

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **DAY KIMBALL HEALTHCARE, INC.** Employer identification number **06-0646599**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
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) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<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?		

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)		360	324,123.		324,123.	.28%
b Medicaid (from Worksheet 3, column a)		36,234	19877850.		19877850.	16.93%
c Costs of other means-tested government programs (from Worksheet 3, column b)			228,707.	209,902.	18,805.	.02%
d Total Financial Assistance and Means-Tested Government Programs		36,594	20430680.	209,902.	20220778.	17.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	3,169	72,871.	17,420.	55,451.	.05%
f Health professions education (from Worksheet 5)	3	150	88,855.		88,855.	.08%
g Subsidized health services (from Worksheet 6)	1	0	94,568.		94,568.	.08%
h Research (from Worksheet 7)	0	0				
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	0				
j Total. Other Benefits	23	3,319	256,294.	17,420.	238,874.	.21%
k Total. Add lines 7d and 7j	23	39,913	20686974.	227,322.	20459652.	17.44%

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, address, and primary website address

1 DAY KIMBALL HEALTHCARE
320 POMFRET STREET
PUTNAM, CT 06260

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group DAY KIMBALL HEALTHCARE

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 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: 20 <u>11</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	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	X	
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report 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 checked="" 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 checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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) DAY KIMBALL HEALTHCARE

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?	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.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?		X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	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 type="checkbox"/> Medicaid/Medicare		
g	<input 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?	X	
	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 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)		

Billing and Collections		Yes	No
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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input checked="" 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 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?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
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)		

Part V Facility Information (continued) DAY KIMBALL HEALTHCARE

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals 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

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?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges to Individuals Eligible for 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 The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d 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?

If "Yes," explain in Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

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?

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? 16

Name and address	Type of Facility (describe)
1 PLAINFIELD HEALTHCARE CENTER 31 DOW ROAD / 12 LATHROP ROAD PLAINFIELD, CT 06374	PRIMARY CARE; PEDIATRICS; WOMEN'S HEALTH; LABORATORY; DIAGNOSTIC IMAGING
2 DANIELSON HEALTHCARE CENTER 55 GREEN HOLLOW ROAD DANIELSON, CT 06239	DIAGNOSTIC IMAGING; LABORATORY; PHYSICAL MEDICINE SERVICES
3 DANIELSON MEDICAL ASSOCIATES 45 GREEN HOLLOW ROAD DANIELSON, CT 06239	PRIMARY CARE SERVICES
4 PUTNAM SURGICAL ASSOCIATES 346 POMFRET STREET PUTNAM, CT 06260	CONSULTATIVE AND SURGICAL SERVICES
5 WOODSTOCK MEDICAL ASSOCIATES 168 ROUTE 171 SOUTH WOODSTOCK, CT 06267	PRIMARY CARE SERVICES
6 NORTHEAST CONNECTICUT DERMATOLOGY 55 GREEN HOLLOW ROAD DANIELSON, CT 06239	DERMATOLOGY SERVICES
7 MRI KENNEDY DRIVE 39 KENNEDY DRIVE PUTNAM, CT 06260	MRI SERVICES
8 BROOKLYN FAMILY MEDICAL ASSOCIATES 63 CANTERBURY ROAD BROOKLYN, CT 06234	PRIMARY CARE SERVICES
9 MEDICAL CENTER OF NORTHEAST CONNECTIC 612 HARTFORD PIKE DAYVILLE, CT 06241	GERIATRICS; INTERNAL MEDICINE; PULMONOLOGY SERVICES
10 POMFRET STREET FAMILY MEDICAL ASSOCIA 235 POMFRET STREET PUTNAM, CT 06260	PRIMARY CARE SERVICES

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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? _____

