

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

Name of the organization

GRIFFIN HOSPITAL

Employer identification number

06-0647014

Part III Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
b If "Yes," did the organization's charity care 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?		X
6a Does the organization prepare an annual community benefit report?	X	
b If "Yes," does 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.

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)		376	2026456.	0.	2026456.	1.64%
b Unreimbursed Medicaid (from Worksheet 3, column a)		7,420	8970095.	5032992.	3937103.	3.18%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		95	35,491.	30,085.	5,406.	
d Total Charity Care and Means-Tested Government Programs		7,891	11032042.	5063077.	5968965.	4.82%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	58,389	943,455.	96,989.	846,466.	.68%
f Health professions education (from Worksheet 5)	2	165	5893742.	4913178.	980,564.	.79%
g Subsidized health services (from Worksheet 6)	3	37,475	19017308.	17175694.	1841614.	1.49%
h Research (from Worksheet 7)	1	0	1045200.	0.	1045200.	.85%
i Cash and in-kind contributions to community groups (from Worksheet 8)	1	1,121	6,879.	0.	6,879.	.01%
j Total Other Benefits	22	97,150	26906584.	22185861.	4720723.	3.82%
k Total (line 7d and 7j)	22	105,041	37938626.	27248938.	10689688.	8.64%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

(Optional for 2008)

	(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	1	3,235	53,238.	53,238.	.04%
7	Community health improvement advocacy	1	0	202.	202.	
8	Workforce development					
9	Other					
10	Total	2	3,235	53,440.	53,440.	.04%

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 X

2 Enter the amount of the organization's bad debt expense (at cost) 2 2,096,710.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3 0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 42,746,633.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 44,063,122.

7 Enter line 5 less line 6 - surplus or (shortfall) 7 -1,316,489.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b X

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GRIFFIN HOSPITAL 130 DIVISION STREET DERBY , CT 06418	X	X		X	X	X	X		

Part V Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: PATIENT MAY BE REQUIRED TO PROVIDE:

- 1. PATIENT W-2 FORM
- 2. THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT
- 3. DEPENDENT INFORMATION (FAMILY SIZE)
- 4. ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS

PART I, LINE 6A:

GRIFFIN HOSPITAL MAKES ITS ANNUAL COMMUNITY BENEFIT REPORT AVAILABLE TO THE PUBLIC IN ITS ANNUAL REPORT. THE REPORT CAN TO OBTAINED THROUGH THE HOSPITAL'S WEBSITE.

PART III, LINE 4: GRIFFIN HOSPITAL DOES NOT PROVIDE A FOOTNOTE ON THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBE BAD DEBT DETERMINATION POLICIES.

PART III, LINE 8: THE COSTS RELATED TO THE SHORTFALL WERE DERIVED FROM THE HOSPITAL PATIENT LEVEL COST ACCOUNTING SYSTEM. PROCEDURAL COSTS ARE APPLIED TO ALL PATIENT BILLS.

PART III, LINE 9B: THE GRIFFIN HOSPITAL COLLECTION POLICY REQUIRES EXHAUSTIVE EFFORT TO PROVIDE INFORMATION AND TO ASSIST PATIENTS WHO ARE

Part VI Supplemental Information (Optional for 2008)

KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE PRIOR TO INVOLVING AN OUTSIDE COLLECTION AGENCY. FOR PATIENTS WHO QUALIFY FOR CHARITY AND WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR HOSPITAL BILLS, GRIFFIN HOSPITAL MAY OFFER EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS.

PART VI, LINE 2: GRIFFIN HOSPITAL WAS A HEALTHCARE INDUSTRY PIONEER IN USING MARKET RESEARCH TECHNIQUES ADAPTED FROM OTHER INDUSTRIES INCLUDING FOCUS GROUPS, PATIENT SURVEYS AND CONSUMER COMMUNITY SURVEYS. GRIFFIN HOSPITAL CONDUCTED ITS FIRST COMMUNITY SURVEY IN 1982 TO MEASURE COMMUNITY PERCEPTION OF THE HOSPITAL AND THE SERVICES IT PROVIDED. THE HOSPITAL HAS REPEATED THE SURVEY REGULARLY, AND OVER THE PAST DECADE HAS COMPLETED THE SURVEY APPROXIMATELY EVERY TWO YEARS.

