



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



0425867-00
Aug. 29, 2014 LTR 2694C
06-0646917 201309 67
Input Op: 0425867131 0002430

THE STAMFORD HOSPITAL
30 SHELBURNE RD
PO BOX 9317
STAMFORD CT 06902

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Kevin Gage
Signature of officer or trustee

9/12/14
Date

CFD
Title



130337

The Stamford Hospital, September 30, 2013 (Tax Year 2012)

06-0646917

Reasonable Cause Explanation – Notification 0425867131

We requested that our paid preparer and ERO review the XML transmission file for the 2012 Form 990 for The Stamford Hospital. The paid preparer reviewed the XML file and determined that part of Schedule H, Part V, Section B did not transmit properly and was not included in the transmitted XML file. They were unable to determine the cause of the omission and it appears to have been an isolated occurrence.

A copy of the complete Schedule H has been attached for your review and consideration.

Please contact our office directly at (203)-276-7788 if there are any questions regarding the response to this notice.

RECEIVED FOR

USE OF

10/10/13 10

SCHEDULE H
(Form 990)

Hospitals

CMB 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

Employer identification number

THE STAMFORD HOSPITAL

05-0646937

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b If "Yes," was it a written policy?
- 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.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
- ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %
- b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ 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"?
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b		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)			24,350,347.	14,601,372.	30,343,175.	2.29
b Medicaid (from Worksheet 3, column a)			84,625,587.	38,166,531.	46,449,051.	10.28
c Costs of other means-tested government programs (from Worksheet 3, column b)			606,633.		606,633.	.23
d Total Financial Assistance and Means-Tested Government Programs			110,112,767.	52,773,903.	57,298,564.	12.70
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	18254	3,461,064.	500,785.	2,960,279.	.66
f Health professions education (from Worksheet 5)			51,600.		51,600.	.01
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	192	319,557.		319,557.	.09
j Total Other Benefits	16	18447	3,892,201.	500,786.	3,391,415.	.76
k Total Add lines 7d and 7j	16	18447	114,064,968.	53,274,689.	60,790,279.	13.46

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule H (Form 990) 2012

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	1	160	101,378.	93,562.	67,816.	.02
10. Total	1	160	101,378.	93,562.	67,816.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 X
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 48,497,054.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 83,157,062.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 105,077,849.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -21,920,787.
- 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 8. Check the box that describes the method used.
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? 9a X
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Section A. Hospital Facilities

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

CT 06907

Facility
reporting
group

2

3

4

5

6

7

8

9

10

11

12

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 THE STAMFORD HOSPITALFor single facility filers only, line number of hospital facility (from Schedule H, Part V, Section A) 1**Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

- | | Yes | No |
|---|-----|----|
| 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 ☒ A definition of the community served by the hospital facility | | |
| b ☒ Demographics of the community | | |
| c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d ☒ How data was obtained | | |
| e ☒ The health needs of the community | | |
| f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h ☒ The process for consulting with persons representing the community's interests | | |
| i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j ☐ Other (describe in Part VI) | | |
| 2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</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 ☒ Hospital facility's website | | |
| b ☒ Available upon request from the hospital facility | | |
| c ☐ 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 ☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA | | |
| b ☐ Execution of the implementation strategy | | |
| c ☐ Participation in the development of a community-wide plan | | |
| d ☐ Participation in the execution of a community-wide plan | | |
| e ☐ Inclusion of a community benefit section in operational plans | | |
| f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA | | |
| g ☐ Prioritization of health needs in its community | | |
| h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community | | |
| i ☐ 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 |
| b 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? \$ <u> </u> | | |

Part V Facility Information (continued)

Financial Assistance Policy THE STAMFORD HOSPITAL		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 free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 0 0 %			
If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 0 0 %			
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	☒ Income level		
b	☒ Asset level		
c	☒ Medical indigency		
d	☒ Insurance status		
e	☐ Uninsured discount		
f	☒ Medicaid/Medicare		
g	☒ State regulation		
h	☐ 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	☒ The policy was posted on the hospital facility's website		
b	☒ The policy was attached to billing invoices		
c	☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	☒ The policy was posted in the hospital facility's admissions offices		
e	☒ The policy was provided, in writing, to patients on admission to the hospital facility		
f	☒ The policy was available on request		
g	☐ Other (describe in 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	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ 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	☐ Reporting to credit agency		
b	☐ Lawsuits		
c	☐ Liens on residences		
d	☐ Body attachments		
e	☐ Other similar actions (describe in Part VI)		

Part V Facility Information (continued) THE STAMFORD HOSPITAL**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?

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) _____

	Yes	No
19	X	

Changes 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) _____

	Yes	No
20		

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.

	Yes	No
21		X

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI

	Yes	No
22		X

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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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, 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 hospitals 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, 20d, 21, and 22

FORM 990, SCHEDULE H, PART I, LINE 6

DISCLOSURE IDENTIFYING COSTS

SUPPLEMENTAL GRANT FUNDING TO OBTAIN HEALTH CARE TO OPERATE CLINICS AT
1351 WASHINGTON BLVD., STAMFORD, CT. CLINICS INCLUDE PRIMARY CARE,
PEDIATRICS, BEHAVIORAL HEALTH AS WELL AS STAMFORD HOSPITAL SPECIALTY
CLINICS. TOTAL EXPENSES - \$2,291,321.

