

**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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DAY KIMBALL HEALTHCARE, INC.

Employer identification number

06-0646599

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		X
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .		

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			211,548.		211,548.	.19
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			28,335,533.	12,034,594.	16,300,939.	14.63
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			220,796.	183,997.	36,799.	.03
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			28,767,877.	12,218,591.	16,549,286.	14.85
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			55,416.		55,416.	.05
<b>f</b> Health professions education (from Worksheet 5) . . . . .			96,630.		96,630.	.09
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			70,060.		70,060.	.06
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
<b>j Total.</b> Other Benefits . . . . .			222,106.		222,106.	.20
<b>k Total.</b> Add lines 7d and 7j. . . . .			28,989,983.	12,218,591.	16,771,392.	15.05

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

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

**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? . . . . .	1	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. . . . .	2		
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. . . . .	3		
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) . . . . .	5	27,263,195.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	29,045,236.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-1,782,041.
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 type="checkbox"/> Cost accounting system <input checked="" 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? . . . . .	9a	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 . . . . .	9b	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? 1

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

**1** DAY KIMBALL HEALTHCARE  
320 POMFRET STREET  
PUTNAM CT 06260  
WWW.DAYKIMBALL.ORG  
0043

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
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group DAY KIMBALL HEALTHCARE

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 and implementation strategies.

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group DAY KIMBALL HEALTHCARE

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<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 DAY KIMBALL HEALTHCARE

		Yes	No
<b>19</b>	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	
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>22</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</b>	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
<b>24</b>	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)

**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.

SCHEDULE H, PART V, LINE 5

COMMUNITY INPUT:

DAY KIMBALL HOSPITAL ALONG WITH THE OTHER MEMBERS OF THE WINDHAM COUNTY HEALTHCARE CONSORTIUM (WINDHAM HOSPITAL, DAY KIMBALL HOSPITAL, NATCHAUG HOSPITAL, GENERATIONS FAMILY HEALTH CENTER, UNITED SERVICES, VNA EAST, NORTHEAST DISTRICT DEPARTMENT OF HEALTH AND COMMUNITY HEALTH RESOURCES (CHR)) UTILIZED THE CENTER FOR RESEARCH AND PUBLIC POLICY (CRPP), AN INDEPENDENT RESEARCH FIRM, TO CONDUCT A COMPREHENSIVE NEEDS ASSESSMENT UTILIZING FOCUS GROUPS AND PHONE SURVEYS OF COUNTY RESIDENTS ALONG WITH STATE AND FEDERAL DATA TO IDENTIFY AND PRIORITIZE THE HEALTHCARE NEEDS IN WINDHAM COUNTY. COUNTY RESIDENTS ALONG WITH STATE AND FEDERAL DATA TO IDENTIFY AND PRIORITIZE THE HEALTHCARE NEEDS IN WINDHAM COUNTY.

SCHEDULE H, PART V, LINE 6A

CHNA CONDUCTED WITH OTHER HOSPITALS:

DAY KIMBALL HOSPITAL CONDUCTED ITS NEEDS ASSESSMENT IN CONJUNCTION WITH THE WINDHAM COUNTY HEALTHCARE CONSORTIUM. THE MEMBERS OF THIS CONSORTIUM INCLUDE WINDHAM HOSPITAL, DAY KIMBALL HOSPITAL, NATCHAUG HOSPITAL, GENERATIONS FAMILY HEALTH CENTER, UNITED SERVICES, VNA EAST, NORTHEAST DISTRICT DEPARTMENT OF HEALTH AND COMMUNITY HEALTH RESOURCES (CHR). HEALTH RESOURCES (CHR).

SCHEDULE H, PART V, LINE 7A

CHNA AVAILABILITY:

THE ORGANIZATION'S CHNA REPORT WAS MADE AVAILABLE AT THE FOLLOWING URL:

**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.

HTTP://WWW.DAYKIMBALL.ORG/\_RESOURCES/COMMON/USERFILES/FILE/ABOUT/DAY-KIMBA

LL-HEALTHCARE-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-STRATEGY\_2015.PDF

SCHEDULE H, PART V, LINE 10A

IMPLEMENTATION STRATEGY AVAILABILITY:

THE ORGANIZATION'S IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING

URL:

HTTP://WWW.DAYKIMBALL.ORG/\_RESOURCES/COMMON/USERFILES/FILE/ABOUT/DAY-KIMBA

LL-HEALTHCARE-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-STRATEGY\_2015.PDF

