

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

**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

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	
b 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 the 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 <i>free</i> care? If 'Yes,' indicate which of the following was the FPG family income limit for eligibility for free care:..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If 'Yes,' indicate which of the following was the family income limit for eligibility for discounted care:..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% X Other <u>600.0</u> %	X	
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'?.....	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?.....	X	
b If 'Yes,' did the organization's financial assistance expenses exceed the budgeted amount?.....		X
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?.....		
6a Did the organization prepare a community benefit report during the tax year?.....	X	
b If 'Yes,' did the organization make it available to the public?.....	X	

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
a Financial Assistance at cost (from Worksheet 1).....			10,697,159.	4,058,590.	6,638,569.	1.36
b Medicaid (from Worksheet 3, column a).....			77,354,405.	48,611,673.	28,742,732.	5.91
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs...	0	0	88,051,564.	52,670,263.	35,381,301.	7.27
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).....			227,938.		227,938.	0.05
f Health professions education (from Worksheet 5).....			15,112,253.	4,514,005.	10,598,248.	2.18
g Subsidized health services (from Worksheet 6).....			1,254,298.	718,854.	535,444.	0.11
h Research (from Worksheet 7).....			2,381,269.		2,381,269.	0.49
i Cash and in-kind contributions for community benefit (from Worksheet 8)...			32,551.		32,551.	0.01
j Total. Other Benefits.....	0	0	19,008,309.	5,232,859.	13,775,450.	2.84
k Total. Add line 7d and 7j.....	0	0	107,059,873.	57,903,122.	49,156,751.	10.11

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	0	0	0.	0.	0.	0.

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 Part VI		
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 rationale, if any, for including this portion of bad debt as community benefit Part VI		
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. Part VI		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	165,830,458.
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	209,901,588.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-44,071,130.
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: Part VI		
<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?	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 Part VI	9b	X	

Part IV Management Companies and Joint Ventures (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				
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13				

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 or facility reporting group Danbury Hospital

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If 'No,' skip to line 9.	X	
If 'Yes,' indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>2012</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 Part VI	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Part VI. Part VI	X	
5 Did the hospital facility make its CHNA widely available to the public?	X	
If 'Yes,' indicate how the CHNA was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" 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 CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide 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 CHNA		
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 CHNA? If 'No,' explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If 'Yes' to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If 'Yes' to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If 'Yes,' indicate the FPG family income limit for eligibility for free care: <u> 400 </u> % If 'No,' explain in Part VI the criteria the hospital facility used.	X	
11	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> 600 </u> % If 'No,' explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If 'Yes,' indicate the factors used in determining such amounts (check all that apply):	X	
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)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If 'Yes,' indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input 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 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 checked="" type="checkbox"/> Other (describe in Part VI)		

Part VI

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the 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)		
17	Did the hospital facility or an authorized a 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:		X
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)		

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Part V Facility Information (continued)

18 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 17 (check all that apply)

- a Notified patients of the financial assistance policy on admission
- b Notified patients of the financial assistance policy prior to discharge
- c Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	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)		

Charges to Individuals Eligible for Financial Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <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 type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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.			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?			X
If 'Yes,' explain in Part VI.			

Part V Facility Information (continued)**Section C. 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? 22

Name and address	Type of Facility (describe)
1 Danbury Hospital Ridgefield Surg. Ctr. 901 Ethan Allen Highway Ridgefield, CT 06877	Outpatient Surgical Center
9 Siefert & Ford Community Health Ctr. 70 Main Street Danbury, CT 06810	Outpatient Physician Clinic
8 Main Street Rehabilitation Center 235 Main Street Danbury, CT 06810	Rehabilitation
0 Breast Imaging Center 20 Germantown Road Danbury, CT 06810	Diagnostic
2 Southbury Cardiovascular Diagnostics 22 Old Waterbury Road Southbury, CT 06488	Diagnostic
0 Danbury Hospital Sleep Lab II 25 Lake Avenue-Extension Danbury, CT 06810	Diagnostic
6 Comm. Ctr. for Behavioral Health 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
0 Pulmonary Services 33 Germantown Road Danbury, CT 06810	Diagnostic
0 Physical Medicine Center of Southbury 22 Old Waterbury Road, Suite 101 Southbury, CT 06488	Outpatient-Physician Clinic
2 The Anticoagulation Center 41 Germantown Road Danbury, CT 06810	Diagnostic