FORM 990, SCHEDULE H, PART I, LINE 6H

A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT;
HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

TSH, THROUGH RYAN WHITE GRANTS, (PARTS A AND B), ADMINISTERED BY STAMFORD
CARES, EMPLOYS AN HIV NURSE PRACTITIONER (NP, APRN), ADHERENCE NURSE
(RN) COUNSELOR, AND A DIETITIAN COMMITTED TO PROVIDING HIV SPECIALTY
PRIMARY CARE SERVICES. TSH WORKS IN PARTNERSHIP WITH THE CITY OF STAMFORD

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, 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, 17a, 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 hospitals 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, 17a, 18e, 19c, 20d, 21, and 22.

HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT. THE HOSPITAL'S HIV NURSE, PRACTITIONER AND ADDICTION NURSE COORDINATOR ATTENDED REGULAR CASE MANAGEMENT MEETINGS WITH STAMFORD CARES' CASE MANAGERS AND OTHER LOCAL COMMUNITY SERVICES SUCH AS SUBSTANCE ABUSE REHABILITATION, MENTAL HEALTH, AND HOUSING SUPPORT. DCH ALSO PROVIDES OFFICE SPACE AND MEDICAL OVERSIGHT OF THE PROGRAM.

FORM 990, SCHEDULE H, PART III, LINE 4

TEXT OF BAD DEBT EXPENSE FOOTNOTE

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES

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 hospitals, 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, 20d, 21, and 22.

ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND CO-PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

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, 17a, 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 hospitals, 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, 17a, 18e, 19c, 20d, 21, and 22.

FORM 990, SCHEDULE H, PART III, LINE 8

TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT

TO THE EXTENT THERE IS A MEDICARE 'SHORTFALL', THE HOSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES. THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND ARGUABLY (DIRECTLY AND INDIRECTLY) THE COMMUNITY IN WHICH THEY LIVE.

FORM 990, SCHEDULE H, PART III, LINE 9

MEDICARE COSTING METHODOLOGY

THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT.

FORM 990, SCHEDULE H, PART III, LINE 9B

APPLICATION OF COLLECTION PRACTICES QUALIFYING FOR FINANCIAL ASSISTANCE
ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT APPLIES FOR FREE AND FUNDS OR FINANCIAL ASSISTANCE.

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 hospitals 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, 20d, 21, and 22.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 3

WE CONDUCTED DOZENS OF INTERVIEWS TO ENGAGE THE COMMUNITY IN THE NEEDS ASSESSMENT PROCESS. THESE INTERVIEWS CAPTURED COMMUNITY PERCEPTIONS ON PRIORITY HEALTH ISSUES, SERVICE GAPS, AND BARRIERS TO ACCESS, AS WELL AS SUGGESTED STRATEGIC INITIATIVES TO ADDRESS THESE ISSUES. IN ALL, NEARLY 100 PEOPLE WERE INTERVIEWED, INCLUDING ADMINISTRATIVE AND CLINICAL STAFF FROM STAMFORD HOSPITAL, REPRESENTATIVES FROM LOCAL HEALTH AND SOCIAL SERVICE AGENCIES, PUBLIC HEALTH OFFICERS, OTHER PUBLIC AND Elected OFFICIALS, REPRESENTATIVES FROM ADVOCACY ORGANIZATIONS AND FOUNDATIONS, MEMBERS OF THE CLERGY, AND COMMUNITY RESIDENTS.

WE ALSO ADMINISTERED COMMUNITY SURVEYS TO GET FEEDBACK DIRECTLY FROM THE POPULATIONS WE SERVE. WE MAILED SURVEYS TO A RANDOMLY SELECTED SAMPLE OF 3,400 HOUSEHOLDS IN LOWER FAIRFIELD COUNTY. WE INTENTIONALLY OVERSAMPLED THE CITY OF STAMFORD, AND ESPECIALLY THE LOW INCOME RESIDENTS (DEFINED AS HOUSEHOLDS WITH ANNUAL HOUSEHOLD INCOME BELOW \$50,000) WITHIN STAMFORD; THESE POPULATIONS TEND TO BE HARDER TO REACH AND, AS A RESULT, ARE OFTEN

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, 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 hospitals, 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, 20d, 21, and 22.

EXCLUDED FROM COMMUNITY HEALTH ASSESSMENT REPORTS. IN TOTAL, 1,228 MAIL

SURVEYS WERE RETURNED TO US, A RESPONSE RATE OF OVER 36%.

TO ENSURE INPUT WAS RECEIVED FROM LOW INCOME, RACIAL/ETHNIC MINORITY, AND OTHER VULNERABLE POPULATIONS, WE ALSO ADMINISTERED THE SURVEY THROUGH SELECTED COMMUNITY VENUES, INCLUDING COMMUNITY HEALTH FAIRS, PRIMARY CARE CLINICS, FAITH-BASED COMMUNITY ORGANIZATIONS, AND OTHER COMMUNITY CENTERS. THE SURVEY WAS CONDUCTED WITH THE HELP OF RESEARCH ASSISTANTS, STAMFORD HOSPITAL VOLUNTEERS, AND VOLUNTEERS FROM COMMUNITY ORGANIZATIONS WHO SERVED AS TRANSLATORS FOR RESPONDENTS WHO DID NOT SPEAK OR READ ENGLISH. THE RESULT OF THIS OUTREACH WAS AN ADDITIONAL 271 SURVEY RESPONSES.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 7

OUR COMMUNITY HEALTH NEEDS ASSESSMENT AND STAMFORD HOSPITAL COMMUNITY ACTION PLAN FOR POPULATION HEALTH AND PREVENTION WERE APPROVED BY THE BOARD OF DIRECTORS IN LATE SEPTEMBER 2013. AS A RESULT, WE WERE NOT ABLE

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 hospitals, 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, 20d, 21, and 22.