THE HOSPITAL USES AN INDEPENDENT, PRIVATE MARKET RESEARCH COMPANY TO CONDUCT TELEPHONE SURVEYS OF OVER 360 VALLEY (ANSONIA, BEACON FALLS, DERBY, SEYMOUR, SHELTON AND OXFORD) RESIDENTS AND 360 RESIDENTS FROM EIGHT TOWNS SURROUNDING THE VALLEY. THE MOST RECENT SURVEY WAS COMPLETED IN NOVEMBER, 2008. THE SURVEY RESULTS ARE USED TO GUIDE SERVICE IMPROVEMENTS AND SERVICE AND PROGRAM DEVELOPMENT. THE SURVEY COMPARES HOSPITALS IN BRIDGEPORT, NEW HAVEN AND WATERBURY, CONNECTICUT, AND COMPARES MILFORD (CONNECTICUT) HOSPITAL AND GRIFFIN HOSPITAL.

PART VI, LINE 3: FREE CARE AND FINANCIAL ASSISTANCE INFORMATION IS PROVIDED ON GRIFFIN HOSPITAL'S WEBSITE AND IN PAMPHLETS THAT ARE LOCATED IN REGULAR PATIENT ACCESS WORK AREAS THROUGHOUT THE HOSPITAL AND ON THE STATEMENTS RECEIVED BY PATIENTS. TO APPLY FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE, PATIENTS MUST MEET WITH ONE OF THE HOSPITAL'S FINANCIAL ADVISORS AND COMPLETE NECESSARY FORMS AND DOCUMENTATION. GRIFFIN

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HOSPITAL'S POLICIES AND PROCEDURES FOR FREE BED FUNDS, UNINSURED PATIENTS, AND FREE CARE ASSISTANCE ARE DETAILED BELOW. ALL THREE POLICIES AND PROCEDURES IDENTIFY FUNDS AVAILABLE FOR PATIENTS HAVING SERVICES PROVIDED AT GRIFFIN HOSPITAL WHO DO NOT HAVE ANY TYPE OF MEDICAL INSURANCE ON THE DATE OF SERVICE.

FREE BED FUND POLICY AND PROCEDURES:

1. GRIFFIN HOSPITAL HAS PUBLISHED A FREE BED PAMPHLET THAT IS LOCATED IN ALL PATIENT REGISTRATION WORK STATIONS. THE PAMPHLET IS AVAILABLE IN BOTH ENGLISH AND SPANISH.

2. THE FREE BED PAMPHLET IS AVAILABLE TO ALL PATIENTS ADMITTED TO OR REGISTERED AT GRIFFIN HOSPITAL.

3. THE PAMPHLET IDENTIFIES THE PATIENTS TO WHOM THE GRIFFIN HOSPITAL FREE BED FUNDS APPLY AND THE CRITERIA FOR QUALIFYING FOR THE FUNDS. FREE BED FUNDS AVAILABLE ARE:

- THE ENO FUND - AN APPLICANT MUST BE A WORTHY PROTESTANT WOMAN OVER 60 YEARS OLD AND RESIDE IN THE TOWN OF ANSONIA, DERBY, OR SEYMOUR.

- PINE TRUST - AVAILABLE TO INDIGENT PATIENTS OF GRIFFIN HOSPITAL WHO RESIDE IN THE CITY OF ANSONIA.

- DN CLARK FUND - AVAILABLE TO SHELTON RESIDENTS PROVING FINANCIAL HARDSHIP.

4. TO APPLY FOR FREE BED FUNDS, THE PATIENT WILL MEET WITH THE HOSPITAL FINANCIAL ADVISOR TO COMPLETE THE FREE BED FUND APPLICATION.

5. ALL PATIENTS WHO ARE SEEN BY THE FINANCIAL ADVISORS ARE REQUIRED TO SIGN OFF ON THE FREE CARE/FREE BED INFORMATIONAL LETTER (AVAILABLE UPON REQUEST).

6. THE COLLECTION SUPERVISOR WILL MAINTAIN A MONTHLY LOG OF THE TOTAL PATIENTS PRESENTED WITH THE FREE BED FUND LETTER TO PROVIDE DOCUMENTATION

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OF GRIFFIN HOSPITAL'S COMPLIANCE WITH THE PROVISIONS OF PUBLIC ACT 03-266.

7. A MONTHLY REPORT WILL BE MAINTAINED FOR EACH FREE BED FUND BY THE COLLECTION SUPERVISOR. THE MONTH END REPORT WILL IDENTIFY TOTAL PATIENTS WHO APPLIED FOR AND RECEIVED FREE BED FUNDS.

