

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing 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>250</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		275	2150116.	0.	2150116.	1.61%
b Medicaid (from Worksheet 3, column a)		10,197	10577781.	7060403.	3517378.	2.63%
c Costs of other means-tested government programs (from Worksheet 3, column b)		145	310,135.	241,706.	68,429.	.05%
d Total Financial Assistance and Means-Tested Government Programs		10,617	13038032.	7302109.	5735923.	4.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		46,175	896,911.	6,830.	890,081.	.66%
f Health professions education (from Worksheet 5)		140	5850061.	4797952.	1052109.	.79%
g Subsidized health services (from Worksheet 6)		42,141	21661980.	20149686.	1512294.	1.13%
h Research (from Worksheet 7)			1183995.	0.	1183995.	.88%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		2,133	38,051.	0.	38,051.	.03%
j Total. Other Benefits		90,589	29630998.	24954468.	4676530.	3.49%
k Total. Add lines 7d and 7j		101,206	42669030.	32256577.	10412453.	7.78%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 GRIFFIN HOSPITAL
130 DIVISION STREET
DERBY, CT 06418

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks in the first seven columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: GRIFFIN HOSPITAL

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

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

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	X	

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's 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: N/A

PART II: THE DEPARTMENT OF COMMUNITY OUTREACH AND PARISH

NURSING HAS PROMOTED THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH ITS
COMMUNITY BUILDING ACTIVITIES. GRIFFIN HOSPITAL SPONSORS AND PROVIDES
OPERATIONAL LEADERSHIP FOR THE VALLEY PARISH NURSE PROGRAM THROUGH
COMMUNITY HEALTH IMPROVEMENT ADVOCACY. THE DEPT. OF COMMUNITY OUTREACH HAS
MADE A SUBSTANTIAL IMPACT ON THE GREATER NAUGATUCK VALLEY. COMMUNITY
HEALTH IMPROVEMENT ADVOCACY ACTIVITIES COLLABORATE WITH THE COMMUNITY ON
VARIOUS OUTREACH NEEDS. SOME EXAMPLES OF THE GROUPS AND BOARDS THAT ARE
INVOLVED ARE: BOYS & GIRLS CLUB BOARD, CT COUNCIL OF PARISH NURSE
COORDINATORS, VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES, WOMEN MAKING A
DIFFERENCE, VITALS, VALLEY UNITED WAY, KOMEN FOUNDATION GRANT EXPLORATION,
ANSONIA COMMUNITY ACTION ADVISORY BOARD, BIRTH TO 9, CT HOSPITAL
ASSOCIATION, VNA ANNUAL MEETING, NEW HAVEN BUSINESS ASSOCIATION, SPOONER
HOUSE FOOD DRIVE, VALLEY SUBSTANCE ABUSE ACTION COUNCIL, AMERICAN HEART
ASSOCIATION, ECC/CPR BOARD, COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, CT
HOSPITAL ASSOCIATION AND SUB COMMITTEE.

Part VI Supplemental Information

PART III, LINE 4: GRIFFIN HOSPITAL'S AUDITED FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. BAD DEBT EXPENSE IS REPORTED ON LINE 2 PER GRIFFIN HOSPITAL'S AUDITED FINANCIAL STATEMENTS, NET OF ANY BAD DEBT RECOVERY, MULTIPLIED BY THE COST TO CHARGE RATIO. GRIFFIN HOSPITAL REQUIRES OUR COLLECTION AGENCIES TO FOLLOW THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THEREFORE THE HOSPITAL DID NOT ATTRIBUTE ANY BAD DEBT EXPENSE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 8: GRIFFIN HOSPITAL BELIEVES THAT ALL OF THE \$7.486 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THIS YEAR, MEDICARE ACCOUNTED FOR 5.9% OF HOSPITAL EXPENSES. THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

