

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization THE STAMFORD HOSPITAL	Employer identification number 06-0646917
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	X	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?			X
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	X	
b If "Yes," did the organization make it available to the public?			X

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)			24,950,547.	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

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns for question number, amount, and Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes, X). Row 2: Enter the amount of the organization's bad debt expense. (48,497,654). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B with columns for question number, amount, and Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (83,737,062). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (105,077,849). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-21,340,787). Row 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C with columns for question number, description, and Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? (Yes, X). Row 9b: 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? (Yes, X).

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

Table with 5 columns: (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 %. Rows 1-13 are empty.

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 THE STAMFORD HOSPITAL
30 SHELBURNE RD
STAMFORD CT 06902

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X			X		X	X			
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 HOSPITAL

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy THE STAMFORD HOSPITAL

Yes No

Table with 3 columns: Question, Yes, No. Rows 9-14 covering financial assistance policy details, including eligibility criteria and publicizing the policy.

Billing and Collections

Table with 3 columns: Question, Yes, No. Rows 15-17 covering billing and collections policy, including separate policy and actions against non-payment.

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)

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.

20		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.

21		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	

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 OPTIMUS 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 6B

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 (DNP, APRN), ADHERENCE NURSE
 (RN) COUNSELOR, AND A DIETICIAN COMMITTED TO PROVIDING HIV SPECIALTY
 PRIMARY CARE SERVICES. TSH WORKS IN PARTNERSHIP WITH THE CITY OF STAMFORD

Part VI Supplemental Information

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- 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.

HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDE HIV MEDICAL CASE MANAGEMENT. THE HOSPITAL'S HIV NURSE PRACTITIONER AND 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, AND HOUSING SUPPORT. TSH 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

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- 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.
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- 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 COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR 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 COPAYMENT 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, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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 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 8

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 BED FUNDS OR FINANCIAL ASSISTANCE.

Part VI Supplemental Information

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- 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

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- 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.
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- 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 EFFORTS. 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

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- 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.
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- 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 B, LINE 20D

THE MAXIMUM AMOUNT CHARGED TO FAP ELIGIBLE INDIVIDUALS IS CALCULATED BASED ON FEDERAL POVERTY GUIDELINES. INDIVIDUAL FAMILY INCOME LEVELS ARE COMPARED TO FPG 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

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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 TULLY HEALTH CENTER. THE HOSPITAL CLINIC WAS STAFFED WITH VOLUNTEERS AND PER-DIEM NURSING STAFF. IN FY13, THE HOSPITAL'S OUTPATIENT COMPONENT OF THIS EFFORT TOTALED 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 CASE 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

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- 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.
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MONTHLY HIV POSITIVE WOMEN'S SUPPORT GROUP. TSH PARTNERS WITH OPTIMUS 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

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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 OR BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS:

* EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS

Part VI Supplemental Information

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- * IMMEDIATE CARE CENTER WAITING ROOM
- * PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY 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 DSS ST 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

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* PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE

COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS.

* THE DSS OUTREACH WORKER AND A TSH 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 DSS LIAISON.

5) 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

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COMMUNITY INFORMATION

TSH 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 121,280. THE SSA INCLUDES THE COMMUNITIES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON, 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

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YEARS OF AGE; 38.7% IS 18-44; 24.5% 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 LESS THAN 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 PSA, 65.6% OF RESIDENTS ARE WHITE; 22.5% HISPANIC; 13% BLACK; 7% 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 19.2% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY.

Part VI Supplemental Information

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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 \$35,000, 28% WITH INCOMES LESS THAN \$50,000.

IN THE SSA, AN ESTIMATED 27.3% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 16.7% HAVE HOUSEHOLD INCOMES LESS THAN \$35,000 AND 24.3% 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 SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (74.8%), FOLLOWED BY MEDICARE (12.6%); MEDICAID (5.7%); SELF-PAY/UNINSURED (5.3%); AND MEDICARE DUAL ELIGIBLE (1.6%).

THE HOSPITAL IS RYAN WHITE TITLE I & II HIV/AIDS: TSH, THROUGH RYAN

Part VI Supplemental Information

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WHITE GRANTS, (PARTS A AND B), ADMINISTERED BY STAMFORD CARES, EMPLOYS AN HIV NURSE PRACTITIONER (DNP, APRN) AND ADHERENCE NURSE (RN) COUNSELOR AND A DIETICIAN 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

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

TSH IN PARTNERSHIP WITH CHARTER OAK COMMUNITIES, INC., (FORMERLY STAMFORD

HOUSING AUTHORITY) ESTABLISHED THE VITA HEALTH AND WELLNESS DISTRICT IN

THE WEST SIDE. IN PARTNERSHIP WITH THE WSNRZ, 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

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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.

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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:

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ASTHMA EDUCATION:

TSH CONDUCTED AN EVENT FOR THE COMMUNITY WITH EXHIBITS TO EDUCATE AND CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA. TOPICS INCLUDED KEEPING ASTHMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE ROLE OF ALLERGIES, 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 PATIE AND FAMILY ADVISORY COUNCIL (PFAC), WHICH IS CONSISTENT WITH THE HOSPITAL'S PLANE TREE 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

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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 THROUGH OUT 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

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COLORECTAL 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 THROUGH OUT 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

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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 TSH 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.

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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

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LEARNING THESE LIVE-SAVING SKILLS. THE HOSPITAL OFFERED AN INFANT AND CHILD CARE CLASS, AND AN ADULT CARDIO-PULMONARY RESUSCITATION ("CPR") AND EMT-BASIC COURSE. TSH 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:

TSH 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.

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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 MATHUR, MD, MPH, 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

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- 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.

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

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
 550 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.
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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, 1,778 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 DIETICIAN 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,

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.
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AND HOUSING SUPPORT. THEY COLLABORATE WITH MULTIDISCIPLINARY COMMUNITY SERVICE PROVIDERS ON HOW TO BEST SERVE EACH CLIENT'S NEEDS. 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. 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.

FORM 990, SCHEDULE H, PART VI

STATE FILING OF COMMUNITY BENEFIT REPORT

A COMMUNITY BENEFIT REPORT IS PREPARED FOR THE STATE OF CONNECTICUT;

HOWEVER, THAT REPORT IS NOT MADE AVAILABLE TO THE PUBLIC.