SCHEDULE H, PART V, LINE 11

ADDRESSING IDENTIFIED NEEDS:

MOST OF THE HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT ARE ALREADY

ADDRESSED BY DAY KIMBALL HOSPITAL, EITHER BY DIRECT DELIVERY OF SERVICE

TO THE COMMUNITY OR THROUGH OUR COLLABORATIONS WITH SUCH ORGANIZATIONS AS

HEALTHQUEST. THESE INCLUDE SERVICES AND PROGRAMS SUCH AS:

- EXPANDING OF OUR INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES

- PARTNERING WITH WHOLESOME WAVE, WIC AND THE LOCAL FARMER'S MARKET TO

SUBSIDIZE MARKET COUPONS, DOUBLING THEIR VALUE, FOR FAMILIES WITH

CHILDREN

- WORKING WITH HEALTHQUEST AS AN ACTIVE MEMBER AND FUNDER ON SUCH

PROGRAMS AS FOLLOW THE FIFTY, HEART HEALTH PROGRAM FOR WOMEN AND WRITE

STEPS, AN ELEMENTARY SCHOOL-BASED WALKING AND WRITING PROGRAM TO IMPROVE

HEALTH (IN PARTICULAR OBESITY IN CHILDREN) AND EDUCATION

- BECOMING A SMOKE-FREE ORGANIZATION AND OFFERING SMOKING CESSATION



**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.

CLASSES TO OUR EMPLOYEES AND CONTINUING TO OFFER CLASSES TO THE  
COMMUNITY

- OFFERING DIABETES CARE MANAGEMENT SERVICES IN ALL OUR PRIMARY CARE OFFICES
- IMPLEMENTING A SERIES OF COMMUNITY-BASED FLU SHOT CLINICS TO IMPROVE ACCESS
- EXPANDING OUR SLEEP LAB WITH IN-HOME TESTING NOW AVAILABLE
- CONDUCTING EDUCATIONAL SEMINARS ON COLON CANCER AND COLONOSCOPIES HOSTED BY OUR SPECIALTY TEAM OF PROVIDERS

SCHEDULE H, PART V, LINES 16A, 16B & 16C

FINANCIAL ASSISTANCE POLICY APPLICATION AVAILABILITY:

THE FINANCIAL ASSISTANCE POLICY APPLICATION IS AVAILABLE AT THE FOLLOWING  
URL:

[HTTP://WWW.DAYKIMBALL.ORG/RESOURCES/BILLING/DAY-KIMBALL-HOSPITAL-BILLING/FINANCIAL-SERVICES/#FINANCIAL-ASSISTANCE](http://WWW.DAYKIMBALL.ORG/RESOURCES/BILLING/DAY-KIMBALL-HOSPITAL-BILLING/FINANCIAL-SERVICES/#FINANCIAL-ASSISTANCE)

SCHEDULE H, PART V, LINE 22D

DETERMINATION OF MAXIMUM AMOUNTS CHARGED:

DAY KIMBALL HOSPITAL USES A COST-TO-CHARGE RATIO TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

**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? 14

Name and address	Type of Facility (describe)
<b>1</b> PLAINFIELD HEALTHCARE CENTER 31 DOW ROAD/12 LATHROP ROAD PLAINFIELD CT 06374	PRIMARY CARE; PEDIATRICS WOMEN'S HEALTH; LABORATORY DIAGNOSTIC IMAGING
<b>2</b> DANIELSON HEALTHCARE CENTER 55 GREEN HOLLOW ROAD DANIELSON CT 06239	DIAGNOSTIC IMAGING LABORATORY; PHYSICAL MEDICINE SERVICES
<b>3</b> DANIELSON MEDICAL ASSOCIATES 45 GREEN HOLLOW ROAD DANIELSON CT 06239	PRIMARY CARE SERVICES
<b>4</b> PUTNAM SURGICAL ASSOCIATES 346 POMFRET STREET PUTNAM CT 06260	CONSULTATIVE AND SURGICAL SERVICES
<b>5</b> WOODSTOCK MEDICAL ASSOCIATES 168 ROUTE 171 SOUTH WOODSTOCK CT 06267	PRIMARY CARE SERVICES
<b>6</b> NORTHEAST CONNECTICUT DERMATOLOGY 55 GREEN HOLLOW ROAD DANIELSON CT 06239	DERMATOLOGY SERVICES
<b>7</b> MRI KENNEDY DRIVE 39 KENNEDY DRIVE PUTNAM CT 06260	MRI SERVICES
<b>8</b> MEDICAL CENTER OF NORTHEAST CONNECTICUT 612 HARTFORD DRIVE DAYVILLE CT 06241	GERIATRICS; INTERNAL MEDICINE; PULMONOLOGY SERVICES
<b>9</b> POMFRET STREET FAMILY MEDICAL ASSOCIATES 235 POMFRET STREET PUTNAM CT 06260	PRIMARY CARE SERVICES
<b>10</b> THOMPSON HEALTHCARE CENTER 415 RIVERSIDE DRIVE NORTH GROSVENORDALE CT 06255	PEDIATRIC CENTER