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Part V Facility Information (continued)**Section C. 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? 22

Name and address	Type of Facility (describe)
3 Danbury Hospital Laboratory 79 Sandpit Road Danbury, CT 06810	Diagnostic
5 Center for Child & Adol. Treat. 152 West Street Danbury, CT 06810	Outpatient-Physician Clinic
1 Sleep Lab Southbury Heritage Hotel, 522 Heritage Rd. Southbury, CT 06488	Diagnostic
0 Danbury Hospital Laboratory Center of New Milford 120 Park Lane, Suite A201 New Milford, CT 06776	Diagnostic
0 Danbury Hospital Southbury Laboratory 22 Old Waterbury Road, Suite 101 Southbury, CT 06488	Diagnostic
5 Danbury Hospital Laboratory Center in Brookfield 60 Old New Milford Road, Unit 1C Brookfield, CT 06804	Diagnostic
0 Danbury Hospital Diabetes Education Center 41 Germantown Road Danbury, CT 06810	Education Center
1 Ridgefield Specimen Collection Facility 10 South Street Ridgefield, CT 06877	Diagnostic
0 Bethel Laboratory 68 Stony Hill Road Bethel, CT 06801	Diagnostic
2 Newtown Laboratory 14-18 Church Hill Road Newtown, CT 06470	Diagnostic

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Schedule H (Form 990) 2012

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 A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 6a - Related Organization Community Benefit Report

The Community Benefit report is reported on a Network basis.

Part I, Line 7 - Explanation of Costing Methodology

Charity Care At Cost Percentage:

Total Gross Patient charges written off to charity (Income Statement) * Patient Cost
to Charge % (see below) = Total Community Benefit Expense

Total Community Benefit Expenses - Revenue from Uncompensated Care Pools and
programs (DHS * % of cost of uncompensated care shown on the OCHA Schedule 500) =
Net community benefits expenses

Net community benefits expenses * total expenses = % of total expenses

Ratio Cost To Charge Calculation

Total Operating Expenses divided by Adjusted Patient Care Cost
(Bad Debt, Other Operating Income and Intercompany Income are removed from the total
operating expenses)

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 A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 7 - Explanation of Costing Methodology (continued)

Adjusted Patient Care Cost divided by Gross Patient Charges

Part I, Line 7g - Costs Associated With Physicians Clinics

There are no physician clinics included in this amount.

Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

Bad Debt expense is per 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 financial reporting purposes.

When private pay patients are sent to the collection agency their account is

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 A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit (continued)

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

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 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

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 A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part III, Line 4 - Bad Debt Expense (continued)

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 bad debt; and

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 32% and 13%, and 30% and 14%, for Medicare and Medicaid, respectively, at September 30, 2013 and 2012, respectively.

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 A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
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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 Patients

It is the policy of Danbury Hospital to provide "Financial Assistance" (either free care or reduced patient obligations) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example Medicare or Medicaid); (iii) the patient cooperates with the Hospital in providing the requested information; (iv) the patient demonstrates financial need; and (v) Danbury Hospital makes an administrative determination that Financial Assistance is appropriate.

After the Hospital determines that a patient is eligible for Financial Assistance,

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Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

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.

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

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Part III, Line 9b - Provisions On Collection Practices For Qualified Patients (continued)

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 V, Line 3 - Account Input from Person Who Represent the Community

Effective strategies to improve community health involve active collaboration and commitment among health providers, public and community health agencies, educators, worksites, community and faith-based organizations and groups, and the public they serve.

The organization collaborates with community partners for assessment of community health needs and action planning. Danbury Hospital, and its affiliate partner, New Milford Hospital, 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, Brookfield, New Fairfield, Newtown, Redding, Ridgefield and Sherman, CT, all towns within the primary service

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Part V, Line 3 - Account Input from Person Who Represent the Community (continued)

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 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment

New Milford Hospital

Part V, Line 14g - Other Means Hospital Facility Publicized the Policy

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 VI - Needs Assessment

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Part VI - Needs Assessment (continued)

Milford, CT. The other eight towns are Bridgewater, 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.

