

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number  
06-0646554

**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 .....	1a	X
b If "Yes," was it a <i>written policy</i> ? 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.	1b	X
<input checked="" type="checkbox"/> Applied uniformly to all 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: .....	3a	X
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	3b	X
<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 <u>      </u> %		
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"? .....	4	X
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	5a	X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	5b	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? .....	5c	
6a Did the organization prepare a community benefit report during the tax year? .....	6a	X
b If "Yes," did the organization make it available to the public? .....	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) .....		3,254	33,330,420.	17,694,420.	15,636,000.	3.79%
b Medicaid (from Worksheet 3, column a) .....		95,439	108,275,000.	76,585,000.	31,690,000.	7.68%
c Costs of other means-tested government programs (from Worksheet 3, column b) .....						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs .....		98,693	141,605,420.	94,279,420.	47,326,000.	11.47%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) .....	9	3,311	734,338.	0.	734,338.	.18%
f Health professions education (from Worksheet 5) .....	4	221	27,870,462.	8,324,521.	19,545,941.	4.74%
g Subsidized health services (from Worksheet 6) .....	2	6,906	13,278,849.	9,684,770.	3,594,079.	.87%
h Research (from Worksheet 7) .....	2	0	458,122.	0.	458,122.	.11%
i Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2	39,052	107,386.	0.	107,386.	.03%
j <b>Total</b> Other Benefits .....	19	49,490	42,449,157.	18,009,291.	24,439,866.	5.93%
k <b>Total</b> Add lines 7d and 7j .....	19	148,183	184,054,577.	112,288,711.	71,765,866.	17.40%

**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.

	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community building expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community building expense	<b>(f)</b> Percent of total expense
<b>1</b> Physical improvements and housing	1	0	<b>12,500.</b>	0.	<b>12,500.</b>	<b>.00%</b>
<b>2</b> Economic development	1	0	<b>23,832.</b>	0.	<b>23,832.</b>	<b>.01%</b>
<b>3</b> Community support	3	728	<b>49,511.</b>	0.	<b>49,511.</b>	<b>.01%</b>
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members			<b>651.</b>	0.	<b>651.</b>	<b>.00%</b>
<b>6</b> Coalition building	1	0				
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	1	1	<b>4,491.</b>	0.	<b>4,491.</b>	<b>.00%</b>
<b>9</b> Other						
<b>10</b> <b>Total</b>	7	729	<b>90,985.</b>		<b>90,985.</b>	<b>.02%</b>

Part III Bad Debt, Medicare, & Collection Practices

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## Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	5,929,000.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

## **Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) .....	5	157,024,642.
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	147,414,597.
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	9,610,045.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.		

Cost accounting system  Cost to charge ratio  Other

## Section C. Collection Practices

<b>9a</b> Did the organization have a written debt collection policy during the tax year? .....	<b>9a</b>	<input checked="" type="checkbox"/>
<b>b</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	<b>9b</b>	<input checked="" type="checkbox"/>

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

<b>(a) Name of entity</b>	<b>(b) Description of primary activity of entity</b>	<b>(c) Organization's profit % or stock ownership %</b>	<b>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</b>	<b>(e) Physicians' profit % or stock ownership %</b>
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 during the tax year? 1

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

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 .....	1	<input checked="" type="checkbox"/>
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	<input checked="" type="checkbox"/>
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	<input checked="" type="checkbox"/>
5 Did the hospital facility make its CHNA report widely available to the public? .....	5	<input checked="" type="checkbox"/>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	<input checked="" type="checkbox"/>
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	8a	<input checked="" type="checkbox"/>
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? .....	8b	<input checked="" type="checkbox"/>
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <u>\$</u> _____		