Name and address	Type of Facility (describe)
11 THOMPSON HEALTHCARE CENTER 415 RIVERSIDE DRIVE NORTH GROSVENORDALE, CT 06255	PEDIATRIC CENTER
12 CANTERBURY FAMILY MEDICAL ASSOCIATES 132 WESTMINISTER ROAD CANTERBURY, CT 06331	PRIMARY CARE SERVICES
13 THOMPSON FAMILY MEDICAL ASSOCIATES 415 RIVERSIDE DRIVE NORTH GROSVENORDALE, CT 06255	PRIMARY CARE SERVICES
14 DAYVILLE HEALTHCARE CENTER 11 DOG HILL ROAD DAYVILLE, CT 06241	OB/GYN; DIABETES MANAGEMENT; GERIATRICS SERVICES
15 SPORTS MEDICINE ASSOCIATES 55 GREEN HOLLOW ROAD DANIELSON, CT 06239	SPORTS MEDICINE SERVICES
16 PUTNAM HEALTHCARE CENTER 6-12 SOUTH MAIN STREET PUTNAM, CT 06260	DURABLE MEDICAL EQUIPMENT SALES; PHYSICAL THERAPY; LAB DRAW

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; 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 3C: ANYONE WHO IS UNINSURED IS ELIGIBLE TO RECEIVE DISCOUNTED RATES REGARDLESS OF INCOME LEVEL.

PART I, LINE 6A: DURING THE PRIOR TAX YEAR DAY KIMBALL HEALTHCARE COMPLETED A COMMUNITY NEEDS ASSESSMENT AND A COMMUNITY BENEFIT REPORT IN CONJUNCTION WITH THE WINDHAM COUNTY HEALTHCARE CONSORTIUM WHICH IS MADE UP OF WINDHAM HOSPITAL, DAY KIMBALL HEALTHCARE, NATCHAUG HOSPITAL, GENERATIONS FAMILY HEALTH CENTER, UNITED SERVICES, VNA EAST, NORTHEAST DISTRICT DEPARTMENT OF HEALTH AND COMMUNITY HEALTH RESOURCES (CHR).

PART I, LINE 7: THE COSTING METHODOLOGY THAT WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS DAY KIMBALL HEALTHCARE'S COST-TO-CHARGE RATIO THAT WAS REPORTED IN THE FY2013 MEDICARE COST REPORT.

PART I, LINE 7G: DAY KIMBALL HEALTHCARE PARTNERS WITH NORTHEASTERN CONNECTICUT COUNCIL OF GOVERNMENTS (NECCOG) TO PROVIDE LOCAL PARAMEDIC INTERCEPT SERVICES. DAY KIMBALL HEALTHCARE AND NECCOG AGREED THAT THE ABSENCE OF PARAMEDIC INTERCEPT SERVICES IN NORTHEASTERN CONNECTICUT,

Part VI Supplemental Information

COMPRISED OF MANY RURAL TOWNS, WOULD CREATE A SIGNIFICANT DEFICIENCY IN THE AVAILABILITY AND ACCESSIBILITY OF MEDICAL SERVICES IN THE COMMUNITY. THE HOSPITAL PROVIDES CERTAIN MONETARY AND IN-KIND SERVICES FOR THE PROVISION OF PARAMEDIC INTERCEPT SERVICES.

PART III, LINE 4: PLEASE REFER TO THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR NOTE 3 - REVENUES FROM SERVICES TO PATIENTS AND CHARITY CARE ON PAGE 11 THROUGH PAGE 13.

PART III, LINE 8: THE SHORTFALL BETWEEN DAY KIMBALL HEALTHCARE'S MEDICARE COSTS AND PAYMENTS ARE CONSIDERED COMMUNITY BENEFIT BECAUSE THE SERVICES WERE PROVIDED BY DAY KIMBALL HEALTHCARE EVEN THOUGH THE COSTS WEREN'T COVERED OR REIMBURSED. THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 WAS GROSS CHARGES REDUCED BY THE COST TO CHARGE RATIO THAT WAS REPORTED IN THE FY2013 MEDICARE COST REPORT.

PART III, LINE 9B: IT IS THE PHILOSOPHY AND POLICY OF DAY KIMBALL HEALTHCARE THAT MEDICALLY NECESSARY HEALTH CARE SERVICES SHOULD BE AVAILABLE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY. THE POLICY HAS BEEN WRITTEN IN ACCORDANCE WITH SECTION 9007 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACT), SIGNED INTO LAW ON MARCH 23, 2010, WHICH ADDS NEW SECTIONS 501(R) AND 4959 TO THE INTERNAL REVENUE CODE. SECTION 501(R) INCLUDES A SERIES OF SPECIFIC REQUIREMENTS FOR HOSPITALS TO RECEIVE AND MAINTAIN SECTION 501(C)(3) ("TAX EXEMPT") STATUS.

DAY KIMBALL HEALTHCARE:

PART V, SECTION B, LINE 3: DAY KIMBALL HEALTHCARE ALONG WITH THE OTHER MEMBERS OF THE WINDHAM COUNTY HEALTHCARE CONSORTIUM (WINDHAM HOSPITAL, DAY

Part VI Supplemental Information

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

DAY KIMBALL HEALTHCARE:

PART V, SECTION B, LINE 4: DAY KIMBALL HEALTHCARE CONDUCTED ITS NEEDS ASSESSMENT IN CONJUNCTION WITH THE WINDHAM COUNTY HEALTHCARE CONSORTIUM. THE MEMBERS OF THIS CONSORTIUM INCLUDE WINDHAM HOSPITAL, DAY KIMBALL HEALTHCARE, NATCHAUG HOSPITAL, GENERATIONS FAMILY HEALTH CENTER, UNITED SERVICES, VNA EAST, NORTHEAST DISTRICT DEPARTMENT OF HEALTH AND COMMUNITY HEALTH RESOURCES (CHR).

DAY KIMBALL HEALTHCARE:

PART V, SECTION B, LINE 7: MOST OF THE HEALTH NEEDS IDENTIFIED IN THE ASSESSMENT ARE ALREADY ADDRESSED BY DAY KIMBALL HEALTHCARE, EITHER BY DIRECT DELIVERY OF SERVICE TO THE COMMUNITY OR THROUGH OUR COLLABORATIONS WITH SUCH ORGANIZATIONS AS HEALTHQUEST. THESE INCLUDE SERVICES AND PROGRAMS SUCH AS:

- EXPANDING OF OUR INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES
- PARTNERING WITH WHOLESOME WAVE, WIC AND THE LOCAL FARMER'S MARKET TO SUBSIDIZE MARKET COUPONS, DOUBLING THEIR VALUE, FOR FAMILIES WITH CHILDREN

Part VI Supplemental Information

- WORKING WITH HEALTHQUEST AS AN ACTIVE MEMBER AND FUNDER ON SUCH PROGRAMS AS FOLLOW THE FIFTY, HEART HEALTH PROGRAM FOR WOMEN AND WRITE STEPS, AN ELEMENTARY SCHOOL-BASED WALKING AND WRITING PROGRAM TO IMPROVE HEALTH (IN PARTICULAR OBESITY IN CHILDREN) AND EDUCATION

- BECOMING A SMOKE-FREE ORGANIZATION AND OFFERING SMOKING CESSATION CLASSES TO OUR EMPLOYEES AND CONTINUING TO OFFER CLASSES TO THE COMMUNITY