TO EXECUTE ANY OF OUR PROPOSED COMMUNITY PROGRAMS ADDRESSING THE NEEDS

IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT DURING TAX YEAR

2013.

FORM 990, SCHEDULE H, PART V, SECTION F, LINE 207

THE MAXIMUM AMOUNT CHARGED TO PAP-ELIGIBLE INDIVIDUALS IS CALCULATED
BASED ON FEDERAL POVERTY GUIDELINES. INDIVIDUAL FAMILY INCOME LEVELS ARE
COMPARED TO FDG AND TOTAL CHARGES ARE REDUCED FROM 100%-60% BASED ON
LEVEL OF INCOME.

FORM 990, SCHEDULE H, PART VI

NEEDS ASSESSMENT

THE STAMFORD HOSPITAL ("TSH" OR "HOSPITAL") PARTNERS WITH A NUMBER OF
NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT
THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN
ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH
THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES ("STAMFORD HEALTH

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, 16a, 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 hospitals, 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, 16a, 17e, 18e, 19c, 19d, 20d, 21, and 22.

DEPT.) TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION. WITH THE STAMFORD HEALTH DEPARTMENT, TSH SPONSORED A JOINT CITY OF STAMFORD ("STAMFORD") WIDE FLU CAMPAIGN, TO PROMOTE THE HEALTH OF THE COMMUNITY AND REDUCE THE NUMBER OF FLU RELATED HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS. THE CAMPAIGN INCLUDED: A JOINT SENIOR HEALTH FAIR/COMMUNITY PROJECTS; SHARING VACCINE SUPPLIES AND REDISTRIBUTION TO LOCAL PROVIDERS IN THE EVENT OF A SHORTAGE; FLU HOTLINE; ARRANGEMENTS FOR VACCINATION OF HOME BOUND INDIVIDUALS; AND VACCINATION CLINICS AT BOTH THE STAMFORD HEALTH DEPARTMENT AND TSH TOLLY HEALTH CENTER. THE HOSPITAL CLINIC WAS STAFFED WITH VOLUNTEERS AND PER-DIEM NURSING STAFF. IN FY13, THE HOSPITAL'S OUTPATIENT COMPONENT OF THIS EFFORT TOTALLED 1,900 VACCINATIONS. TSH WORKS WITH THE STAMFORD HEALTH DEPARTMENT'S HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CARE MANAGEMENT; INCLUDES PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EDUCATIONAL OUTREACH EFFORTS; PROVIDES HIV UPDATES FOR AIDS SERVICE PROVIDERS IN THE COMMUNITY; PERFORMS CLIENT HOME VISITS; AND CONDUCTS

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 hospitals, 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, 20d, 21, and 22.

MONTHLY HIV POSITIVE WOMEN'S SUPPORT GROUP, TSH PARTNERS WITH OPTIMALS

HEALTH CENTER (FORMERLY BRIDGEPORT COMMUNITY HEALTH CENTER), A FEDERALLY

QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE

DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD

THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2.3 MILLION IN FY13 TO ENSURE ITS CONTINUED VIABILITY. COMMUNITY INPUT AND ENGAGEMENT TO ADDRESS CHILDHOOD OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY TSH. THIS EFFORT FOCUSES ON PREVENTION, ADVOCACY, EDUCATION, AND TREATMENT AND IS A CITY-WIDE COLLABORATION THAT INCLUDES STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT, EARLY CHILDHOOD EDUCATORS, AFTER SCHOOL PROGRAMS AND COMMUNITY CENTERS AND COMMUNITY PEDIATRICIANS AND FAMILY MEDICINE PRACTITIONERS. TSH'S KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES) PROGRAM, PROMOTING PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION, IS A CORNERSTONE OF THIS CHILDHOOD OBESITY INITIATIVE.

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 hospitals 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, 20d, 21, and 22.

ANOTHER INITIATIVE REPRESENTATIVE OF THE COLLABORATIVE EFFORTS OF TSH AND COMMUNITY ORGANIZATIONS IS 'PAINT THE TOWN PINK,' A COMMUNITY WIDE BREAST CANCER AWARENESS PROGRAM. 'PAINT THE TOWN PINK' HOLDS A MONTH LONG SERIES OF EVENTS IN OCTOBER OF EACH YEAR. THE STAMFORD HOSPITAL PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN ADDITION, TOGETHER WITH OUR PHYSICIAN SERVICES ("STAMFORD HEALTH DEPT.") TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION.

FORM 990, SCHEDULE H, PART VI

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE STAMFORD HOSPITAL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS.

1) SIGNS AND OF BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS:

* EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS

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 hospitals, 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, 20d, 21, and 22.

* IMMEDIATE CARE CENTER WAITING ROOM

* PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND FULLY CAMPUS

* CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA

OF THE PATIENT BUSINESS SERVICES DEPARTMENT

* ANCILLARY DEPARTMENTS

* BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH.

2) THE HOSPITAL'S BILLING STATEMENTS INCLUDE AN INFORMATIONAL PAGE THAT IS PRINTED ON THE REVERSE SIDE OF THE STATEMENT OUTLINING THE FINANCIAL OPTIONS.

3) THE "ARE YOU UNINSURED NOTICE" IN ENGLISH AND SPANISH IS ATTACHED TO THE TRUE SELF-PAY STATEMENTS.