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**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)
<b>1</b> CANTERBURY FAMILY MEDICAL ASSOCIATES 132 WESTMINSTER ROAD CANTERBURY CT 06331	PRIMARY CARE SERVICES
<b>2</b> THOMPSON FAMILY MEDICAL ASSOCIATES 415 RIVERSIDE DRIVE NORTH GROSVENORDALE CT 06255	PRIMARY CARE SERVICES
<b>3</b> DAYVILLE HEALTHCARE CENTER 11 DOG HILL ROAD DAYVILLE CT 06241	OB/GYN; DIABETES MANAGEMENT; GERIATRICS SERVICES
<b>4</b> PUTNAM HEALTHCARE CENTER 6-12 SOUTH MAIN STREET PUTNAM CT 06260	DURABLE MEDICAL EQUIPMENT SALES; PHYSICAL THERAPY, LAB DRAW
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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, LINES 3A, 3B & 3C

DETERMINING ELIGIBILITY FOR FREE & DISCOUNTED CARE:

TO QUALIFY FOR FREE CARE, AN INDIVIDUAL MUST MEET ALL OF THE CRITERIA:

- SINGLE ACCOUNT BALANCE OF \$250 OR GREATER OR ACCOUNTS SPANNING SIX MONTHS TOTALING \$500 OR GREATER (INDIVIDUAL) OR ACCOUNTS SPANNING SIX MONTHS TOTALING \$1000 OR GREATER FOR 2 OR MORE FAMILY MEMBERS (UNDER SAME GUARANTOR).
- ANNUAL INCOME IS LESS THAN 250% OF THE CURRENT FEDERAL INCOME POVERTY LEVEL (FPL).
- LIQUID ASSETS MUST NOT EXCEED \$100,000 (INCLUDES STOCKS, BONDS, CASH, 401K, IRA, CD, PROPERTY AND BUSINESS VALUE, AND RECREATIONAL VEHICLES).

TO QUALIFY FOR A 75% CHARITY CARE DISCOUNT, AN INDIVIDUAL MUST MEET ALL OF THE FOLLOWING CRITERIA:

- SINGLE ACCOUNT BALANCE OF \$250 OR GREATER OR ACCOUNTS SPANNING SIX MONTHS TOTALING \$500 OR GREATER (INDIVIDUAL) OR ACCOUNTS SPANNING SIX MONTHS TOTALING \$1000 OR GREATER FOR 2 OR MORE FAMILY MEMBERS (UNDER SAME GUARANTOR).

**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.

- ANNUAL INCOME IS LESS THAN 250% OF THE CURRENT FEDERAL INCOME POVERTY LEVEL (FPL).

- LIQUID ASSETS MUST NOT EXCEED \$100,000 INCLUDING (STOCKS, BONDS, CASH, 401, IRA, CD, PROPERTY AND BUSINESS VALUE AND RECREATIONAL VEHICLES).

- INSURED PATIENTS WHO HAVE NO ADDITIONAL COVERAGE (AND HAVE DOCUMENTATION THAT THEY HAVE EXHAUSTED THEIR INSURANCE) FOR THE REMAINDER OF THEIR PLAN YEAR WILL BE DEEMED "UNINSURED" UNDER SECTION A OF THIS POLICY. IF GRANTED CHARITY CARE, IT WILL BE ONE-TIME GRANTING.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY:

THE COSTING METHODOLOGY THAT WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS DAY KIMBALL HOSPITAL'S COST-TO-CHARGE RATIO THAT WAS REPORTED IN THE FY2015 MEDICARE COST REPORT.