UNINSURED PATIENT POLICY AND PROCEDURES:

1. THE PATIENT IS REGISTERED BY THE ADMITTING REGISTRAR WHO WILL IDENTIFY THE PATIENT AS HAVING NO MEDICAL INSURANCE (SELF-PAY).

2. THE PATIENT WILL BE GIVEN A FINANCIAL ASSISTANCE PAMPHLET THAT WILL IDENTIFY ALL GRIFFIN HOSPITAL FREE CARE ASSISTANCE PROGRAMS. THE PAMPHLET ALSO INCLUDES HOSPITAL CONTACTS FOR PATIENTS SEEKING STATE WELFARE, SAGA (CITY WELFARE), OR OTHER STATE PROGRAMS.

3. PATIENTS WHO REGISTER AS HAVING NO MEDICAL INSURANCE WITH ACCOUNT BALANCES OVER \$3,000 WILL BE REFERRED TO THE HOSPITAL ELIGIBILITY WORKER. THE PATIENT WILL BE SEEN WITHIN 24 HOURS OF ADMISSION. IF THE ELIGIBILITY WORKER IS UNABLE TO FULFILL THIS REQUIREMENT DUE TO ABSENSE, THE FINANCIAL ADVISOR WILL TAKE THE NECESSARY STEPS TO FULFILL THIS REQUIREMENT. ALL ACCOUNTS UNDER \$3,000 WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISORS.

4. THE HOSPITAL ELIGIBILITY WORKER WILL COMPLETE A FINANCIAL SCREENING FOR THOSE PATIENTS SEEKING TITLE 19 ELIGIBILITY AND/OR UNINSURED STATUS.

5. THE HOSPITAL ELIGIBILITY WORKER WILL IDENTIFY PATIENTS MEETING THE STATE/SAGA AND HUSKY PROGRAM CRITERIA. FOR PATIENTS MEETING THE CRITERIA, THE APPLICATION PROCESS WILL BE COMPLETED AND ALL PAPERWORK FORWARDED TO THE APPROPRIATE STATE DEPARTMENT FOR PROCESSING.

6. THE PATIENTS WHO DO NOT MEET THE CRITERIA FOR THE STATE SAGA/HUSKY PROGRAMS WILL BE REFERRED TO THE HOSPITAL FINANCIAL ADVISOR.

7. THE FINANCIAL ADVISOR WILL BEGIN A REVIEW TO DETERMINE IF THE PATIENT MEETS THE UNINSURED CRITERIA IDENTIFIED IN PUBLIC ACT 03-266. A LETTER

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WILL BE SENT TO THE PATIENT REQUESTING THAT THE PATIENT VERIFY THAT THEY DO NOT HAVE MEDICAL INSURANCE AS IDENTIFIED DURING THEIR HOSPITAL REGISTRATION PROCESS. THE LETTER WILL ALSO REQUEST ADDITIONAL PATIENT INFORMATION REGARDING THE PATIENT'S INCOME, IF NECESSARY. THE CRITERIA THE PATIENT MUST MEET ARE IDENTIFIED IN PUBLIC ACT 03-266, AND ARE AS FOLLOWS:

- PATIENT'S INCOME, BASED ON FAMILY SIZE, FALLS UNDER 250% OF THE POVERTY INCOME GUIDELINES (POVERTY INCOME GUIDELINE SCALE AVAILABLE UPON REQUEST).

- HOSPITAL HAS MADE A FULL DETERMINATION AS TO THE STATUS OF THE STATE/SAGA/HUSKY PROGRAMS (IF APPLICABLE).

- ALL GRIFFIN HOSPITAL FREE BED FUNDS HAVE BEEN REVIEWED AND DETERMINED NON-APPLICABLE FOR THE PATIENT IN REVIEW.

8. IF THE PATIENT RESPONDS TO THE LETTER SENT OUT BY THE FINANCIAL ADVISOR, THIS WILL BEGIN THE APPLICATION PROCESS FOR THE VERIFICATION OF UNINSURED PATIENT STATUS. THE FOLLOWING INFORMATION WILL NEED TO BE FINALIZED WITH THE PATIENT IN ORDER FOR THE UNINSURED DETERMINATION TO BE MADE:

- PROOF OF PATIENT INCOME AND FAMILY SIZE.