4) STAFFING:

* STAMFORD HOSPITAL HAS A FULL-TIME USE OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS.

* SOCIAL SERVICES DEPARTMENT

* CASE MANAGEMENT DEPARTMENT

* PATIENT REGISTRATION HAS ONE FULL-TIME FINANCIAL COUNSELOR

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 hospitals 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, 20d, 21, and 22

- * PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS.
- * THE BSS OUTREACH WORKER AND A BSS FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK.
- * HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS.
- * PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS,
- * PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE BSS LIAISON.
- *) NOTIFICATIONS: PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS.

FORM 990, SCHEDULE H, PART VI

Part VI Supplemental Information

Page 8

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 hospitals 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, 17a, 18e, 19c, 20d, 21, and 22.

COMMUNITY INFORMATION

TSB PROVIDES A BROAD RANGE OF COMMUNITY OUTREACH AND EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES IN SOUTHERN FAIRFIELD COUNTY, CT. THE HOSPITAL'S SERVICE AREA WAS DEVELOPED THROUGH THE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD HEALTH SYSTEM, INC.'S STRATEGIC PLAN. THE HOSPITAL'S COMBINED PSA AND SSA INCLUDE AN ESTIMATED 136,119 HOUSEHOLDS WITH A TOTAL POPULATION OF 361,760 RESIDENTS. THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN, AND ROWAYTON, WITH AN ESTIMATED 51,823 HOUSEHOLDS AND A TOTAL POPULATION OF 141,892. STAMFORD COMPRISES AN ESTIMATED 45,196 HOUSEHOLDS WITH A TOTAL POPULATION OF 121,240. THE SSA INCLUDES THE COMMUNITIES OF GREENWICH, COB COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WASTON, AND WILTON, WITH AN ESTIMATED 84,296 HOUSEHOLDS AND A TOTAL POPULATION OF 219,868.

FOR THE PSA, 24.4% OF THE POPULATION IS ESTIMATED TO BE LESS THAN 18

Part VI Supplemental Information

Page 8

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 hospitals 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, 20d, 21, and 22

YEARS OF AGE: 48.1% IS 18-44; 24.3% IS 45-64; AND 12.4% IS 65 YEARS OF AGE AND OLDER. THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 25.3% OF ITS POPULATION UNDER 18 YEARS OF AGE; 29.3% IS 18-44; 30.8% IS 45-64; AND 14.6% 65 YEARS OF AGE AND OLDER.

REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE SSA, 65.6% OF RESIDENTS ARE WHITE; 22.5% HISPANIC; 13% BLACK; 1% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC. STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 15.2% OF ITS TOTAL POPULATION; THE HISPANIC POPULATION 25.8%; AND ASIAN POPULATION 7.8%. FOR THE SSA, 83.8% OF THE TOTAL ESTIMATED POPULATION IS WHITE; 12% HISPANIC; 5.9% BLACK; 5.1% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC.

ALTHOUGH IN THE PSA AN ESTIMATED 10.2% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY.

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 hospitals 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, 20d, 21, and 22.

IN COMPARISON TO THE PSA, STAMFORD HAS ONLY AN ESTIMATED 14.6% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING \$200,000, AND 18.3% WITH HOUSEHOLD INCOMES LESS THAN \$15,000, 78% WITH INCOMES LESS THAN \$50,000. IN THE PSA, AN ESTIMATED 27.3% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 16.7% HAVE HOUSEHOLD INCOMES LESS THAN \$15,000 AND 20.3% LESS THAN \$50,000.

THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (68.9%), FOLLOWED BY MEDICARE (11.7%); MEDICAID (9.2%); SELF PAY/UNINSURED (8.6%); AND MEDICARE DUAL ELIGIBLE (1.6%). COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 10.4% AND SELF-PAY/UNINSURED AT 9.8%. FOR THE PSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (74.6%), FOLLOWED BY MEDICARE (12.6%); MEDICAID (5.7%); SELF PAY/UNINSURED (5.3%); AND MEDICARE DUAL ELIGIBLE (1.8%).

THE HOSPITAL IS RYAN WHITE TITLE II HIV/AIDS. TSH, THROUGH RYAN

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, 16a, 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 hospitals 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, 16a, 17e, 18e, 19c, 19d, 20d, 21, and 22.

WHITE GRANTS, (PARTS A AND B), ADMINISTERED BY STAMFORD CARES, EMPLOYS AN HIV NURSE PRACTITIONER (ONE, APRN) AND ADHERENCE NURSE (RN) COUNSELOR AND A DIETITIAN COMMITTED TO PROVIDING HIV SPECIALTY PRIMARY CARE SERVICES. TSH WORKS IN PARTNERSHIP WITH THE CITY OF STAMFORD HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT. THE HOSPITAL'S HIV NURSE PRACTITIONER AND ADHERENCE NURSE COUNSELOR ATTEND REGULAR CASE MANAGEMENT MEETINGS WITH STAMFORD CARES CASE MANAGERS AND OTHER LOCAL COMMUNITY SERVICES SUCH AS SUBSTANCE ABUSE REHABILITATION, MENTAL HEALTH, AND HOUSING SUPPORT. THEY COLLABORATE WITH MULTIDISCIPLINARY COMMUNITY SERVICE PROVIDERS ON HOW TO BEST SERVE EACH CLIENT'S NEEDS.