SCHEDULE H, PART I, LINE 7G

SUBSIDIZED SERVICES:

DAY KIMBALL HOSPITAL PARTNERS WITH NORTHEASTERN CONNECTICUT COUNCIL OF

**Part VI Supplemental Information**

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GOVERNMENTS (NECCOG) TO PROVIDE LOCAL PARAMEDIC INTERCEPT SERVICES. DAY KIMBALL HOSPITAL AND NECCOG AGREED THAT THE ABSENCE OF PARAMEDIC INTERCEPT SERVICES IN NORTHEASTERN CONNECTICUT, COMPRISED OF MANY RURAL TOWNS, WOULD CREATE A SIGNIFICANT DEFICIENCY IN THE AVAILABILITY AND ACCESSIBILITY OF MEDICAL SERVICES IN THE COMMUNITY. THE HOSPITAL PROVIDES CERTAIN MONETARY AND IN-KIND SERVICES FOR THE PROVISION OF PARAMEDIC INTERCEPT SERVICES.

SCHEDULE H, PART I, LINE 7, COLUMN F

PERCENT OF TOTAL EXPENSE:

TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25, OF THE FORM 990 WAS REDUCED BY BAD DEBT EXPENSE OF \$4,172,085.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE:

THE ORGANIZATION CALCULATED BAD DEBT EXPENSE USING THE AMOUNTS CALCULATED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

**Part VI Supplemental Information**

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SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE:

BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S

CHARITY CARE POLICY WAS ESTIMATED USING THE PERCENTAGE OF THE POPULATION

THAT IS BELOW THE POVERTY LINE IN THE HOSPITAL'S SERVICE AREA.

SCHEDULE H, PART II, SECTION B, LINE 4

BAD DEBT EXPENSE FOOTNOTE:

PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR NOTE 1 -

PATIENT ACCOUNTS RECEIVABLE AND CHARITY CARE.

SCHEDULE H, PART III, SECTION B, LINE 8

COMMUNITY BENEFIT RATIONALE:

THE SHORTFALL BETWEEN DAY KIMBALL HOSPITAL'S MEDICARE COSTS AND PAYMENTS

ARE CONSIDERED COMMUNITY BENEFIT BECAUSE THE SERVICES WERE PROVIDED BY

DAY KIMBALL HOSPITAL EVEN THOUGH THE COSTS WEREN'T COVERED OR REIMBURSED.

THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6

WAS GROSS CHARGES REDUCED BY THE COST TO CHARGE RATIO THAT WAS REPORTED

**Part VI Supplemental Information**

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IN THE FY2015 MEDICARE COST REPORT.

SCHEDULE H, PART III, SECTION B, LINE 9B

COLLECTION POLICY:

IT IS THE PHILOSOPHY AND POLICY OF DAY KIMBALL HOSPITAL THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY. THE POLICY HAS BEEN WRITTEN IN ACCORDANCE WITH SECTION 9007 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACT), SIGNED INTO LAW ON MARCH 23, 2010, WHICH ADDS NEW SECTIONS 501(R) AND 4959 TO THE INTERNAL REVENUE CODE. SECTION 501(R) INCLUDES A SERIES OF SPECIFIC REQUIREMENTS FOR HOSPITALS TO RECEIVE AND MAINTAIN SECTION 501(C)(3) "TAX EXEMPT" STATUS.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT:

DAY KIMBALL HOSPITAL HAS RECENTLY COMPLETED A COMMUNITY NEEDS ASSESSMENT IN CONJUNCTION WITH THE WINDHAM COUNTY HEALTHCARE CONSORTIUM. THE CONSORTIUM UTILIZED A NATIONAL CONSULTING FIRM TO ASSIST



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IN THE PROCESS OF IDENTIFYING SPECIFIC HEALTH CARE NEEDS IN WINDHAM COUNTY. FOCUS GROUPS, TELEPHONE SURVEYS AND STATE AND FEDERAL DATA WAS USED TO IDENTIFY THE SPECIFIC HEALTH CARE NEEDS DURING THIS ASSESSMENT.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