- OFFERING DIABETES CARE MANAGEMENT SERVICES IN ALL OUR PRIMARY CARE OFFICES

- IMPLEMENTING A SERIES OF COMMUNITY-BASED FLU SHOT CLINICS TO IMPROVE ACCESS

- EXPANDING OUR SLEEP LAB WITH IN-HOME TESTING NOW AVAILABLE

- CONDUCTING EDUCATIONAL SEMINARS ON COLON CANCER AND COLONOSCOPIES HOSTED BY OUR SPECIALTY TEAM OF PROVIDERS

DAY KIMBALL HEALTHCARE'S STRATEGY INCLUDES THE ADOPTION OF A "MEDICAL HOME" SERVICE DELIVERY MODEL THROUGH THE ESTABLISHMENT OF A STRONG PRIMARY CARE PRATICE. ADDITIONALLY, WE ARE INTEGRATING OUR SERVICES ACROSS OUR MEDICAL NETWORK (DAY KIMBALL HOSPITAL, DAY KIMBALL HEALTHCARE CENTERS, DAY KIMBALL MEDICAL GROUP - OUR PHYSICIAN PRACTICES WHICH IS CURRENTLY TRANSITIONING TO THIS NOT-FOR-PROFIT FOUNDATION, DAY KIMBALL HOMECARE, DAY KIMBALL HOMEMAKERS, HOSPICE & PALLIATIVE CARE OF NORTHEASTERN CONNECTICUT) TO PROVIDE SEAMLESS CARE TO OUR PATIENTS. WE ARE IN THE PROCESS OF FORMALLY DOCUMENTING OUR STRATEGIC PLANNING AND IMPLEMENTATION PROCESS, AND WHILE WE DO TRACK OUR COMMUNITY BENEFIT PROGRAMS, WE HAVE NOT YET DONE SO IN RELATIONSHIP TO ADDRESSING THE HEALTH NEEDS OF THE COMMUNITY.

DAY KIMBALL HEALTHCARE:

Part VI Supplemental Information

PART V, SECTION B, LINE 11: ANYONE WHO IS UNINSURED IS ELIGIBLE TO RECEIVE DISCOUNTED RATES REGARDLESS OF INCOME LEVEL.

DAY KIMBALL HEALTHCARE:

PART V, SECTION B, LINE 20D: DAY KIMBALL HEALTHCARE USES A COST-TO-CHARGE RATIO TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

PART VI, LINE 2: IN THE PREVIOUS TAX YEAR DAY KIMBALL HEALTHCARE COMPLETED A COMMUNITY NEEDS ASSESSMENT IN CONJUNCTION WITH THE WINDHAM COUNTY HEALTHCARE CONSORTIUM. THE CONSORTIUM UTILIZED A NATIONAL CONSULTING FIRM TO ASSIST IN THE PROCESS OF IDENTIFYING SPECIFIC HEALTH CARE NEEDS IN WINDHAM COUNTY. FOCUS GROUPS, TELEPHONE SURVEYS AND STATE AND FEDERAL DATA WAS USED TO IDENTIFY THE SPECIFIC HEALTH CARE NEEDS DURING THIS ASSESSMENT.

PART VI, LINE 3: ALL PATIENTS WHO ARE UNINSURED ARE REFERRED TO THE FINANCIAL COUNSELING DEPARTMENT; INPATIENTS ARE ALL VISITED BY A FINANCIAL COUNSELOR (OR GIVEN A FINANCIAL COUNSELING PACKET) PRIOR TO DISCHARGE WITH ALL OF THE AVAILABLE PROGRAMS THAT ARE AVAILABLE THROUGH OUR FINANCIAL ASSISTANCE (CHARITY CARE) POLICY. ANY SCHEDULED PATIENTS WHO ARE UNINSURED ARE CALLED BY THE FINANCIAL COUNSELORS IN ADVANCE TO PROVIDE ALL OF THE OPTIONS INCLUDING SCREENING FOR MEDICAID ASSISTANCE, CHARITY CARE, AS WELL AS SEVERAL OTHER LOCAL FUNDING SOURCES THAT THEY MAY QUALIFY FOR. ALL PATIENT STATEMENTS HAVE INFORMATION ABOUT OUR CHARITY CARE POLICY AS WELL AS A DOWNLOADABLE CHARITY CARE APPLICATION. ALL OF OUR THIRD PARTY

Part VI Supplemental Information

VENDORS, INCLUDING OUR BAD DEBT AGENCIES AND OUR LONG TERM PATIENT FINANCING PROGRAM THROUGH CAREPAYMENT ALSO PROVIDE OUR CHARITY CARE POLICY TO PATIENTS UPON REQUEST. OUR FINANCIAL ASSISTANCE GUIDELINES ARE ALSO POSTED IN ALL PATIENT REGISTRATION AREAS OF THE HOSPITAL.