TSH PROVIDES EXPERTISE AND SUPPORTS THE WEST SIDE NEIGHBORHOOD REVITALIZATION ZONE (WSNRZ), A COMMUNITY EFFORT TO IMPROVE THE HEALTH, SAFETY, INFRASTRUCTURE, AND QUALITY OF LIFE IN THE WEST SIDE OF STAMFORD. NEIGHBORS WORK SIDE-BY-SIDE WITH LOCAL BUSINESSES, LAW ENFORCEMENT, THE HOSPITAL'S HOUSING PARTNER, CHARTER OAK COMMUNITIES, INC. (FORMERLY THE

Part VI Supplemental Information

Page 8

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 hospitals 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, 20d, 21, and 22.

STAMFORD HOUSING AUTHORITY), AND LOCAL ELECTED AND APPOINTED OFFICIALS.

TSH IN PARTNERSHIPS WITH CHARTER OAK COMMUNITIES, INC., (FORMERLY STAMFORD HOUSING AUTHORITY) ESTABLISHED THE VITA HEALTH AND WELLNESS DISTRICT IN THE WEST SIDE. IN PARTNERSHIP WITH THE WENRZ, THE CITY OF STAMFORD AND SUPPORT FROM U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT (HUD), THE VITA PLAN IS INTENDED TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING HEALTH AND WELLNESS, NUTRITION AND ACCESS TO NUTRITIOUS FOOD, ACTIVE LIVING AND HEALTHY LIFESTYLES, WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND IMPROVING THE HOSPITAL AND COMMUNITY CONNECTIONS.

IN 2013, A COMMUNITY COLLABORATIVE WAS FORMED TO FURTHER STRENGTHEN OUR RELATIONSHIP WITH A MULTIDISCIPLINARY GROUP OF KEY STAKE HOLDERS THROUGHOUT THE COMMUNITY TO IMPROVE HEALTH OUTCOMES, ADDRESS THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY TSH IN PARTNERSHIP WITH THE CITY OF STAMFORD HEALTH AND SOCIAL SERVICES DEPARTMENT.

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 hospitals, 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, 20d, 21, and 22.

FORM 990, SCHEDULE H, PART VI

PROMOTION OF COMMUNITY HEALTH

PROGRAMS THAT BENEFITED THE COMMUNITY. THESE PROGRAMS INCLUDED, FOR EXAMPLE, HEALTH SCREENINGS, IMMUNIZATION PROGRAMS, SOCIAL SERVICES AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, CRISIS INTERVENTION, COMMUNITY HEALTH EDUCATION, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS.

HEALTH EDUCATION PROGRAMS PROVIDED BY THE HOSPITAL, FOR THE BENEFIT OF THE COMMUNITY INCLUDED: SMOKING CESSATION; WEIGHT LOSS; STRESS MANAGEMENT; AND PROGRAMS FOCUSED ON SUCH SPECIFIC HEALTH FACTORS OR DISEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, SLEEP DISORDERS, ARTHRITIS, HIGH CHOLESTEROL, CANCER PREVENTION, NUTRITION, STRESS MANAGEMENT, CIRCULATORY PROBLEMS, DIGESTIVE DISORDERS, PAIN MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S NUTRITION.

Part VI Supplemental Information

Page 8

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 hospitals 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, 20d, 21, and 22.

TSH OFFERED A MINI-MEDICAL SCHOOL, A FREE, SIX-WEEK SERIES OF LECTURES BY VOLUNTEER PHYSICIANS FOCUSING ON COMMON DISEASE STATES AND AVAILABLE TREATMENTS. TOPICS INCLUDE ANESTHESIOLOGY, CANCER, CARDIOLOGY, GASTROENTEROLOGY, GENERAL ANATOMY, GYNECOLOGY, INFECTIOUS DISEASES, INTEGRATIVE MEDICINE, MEDICAL DECISION-MAKING, PULMONARY MEDICINE AND ORTHOPEDICS. IN SPRING AND FALL OF 2013 A TOTAL OF 640 PEOPLE ATTENDED THE CLASSES. HOSPITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS SPEAKERS AT VARIOUS COMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT TOPICS.

IN FISCAL YEARS 2012 AND 2013, TSH PARTICIPATED IN 149 COMMUNITY HEALTH EVENTS; CONDUCTED 9 SCREENINGS, WITH TOTAL ATTENDANCE OF 21,257. THE EVENTS INCLUDED HEALTH FAIRS AT COMMUNITY CENTERS, SENIOR CENTERS, RELIGIOUS INSTITUTIONS, AND SCHOOLS; PHYSICIAN PRESENTATIONS AS WELL AS CAREER DAYS, SCHOOL TOURS AND INFORMATIONAL SPECIAL EVENTS. OTHER HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES PROVIDED IN FY2013 ARE AS FOLLOWS:

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 hospitals 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, 20d, 21, and 22.

ASTHMA EDUCATION:

TRH CONDUCTED AN EVENT FOR THE COMMUNITY WITH EXHIBITS TO ELABORATE AND CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA. TOPICS INCLUDED KEEPING ASTHMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE ROLE OF ALLERGENS, AND THE FUTURE OF ASTHMA THERAPY. THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA.

CANCER:

IN 2013, STAMFORD HOSPITAL'S CARL & DOROTHY BENNETT CANCER CENTER CONTINUED TO BUILD ON ITS REPUTATION FOR DELIVERING EXPERT CARE IN A WARM, NURTURING ENVIRONMENT. A MAJOR ACHIEVEMENT INCLUDED THE FORMATION OF THE CANCER CENTER'S OWN PATIENT AND FAMILY ADVISORY COUNCIL (PFAC), WHICH IS CONSISTENT WITH THE HOSPITAL'S PATIENT-CENTERED PHILOSOPHY OF PATIENT-CENTERED CARE. WITH MEMBERS THAT INCLUDE STAFF, CANCER SURVIVORS AND CAREGIVERS, THE GOAL OF THE PFAC IS TO CONTINUE TO IMPROVE THE CARE AND SERVICES OFFERED AT THE BENNETT CANCER CENTER. ADDITIONALLY, THE

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, 16a, 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 hospitals 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, 16a, 17e, 18e, 19c, 20d, 21, and 22.

BENNETT CANCER CENTER TEAMED UP WITH ONCOLOGY REHAB PARTNERS TO BRING THE
 STAR (SURVIVORSHIP TRAINING & REHABILITATION) PROGRAMS TO ITS PATIENTS.
 STAR IS A NATIONALLY RECOGNIZED CANCER SURVIVORSHIP PROGRAM THAT FOCUSES
 ON HELPING SURVIVORS HEAL PHYSICALLY AND EMOTIONALLY. PHYSICIANS AND
 STAFF BEGAN TRAINING IN 2013; THE PROGRAM WILL BE IMPLEMENTED IN 2014.

CANCER OUTREACH AND EDUCATION:

AS REQUIRED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, A
 CANCER COMMITTEE OVERSEES STAMFORD HOSPITAL'S CANCER PROGRAM, OF WHICH
 EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A
 KEY COMPONENT. DIRECT MAIL IS USED TO REMIND WOMEN OF THE IMPORTANCE OF
 SCREENING FOR BREAST CANCER. PAINT THE TOWN PINK, A COMMUNITY-WIDE BREAST
 CANCER AWARENESS PROGRAM, HELD A MONTH-LONG SERIES OF EVENTS IN OCTOBER.
 IN ADDITION, EDUCATIONAL LECTURES OFFERED THROUGHOUT THE YEAR FOR THE
 COMMUNITY INCLUDE TOPICS FOCUSED ON RAISING AWARENESS ABOUT THE DANGERS
 OF SUN EXPOSURE AND RISKS FOR SKIN CANCER, DIRECT MAIL INITIATIVES AND
 PROGRAMS TO UNDERSCORE THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF

Part VI Supplemental Information

Page 8

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 hospitals 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, 20d, 21, and 22.

COLORRECTAL CANCERS, AS WELL AS EDUCATION SURROUNDING TESTICULAR AND GYNECOLOGIC CANCERS. CANCER OUTREACH EFFORTS ALSO INCLUDE ANTI-TOBACCO LECTURES AND AN ANTI-SMOKING POSTER CONTEST FOR ELEMENTARY SCHOOL CHILDREN. THE HOSPITAL OFFERS FREEDOM FROM SMOKING QUIT FOR GOOD CLASSES YEAR ROUND. NUTRITION PROGRAMS, LED BY A REGISTERED DIETITIAN, ARE OFFERED THROUGHOUT THE YEAR.

FORM 990, SCHEDULE H, PART VI

CANCER SCREENINGS/MAMMOGRAPHY:

STAMFORD HOSPITAL'S MOBILE WELLNESS CENTER OFFERED MAMMOGRAPHY SCREENING TO THE COMMUNITY AT NO COST TO PATIENTS WHO ARE UNDERINSURED. THE MOBILE MAMMOGRAPHY PROGRAM ALSO OFFERS MAMMOGRAPHY SCREENINGS TO CORPORATIONS. IN FY13 2530 WOMEN RECEIVED MAMMOGRAMS, OF WHICH 1062 WERE PERFORMED AT NO COST. TO REACH THE UNDERSERVED, THE HOSPITAL COLLABORATED WITH OPTIMUS HEALTH CARE ("OPTIMUS"), A FEDERALLY QUALIFIED HEALTH CENTER, THE WITNESS PROJECT OF CT, PLANNED PARENTHOOD OF CT, AND THE HISPANIC COUNCIL OF GREATER STAMFORD. OUTREACH WAS TARGETED TO UNDERINSURED AND UNINSURED

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 hospitals, 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, 20d, 21, and 22.

WOMEN OF COLOR, AND ASSISTANCE PROVIDED TO ADDRESS LANGUAGE BARRIERS,

NAVIGATE THE HEALTHCARE SYSTEM, AND COPE WITH FEAR. OTHER KEY 2013

ACCOMPLISHMENTS FOR THE BENNETT CANCER CENTER INCLUDE: STAMFORD

HOSPITAL'S CANCER PROGRAM WAS AWARDED THE GOLD AWARD BY THE AMERICAN

COLLEGE OF SURGEONS COMMISSION ON CANCER. 100% OF THE OUTPATIENT NURSES

AT THE BENNETT CANCER CENTER ACHIEVED ONCOLOGY NURSING CERTIFICATION. THE

MEDICAL ONCOLOGISTS AT THE BENNETT CANCER CENTER WERE RECOGNIZED BY THE

QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) CERTIFICATION PROGRAM, AN

AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO). THE QOPI

CERTIFICATION PROGRAM PROVIDES A THREE-YEAR CERTIFICATION FOR OUTPATIENT

HEMATOLOGY-ONCOLOGY PRACTICES THAT MEET THE HIGHEST STANDARDS FOR QUALITY

CANCER CARE. 6% OF NEWLY DIAGNOSED PATIENTS WERE ENROLLED IN CLINICAL

TRIALS THE MANAGER OF CANCER SUPPORT SERVICES AT THE BENNETT CANCER

CENTER, RECEIVED THE 2013 ONCOLOGY SOCIAL WORKER OF THE YEAR AWARD FROM

THE ASSOCIATION OF ONCOLOGY SOCIAL WORK (AOSW). THE PRESTIGIOUS AWARD

RECOGNIZES AN ONCOLOGY SOCIAL WORKER WHO PROVIDES EXEMPLARY COMMITMENT TO

THE DELIVERY OF COMPASSIONATE PATIENT CARE.

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 hospitals 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, 20d, 21, and 22.

COMMUNITY BASED CLINICAL CARE:

THE HOSPITAL CONTINUES TO EMPLOY THE PHYSICIANS AND MID LEVEL PROVIDERS WHO WORK IN THE PRIMARY CARE CENTERS. OPTIMUS EMPLOYS ALL OTHER STAFF. THE BENEFITS OF THIS TRANSITION ARE: 1) THE CREATION OF AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD; 2) ACCESS TO FEDERAL PROGRAMS TO SUPPORT THE EXPANSION OF THE PRIMARY CARE CENTER'S SERVICES TO INCLUDE PHARMACY AND DENTAL; AND 3) TO ENSURE THE AVAILABILITY OF THE PRIMARY CARE CENTERS AS AMBULATORY CARE TRAINING VENUES FOR THE HOSPITAL'S RESIDENCY PROGRAMS. THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2.3 MILLION IN FY 2013 TO ENSURE ITS CONTINUED VIABILITY.

EMERGENCY SERVICES AND EDUCATION:

STAMFORD'S EMS INSTITUTE, A DEPARTMENT OF TSH, PROVIDED EMERGENCY MEDICAL SERVICE (EMS) TRAINING TO EMERGENCY MEDICAL TECHNICIANS (EMTs), NURSES, PHYSICIANS, PARAMEDICS, AND ANYONE IN THE PUBLIC WHO IS INTERESTED IN

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 hospitals 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, 20d, 21, and 22.

LEARNING THESE LIFE-SAVING SKILLS. THE HOSPITAL OFFERED AN INFANT AND CHILD CARE CLASS, AND AN ADULT CARDIO-PULMONARY RESUSCITATION ("CPR") AND EMT-BASIC COURSE. THE EMS INSTITUTE ALSO COLLABORATED WITH SEMS. REGARDING DISASTER PREPAREDNESS, THE HOSPITAL'S STAFF WORKED WITH REGIONAL AGENCIES TO COORDINATE EMERGENCY PLANS AND CONDUCTED JOINT SIMULATION DRILLS.

HEART DISEASE EDUCATION:

TCH PROVIDED EDUCATION ABOUT RISK FACTORS AND LIFESTYLE BEHAVIORS THAT CONTRIBUTE TO HEART DISEASE AND STROKE. THE HOSPITAL PROVIDED SCREENINGS FOR CARDIOVASCULAR DISEASE AS PART OF ITS MOBILE COACH. IN ADDITION, THE HOSPITAL SUPPORTED COMMUNITY EVENTS ADDRESSING HEART DISEASE, INCLUDING 397 CARDIAC RISK ASSESSMENT SCREENINGS AT THE TAKE HEART EVENT IN FEBRUARY, WHICH IS HEART MONTH. PRESENTATIONS BY PHYSICIANS ON WOMEN'S HEART HEALTH, CONTROLLING HIGH BLOOD PRESSURE AND STRESS, WERE ALSO CONDUCTED THROUGHOUT THE YEAR AT BUSINESSES AND COMMUNITY CENTERS.

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 hospitals, 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.

FORM 990, SCHEDULE H, PART VI

NUTRITION/WEIGHT MANAGEMENT EDUCATION/FITNESS & EXERCISE:

TSH PEDIATRICS INTEGRATES ITS CHILDHOOD OBESITY PREVENTION PROGRAM, KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES), INTO COMMUNITY HEALTH EDUCATION INITIATIVES. KIDS' FANS PROMOTES PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION THROUGH ADVOCACY, EDUCATION, INTERVENTION AND TREATMENT. SINCE 2008, 1,300 CHILDREN HAVE RECEIVED 12 WEEKS OF NUTRITION EDUCATION AND PHYSICAL ACTIVITY. THE KIDS' FANS MESSAGE IS INTEGRATED INTO TSH COMMUNITY HEALTH EDUCATION PROGRAMS CONDUCTED AT HEALTH FAIRS, SCHOOLS AND COMMUNITY CENTERS. EDUCATION THROUGH COOKING CLASSES, RESTAURANT ENGAGEMENT AND HEALTHY SHOPPING ACTIVITIES AT GROCERY STORES AND OUTREACH TO PARENT LEADER GROUPS PROVIDE CONNECTIONS AND LINKAGES THROUGH THE COMMUNITY. CHAIRED BY MADHU MATHER, MD, MEd, A PEDIATRICIAN BOARD CERTIFIED IN OBESITY MEDICINE, A CITY-WIDE, VOLUNTEER TASK FORCE LED BY TSH FOCUSES ON PREVENTION, ADVOCACY, EDUCATION, TREATMENT, AND RESEARCH. THIS COLLABORATION OF 41 MEMBER ORGANIZATIONS INCLUDES STAMFORD PUBLIC SCHOOLS, THE CITY OF STAMFORD HEALTH AND SOCIAL SERVICES

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, 16a, 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 hospitals 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, 16a, 17e, 18a, 19c, 20d, 21, and 22.