ALL PATIENTS WHO ARE UNINSURED ARE REFERRED TO THE FINANCIAL COUNSELING DEPARTMENT; INPATIENTS ARE ALL VISITED BY A FINANCIAL COUNSELOR (OR GIVEN A FINANCIAL COUNSELING PACKET) PRIOR TO DISCHARGE WITH ALL OF THE AVAILABLE PROGRAMS THAT ARE AVAILABLE THROUGH OUR FINANCIAL ASSISTANCE (CHARITY CARE) POLICY. ANY SCHEDULED PATIENTS WHO ARE UNINSURED ARE CALLED BY THE FINANCIAL COUNSELORS IN ADVANCE TO PROVIDE ALL OF THE OPTIONS INCLUDING SCREENING FOR MEDICAID ASSISTANCE, CHARITY CARE, AS WELL AS SEVERAL OTHER LOCAL FUNDING SOURCES THAT THEY MAY QUALIFY FOR. ALL PATIENT STATEMENTS HAVE INFORMATION ABOUT OUR CHARITY CARE POLICY AS WELL AS A DOWNLOADABLE CHARITY CARE APPLICATION. ALL OF OUR THIRD PARTY VENDORS, INCLUDING OUR BAD DEBT AGENCIES AND OUR LONG TERM PATIENT FINANCING PROGRAM THROUGH CAREPAYMENT ALSO PROVIDE OUR CHARITY CARE

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POLICY TO PATIENTS UPON REQUEST. OUR FINANCIAL ASSISTANCE GUIDELINES ARE ALSO POSTED IN ALL PATIENT REGISTRATION AREAS OF THE HOSPITAL.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION:

DAY KIMBALL HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF 13 TOWNS IN THE NORTHEASTERN CORNER OF CONNECTICUT AS WELL AS BORDERING MASSACHUSETTS AND RHODE ISLAND TOWNS. DAY KIMBALL'S SERVICE AREA IS OVER 438 SQUARE MILES AND CONTAINS APPROXIMATELY 117,604 IN WINDHAM COUNTY. THE POPULATION RANGES FROM LONG-TERM, MULTI-GENERATIONAL FAMILIES TO NEWLY IMMIGRATED RESIDENTS FROM URBAN AREAS. ACCORDING TO THE 2010 CENSUS, 11.7% OF THE POPULATION IS UNDER POVERTY LEVEL AND 14.3% ARE OVER AGE 65. THERE IS A WIDE RANGE OF SOCIO-ECONOMIC FACTORS INCLUDING VERY HIGH INCOME TO POVERTY; ADVANCED EDUCATION TO INCOMPLETE HIGH SCHOOL. THE MEDIAN HOUSEHOLD INCOME IN 2010 IN WINDHAM COUNTY WAS \$58,489 (THE LOWEST INCOME OF ANY COUNTY IN THE STATE OF CONNECTICUT), WHILE THE STATE MEDIAN WAS \$69,519. ACCORDING TO THE HEALTHY CONNECTICUT 2020 STATE HEALTH ASSESSMENT THAT WAS RELEASED IN MARCH 2014 THE LEADING CAUSES OF DEATH IN

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CONNECTICUT ARE HEART DISEASE AND CANCER.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

THE MISSION OF DAY KIMBALL HOSPITAL IS TO MEET THE HEALTH NEEDS OF OUR COMMUNITY THROUGH OUR CORE VALUES OF CLINICAL QUALITY, CUSTOMER SERVICE, FISCAL RESPONSIBILITY AND LOCAL CONTROL. DAY KIMBALL HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY MEMBERS AND PHYSICIANS. THE MEDICAL STAFF IS OPEN TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET MEMBERSHIP AND CLINICAL PRIVILEGE REQUIREMENTS. INPATIENT, OUTPATIENT AND EMERGENCY SERVICES THAT ARE MEDICALLY NECESSARY ARE PROVIDED TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

SCHEDULE H, PART VI, LINE 6

AFFILIATE STRUCTURE:

DAY KIMBALL HOSPITAL HAS A RELATIONSHIP WITH UMASS MEMORIAL MEDICAL CENTER AS ITS TERTIARY CARE SITE. WHEN PATIENTS' CARE REQUIRES SPECIALIZED TREATMENTS, DAY KIMBALL COLLABORATES WITH PROMINENT MEDICAL

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CENTERS TO PROVIDE THE CARE THEY NEED. FOR INSTANCE, DAY KIMBALL PARTNERS WITH UMASS MEMORIAL MEDICAL CENTER IN WORCESTER, MA FOR CARDIAC CARE AND HAS DEVELOPED A SYSTEMATIC APPROACH TO STABILIZING AND TRANSPORTING HEART ATTACK PATIENTS TO UMASS FOR FURTHER TREATMENT.