- HOSPITAL HAS MADE A FINAL DETERMINATION AS TO THE STATUS OF THE STATE/SAGA/HUSKY PROGRAMS (IF APPLICABLE).

- VERIFICATION OF ALL FREE BED FUNDS BEING REVIEWED WITH THE PATIENT.

9. UPON DETERMINATION THAT A PATIENT MEETS THE OUTLINED CRITERIA, THE PATIENT WILL BE CLASSIFIED AS FOLLOWS:

- UNINSURED STATUS; THE PATIENT'S ACCOUNT WILL BE TAKEN FROM TOTAL GROSS CHARGES AND REDUCED TO COST BY APPLYING FACTORS SUPPLIED ANNUALLY BY THE OFFICE OF HEALTH CARE ACCESS. THE PATIENT WILL BE INFORMED OF THIS DECISION AND WILL BE SENT A LETTER THAT WILL REFLECT THE BALANCE AND REDUCTION ON ALL APPLICABLE ACCOUNTS.

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- THE PATIENT WILL BE ADVISED OF THE BALANCE THAT IS DUE AND PAYABLE.

10. THE FINANCIAL ADVISOR WILL CONTACT THE PATIENT TO ACCOMPLISH THE FOLLOWING:

- ATTEMPT PAYMENT ARRANGEMENT WITH THE PATIENT ON THE REMAINING BALANCE.

- IF THE PATIENT IDENTIFIES TO THE FINANCIAL ADVISOR THAT THEY CANNOT AFFORD THE REMAINING BALANCE, AN APPLICATION FOR FREE CARE ASSISTANCE WILL BE COMPLETED (SEE FREE CARE ASSISTANCE POLICY AND PROCEDURES BELOW).

11. IF A PATIENT APPLIES FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL MAKE A DECISION ON FREE CARE ELIGIBILITY BASED ON THE PATIENT'S FAMILY SIZE AND INCOME. FREE CARE WILL BE OFFERED BASED ON THE GRIFFIN HOSPITAL FREE CARE ASSISTANCE SLIDING SCALE (SLIDING SCALE AVAILABLE UPON REQUEST).

12. THE FINANCIAL ADVISOR WILL ADVISE THE PATIENT OF THE FREE CARE DETERMINATION THAT WILL BE APPLIED TO THE PATIENT'S REMAINING BALANCE.

13. THE FINANCIAL ADVISOR WILL COMPLETE ALL APPROPRIATE RECORDS WITH THE DECISIONS AND AMOUNTS.

FREE CARE ASSISTANCE POLICY AND PROCEDURES:

1. ANY PATIENT REQUESTING FINANCIAL ASSISTANCE IN PAYING THEIR GRIFFIN HOSPITAL BILL CAN APPLY FOR THE FREE CARE ASSISTANCE PROGRAM BY CONTACTING THE HOSPITAL'S FINANCIAL ADVISORY STAFF.

2. THE FINANCIAL ADVISOR WILL BE CONTACTED BY THE PATIENT TO COMPLETE THE FREE CARE APPLICATION PROCESS.

3. THE FINANCIAL ADVISOR WILL OBTAIN THE FOLLOWING INFORMATION FROM THE PATIENT IN ORDER TO COMPLETE THE FREE CARE APPLICATION:

- PATIENT W-2 (TAX STATEMENT FROM PREVIOUS AND CURRENT YEAR).

- THREE CONSECUTIVE PAY STUBS FROM PATIENT'S CURRENT EMPLOYMENT.

- DEPENDENT INFORMATION (FAMILY SIZE).

- ANY OR ALL BANK AND CHECKING ACCOUNT STATEMENTS.

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4. THE FINANCIAL ADVISOR WILL REFER TO THE GRIFFIN HOSPITAL SLIDING SCALE. THIS IS BASED ON THE FEDERAL POVERTY INCOME GUIDELINES (SLIDING SCALE AVAILABLE UPON REQUEST). THE FINANCIAL ADVISOR WILL MAKE A DETERMINATION OF FREE CARE ELIGIBILITY STATUS.

5. IF THE PATIENT QUALIFIES FOR FREE CARE ASSISTANCE, THE APPLICABLE DISCOUNT PERCENTAGE WILL BE APPLIED TO THE PATIENT'S ACCOUNT BALANCE.

6. IF A PATIENT BALANCE REMAINS, THE FINANCIAL ADVISOR WILL PURSUE ONE OF THE FOLLOWING WITH THE PATIENT:

- REQUIRE PAYMENT IN FULL.