DEPARTMENT, ("STAMFORD HEALTH DEPARTMENT"), EARLY CHILDHOOD EDUCATORS,
AFTER SCHOOL PROGRAMS AND COMMUNITY CENTERS, COMMUNITY PEDIATRICIANS AND
FAMILY MEDICINE PRACTITIONERS.

OUTREACH/SENIOR CITIZENS:

THE HOSPITAL PROVIDED ON GOING SUPPORT AND SPEAKERS FOR SENIOR WOMEN AT
THE YERWOOD COMMUNITY CENTER; STROKE RISK ASSESSMENTS AND SCREENINGS,
WITH COUNSELING; AND LECTURES AT COMMUNITY CENTERS IN STAMFORD, DARIEN
AND NEW CANAAN, CT. SPEAKERS FOCUSED ON AWARENESS ABOUT THE RISKS OF
STROKE AND HEART DISEASE AND CONGESTIVE HEART FAILURE; PROVIDED EDUCATION
ON HEALTHY EATING, DIABETES AND DIGESTIVE DISORDERS. TSH CONDUCTED OVER
350 FREE BLOOD PRESSURE SCREENINGS AT SENIOR CENTERS IN 2013.

FORM 990, SCHEDULE H, PART VI

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS:

MEDICAL HOME INITIATIVE COVERING SOUTHWEST CT ADDRESSES THE SPECIAL
HEALTHCARE NEEDS OF CHILDREN AND YOUTH IN THE REGION, MEETING THEIR

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 hospitals 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, 20d, 21, and 22.

MEDICAL, SOCIAL AND EMOTIONAL NEEDS AND PROVIDES LINKAGES TO COMMUNITY RESOURCES AND FAMILY SUPPORT NETWORKS. FAMILIES ARE PROVIDED ASSISTANCE WITH CARE COORDINATION, SECURING SPECIALIST APPOINTMENTS, TRANSPORTATION, AND FUNDING FOR MEDICINES. IN 2013, 1,776 CHILDREN WERE SERVED, 515 OF WHOM WERE HIGH COMPLEXITY. SOUTHWEST PMHI IS FOCUSED ON PREVENTION TARGETING OBESITY, MENTAL HEALTH AND PROMOTING EARLY LITERACY, WORKING CLOSELY WITH THE STAMFORD HOSPITAL-LED KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES) INITIATIVE. RYAN WHITE TITLE I & II HIV/AIDS TSH, THROUGH RYAN WHITE GRANTS, (PARTS A AND B), ADMINISTERED BY STAMFORD CARES, EMPLOYS AN HIV NURSE PRACTITIONER (APRN) AND ADHERENCE NURSE (RN) COUNSELOR AND A PEDIATRICIAN COMMITTED TO PROVIDING HIV SPECIALTY PRIMARY CARE SERVICES. TSH WORKS IN PARTNERSHIP WITH THE CITY OF STAMFORD HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT. THE HOSPITAL'S HIV NURSE PRACTITIONER AN ADHERENCE NURSE COUNSELOR ATTENDED REGULAR CASE MANAGEMENT MEETINGS WITH STAMFORD CARES CASE MANAGERS AND OTHER LOCAL COMMUNITY SERVICES SUCH AS SUBSTANCE ABUSE REHABILITATION, MENTAL HEALTH,

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

THE STAMFORD HOSPITAL

Employer identification number

06-0646917

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b If "Yes," was it a written policy?
- 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.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %
- b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ 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"?
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- 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?
- b If "Yes," did the organization make it available to the public?

1a	X
1b	X
2a	X
2b	X
3a	X
3b	X
4	X
5a	X
5b	X
5c	X
6a	X
6b	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 revenues	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			24,950,547.	14,607,372.	10,343,175.	2.29
b Medicaid (from Worksheet 3, column a)			84,615,582.	38,166,531.	46,449,051.	10.28
c Costs of other means-tested government programs (from Worksheet 3, column b)			606,638.		606,638.	.13
d Total Financial Assistance and Means-Tested Government Programs			110,172,767.	52,773,903.	57,398,864.	12.70
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	14	18259	3,461,064.	500,786.	2,960,278.	.66
f Health professions education (from Worksheet 5)			51,600.		51,600.	.01
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	182	379,537.		379,537.	.09
j Total Other Benefits	16	18441	3,892,201.	500,786.	3,391,415.	.76
k Total. Add lines 7d and 7j.	16	18441	114,064,968.	53,274,689.	60,790,279.	13.46

For Paperwork Reduction Act Notice, see the instructions for Form 990.

JSA 251204 1.000

509980 1274

Schedule H (Form 990)

PAGE

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	1	160	161,378.	93,562.	67,816.	.02
10 Total	1	160	161,378.	93,562.	67,816.	.02

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 157?
- 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.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.
- 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.

	Yes	No
1	X	
2		48,497,654.
3		
4		
5		83,737,062.
6		105,077,849.
7		-21,340,787.
8		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 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 8. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 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 IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Thank You

Valerie C. Williams, CPA
Chief Accountant
Stamford Health System and Affiliates
1351 Washington, Blvd, 7th Floor
Stamford, Ct 06902
Phone: (203) 276-7788
Fax : (203) 276-7377
vwilliams@stamhealth.org

-----Original Message-----

From: xerox@stamhealth.org [mailto:xerox@stamhealth.org]
Sent: Friday, September 12, 2014 9:03 PM
To: Williams, Valerie
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox

Attachment File Type: PDF

WorkCentre Location: machine location not set
Device Name: fin07wb31

For more information on Xerox products and solutions, please visit <http://www.xe>

and use a Xerox

at <http://www.xe>