PART III, LINE 9B: GRIFFIN HOSPITAL HAS A WRITTEN POLICY ABOUT WHEN AND UNDER WHOSE AUTHORITY PATIENT DEBT IS ADVANCED FOR COLLECTION AND SHALL USE ITS BEST EFFORTS TO ENSURE THE PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY. GRIFFIN HOSPITAL WILL ENSURE THAT PRACTICES TO BE USED BY THEIR OUTSIDE (NON HOSPITAL) COLLECTION AGENCIES WILL CONFORM TO THE STANDARDS SET FORTH IN THIS POLICY AND SHALL OBTAIN WRITTEN COMMITMENTS FROM SUCH AGENCIES. AT TIME OF BILLING GRIFFIN HOSPITAL WILL PROVIDE TO ALL LOW-INCOME UNINSURED PATIENTS THE SAME INFORMATION CONCERNING SERVICES AND CHARGES PROVIDED TO ALL OTHER PATIENTS WHO RECEIVE CARE AT THE HOSPITAL. FOR PATIENTS WHO HAVE AN APPLICATION PENDING DETERMINATION FOR

Part VI Supplemental Information

EITHER GOVERNMENT SPONSORED COVERAGE OR FOR THE HOSPITAL'S OWN FINANCIAL ASSISTANCE PROGRAM GRIFFIN HOSPITAL WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO A COLLECTION AGENCY.

PART VI, LINE 2: THE GRIFFIN HOSPITAL IS CURRENTLY DEVELOPING AN ACTION PLAN TO ADDRESS IDENTIFIED NEEDS, WHICH WILL BE COMPLETED, FILED AND PUBLISHED ON THE GRIFFIN HOSPITAL WEB SITE.

GRIFFIN HOSPITAL ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES IN A VARIETY OF WAYS. THE HOSPITAL USES RESOURCES THAT ARE CONNECTED AND AFFILIATED WITH THE HOSPITAL OR THE COMMUNITY IT SERVES. EXAMPLES OF THESE ARE: COMMUNITY HEALTH PROFILE DONE BY THE YALE-GRIFFIN PRC AT LEAST BI-ANNUALLY THAT TRACKS MORTALITY AND OTHER DATA BY DISEASE, WHICH PROMPTED LAUNCHING OF THE HIM PROJECT TO ADDRESS MALE PROSTATE AND COLON CANCER RATES. VALLEY COUNCIL'S QUALITY OF LIFE REPORT PUBLISHED LAST YEAR FOR THE FIRST TIME (WWW.VALLEYCOUNCIL.ORG). THE INITIATIVE OF THE VALLEY COUNCIL IS DESIGNED TO TRACK KEY INDICATORS OF QUALITY OF LIFE IN THE VALLEY OVER TIME. OUR GOAL IS TO SEE WHAT ASPECTS OF COMMUNITY LIFE HAVE GOTTEN BETTER OVER TIME AND WHAT AREAS MAY NEED IMPROVEMENT. PRODUCTION OF THE VALLEY CARES REPORT WAS MADE POSSIBLE BY GENEROUS GRANTS FROM: THE COMMUNITY FOUNDATION FOR GREATER NEW HAVEN, THE VALLEY COMMUNITY FOUNDATION, THE VALLEY UNITED WAY, AND THE KATHARINE MATTHIES FOUNDATION. ADDITIONAL SUPPORT PROVIDED BY: YALE-GRIFFIN PREVENTION RESEARCH CENTER, NAUGATUCK VALLEY HEALTH DISTRICT, GRIFFIN HOSPITAL, BIRMINGHAM GROUP HEALTH SERVICES, INC., THE WORKPLACE, INC. AND THE MEMBER AGENCIES OF THE VALLEY COUNCIL. CLARITAS - DEMOGRAPHIC PROFILE OF THE HOSPITAL'S PRIMARY SERVICE AREA. COMMUNITY PERCEPTION TELEPHONE SURVEY DONE EVERY TWO OR THREE YEARS OF 400 PRIMARY SERVICE AREA RESIDENTS. VALLEY COUNCIL OF HEALTH AND HUMAN SERVICE ORGANIZATIONS WHICH IS A COOPERATIVE VENTURE