PART VI, LINE 4: DAY KIMBALL HEALTHCARE'S PRIMARY SERVICE AREA CONSISTS OF 13 TOWNS IN THE NORTHEASTERN CORNER OF CONNECTICUT AS WELL AS BORDERING MASSACHUSETTS AND RHODE ISLAND TOWNS. DAY KIMBALL'S SERVICE AREA IS OVER 438 SQUARE MILES AND CONTAINS APPROXIMATELY 117,604 IN WINDHAM COUNTY. THE POPULATION RANGES FROM LONG-TERM, MULTI-GENERATIONAL FAMILIES TO NEWLY IMMIGRATED RESIDENTS FROM URBAN AREAS. ACCORDING TO THE 2010 CENSUS, 11.7% OF THE POPULATION IS UNDER POVERTY LEVEL AND 14.3% ARE OVER AGE 65. THERE IS A WIDE RANGE OF SOCIO-ECONOMIC FACTORS INCLUDING VERY HIGH INCOME TO POVERTY; ADVANCED EDUCATION TO INCOMPLETE HIGH SCHOOL. THE MEDIAN HOUSEHOLD INCOME IN 2010 IN WINDHAM COUNTY WAS \$58,489 (THE LOWEST INCOME OF ANY COUNTY IN THE STATE OF CONNECTICUT), WHILE THE STATE MEDIAN WAS \$69,519. ACCORDING TO THE HEALTHY CONNECTICUT 2020 STATE HEALTH ASSESSMENT THAT WAS RELEASED IN MARCH 2014 THE LEADING CAUSES OF DEATH IN CONNECTICUT ARE HEART DISEASE AND CANCER.

PART VI, LINE 5: THE MISSION OF DAY KIMBALL HEALTHCARE IS TO MEET THE HEALTH NEEDS OF OUR COMMUNITY THROUGH OUR CORE VALUES OF CLINICAL QUALITY, CUSTOMER SERVICE, FISCAL RESPONSIBILITY AND LOCAL CONTROL. DAY KIMBALL HEALTHCARE IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY MEMBERS AND PHYSICIANS. THE MEDICAL STAFF IS OPEN TO ALL PHYSICIANS IN THE COMMUNITY WHO MEET MEMBERSHIP AND CLINICAL PRIVILEGE REQUIREMENTS. INPATIENT, OUTPATIENT AND EMERGENCY SERVICES THAT ARE MEDICALLY NECESSARY ARE PROVIDED TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

Part VI Supplemental Information

PART VI, LINE 6: DAY KIMBALL HEALTHCARE HAS A RELATIONSHIP WITH UMASS
 MEMORIAL MEDICAL CENTER AS ITS TERTIARY CARE SITE. WHEN PATIENTS' CARE
 REQUIRES SPECIALIZED TREATMENTS, DAY KIMBALL COLLABORATES WITH PROMINENT
 MEDICAL CENTERS TO PROVIDE THE CARE THEY NEED. FOR INSTANCE, DAY KIMBALL
 PARTNERS WITH UMASS MEMORIAL MEDICAL CENTER IN WORCESTER, MA FOR CARDIAC
 CARE AND HAS DEVELOPED A SYSTEMATIC APPROACH TO STABILIZING AND
 TRANSPORTING HEART ATTACK PATIENTS TO UMASS FOR FURTHER TREATMENT.