE 2013 CHIP. ANY NEEDS NOT BEING ADDRESSED ARE THOSE THAT DANBURY HOSPITAL DOES NOT HAVE THE FUNDS OR CONTROL OVER, SUCH AS HOUSING OR ENVIRONMENTAL HEALTH. IN ORDER TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA, 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.

PART V, LINES 16A, B, & C:

Part VI Supplemental Information

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THE COMPLETE URL FOR DANBURY HOSPITAL AND NEW MILFORD HOSPITAL ARE AS

FOLLOWS :

HTTP://WWW.DANBURYHOSPITAL.ORG/PATIENT-AND-VISITORS-INFO/BILLING/BILLING/F
INANCIAL-ASSISTANCE-POLICY

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

G