Part VI Supplemental Information

LINKING APPROXIMATELY 50 NON-PROFIT HEALTH & HUMAN SERVICE PROVIDERS THROUGHOUT THE VALLEY. ITS MISSION IS TO IDENTIFY, PLAN, IMPLEMENT, AND COORDINATE A COMPREHENSIVE SYSTEM OF HUMAN SERVICE DELIVERY AND TO ADVOCATE FOR COMMUNITY-WIDE AND CULTURALLY DIVERSE PLANNING APPROACHES IN THE LARGER VALLEY COMMUNITY. STRATEGIC PLAN - GREATER VALLEY CHAMBER OF COMMERCE'S HEALTHCARE COUNCIL. THE HEALTHCARE COUNCIL WAS CREATED BASED ON THE PREMISE THAT HEALTH AND WELLNESS ARE INCREASINGLY IMPORTANT ISSUES TO AREA BUSINESSES. FROM PROVIDING INSIGHTS INTO CHRONIC DISEASES TO THE EFFECTS POOR HEALTH HAS ON PRODUCTIVITY AND EMPLOYEE ATTENDANCE, THE COUNCIL IS AN EDUCATIONAL RESOURCE ON HEALTH AND WELLNESS FOR BUSINESSES THROUGHOUT THE GREATER VALLEY REGION. VALLEY UNITED WAY SENIOR NEEDS ASSESSMENT - 2007, VALLEY NEEDS AND OPPORTUNITIES PROJECT - REPORT ON PROGRESS, MOUNT AUBURN ASSOCIATES - 2005, YALE-GRIFFIN PREVENTION RESEARCH CENTER CORPORATE SOCIAL RESPONSIBILITY SECTION OF THE FORTUNE APPLICATION Q.16 GRIFFIN HOSPITAL'S SCHOOL-BASED CHILDHOOD AND ADOLESCENT OBESITY PREVENTION PROJECT, OUR DEPARTMENT OF COMMUNITY OUTREACH AND PARISH NURSING WHICH FOCUSES ON THE UNDERSERVED POPULATIONS. THE PARISH NURSE PROGRAM ITSELF.

PART VI, LINE 3: GRIFFIN HOSPITAL SHALL COMMUNICATE TO THE PUBLIC THROUGH APPROPRIATE MEANS REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS. NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL SUCH AS ADMITTING, REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OTHER OUTPATIENT SETTINGS. EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES SHALL CONTAIN BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT. THE NOTICES WILL INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION. GRIFFIN

Part VI Supplemental Information

HOSPITAL SHALL ENSURE THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES. TRAINING WILL BE PROVIDED TO STAFF MEMBERS WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS. WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES GRIFFIN HOSPITAL SHALL ATTEMPT TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT OR HIS /HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. GRIFFIN HOSPITAL SHALL SHARE ITS FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS.

PART VI, LINE 4: THE COMBINED POPULATION OF GRIFFIN'S SIX TOWN PRIMARY SERVICE AREA (THE VALLEY) IS 107,269. THE SIX SUBURBAN TOWNS THAT MAKE UP THE HOSPITAL'S PRIMARY SERVICE AREA ARE:

ANSONIA - POPULATION 19,219, SIZE 6.2 SQ. MILES, BEACON FALLS - POPULATION 6,038, SIZE 9.9 SQ. MILES, DERBY - POPULATION 12,882, SIZE 5.4 SQ. MILES, OXFORD - POPULATION 12,662, SIZE 33 SQ. MILES, SEYMOUR - POPULATION 16,514, 15 SQ. MILES, SHELTON - POPULATION 39,954, SIZE 32 SQ. MILES.

THE COMBINED SIZE OF THE SIX TOWN VALLEY REGIONS IS 101.5 SQUARE MILES.

THE VALLEY, GEOGRAPHICALLY LOCATED IN SOUTH CENTRAL CONNECTICUT, IS SURROUNDED BY THREE OF THE STATE'S LARGEST CITIES, NEW HAVEN, TO THE SOUTH, BRIDGEPORT, TO THE SOUTHWEST, AND WATERBURY TO THE NORTH EACH ABOUT 15 MILES FROM GRIFFIN HOSPITAL. THERE ARE TWO TERTIARY CARE HOSPITALS IN EACH OF THE CITIES AND EACH HAS VARYING DEGREES OF MARKET SHARE IN GRIFFIN'S PRIMARY SERVICE AREA TOWNS DEPENDING ON THE PROXIMITY TO THE THREE CITIES AND THE HOSPITALS LOCATED THERE.

THE VALLEY'S POPULATION IS PRIMARILY WHITE AT 91.1%. THE BLACK OR AFRICAN

Part VI Supplemental Information

AMERICAN POPULATION IS 2.9% AND THE ASIAN POPULATION IS 2.3%. THE HISPANIC OR LATINO POPULATION IS 5.9%. THE AGE 65 AND OVER POPULATION IS 14% COMPARED TO THE STATE OF CONNECTICUT ALSO AT 14% IN 2010. ENGLISH IS THE PRIMARY LANGUAGE SPOKEN IN 86% OF HOMES. THE ESTIMATED AVERAGE FAMILY HOUSEHOLD INCOME FOR VALLEY RESIDENTS IS \$95,592 AND THE MEDIAN FAMILY HOUSEHOLD INCOME IS \$83,335. IT IS ESTIMATED THAT 1,149 FAMILIES (3.9%) OF VALLEY FAMILIES HAVE INCOMES BELOW THE POVERTY LEVEL.

GRIFFIN HOSPITAL IS A NON-PROFIT, 160 BED, 20 BASSINETTE ACUTE CARE HOSPITAL WITH 6,904 DISCHARGES AND 196,386 OUTPATIENT VISITS IN FISCAL YEAR 2012. WITH 1,325 FULL TIME, PART TIME AND PER DIEM EMPLOYEES IT IS THE VALLEY'S LARGEST EMPLOYER WITH EMPLOYEE COMPENSATION AND BENEFITS LAST YEAR TOTALING \$72.6 MILLION, SIXTY-ONE PERCENT OF GRIFFIN'S EXPENSE BUDGET OF \$120 MILLION. OVER \$46 MILLION IS SPENT ON SUPPLIES AND SERVICES MUCH OF WHICH IS TO AREA VENDORS. WITH 70% OF THE HOSPITAL'S EMPLOYEES RESIDING IN THE HOSPITAL PRIMARY SERVICE AREA, GRIFFIN HOSPITAL IS AN ECONOMIC ENGINE FOR THE COMMUNITY IT SERVES.

PART VI, LINE 5: GRIFFIN HOSPITAL IS AN ACUTE CARE HOSPITAL PROVIDING INPATIENT AND OUTPATIENT MEDICAL CARE AND RELATED SERVICES FOR OBSTETRICS, SURGERY AND ACUTE MEDICAL CONDITIONS OR INJURIES USUALLY FOR A SHORT DURATION. GRIFFIN PROVIDES PSYCHIATRIC AND MENTAL HEALTH SERVICES INCLUDING AN INPATIENT UNIT. GRIFFIN OFFERS A NUMBER OF INNOVATIVE PROGRAMS DESIGNED TO PROVIDE ENHANCED COMMUNITY ACCESS TO A BROAD RANGE OF SERVICES AND MEET COMMUNITY NEEDS. THESE INCLUDE: A WOUND TREATMENT CENTER, INTEGRATIVE MEDICINE CENTER, MULTIPLE SCLEROSIS CENTER, PAIN AND HEADACHE TREATMENT CENTER, SLEEP WELLNESS CENTER, JOINT REPLACEMENT CENTER, OCCUPATIONAL MEDICINE CENTER, INPATIENT HOSPICE SERVICE, CENTER FOR CANCER CARE WITH RADIATION THERAPY SERVICE, CENTER FOR BREAST

Part VI Supplemental Information

WELLNESS, BARIATRICS SERVICE, MEDI-WEIGHT LOSS SERVICE, GRIFFIN RETAIL PHARMACY, CHEMICAL DEPENDENCY AND ADDICTION SERVICE, ENHANCED EXTERNAL COUNTER PULSATION SERVICE, ANTI-COAGULATION SERVICE AND AN INFUSION CENTER.

CONSISTENT WITH GRIFFIN HOSPITAL'S MISSION TO IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES, THE DEPARTMENT OF COMMUNITY OUTREACH AND VALLEY PARISH NURSE (VPN) PROGRAM CONTINUED TO EXTEND THE HOSPITAL'S REACH WELL BEYOND ITS WALLS IN 2012.

ACCOUNTING FOR MORE THAN 50,000 COMMUNITY CONTACTS IN 2012, THIS OUTREACH INCLUDED EVERYTHING FROM FITTING BIKE HELMETS TO TRAINING ADULTS AND CHILDREN IN CPR TO PROVIDING HEALTH EDUCATION AND SCREENINGS AT SENIOR CENTERS, SHOPPING CENTERS, NEIGHBORHOODS, COMPANIES, AND COMMUNITY EVENTS AND HEALTH FAIRS. THESE COMMUNITY CONTACTS INCLUDED MORE THAN 8,300 HEALTH SCREENINGS - WHICH CAN HELP IDENTIFY PROBLEMS WHEN THEY ARE MOST TREATABLE - AND NEARLY 22,000 REFERRALS FOR FOLLOW UP CARE. (SOME OF GRIFFIN HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES ARE SUMMARIZED ON THE OUTREACH AND SCREENING STATISTICS PAGE OF THIS REPORT.)

AS PART OF THE HOSPITAL'S COMMITMENT TO PROMOTING COMMUNITY HEALTH AND WELLNESS WHILE CLOSING RACIAL, ETHNIC, GENDER, AND SOCIOECONOMIC GAPS IN HEALTH STATUS, GRIFFIN CONTINUED ITS COLLABORATION WITH COMMUNITY PARTNERS ON INITIATIVES SUCH AS THE VALLEY INITIATIVE TO ADVANCE HEALTH & LEARNING IN SCHOOLS AND THE HEALTH INITIATIVE FOR MEN.

THE VALLEY INITIATIVE TO ADVANCE HEALTH & LEARNING IN SCHOOLS (VITAHLS), WHICH GRIFFIN LAUNCHED IN PARTNERSHIP WITH VALLEY SCHOOL DISTRICTS AND THE YALE-GRIFFIN PREVENTION RESEARCH CENTER (PRC) IN 2011 CONTINUED ITS EFFORTS TO REDUCE OBESITY AND PROMOTE HEALTH AND ACADEMIC READINESS IN STUDENTS. THE SCHOOL-BASED PROGRAM, WHICH HAS INTRODUCED A VARIETY OF NUTRITION AND PHYSICAL ACTIVITY PROGRAMS TO REDUCE OBESITY AND PROMOTE

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HEALTH AND ACADEMIC READINESS IN STUDENTS IN PRE-K TO GRADE 12, KICKED OFF ITS SECOND YEAR BY HOSTING A FAMILY FUN DAY ON SUNDAY, OCTOBER 21 AT EMMETT O'BRIEN TECHNICAL HIGH SCHOOL IN ANSONIA. THE FREE EVENT FEATURED A FESTIVAL FEEL WITH MANY BOOTHS FEATURING GAMES, NUTRITIONAL AND FITNESS ACTIVITIES, FREE HEALTHY SNACKS AND A FARMER'S MARKET.

OTHER NOTABLE VITALS ACTIVITIES INCLUDED THE INTRODUCTION OF THE NUVAL NUTRITIONAL SCORING SYSTEM BY DERBY MIDDLE SCHOOL AND DERBY HIGH SCHOOL.

BOTH SCHOOLS' CAFETERIAS AND VENDING MACHINES NOW FEATURE FOOD LABELED WITH A "NUVAL SCORE." A NUMBER BETWEEN 1-100 THAT DETERMINES THE NUTRITIONAL VALUE OF THE FOOD (THE HIGHER THE SCORE, THE BETTER THE OVERALL NUTRITION). NUVAL SCORES CAN NOW BE FOUND ON A LA CARTE ITEMS IN THE CAFETERIAS AND ON FOOD IN ALL VENDING MACHINES, ENCOURAGING STUDENTS TO MAKE MORE INFORMED, AND HEALTHIER, FOOD CHOICES.

AS PART OF THE HEALTH INITIATIVE FOR MEN (HIM), THE HOSPITAL ONCE AGAIN TEAMED WITH LOCAL SCHOOLS TO DISTRIBUTE FATHER'S DAY CARDS TO STUDENT'S DADS ENCOURAGING THEM TO "GET TO THE DOCTOR" FOR THEIR ANNUAL CHECK-UPS. MORE THAN 20,000 OF THESE FREE CARDS, WHICH INCLUDED MEN'S HEALTH SCREENING GUIDELINES AND CHECKLISTS, WERE DISTRIBUTED AT AREA SCHOOLS AND AT GRIFFIN HOSPITAL. THE EFFORT WAS MADE POSSIBLE BY THE "HEALTH INITIATIVE FOR MEN FUND," ESTABLISHED BY ANSONIA BUSINESSMAN FRANK MICHAUD AND HIS WIFE, JUDY, TO HELP INSPIRE MEN TO HAVE AN ANNUAL PHYSICAL AND RAISE AWARENESS ABOUT MEN'S HEALTH ISSUES, SUCH AS PROSTATE CANCER AND COLORECTAL CANCER. GRIFFIN ALSO BEGAN OFFERING FREE PROSTATE-SPECIFIC ANTIGEN (PSA) TESTS AND OTHER HEALTH SCREENINGS TO MEN AT VARIOUS COMMUNITY EVENTS.

THE GRIFFIN HOSPITAL MINI MED SCHOOL CELEBRATED ITS SEVENTH YEAR IN 2012, GRADUATING MORE THAN 50 STUDENTS FROM ITS FALL SESSION. THE 10-WEEK COURSE WAS TAUGHT BY MEMBERS OF THE GRIFFIN HOSPITAL MEDICAL STAFF WHO

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VOLUNTEERED THEIR TIME AS FACULTY FOR THE COURSE, EXEMPLIFYING THE HOSPITAL'S COMMITMENT TO HEALTH EDUCATION AND ACCESS TO INFORMATION FOR PATIENTS, THEIR FAMILIES, AND MEMBERS OF THE COMMUNITY.

ANOTHER KEY COMPONENT OF THIS COMMITMENT, GRIFFIN'S ONGOING SERIES OF FREE COMMUNITY HEALTH LECTURES, CONTINUED WITH THE INTRODUCTION OF THE "HEALTHY U" TUESDAY TALK SERIES. GRIFFIN EXPERTS PROVIDED HEALTH AND WELLNESS INFORMATION AND ENCOURAGED COMMUNITY RESIDENTS TO TAKE A MORE ACTIVE ROLE IN THEIR HEALTH AND THEIR HEALTHCARE IN A SERIES OF TALKS HELD AT GRIFFIN AND IN VARIOUS COMMUNITY SETTINGS, INCLUDING RESIDENTIAL COMMUNITIES, PUBLIC LIBRARIES, AND SENIOR AND COMMUNITY CENTERS.

THE HOSPITAL'S HEALTH RESOURCE CENTER, WHICH IS OPEN SIX DAYS A WEEK AND STAFFED BY PROFESSIONAL LIBRARIANS, PROVIDED SUPPORT FOR ALL OF GRIFFIN'S HEALTH EMPOWERMENT ACTIVITIES, OFFERING RESOURCES AND ASSISTANCE TO PATIENTS, STAFF, AND COMMUNITY MEMBERS. THE CENTER FEATURES A VAST COLLECTION OF CONSUMER HEALTH BOOKS, PERIODICALS, AND VIDEO RESOURCES, AS WELL AS ACCESS TO A NUMBER OF PEER-REVIEWED ELECTRONIC DATABASES. SINCE THE CENTER OPENED IN 1994, MORE THAN 10,000 COMMUNITY MEMBERS HAVE SIGNED UP FOR LIBRARY CARDS THAT ALLOW THEM TO CHECK OUT MATERIALS AS THEY WOULD AT A PUBLIC LIBRARY.

THESE ACTIVITIES AND MORE COMPRISED THE MORE THAN \$18 MILLION IN COMMUNITY BENEFIT THAT GRIFFIN HOSPITAL CONTRIBUTED TO ITS COMMUNITY. THAT AMOUNT INCLUDED THE PROVISION OF NEARLY \$2.8 MILLION IN CHARITY CARE, APPROXIMATELY \$12.6 MILLION IN SUBSIDIZED CARE TO PATIENTS COVERED BY MEDICARE, MEDICAID, AND OTHER PUBLIC PROGRAMS, MORE THAN \$1 MILLION WORTH OF HEALTH PROFESSIONS EDUCATION TO HELP PREPARE THE NEXT GENERATION OF CAREGIVERS, AND NEARLY \$1.9 MILLION WORTH OF OTHER COMMUNITY BENEFIT ACTIVITIES AND HEALTH SERVICES SUBSIDIES.

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PART VI, LINE 6: N/A

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

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