Activities:

1. Community Report Card (CRC) for Western Connecticut produced with indicators, including: community population and demographic data, economic stability, education, health status, health and lifestyle behaviors and risk factors, chronic and communicable diseases, and older adult health survey and focus group findings. Additional data from the CT Association of Directors of Health's Health Equity Index related to social determinants of health and health outcomes and United Way of CT's Infoline 2-1-1 database of health-related programs and services was included.

2. CRC Steering Committee developed - including leads from the City of

Danbury Department of Health and Human Services, Western CT Health Network/Danbury

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Part VI - Needs Assessment (continued)

Hospital-New Milford Hospital, United Way of Western Connecticut, New Milford Health Department, and the Regional YMCA of Western CT.

3. EDUCATION CONNECTION's Center for Healthy Schools & Communities met with the CRC Steering Committee to review the objectives and desired outcomes for these facilitated discussions.

4. Two Community Health Conversations with key community stakeholders in October 2012 - held in two locations (Danbury and New Milford, CT) to ensure accessibility by key stakeholders throughout the region. Attendees included a total of 52 representatives from hospitals; community health centers; school-based health centers; Visiting Nurse Associations/Services; municipal health, education, social service, senior centers and fire departments; non-profit organizations; and a legislator's office. Geographically, all 10 HVR municipalities were represented either directly or through regional agencies and organizations. During the Conversations, the need for collective commitment and responsibility in the prioritization of health issues and development of an action plan for health improvement were emphasized.

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Part VI - Needs Assessment (continued)5. Priority Health areas identified - Participants in Conversations

universally agreed that the Priority Health Issues (PHI) most representative of needs in the region were 1) prevention/reduction of most prevalent chronic diseases/health conditions (specifically obesity, hypertension, and type II diabetes), by addressing underlying risk factors; 2) substance use/abuse and co-related mental health issues; 3) older adult health, housing and social support needs; and 4) improved awareness and utilization of existing health and social programs and services. Each of these areas also recognizes that disparities in health care access and outcomes need to be addressed. Upon reaching consensus on the priority health issues, participants self-selected a workgroup to join based on their interests and expertise. Overall, data obtained from the Conversations provided high quality information needed to begin the community health improvement action planning process in the region. A broad diversity of community stakeholders attended both sessions, conversations were dynamic, and stakeholders were actively engaged in the process and expressed commitment to working together in the future to address the identified priority health issues.

6. Health Improvement Action Planning - Throughout 2013, the CRC Steering

Committee and PHI workgroups continued to meet to further develop and refine their

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Part VI - Needs Assessment (continued)

action plans. Consistent with each team's vision and mission, and informed by the CRC and Community Conversation findings, a Community Health Improvement Action Plan for Western CT by PHI has been developed. The plan addresses four priority community needs: substance abuse and related mental health issues; seniors' health and housing; chronic disease prevention; and health care access. It is important to note that Action Plans are dynamic documents and are influenced by emerging needs. With this in mind, the workgroups will continue to meet at least quarterly to expand upon, modify, and refine their PHI objectives, strategies, and action steps and to collectively evaluate progress towards achieving health improvement in the region.

7. Board Endorsement - The Community Report Card and Health Improvement Action Plan have been endorsed by the BOD and documents are available on the organization's website and available upon request.

8. To create a "new picture of health," our community members must be more engaged in order to best navigate an evolving health care system. We've used the strength of our network, through education, interaction and outreach, to keep our residents informed about the changing health care environment, and how available local resources can help them manage their own health while directing them to the

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Part VI - Needs Assessment (continued)

right care in the right place and at the right time.

9. We survey our consumers on a regular and ongoing basis for their opinions and concerns.

We continued to promote a healthy lifestyle within the community, emphasizing the individual's responsibility as a partner in wellness. The Network's partnership with the Spirit of Women program, has engaged many women, typically the primary caregivers in their households, with special events, publications and online information. Our 2013 "Day of Dance" and "Girls Night Out," social and informational events focused on primary and preventative care, screenings and early cancer detection, and healthy habits, drew capacity crowds.