- SET UP A MONTHLY PAYMENT ARRANGEMENT.

7. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE.

8. IF A PATIENT DOES NOT QUALIFY FOR FREE CARE ASSISTANCE, THE FINANCIAL ADVISOR WILL ATTEMPT TO:

- OBTAIN PAYMENT IN FULL.

- SET UP A MONTHLY PAYMENT ARRANGEMENT.

9. IF THE PATIENT DOES NOT MAINTAIN THE AGREED UPON PAYMENT SCHEDULE, THE ACCOUNT WILL BE FORWARDED TO AN OUTSIDE COLLECTION AGENCY AT THE FULL REMAINING BALANCE.

10. IN SOME CASES, IT IS NECESSARY TO OVERRIDE THE POLICY GUIDELINES ON INCOME DUE TO "SPECIAL" CIRCUMSTANCE REQUIREMENTS, (I.E., SOCIAL ADMITS, MAXED-OUT DAYS, DECEASED PATIENTS, ETC.) AN OVERRIDE CAN BE OBTAINED BY THE SUPERVISOR AND DIRECTOR OR CFO ALLOWING FOR CONSIDERATION OF ELIGIBILITY.

11. THE COLLECTION SUPERVISOR WILL MAINTAIN ALL MONTHLY SPREADSHEETS THAT WILL IDENTIFY ALL FREE BED FUNDS, UNINSURED, AND FREE CARE ASSISTANCE ALLOCATED ON A MONTHLY BASIS.

Part VI Supplemental Information (Optional for 2008)

PART VI, LINE 4: GRIFFIN HOSPITAL IS A GENERAL ACUTE CARE COMMUNITY TEACHING HOSPITAL LOCATED IN DERBY, CONNECTICUT. IT SERVES THE GEOGRAPHIC AREA ENCOMPASSING THE LOWER NAUGATUCK RIVER VALLEY TOWNS OF ANSONIA, DERBY, SHELTON, OXFORD, SEYMOUR AND BEACON FALLS, WHICH HAVE A COMBINED POPULATION OF APPROXIMATELY 195,600.

PART VI, LINE 5: GRIFFIN HOSPITAL DONATED 1,649 CASES OF FOOD TO THE SPOONER HOUSE HOMELESS SHELTER AND TO COMMUNITY FOOD BANKS, INCLUDING AREA CONGREGATIONS TOGETHER, ST. VINCENT DEPAUL, SALVATION ARMY, LOWER NAUGATUCK VALLEY RED CROSS, SEYMOUR/OXFORD FOOD BANK AT TRINITY CHURCH, PCRC, AND THE BIRMINGHAM GROUP. VALLEY UNITED WAY PRESIDENT JACK WALSH COORDINATED THE EVENT AND IDENTIFIED THE NEEDS OF EACH FOOD PANTRY. HE HAS SAID THAT THE VALLEY'S FOOD BANKS HAVE BEEN SEEING RECORD REQUESTS FOR FOOD ASSISTANCE AND HAVE HAD WAITING LISTS.

PART VI, LINE 6: GRIFFIN HOSPITAL VALLEY PARISH NURSE PROGRAM (VPN) AND COMMUNITY OUTREACH - THE VALLEY PARISH NURSES SERVE AS COORDINATORS BETWEEN THE CLERGY, PARISH AND RESOURCES IN THE COMMUNITY, SUCH AS HOSPITALS AND OTHER SOCIAL SERVICE AGENCIES.

THE ROLE OF A PARISH NURSE HEALTH EDUCATOR: USING HEALTH SCREENINGS, DISCUSSION GROUPS, CLASSES AND OTHER EVENTS TO HELP THE CONGREGATION RECOGNIZE THE INTERRELATIONSHIP OF MIND, BODY AND SPIRIT.

HEALTH COUNSELOR: BEING AVAILABLE FOR PERSONAL CONSULTATIONS, ALONG WITH HOME, HOSPITAL AND NURSING HOME VISITS.

FACILITATOR/ORGANIZER: RECRUITING AND COORDINATING VOLUNTEERS AND SUPPORT GROUPS WITHIN THE CONGREGATION.

REFERRAL SOURCE: ACTING AS A LIAISON TO COMMUNITY AND RELIGIOUS RESOURCES

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Part VI Supplemental Information (Optional for 2008)

AND SERVICES.

PART VI, LINE 7: N/A

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT