

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

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?

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

2 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing 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 to determine 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 did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

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		
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)		2,453	8,066,000.	0.	8,066,000.	2.67%
b Medicaid (from Worksheet 3, column a)		21,500	19,465,362.	8,322,423.	11,142,939.	3.69%
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0.	0.		
d Total Financial Assistance and Means-Tested Government Programs	23,953	27,531,362.	8,322,423.	19,208,939.	6.36%	
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19	24,381	966,825.	0.	966,825.	.32%
f Health professions education (from Worksheet 5)	4	189	4,011,015.	1,236,940.	2,774,075.	.92%
g Subsidized health services (from Worksheet 6)	3	3,616	3,939,009.	2,489,288.	1,449,721.	.48%
h Research (from Worksheet 7)	1	0	359,690.	0.	359,690.	.12%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	7,443	291,875.	0.	291,875.	.10%
j Total. Other Benefits	32	35,629	9,568,414.	3,726,228.	5,842,186.	1.94%
k Total. Add lines 7d and 7j	32	59,582	37,099,776.	12,048,651.	25,051,125.	8.30%

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	1	0	552,604.	0.	552,604.	.18%
2 Economic development	0	0	0.	0.		
3 Community support	0	0	0.	0.		
4 Environmental improvements	0	0	0.	0.		
5 Leadership development and training for community members	0	0	0.	0.		
6 Coalition building	2	1,757	32,655.	0.	32,655.	.01%
7 Community health improvement advocacy	0	0	0.	0.		
8 Workforce development	1	587	8,396.	0.	8,396.	.00%
9 Other	0	0	0.	0.		
10 Total	4	2,344	593,655.		593,655.	.19%

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?	
2	Enter the amount of the organization's bad debt expense	2
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.	5 , 1

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	79,599,575.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	108256122.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28656547.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.		

Check the box that describes the method used:

Check the box that describes the method used:

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 (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 NONE	NONE			

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate

1

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: GREENWICH HOSPITAL**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: <u>20</u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? 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	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) GREENWICH HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ?	10	X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients?	11	X
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	X
13 Included measures to publicize the policy within the community served by the hospital facility?	13	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections		
14 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?	14	X
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 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?	16	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) GREENWICH HOSPITAL**Policy Relating to Emergency Medical Care**

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18	X	

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)

Individuals Eligible for Financial Assistance

19 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)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?

20		X
21	X	

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
1 GREENWICH HOSPITAL DIAGNOSTIC CENT. 2015 WEST MAIN ST STAMFORD, CT 06902	DI / LAB
2 BOYD CENTER FOR MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH, CT 06831	CANCER CENTER
3 GREENWICH HOSPITAL OUTPATIENT SURG. 55 HOLLY HILL LANE GREENWICH, CT 06830	HOSPITAL OUT-PATIENT SURGERY
4 ENDOSCOPY CENTER OF GREENWICH HOSPITAL 500 WEST PUTNAM AVE GREENWICH, CT 06830	HOSPITAL OUT-PATIENT ENDOSCOPY
5 GREENWICH HOSPITAL OCCUPAT. HEALTH 75 HOLLY HILL LANE GREENWICH, CT 06830	OCC. HEALTH / WOMENS HEALTH / LAB
6 GREENWICH HOSPITAL LAB 49 LAKE AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
7 BENHEIM LINEAR 78 LAFAYETTE PLACE GREENWICH, CT 06830	RADIATION THERAPY
8 GREENWICH HOSPITAL LAB 90 MORGAN STREET; 3RD FLOOR, SUITE 30 STAMFORD, CT 06905	LAB
9 GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN, CT 06820	LAB
10 GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE; 2ND FLOOR GREENWICH, CT 06830	LAB

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Schedule H (Form 990) 2011

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE; 2ND FLOOR GREENWICH, CT 06830	LAB
12 GREENWICH HOSPITAL LAB 40 CROSS ST; 3RD FLOOR, SUITE 350 NORWALK, CT 06851	LAB
13 GREENWICH HOSPITAL LAB 148 EAST AVE; SUITE 1F NORWALK, CT 06851	LAB
14 GREENWICH HOSPITAL INTEGRATIVE MED, 35 RIVER ROAD COS COB, CT 06807	INTEGRATIVE MEDICINE
15 GREENWICH HOSPITAL LAB 1275 SUMMER STREET; 3RD FLOOR STAMFORD, CT 06905	LAB
16 GREENWICH HOSPITAL LAB 225 MAIN ST; SUITE 101 WESTPORT, CT 06880	LAB
17 GREENWICH HOSPITAL LAB 15 VALEY DRIVE; SUITE 200 GREENWICH, CT 06831	LAB
18 GREENWICH HOSPITAL LAB 90 SOUTH RIDGE STREET RYE, NY 10573	LAB
19 BENDHEIM CANCER CENTER 77 LAFAYETTE PLACE GREENWICH, CT 06830	CANCER/CARDIAC REHAB/DI/LAB

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO
CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING
SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

PART I, LN 7 COL(F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX,
LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE
PERCENTAGE IN THIS COLUMN IS \$14,042,325.

PART II: GREENWICH HOSPITAL (GH) IS ONE OF THE TOP FIVE
EMPLOYERS IN GREENWICH WITH 1,809 EMPLOYEES IN 2012. THE HOSPITAL PROVIDES
IN-KIND AND FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT
FAIRFIELD AND WESTCHESTER COUNTIES. MEMBERS OF THE HOSPITAL'S LEADERSHIP
AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE
BOARDS OF THE GREENWICH CHAMBER OF COMMERCE AND THE PORT CHESTER-RYE
BROOK-RYE TOWN CHAMBER OF COMMERCE.

GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY
UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY
(CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY

Part VI Supplemental Information

BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

WHILE GH'S VISION IS TO BE THE PREMIER REGIONAL HEALTH CARE PROVIDER, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. RESEARCH FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HEALTH AND HUMAN SERVICES CLEARLY LINKS THE IMPACT OF ONE'S SOCIOECONOMIC STATUS TO ONE'S HEALTH. INCORPORATING ALL THE DATA AND RESEARCH THAT IS AVAILABLE ON LOCAL, REGIONAL AND FEDERAL LEVELS THE COMMUNITY BUILDING ACTIVITIES AT GREENWICH HOSPITAL ARE MULTI-PRONGED AND DIVERSE. THESE PROGRAMS ARE DEVELOPED AND IMPLEMENTED COLLABORATIVELY WITH OTHERS IN THE COMMUNITY TO ADDRESS COMMUNITY HEALTH NEEDS AND IMPROVE THE HEALTH OF ALL COMMUNITY MEMBERS.

DURING FISCAL YEAR 2012, GREENWICH HOSPITAL PROVIDED NEARLY \$594,000 IN FINANCIAL AND IN-KIND DONATIONS. THE HOSPITAL CONSIDERS THESE INVESTMENTS

Part VI Supplemental Information

PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS.

EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

REVITALIZING OUR NEIGHBORHOODS

ONE OF SEVERAL COMMUNITY INITIATIVES UNDERTAKEN BY GREENWICH HOSPITAL IS GOD'S GREEN MARKET. THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES AND AREA CHURCHES TO PROVIDE FRESH VEGETABLES TO PARTICIPANTS IN PORT CHESTER'S FOUR FOOD PANTRIES AND SEVEN SOUP KITCHEN AND NUTRITION CENTERS. THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS. OVER THE PAST FIVE YEARS THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES AND SPONSORS HEALTH EDUCATIONAL PROGRAMS THAT PROMOTE HEALTHIER EATING. THE HOSPITAL FUNDS THE INITIATIVE AND THE HOSPITAL'S DIETITIANS AND NURSES PROVIDED NUTRITION EDUCATION AND HEALTHY RECIPES IN BOTH ENGLISH AND SPANISH.

GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 267 WESTCHESTER AND FAIRFIELD COUNTY ADULTS ATTENDING THE PROGRAM. THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFETY AND IS INTENDED TO REDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER.

GREENWICH HOSPITAL WAS THE RECIPIENT OF A DONATION OF FUNDS TO DEVELOP A COMMUNITY FLOWER GARDEN ON ITS PROPERTY TO BE OPEN TO THE PUBLIC. VARIOUS COMMUNITY CEREMONIES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCLUDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT PROGRAM. EACH WINTER, GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS

Part VI Supplemental Information

NOBLE CONFERENCE CENTER. THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW STORMS AND FREEZING TEMPERATURES. INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES.

CREATING EDUCATIONAL OPPORTUNITIES

GREENWICH HOSPITAL THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CHESTER AND GREENWICH PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEALTH CARE CAREER OPPORTUNITIES. A TOTAL OF 27 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING HEALTH CARE CAREERS. THE AFTER-SCHOOL PROGRAM WAS HELD OVER FOUR WEEKS AND INCLUDED A TOUR OF GREENWICH HOSPITAL AND ITS JOHN AND ANDREA FRANK SYN:APSE SIMULATION CENTER. THE SIMULATION CENTER OFFERS HANDS-ON TRAINING USING A HIGH-FIDELITY MANNEQUIN THAT CAN SPEAK AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT.

AS PART OF SUMMER EDUCATION PROGRAMS, 14 SUMMER INTERN STUDENTS FROM THE OPEN DOOR FAMILY MEDICAL CENTER IN PORT CHESTER, NY, AND 15 STUDENTS FROM COMMUNITY CENTERS, INC., (CCI) IN GREENWICH, SPENT THE DAY AT THE HOSPITAL LEARNING ABOUT VARIOUS HEALTH CARE CAREERS.

GREENWICH HOSPITAL ALSO PROVIDED MIDDLE AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO GET AN IN-DEPTH LOOK INTO VARIOUS HEALTH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA'S GREENWICH CHAPTER. WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED ABOUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH PROFESSIONALS IN THE MEDICAL FIELD.

Part VI Supplemental Information

PART III, LINE 4: THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED.

FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$13.2 MILLION AND \$13.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS. CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$8.1 MILLION AND \$9.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM.

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT CHARGES, WAS \$14.0 MILLION AND \$9.3 MILLION, RESPECTIVELY. THE BAD DEBT

Part VI Supplemental Information

EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THE HOSPITAL RECEIVED \$4.6 MILLION AND \$1.9 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$2.8 MILLION AND \$1.3 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF \$12.1 MILLION AND \$3.0 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

COSTING METHODOLOGY:

Part VI Supplemental Information

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

PART III, LINE 8: THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI.

PART III, LINE 9B: IF AT ANY POINT IN THE DEBT COLLECTION PROCESS, THE HOSPITAL, INCLUDING ANY EMPLOYEE OR AGENT OF THE HOSPITAL, OR A COLLECTION AGENT ACTING ON BEHALF OF THE HOSPITAL, RECEIVES INFORMATION THAT A PATIENT IS ELIGIBLE FOR HOSPITAL BED FUNDS, FREE OR REDUCED PRICE HOSPITAL SERVICES, OR ANY OTHER PROGRAM WHICH WOULD RESULT IN THE ELIMINATION OF LIABILITY FOR THE DEBT OR REDUCTION IN THE AMOUNT OF SUCH LIABILITY, THE HOSPITAL OR COLLECTION AGENT WILL PROMPTLY DISCONTINUE COLLECTION EFFORTS AND, IF A COLLECTION AGENT, REFERS THE ACCOUNT BACK TO THE HOSPITAL FOR

Part VI Supplemental Information

DETERMINATION OF ELIGIBILITY. THE COLLECTION EFFORT WILL NOT RESUME UNTIL SUCH DETERMINATION IS MADE.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 19D: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED - THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

GREENWICH HOSPITAL:

PART V, SECTION B, LINE 21: ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP ELIGIBLE INDIVIDUALS ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREECARE, THEY WOULD NOT BE BILLED - THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

PART VI, LINE 2: GREENWICH HOSPITAL (GH) IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPITAL, SERVING FAIRFIELD COUNTY, CONNECTICUT AND WESTCHESTER COUNTY, NEW YORK. IT IS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM. SINCE OPENING IN 1903, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY. GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS.

GREENWICH HOSPITAL IS A COMMUNITY HOSPITAL DEDICATED TO PROVIDING QUALITY,

Schedule H (Form 990) 2011

Part VI Supplemental Information

VALUE DRIVEN HEALTH CARE. INDIVIDUALS WITHIN THE COMMUNITIES SERVED BY GREENWICH HOSPITAL ARE ASSURED ACCESS TO QUALITY HEALTH CARE REGARDLESS OF ABILITY TO PAY. GH HAS MADE A CONCERTED EFFORT TO REACH OUT TO ALL OF THOSE WHO REQUIRE HEALTH CARE SERVICES. THE COMMUNITIES THAT THE HOSPITAL SERVES IN FAIRFIELD COUNTY, CT AND WESTCHESTER COUNTY, NY REPRESENT A WIDE SPECTRUM OF SOCIOECONOMIC GROUPINGS. THE CLOSING OF TWO WESTCHESTER COUNTY HOSPITALS (UNITED HOSPITAL MEDICAL CENTER AND SAINT AGNES HOSPITAL) HAS HAD A PROFOUND EFFECT ON BOTH INCREASED VOLUME AND UNCOMPENSATED CARE AT THE HOSPITAL.

THE GREENWICH HOSPITAL BOARD OF TRUSTEES IS DIRECTLY INVOLVED IN COMMUNITY BENEFITS THROUGH A SUBCOMMITTEE CALLED THE COMMUNITY ADVISORY COMMITTEE (CAC). A BOARD OF TRUSTEES MEMBER CHAIRS THE CAC, WHICH MEETS QUARTERLY TO DISCUSS THE COMMUNITY BENEFIT STRATEGY AS WELL AS SPECIFIC COMMUNITY OUTREACH ACTIVITIES BASED ON IDENTIFIED NEEDS. THE CAC INCLUDES 30 MEMBERS WHO REPRESENT A VARIETY OF COMMUNITY ORGANIZATIONS SUCH AS THE UNITED WAY, YMCA, YWCA, HOUSES OF WORSHIP, LOCAL MUNICIPAL HEALTH DEPARTMENTS, HISPANIC HEALTH COUNCIL, FAMILY CENTERS, NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE, COUNCIL OF COMMUNITY SERVICES, HOUSING AUTHORITIES OF GREENWICH AND PORT CHESTER AND OTHER PRIVATE AND CORPORATE GROUPS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF GREENWICH HOSPITAL AND SEVERAL OTHER SENIOR LEVEL ADMINISTRATORS REGULARLY ATTEND CAC MEETINGS. THE CAC CHAIRMAN PROVIDES UPDATES ON COMMUNITY BENEFIT PROGRAMS AT BOARD OF TRUSTEES MEETINGS.

THE CAC ESTABLISHED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) IN 2003 TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY. AS PART OF ITS CENTENNIAL CELEBRATION, THE HOSPITAL, UNDER THE DIRECTION OF CAC,

Part VI Supplemental Information

CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT. QUANTITATIVE DATA WERE COLLECTED THROUGH A 65 QUESTION CUSTOMIZED GENERAL POPULATION SURVEY. THREE THOUSAND SURVEYS WERE MAILED, AND ONE THOUSAND FOUR HUNDRED TWENTY-ONE SURVEYS WERE COMPLETED. THE SURVEY WAS ALSO TRANSLATED INTO SPANISH TO OBTAIN INFORMATION FROM THE GROWING LATINO COMMUNITY.

QUALITATIVE DATA WERE COLLECTED THROUGH COMMUNITY DISCUSSION GROUPS TARGETING SPECIFIC AUDIENCES (MENTAL HEALTH PROVIDERS, SENIOR SERVICE PROVIDERS, SERVICE AGENCIES, ETC.). OVER 250 PEOPLE ATTENDED ONE OF THE TWENTY OPEN DISCUSSION GROUPS.

THE CHIP AND THE CAC SET THE FOLLOWING GOALS FOLLOWING THE 2003 COMMUNITY HEALTH NEEDS ASSESSMENTS. THE TARGETS INCLUDED:

- A. EXPANDING DENTAL HEALTH SERVICES FOR THE UNINSURED
- B. EXPANDING MENTAL HEALTH EDUCATIONAL PROGRAMS AND SERVICES
- C. INCREASING ACCESS TO SERVICES FOR VULNERABLE POPULATIONS
- D. PROVIDING TARGETED SERVICES TO PEOPLE WITH LOWER LEVELS OF HEALTH LITERACY (E.G., INDIVIDUALS FROM OTHER COUNTRIES, ETC.)
- E. CREATING A DIRECTORY OF COMMUNITY SERVICES AND PROGRAMS
- F. PROMOTING COLLABORATIVE OPPORTUNITIES AND ACTIVITIES BETWEEN HEALTHCARE PROVIDERS AND SERVICES.

DATA COLLECTED THROUGH THE ASSESSMENT WERE REPORTED TO THE COMMUNITY THROUGH A HEALTH SUMMIT HELD AT THE LOCAL LIBRARY. OVER ONE HUNDRED PEOPLE ATTENDED THE EVENT. THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) CONTINUES TO MEET MONTHLY AND ADDRESSES HEALTH EDUCATION, HEALTH AND WELLNESS PROMOTION, AND ACCESS TO HEALTHCARE. THE MEMBERS OF THE CHIP ARE REPRESENTATIVES AND MEMBERS OF THE DEPARTMENT OF HEALTH, DEPARTMENT OF SOCIAL SERVICES, THE UNITED WAY, NUMEROUS SOCIAL SERVICES ORGANIZATIONS,

Part VI Supplemental Information

BOARD OF EDUCATION, PTA, LEAGUE OF WOMEN'S VOTERS, GREENWICH HOUSING AUTHORITY, CHILD GUIDANCE CENTERS, GREENWICH POLICE DEPARTMENT, FAMILY CENTERS, INC., PATHWAYS AND INTERESTED COMMUNITY MEMBERS. THIS IS A VERY DIVERSE COLLABORATIVE GROUP COMPOSED OF PROFESSIONALS AND LAYPEOPLE THAT HAVE A VESTED INTEREST IN THE HEALTH OF THEIR COMMUNITIES.

ATTAINING THE GOALS DEFINED BY THE NEEDS ASSESSMENT IS POSSIBLE THROUGH COLLABORATIVE EFFORTS AND RELATIONSHIPS THAT HAVE BEEN ESTABLISHED AND BUILT BETWEEN THE HOSPITAL AND COMMUNITY GROUPS. SOME OF THE OTHER COMMUNITY PARTNERS THAT PROVIDE NEEDS ASSESSMENT DATA AND INFORMATION THAT IS UTILIZED IN PLANNING HEALTH PROGRAMS TO MEET THE NEEDS OF THE COMMUNITY INCLUDE THE HISPANIC HEALTH COUNCIL, THE COUNCIL OF COMMUNITY SERVICES, THE LOCAL FEDERALLY QUALIFIED HEALTH CENTERS, MUNICIPAL DEPARTMENTS OF HEALTH, SCHOOLS, LIBRARIES, HOUSES OF WORSHIP, PARENT GROUPS, PTA, SENIOR SERVICES AND VARIOUS COMMUNITY SERVICE ORGANIZATIONS.

THE HOSPITAL PROVIDES STAFF AND FINANCIAL SUPPORT FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP WHICH CONDUCTS INFORMAL HEALTH ASSESSMENTS VIA THE COMMUNICATION AND REPORTING BY THE MEMBERS OF THE PARTNERSHIP. OVER THE LAST SEVERAL YEARS, THE CHIP HAS IMPLEMENTED OVER 75 HEALTH INITIATIVES THAT BENEFIT THE COMMUNITY. CHIP MEETINGS ARE HELD MONTHLY.

DURING FY 2012, GREENWICH HOSPITAL INTERVIEWED VARIOUS CONSULTING FIRMS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND ASSIST WITH THE DEVELOPMENT OF IMPLEMENTATION STRATEGIES. A CONSULTING FIRM WAS ENGAGED IN LATE AUGUST AND A WORK PLAN DEVELOPED FOR FY 2013. THIS EFFORT WILL BUILD UPON EXISTING DATA AND ASSESSMENTS PROVIDED BY EXTERNAL AGENCIES AND ORGANIZATIONS THROUGH FOCUS GROUPS AND STAKEHOLDER INTERVIEWS.

Part VI Supplemental Information

PART VI, LINE 3: PATIENTS WILL OBTAIN INFORMATION ON ELIGIBILITY FOR GOVERNMENT OR HOSPITAL PROGRAMS FROM INFORMATION DISTRIBUTED BY THE HOSPITAL. PATIENTS WILL BE ALERTED TO THE FINANCIAL ASSISTANCE PROGRAMS IN A NUMBER OF WAYS, INCLUDING NOTICES IN ENGLISH AND SPANISH POSTED IN APPROPRIATE LOCATIONS IN THE HOSPITAL, A SUMMARY OF FREE CARE AVAILABILITY AND INFORMATION ON HOW TO APPLY FOR FREE CARE (REFERRED TO AS THE "HOSPITAL'S NOTICE OF AVAILABILITY OF FUNDS"), INFORMATION DISTRIBUTED VIA MAIL AND / OR IN THE HOSPITAL'S ADMISSION PACKAGE, AND INFORMATION ON THE HOSPITAL'S WEB SITE. INFORMATION WILL ALSO BE PROVIDED WHEN DIRECT INQUIRIES ARE MADE TO GH. THERE IS ALSO ACCESS TO A TRANSLATION TELEPHONE. THE HOSPITAL WILL PROVIDE NOTICE AND INFORMATION IN A MANNER THAT (A) COMPLIES WITH THE REQUIREMENTS OF LAW, INCLUDING CONNECTICUT LAW CONCERNING HOSPITAL FUNDS, AND (B) IS DESIGNED TO MAKE INFORMATION EASILY AVAILABLE AND ACCESSIBLE TO ALL PATIENTS.

ALL PATIENTS WILL HAVE ACCESS TO INFORMATION REGARDING ESTIMATED CHARGES FOR PARTICULAR SERVICES OR ACTUAL CHARGES FOR HOSPITAL SERVICES THAT HAVE BEEN PROVIDED.

PART VI, LINE 4: GREENWICH HOSPITAL (GH) IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPITAL, SERVING FAIRFIELD COUNTY, CONNECTICUT AND WESTCHESTER COUNTY, NEW YORK. IT IS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM. SINCE OPENING IN 1903, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY PROGRAM. GREENWICH HOSPITAL SERVES PATIENTS, THEIR FAMILIES AND THE COMMUNITY AT LARGE IN LOWER FAIRFIELD COUNTY AND WESTCHESTER COUNTY.

THE PRIMARY GEOGRAPHIC AREA SERVED BY GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND MAMARONECK. APPROXIMATELY 29% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$50,000 WHILE 42% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND THE REMAINING 29% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000. THE SECONDARY GEOGRAPHIC COVERAGE AREA OF THE HOSPITAL ENCOMPASSES A WIDE RANGE OF TOWNS INCLUDING NORWALK, WESTON, WESTPORT AND WILTON IN CONNECTICUT AND ARMONK, BEDFORD, HARTSDALE, KATONAH, MOUNT KISCO, MOUNT VERNON, NEW ROCHELLE, POUND RIDGE, PURCHASE, SCARSDALE, SOUTH SALEM, WEST HARRISON, AND WHITE PLAINS IN NEW YORK.

SEVERAL NON-PROFIT HOSPITALS ARE LOCATED IN THE AREA INCLUDING STAMFORD HOSPITAL AND NORWALK HOSPITAL IN CONNECTICUT IN ADDITION TO WHITE PLAINS HOSPITAL, WESTCHESTER MEDICAL CENTER AND SOUND SHORE HOSPITAL IN NEW YORK.

GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS. IN FISCAL YEAR 2012, THERE WERE 43,587 VISITS TO THE HOSPITAL'S EMERGENCY DEPARTMENT OF WHICH 7,663 BECAME INPATIENTS AND 35,924 WERE OUTPATIENTS ONLY. IN THAT SAME FISCAL YEAR, THE HOSPITAL'S INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 6 PERCENT MEDICAID PATIENTS, 38 PERCENT MEDICARE PATIENTS, 53 PERCENT MANAGED CARE/COMMERCIAL PATIENTS AND 3 PERCENT SELF PAY OR OTHER PATIENTS. THE HIGH QUALITY OF CARE COUPLED WITH GREENWICH HOSPITAL'S CONVENIENT LOCATION, ARE SOME OF THE MANY REASONS PATIENTS CHOOSE TO BE TREATED HERE.

Part VI Supplemental Information

PART VI, LINE 5: GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE REGIONAL HEALTHCARE CENTER, AVERAGING MORE THAN 13,000 INPATIENT DISCHARGES AND 2,300 BIRTHS A YEAR. THE HOSPITAL OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC, INTEGRATIVE MEDICINE AND WELLNESS PROGRAMS, AS WELL AS MEDICAL INNOVATIONS FROM ROBOTIC SURGERY TO SOPHISTICATED DIAGNOSTIC IMAGING TO NATIONAL CLINICAL TRIALS. IT IS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM.

THE STATE-OF-THE-ART MAIN CAMPUS INCLUDES THE HELMSLEY MEDICAL BUILDING AND WATSON PAVILION. OTHER SPECIALIZED SERVICES INCLUDE THE BENDHEIM CANCER AND BREAST CENTERS, ENDOSCOPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY MEDICAL CENTER, THE RICHARD R. PIVIOTTO CENTER FOR HEALTHY LIVING AND THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD.

AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, GREENWICH HOSPITAL REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH AND OTHER INNOVATIVE SERVICES. DURING FISCAL YEAR 2012, GREENWICH HOSPITAL MANAGED \$25.1 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5.

GUARANTEEING ACCESS TO CARE

GREENWICH HOSPITAL (GH) RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED,

Schedule H (Form 990) 2011

Part VI Supplemental Information

NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FY 2012, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$20.6 MILLION. HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FY 2012, GH PROVIDED SERVICES FOR 21,500 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$11.1 MILLION (AT COST). ADDITIONALLY, THE HOSPITAL ASSISTED OVER 1,200 CONNECTICUT AND NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FY 2012.

GH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FY 2012, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$8.1 MILLION (AT COST). ALSO DURING FY 2012, HOSPITAL STAFF DISTRIBUTED NEARLY 2,000 APPLICATIONS FOR HOSPITAL FREE BED FUNDS THAT RESULTED IN FREE CARE OF NEARLY \$1.8 MILLION. THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARSHIP.

GREENWICH HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE OUTPATIENT CENTER'S MEDICAL (INCLUDING DIABETES) AND BEHAVIORAL HEALTH CLINICS. EACH YEAR, MORE THAN 5,000 ADULTS AND CHILDREN VISIT THE OUTPATIENT CENTER AND PEDIATRIC OUTPATIENT CENTER FOR DIAGNOSIS, TREATMENT AND PREVENTIVE CARE.

GREENWICH HOSPITAL WAS ONCE AGAIN THE BENEFICIARY OF A GRANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM SERVICES FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED. IN CALENDAR YEAR 2012, 191 UNINSURED WOMEN RECEIVED FREE SCREENING MAMMOGRAMS. AMONG THE WOMEN NEEDING FURTHER TESTING, 22 HAD FREE UNILATERAL DIAGNOSTIC MAMMOGRAMS, 7 HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 27 RECEIVED FREE ULTRASOUND EXAMINATIONS. IN ADDITION, 131 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION RESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER RESOURCES THAT CAN PROVIDE ASSISTANCE.

PROMOTING HEALTH AND WELLNESS

DURING FY 2012, GREENWICH HOSPITAL PROVIDED \$967,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS, MANY IN COLLABORATION WITH OTHER ORGANIZATIONS, ARE PROVIDED BELOW.

THE HOSPITAL LED COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, WHICH MEETS MONTHLY TO IDENTIFY COMMUNITY NEEDS AND IMPLEMENT HEALTH PROGRAMS ORGANIZED A HEALTH AND WELLNESS FAIR, WHICH WAS HELD AT THE HAMILTON AVENUE SCHOOL IN COLLABORATION WITH COMMUNITY PARTNERS, INCLUDING THE UNITED WAY, GREENWICH EMERGENCY MEDICAL SERVICE, GREENWICH POLICE DEPARTMENT, GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH ALLIANCE, FAMILY CENTER AND THE HOUSING AUTHORITY OF THE TOWN OF GREENWICH. MORE THAN 300 PEOPLE RECEIVED FREE HEALTH SCREENINGS AND INFORMATION ON COMMUNITY RESOURCES. ANOTHER EVENT COORDINATED THROUGH THE COMMUNITY HEALTH

Part VI Supplemental Information

IMPROVEMENT PARTNERSHIP WAS, "NO KIDDING! ME, TOO!", HELD AT THE GREENWICH LIBRARY AND HOSTED BY JOE PANTOLIANO, EMMY-AWARD WINNING ACTOR, WRITER AND DIRECTOR. IN THIS DOCUMENTARY FILM, MR. PANTOLIANO INTERVIEWS PEOPLE WHO ARE AFFECTED BY MENTAL ILLNESS. THE FILM WAS CREATED TO HELP REDUCE THE STIGMA OF MENTAL ILLNESS. FOLLOWING THE SHOWING, A PANEL OF MENTAL HEALTH PROVIDERS INCLUDING A PSYCHIATRIST FROM GREENWICH HOSPITAL, A PSYCHOLOGIST FROM GREENWICH HIGH SCHOOL, A FAMILY THERAPIST FROM THE CHILD GUIDANCE CENTER AND TWO YOUNG ADULTS AFFLICTED WITH MENTAL ILLNESS SHARED THEIR OWN BATTLES WITH THIS DISEASE. OVER 250 MEMBERS OF THE COMMUNITY ATTENDED THE EVENT.

IN 2012, THROUGH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, GREENWICH HOSPITAL SPONSORED MENTAL HEALTH FIRST AID, A NATIONWIDE PUBLIC EDUCATION PROGRAM THAT HELPS PEOPLE IDENTIFY AND RESPOND TO SIGNS OF MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. THE 12-HOUR CERTIFICATE COURSE, WHICH WAS OFFERED IN PARTNERSHIP WITH THE TOWN OF GREENWICH, COVERS RISK FACTORS AND WARNING SIGNS OF MENTAL HEALTH PROBLEMS, AS WELL AS THEIR IMPACT AND COMMON TREATMENTS. IT HAS BENEFITED A VARIETY OF AUDIENCES, INCLUDING PRIMARY CARE PROFESSIONALS, EMPLOYERS AND BUSINESS LEADERS, FAITH COMMUNITIES, SCHOOL PERSONNEL AND EDUCATORS, NURSING HOME STAFF, VOLUNTEERS AND FAMILIES. THIRTY-TWO MEMBERS OF THE COMMUNITY ATTENDED THE TWO-DAY PROGRAM.

AS THE HOSPITAL'S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK. BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH ITS NUMEROUS PARTNERSHIPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL

Part VI Supplemental Information

COMMUNITY ORGANIZATIONS, SCHOOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPARTMENTS.

CH@GH AND CHF SUPPORT THE HOSPITAL'S MISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAKERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALTH EDUCATION AND WELLNESS PROGRAMS DESIGNED TO PROMOTE HEALTH AND INCREASE ACCESS TO HEALTHCARE SERVICES.

GREENWICH HOSPITAL PARTICIPATED IN MORE THAN 36 HEALTH FAIRS REACHING AN ESTIMATED 10,000 PEOPLE AT VARIOUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWLEDGE AND HEALTH LITERACY. THE FAIRS WERE HELD AT SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUSES OF WORSHIP, PARKS, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES. PARTICIPANTS RECEIVED INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS/BEHAVIORS, HAND WASHING/HYGIENE, IMMUNIZATION, HEALTH SCREENINGS, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITION, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE. HOSPITAL STAFF ALSO OFFERED FREE BLOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH EDUCATIONAL COUNSELING ON HEALTHY LIVING. THE HOSPITAL ALSO PROVIDED MORE THAN 200 INDIVIDUALS WITH INFORMATION FROM VENDORS SPECIALIZING IN DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENINGS.

THE GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH COMMISSION ON AGING AND GREENWICH HOSPITAL SPONSORED AN ANNUAL SENIOR HEALTH, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS TO MORE THAN 400 OLDER ADULTS. IN ADDITION, 62 FREE CHOLESTEROL SCREENINGS WERE CONDUCTED AT THE EVENT. COMMUNITY HEALTH OF FAIRCHESTER ALSO PARTICIPATED IN THE WESTCHESTER COUNTY SALUTE TO SENIORS PROGRAM IN WHITE PLAINS, WHICH DREW

Part VI Supplemental Information

MORE THAN 500 AREA RESIDENTS.

GREENWICH HOSPITAL THROUGH THE NURSE IS IN PROGRAM, PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH COUNSELING TO 5,358 PEOPLE AT LOCAL LIBRARIES, YMCAS AND SENIOR CENTERS IN CONNECTICUT AND NEW YORK. AN ADDITIONAL 2,790 FREE BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT OTHER COMMUNITY SITES. THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERSHIP WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEMBERS WITH HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS, FLU SHOTS AND SCREENINGS ALL CONDUCTED OR COORDINATED BY A REGISTERED NURSE.

PART VI, LINE 5: DURING FY 2012, GREENWICH HOSPITAL RECEIVED VARIOUS AWARDS AND RECOGNITION INCLUDING: THE 2012 JOHN D. THOMPSON AWARD FOR "EXCELLENCE IN DELIVERY OF HEALTHCARE THROUGH THE USE OF DATA", BY THE CONNECTICUT HOSPITAL ASSOCIATION; A 2012 MERIT AWARD FROM THE U.S. ENVIRONMENTAL PROTECTION AGENCY FOR CREATING "HEALING RAIN GARDENS" THAT REDUCE POLLUTION AND PROMOTE A HEALTHY ENVIRONMENT FOR PATIENTS. IT WAS ONE OF JUST TWO NEW ENGLAND HOSPITALS TO BE HONORED WITH THE AWARD. THE HOSPITAL ALSO RECEIVED TWO AWARDS FROM THE CONNECTICUT QUALITY IMPROVEMENT AWARD PARTNERSHIP - GOLD AWARD FOR ITS MULTIMODAL ANALGESIC REGIME FOR JOINT REPLACEMENT SURGERY AND A SILVER AWARD FOR "IMPACT OF SUBTLE COGNITIVE DEFICITS ON READMISSIONS". GREENWICH HOSPITAL WAS ALSO RECOGNIZED WITH THE "GET WITH THE GUIDELINES" STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION, WHICH RECOGNIZES THE HOSPITAL'S COMMITMENT TO IMPLEMENTING A HIGHER STANDARD OF STROKE CARE BY ENSURING THAT STROKE PATIENTS RECEIVE TREATMENT ACCORDING TO NATIONALLY ACCEPTED STANDARDS AND RECOMMENDATIONS.

THE HOSPITAL'S SIMULATION CENTER ADDED ADDITIONAL TRAINING TOOLS IN FY

Schedule H (Form 990) 2011

Part VI Supplemental Information

2012. THE YALE NEW HAVEN HEALTH SYSTEM SUPPORTED CENTER FEATURES A SIMULATED INPATIENT HOSPITAL ROOM AND REALISTIC, HIGH-FIDELITY "PATIENTS" THAT CAN BE PROGRAMMED TO BREATHE, SPEAK, BLINK, SWEAT, BLEED AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT. THIS TYPE OF MEDICAL SIMULATION IS BENEFICIAL TO STAFF AND EDUCATORS AND IS AN INTEGRAL TOOL IN MEDICAL EDUCATION. IN FY 2012, AN INFANT MANNEQUIN WAS ADDED AND USED DURING MONTHLY PEDIATRIC SIMULATION DRILLS.

GREENWICH HOSPITAL CONTINUED TO BE DEFINED BY ITS SERVICE EXCELLENCE ENVIRONMENT. IN JULY, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RELEASED THE NEXT SET OF HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) RESULTS FOR THE TIME PERIOD OF OCTOBER 2010 TO SEPTEMBER 2011. HCAHPS IS THE SURVEY THAT MEASURES TEN AREAS OF INPATIENT PERCEPTIONS OF CARE. THE HOSPITAL SCORED WELL, WITH EIGHT MEASURES ABOVE THE NEW YORK AND CONNECTICUT AVERAGES AND SIX MEASURES ABOVE THE NATIONAL AVERAGE. AMONG ALL CONNECTICUT HOSPITALS, PATIENTS RATED GREENWICH HOSPITAL THE HIGHEST IN "OVERALL RATING:" AND "WILLINGNESS TO RECOMMEND TO OTHERS".

YALE NEW HAVEN HEALTH SYSTEM WAS NAMED "MOST WIRED" BY HOSPITALS AND HEALTH NETWORKS. THE AWARD RECOGNIZES HEALTH SYSTEMS AND HOSPITALS AS BEING AMONG THE TOP HOSPITALS NATIONALLY TO HAVE INVESTED IN AND SUCCESSFULLY LEVERAGED LEADING-EDGE TECHNOLOGY IN THE AREAS OF SAFETY AND QUALITY, CUSTOMER SERVICE, PUBLIC HEALTH AND SAFETY, WORKFORCE MANAGEMENT AND BUSINESS PROCESSES. IN FY 2012, GREENWICH HOSPITAL BECAME THE FIRST YALE NEW HAVEN HEALTH SYSTEM HOSPITAL TO IMPLEMENT EPIC. THE EPIC SYSTEM ALLOWS CAREGIVERS TO PROVIDE ONE STANDARD OF CARE ACROSS THE SYSTEM THAT IS SAFER, MORE EFFECTIVE AND EFFICIENT, AND WILL IMPROVE PATIENT OUTCOMES.

Part VI Supplemental Information

IN PREPARATION FOR "GO LIVE", HUNDREDS OF PHYSICIANS, NURSES, PHYSICIAN ASSISTANCES, PHARMACISTS, TECHNICIANS, THERAPISTS, NURSING ASSISTANTS, UNIT SECRETARIES, AND OTHERS PARTICIPATED IN MORE THAN 20,000 HOURS OF TRAINING.

COMMUNITY MEMBERS UTILIZE GREENWICH HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2012, 754 ADULT AND JUNIOR VOLUNTEERS DEDICATED A TOTAL OF 63,300 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN MANY PATIENTS AND NON PATIENT AREAS INCLUDING THE ED, PATIENT TRANSPORT/ESCORT, ONCOLOGY, SURGERY, PAIN MANAGEMENT, MATERNITY, NICU, HUMAN RESOURCES AND INFORMATION SERVICES. IN FY 2012, THE GREENWICH HOSPITAL AUXILIARY CONTINUED TO SUPPORT THE HOSPITAL'S EFFORTS AND THOSE OF THE COMMUNITY. EXAMPLES INCLUDE A THREE-YEAR FINANCIAL COMMITMENT BY THE AUXILIARY TO NORWALK COMMUNITY COLLEGE TO BUILD A STATE-OF-THE-ART NURSES TRAINING CENTER AND FOUR \$1,000 SCHOLARSHIPS PROVIDED TO GREENWICH HIGH SCHOOL SENIORS PURSING STUDIES IN HEALTH CARE.

PART VI, LINE 6: THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN HOSPITAL EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES PERFORMANCE EVALUATION ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY. EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLAN

Part VI Supplemental Information

INCORPORATES THE CONCEPTS OF WORKING WITH ITS COMMUNITY TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTH, PROVIDE SERVICES THAT PROMOTE HEALTH AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CANNOT AFFORD NECESSARY SERVICES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

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