Part VI - Patient Education of Eligibility for Assistance

One barrier to health care outlined in the Community Needs Assessment was that so many people were uninsured or underinsured. To help eliminate this barrier to needed care, in 2013 WCHN actively advocated for Access Health CT, the state's new health insurance marketplace, using grass roots communication to encourage enrollment in Access Health CT. WCHN held in-service trainings for our staff, participated in community educational forums and enrollment fairs, and distributed

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Part VI - Patient Education of Eligibility for Assistance (continued)

promotional materials throughout the Network and region. Our hospitals are now considered by the state a model hospital for promoting the significant benefits of insurance enrollment.

Danbury 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 counselors are available to provide further assistance.

All uninsured inpatients are interviewed by financial counselors and assessed for eligibility for assistance programs. The hospital provides informational handouts to all uninsured patients at the time of registration which refers them to financial counseling if they would like assistance with their bills. Further, the hospital mails notices to all self-pay accounts referring them to financial counseling if they need assistance. The collection department will also refer patients to financial counseling when a patient indicates that they cannot afford their balances; and finally, schedulers refer uninsured patients to financial counseling prior to their test or procedure.

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Part VI - Community Information

The Hospital's primary service area is the City of Danbury and surrounding suburban towns that make up northern Fairfield county. The region is very diverse requiring diverse programming and education. Constituents are predominantly employed and are fairly well-educated. Poverty levels are below other areas in CT. The exception to this generalization is the City of Danbury as the urban core that is the most diverse community with a large undocumented population not captured on census.

Part VI - Explanation Of How Organization Furthers Its Exempt Purpose

The values and attitudes shared by our staff - from our receptionists to our physician - and how we express them day-to-day create that experience, and form our Network's "brand" of care. At Western Connecticut Health Network (WCHN) we expect all staff to embody a set of common values that guide behavior and decision-making in every interaction with patients, visitors or callers. In 2013, we recommitted to these values.

TEAMWORK**Trimming Treatment Time**

When a heart attack strikes, every moment until intervention matters. In 2013, the CHA recognized WCHN's successful efforts to substantially reduce this critical

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

time period with its John D. Thompson Award, a prestigious honor given for excellence in the delivery of healthcare through the use of data. The Award recognized the culmination of seven years of collaborative work of a multi-functional team.

Personal Side of Cancer Care

Our Network's team of cancer care professionals extends beyond our outstanding oncologists and clinicians who oversee treatment. We take a personalized, more holistic approach to care, providing additional services that ease the patients' journey, removing or mitigating the practical barriers to successful treatment. The most recent addition to the WCHN cancer care team is the Oncology Financial Navigator - staff members dedicated to helping uninsured, underinsured, and simply concerned patients understand their insurance benefits and how they can pay for their cancer treatment drugs.

INNOVATION

Bariatrics and Beyond

Computer-assisted robotic surgery is successfully used for hundreds of surgeries at

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Danbury Hospital each year. In 2013, minimally invasive robotic surgery was applied to both general and weight loss surgeries. The option to use robotic surgery, where appropriate, can amplify the surgeon's skills and improve the patient's outcome.

Opening a New Door

WCHN opened a new 6,000-square-foot Breast Imaging Center in 2013, making preventative and diagnostic breast care more convenient and comfortable for every patient, every day. The center is equipped with the latest in imaging technology, as it provides a "spa-like" atmosphere. Perhaps the biggest improvement is that all aspects of breast care are offered under a single roof

Saving the Brain

A partnership formed in 2013 between Danbury Hospital and Westchester Medical Center giving Danbury Hospital stroke patients who meet certain medical criteria the option of a new treatment that may help to reduce the effects of a stroke and improve outcomes. The new option is interventional stroke therapy - and FDA approved technology that uses X-ray guidance and a catheter.

Simulation Saves Lives

Part VI Supplemental Information

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

The ability to quickly diagnose a patient with cardiovascular disease can often mean the difference between life and death; saving time means saving heart muscle.

Patient simulators are a safe and convenient tool for training medical staff. That's why in 2013, Danbury Hospital used a grant for \$71,800 from the Connecticut Health and Education Facilities Authority (CHEFA), as part of its Client Grant Program, to purchase Ultrasonography/Transthoracic Echocardiography Simulator equipment for its simulation laboratory.

Spotlight on Inpatient Pediatrics

A lifetime of health and wellness begins in childhood, which is why Danbury Hospital continues to invest in the care of our pediatric population. In 2013, we made a number of improvements to ensure that our communities' children of all ages have access to high quality emergency and acute care, with staff specifically trained and dedicated to pediatrics.

The Hub for Community Health Care

The Emergency Department at Danbury Hospital serves as a "hub" for the health care needs of the community, as both the source of acute care and a link for patient follow up with community physicians. Expansion of the Danbury Hospital Emergency

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Department is well underway and scheduled for completion in Spring 2014, in conjunction with Hospital's patient Tower addition. The new ED can accommodate up to 90,000 visits per year - double the capacity of the existing ED. It will provide comfortable, private rooms for patients, with upgrades that will improve safety and expediency of treatment. A state-of-the-art heliport atop the ED roof will be ready to receive or transport the most urgent cases.

A strong, local hospital is central to the overall health of the community - serving as a crucial medical resource to patients and also a business partner in the region. Danbury Hospital is committed to being both for many years to come.

UNDERSTANDING**Seeing the Bigger, Global Picture**

In 2012, the Western Connecticut Health Network's Global Health Education Program was established, with a very big vision: to improve the world's health care, by advancing disease research, sharing knowledge and fostering humanitarianism through international collaboration, even if it's one physician at a time. The opportunity for medical students and residents to gain global health experience strengthens our

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

medical education and research program and distinguishes from most others.

A New Forum for Cancer Findings

WCHN has made significant inroads toward personalized cancer treatments tailored to a cancer's specific genetic makeup-especially women's cancers. The integration of research and medical education for obstetricians and gynecologists helps ensure they remain on the cutting edge of medicine.

Nurses in the Know

The WCHN Nurse Education Department fosters life-long learning and development for nurses. In 2013, the Cora Spratt Center for Nursing Education and Research Center at Danbury Hospital continued to advocate for the advancement of the nursing profession by offering numerous educational opportunities for our network nurses as well as nurses from other health care organizations.

Helping the Community Help Itself

To create a "new picture of health," we've used the strength of our network to help our community members better navigate an evolving, often complex, health care system. Through education, interaction and outreach, we keep residents informed

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

about changes in the health care environment and the local resources available to help them manage their own health. We direct them to the right care in the right place and at the right time. Examples of our efforts included the following:

-WCHN clinicians from our behavioral health staff, primary care clinic and affiliated Visiting Nurses Association, helped serve more than 200 homeless people in a single day at Project Homeless Connect, a one-day, comprehensive "health fair" for the needy or homeless. Patients were given flu shots and physical and dental exams - an example of how we help our community's less fortunate residents avoid emergency room visits.

-The network's Lyme Disease Registry continues to collect data to study ways to prevent, diagnose and potentially treat those with Lyme and lingering symptoms.

-Our network took a leadership role to ensure a behavioral health safety net for the Sandy Hook community following the tragic shooting. We provided a grant to fund a behavior health navigator for Newtown's schools to support the mental health and well-being of the community's families.

Our work on a Community Health Needs Assessment, that involved collaboration with local educators, community agencies, faith groups and other health care organizations, progressed in 2013 into a finalized Community Health Improvement

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

Plan. The plan will address four priority community needs: chronic disease prevention; substance abuse and related mental health issues; seniors' health and housing; and awareness and access to health care services. Initiatives are underway to improve the health of our region's residents by providing information and expanding access through creative strategies and partnerships.

The Physician Pipeline

As health care reform unfolds and the country's population ages, we are preparing to meet the needs of a growing patient population. That's why the recruitment of physicians and group practices to our Network is a priority - so we can offer more patients with easier, more convenient access to primary and specialty care. Residents in our communities do not need to travel far to receive high quality care.

Bigger, Stronger, Better - Together

Creating a new picture of health is what our affiliation with Norwalk Hospital is all about.

As a result of this affiliation, over time our patients will experience easier, more

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Part VI - Explanation Of How Organization Furthers Its Exempt Purpose (continued)

convenient access to the high quality care of a regional healthcare system, including more primary care and sub-specialty physicians within the same network. We will be able to provide patients even better quality care and an improved overall experience throughout our network, by integrating care and treatment approaches across the system. And we'll have the capacity and efficiencies to manage the growing patient volume.

Exceptional Donors, Exceptional Dreams

As hospitals and the healthcare industry face unprecedented financial challenges, advancements in patient care depend more than ever upon philanthropic giving.

Although our Network must respond to growing pressure to curb spending, we refuse to compromise our mission of improving the health of the community by delivering the best possible care. In 2013, a very generous Danbury resident stepped forward with an unprecedented gift to support the new Patient Tower at Danbury Hospital.

Thanks to our donors, we continue to imagine new ways to deliver the right care, in the right place, at the right time.

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Part VI - Affiliated Health Care System Roles and Promotion

Western Connecticut Health Network, Inc. (parent)

Western Connecticut Health Network's mission is to improve the health and well being of those we serve, which helps to further the hospital's exempt purpose.

Danbury Hospital

Danbury Hospital provides 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 hospital's mission statement, to improve the health and well being of those we serve. For 2013, Danbury Hospital provided \$4,954,000 in charity care.

New Milford Hospital

New Milford Hospital's mission is to provide outstanding health care to the communities they serve through an uncompromising focus on clinical quality, compassionate service, and the creation of a medical "safe haven" for their patients and their families. For 2013, New Milford Hospital provided \$670,900 in charity care.

Western Connecticut Medical Group

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Part VI - Affiliated Health Care System Roles and Promotion (continued)

The mission at Western Connecticut Medical Group is to provide safe, innovative, convenient and coordinated primary and specialty health care in the communities they serve and strive to be aware of and respond to 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 2013, Western Connecticut Medical Group provided \$1,794,739 in charity care.

Western Connecticut Health Network Foundation, Inc.

Western Connecticut Health Network Foundation Inc.'s mission is to raise funds, reinvest and administer these funds and make distributions to Danbury Hospital and other not-for-profit health care affiliates.

Western Connecticut Health Network Affiliates

Western Connecticut Health Network Affiliates principal purpose is to provide outpatient health care services in various locations and also provide ambulance services to Danbury and surrounding towns, while serving those that cannot afford the care. Approximately \$11,000 in charity care was provided during 2013.

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Part VI - Affiliated Health Care System Roles and Promotion (continued)

Business Systems, Inc.

Business Systems, Inc, is a taxable corporation whose main business is the operation of Danbury Pharmacy, a retail pharmacy. The Pharmacy's revenue is comprised of prescription sales, over the counter sales, and wholesale sales (medical and surgical supplies) sold to office practices and clinicians that are not covered by insurance programs. At the end of 2013 the Danbury Pharmacy was sold to Walgreen's Pharmacy.

Western Connecticut Home Care, Inc.

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 2013, WCHC provided \$587,777 for charity care.

Eastern New York Medical Services

Eastern New York Medical Services (ENYMS) was formed in April, 2013.

The mission at ENYMS is to provide safe, innovative, convenient and coordinated primary and gastro health care in the communities we serve and strive to be aware of and respond to our patients needs. For 2013, ENYMS provided approximately \$1,000 for

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Part VI - Affiliated Health Care System Roles and Promotion (continued)

charity care.

Part VI - States Where Community Benefit Report Filed

CT

Part V - Explanation of Number of Facility Type

14 Diagnostic Centers

5 Outpatient Physician Clinics

1 Outpatient Surgical Center

1 Rehabilitation Center

1 Education Center

Additional Information

Schedule H, Other

Over 50% of the Board Members are independent and do not get paid by Danbury Hospital. Danbury Hospital has an open medical staff.

Surplus funds are used to provide innovative technology to clinical care in addition to expanding our service area. See details in how we "furthered our exempt purposes".