## Part V Facility Information (continued) BRIDGEPORT HOSPITAL

Financial Assistance Policy			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
9	<input checked="" type="checkbox"/>	X		
10	<input checked="" type="checkbox"/>	X		
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %				
If "No," explain in Part VI the criteria the hospital facility used.				
11	<input checked="" type="checkbox"/>	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.				
12	<input checked="" type="checkbox"/>	X		
If "Yes," indicate the factors used in determining such amounts (check all that apply):				
a	<input checked="" type="checkbox"/>	Income level		
b	<input type="checkbox"/>	Asset level		
c	<input type="checkbox"/>	Medical indigency		
d	<input checked="" 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)		
13	<input checked="" type="checkbox"/>	X		
14	<input checked="" type="checkbox"/>	X		
Explained the method for applying for financial assistance?				
Included measures to publicize the policy within the community served by the hospital facility?				
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 checked="" type="checkbox"/>	The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/>	The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/>	The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/>	The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/>	The policy was available on request		
g	<input checked="" type="checkbox"/>	Other (describe in Part VI)		
<b>Billing and Collections</b>				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?			<input checked="" type="checkbox"/>
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
a	<input type="checkbox"/>	Reporting to credit agency		
b	<input type="checkbox"/>	Lawsuits		
c	<input type="checkbox"/>	Liens on residences		
d	<input type="checkbox"/>	Body attachments		
e	<input type="checkbox"/>	Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?			<input checked="" type="checkbox"/>
If "Yes," check all actions in which the hospital facility or a third party engaged:				
a	<input type="checkbox"/>	Reporting to credit agency		
b	<input type="checkbox"/>	Lawsuits		
c	<input type="checkbox"/>	Liens on residences		
d	<input type="checkbox"/>	Body attachments		
e	<input type="checkbox"/>	Other similar actions (describe in Part VI)		

**Part V Facility Information (continued) BRIDGEPORT 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? .....

	Yes	No
19	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)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)****20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

**21** During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Part VI.

21		X
22		X

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

If "Yes," explain in Part VI.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 27

Name and address	Type of Facility (describe)
1 BH CENTER FOR SLEEP MEDICINE 1070 MAIN STREET BRIDGEPORT, CT 06604	SLEEP CENTER
2 NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER/DI/WELLNESS/WOMENS HEALTH
3 BH BLOOD DRAW 125 KINGS HIGHWAY NORTH WESTPORT, CT 06880	LAB
4 BRIDGEPORT HOSPITAL OUTPATIENT CARD 1305 POST ROAD FAIRFIELD, CT 06824	CARDIAC REHAB/CARDIAC TESTING/LAB
5 WOUND CARE/HYPERBARIC CHAMBER 141 MILL HILL AVENUE BRIDGEPORT, CT 06610	WOUND CARE/HYPERBARIC OXYGEN
6 CHILD FIRST PROGRAM 1470 BARNUM AVENUE STRATFORD, CT 06614	CHILDREN PROGRAM
7 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 15 CORPORATE DRIVE TRUMBULL, CT 06611	LAB
8 BH BLOOD DRAW 1825 BARNUM AVENUE STRATFORD, CT 06614	LAB
10 BRIDGEPORT HOSPITAL OUTPATIENT CARD 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIAC TESTING
11 BH OUTPATIENT RADIOLOGY MRI 2595 MAIN STREET STRATFORD, CT 06615	RADIOLOGY MRI

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

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

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

Name and address	Type of Facility (describe)
12 NEWG AHLBIN CENTER REHAB 2600 POST ROAD SOUTHPORT, CT 06824	OCC HEALTH/PT/REHAB/LAB
14 AHLBIN REHABILITATION CENTER 2750 RESERVOIR AVENUE TRUMBULL, CT 06611	OCC HEALTH/PT/REHAB
15 NEMG MILL HILL SURGICAL ASSOCIATES 2909 MAIN STREET STRATFORD, CT 06614	SURGICAL SERVICES
16 BRIDGEPORT HOSPITAL OUTPATIENT CARD 30 PROSPECT STREET RIDGEFIELD, CT 06877	CARDIAC TESTING
19 BH BLOOD DRAW 3115 MAIN STREET STRATFORD, CT 06614	LAB
20 AHLBIN REHABILITATION CENTER 3585 MAIN STREET STRATFORD, CT 06614	OCC HEALTH/PT/REHAB
21 AHLBIN CENTER REHAB 4 CORPORATE DRIVE SHELTON, CT 06484	OCC HEALTH/PT/REHAB
22 BH OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD, CT 06824	RADIOLOGY
23 BRIDGEPORT PODIATRY CENTER 4695 MAIN STREET BRIDGEPORT, CT 06606	PODIATRY CENTER
24 BH OUTPATIENT RADIOLOGY 4699 MAIN STREET BRIDGEPORT, CT 06606	RADIOLOGY

## 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?

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**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

**PART I, LINE 7: COSTING METHODOLOGY EXPLANATION:**

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 II - COMMUNITY BUILDING ACTIVITIES**

BRIDGEPORT HOSPITAL IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,512 EMPLOYEES IN 2013. THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GREATER BRIDGEPORT AREA. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES. THROUGH THESE ORGANIZATIONS, BRIDGEPORT HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

BRIDGEPORT HOSPITAL, ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY, UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL

## Part VI Supplemental Information

ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY 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.

BRIDGEPORT HOSPITAL'S VISION IS TO BE THE PREFERRED HEALTHCARE PROVIDER IN THE REGION, AND AS SUCH, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$91,000 IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS 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

**Part VI Supplemental Information**

SEVERAL YEARS AGO, THE CITY OF BRIDGEPORT ORGANIZED NEIGHBORHOOD REVITALIZATION ZONES (NRZS) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCOME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS. THE NRZS RECEIVED TECHNICAL ASSISTANCE FROM THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGES NEIGHBORHOOD RESIDENTS, NON-PROFITS, BUSINESSES AND FAITH-BASED ORGANIZATIONS TO MEET AND FORM STAKEHOLDER GROUPS. THESE GROUPS IDENTIFY THE PRIORITIES AND NEEDS OF THE NEIGHBORHOODS AND ARE ELIGIBLE TO BORROW STATE MONEY TO PURCHASE BLIGHTED PROPERTIES OR OFFER LOW-INTEREST LOANS TO QUALIFYING BUSINESSES FOR FAÇADE IMPROVEMENTS. HOSPITAL LEADERSHIP HAS BEEN ACTIVELY ENGAGED IN THE NRZ PROCESS FROM THE ONSET WITH REPRESENTATIVES SERVING ON COMMITTEES ORGANIZED IN THE CITY'S EAST END, EAST SID AND MILL HILL NEIGHBORHOODS, WHICH ARE LOCATED NEAR THE HOSPITAL.

SEVERAL YEARS AGO, PRIOR TO THE CITY'S EFFORT TO DEVELOP AN NRZ IN THE MILL HILL NEIGHBORHOOD, THE HOSPITAL CREATED WHAT IS NOW CALLED THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP. THIS UNIQUE PROGRAM WAS DEVELOPED TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL. OVER 900 NEIGHBORHOOD RESIDENTS RECEIVE INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS WHERE RESIDENTS IDENTIFY ISSUES OR CONCERNS RELATED TO THEIR NEIGHBORHOOD. THESE CONCERNS, WHICH RUN THE GAMUT OF FIXING STREET LIGHTS TO INCREASING POLICE PRESENCE, ARE ADDRESSED BY THE CITY OF BRIDGEPORT WITH FACILITATION SUPPORT BY THE HOSPITAL.

THE HOSPITAL PROVIDES ANNUAL OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS. THE EAST END COMMUNITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROUGH VARIOUS INITIATIVES INCLUDING SAFE STREETS,

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FOOD PANTRIES, ANNUAL TOY DRIVES AND A LITTLE LEAGUE TEAM.

BRIDGEPORT HOSPITAL, ALONG WITH OTHER AREA BUSINESSES, IS A FOUNDING MEMBER OF THE SEAVIEW AVENUE BUSINESS ALLIANCE. THE SEAVIEW AVENUE BUSINESS ALLIANCE IS A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING STREETSCAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR. THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE. IN 2013, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO THE BRIDGEPORT CHILD ADVOCACY COALITION, ONLY 70% OF BRIDGEPORT'S GRADUATING CLASS OF 2010 WENT ON TO POST-SECONDARY EDUCATION, COMPARED TO 86% STATEWIDE. RESULTS FROM THE CONNECTICUT MASTERY TEST CONSISTENTLY DEMONSTRATE AN ACHIEVEMENT GAP BETWEEN BRIDGEPORT YOUTH AND THEIR STATEWIDE PEERS. IN RESPONSE TO THESE STATISTICS, BRIDGEPORT HOSPITAL SUPPORTED A VARIETY OF EDUCATIONAL PROGRAMS IN 2013.

REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR. EXAMPLES INCLUDE A PHARMACY INTERNSHIP WITH STRATFORD HIGH SCHOOL AND PARTICIPATION IN CAREER DAY AT COLUMBUS ELEMENTARY SCHOOL AND HARDING HIGH SCHOOL, BOTH OF WHICH ARE LOCATED IN BRIDGEPORT.

A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL, LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT.

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HOSPITAL EMPLOYEES CONTRIBUTED NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 350 STUDENTS TO BEGIN THEIR SCHOOL YEAR.

AS MENTIONED IN THE PREVIOUS SECTION, BRIDGEPORT HOSPITAL, THROUGH THE SEAVIEW AVENUE BUSINESS ALLIANCE, PROVIDED SCHOLARSHIPS TO SENIORS FROM HARDING HIGH SCHOOL WHO WILL BE ATTENDING COLLEGE. THE HOSPITAL IS ALSO A MEMBER OF THE BRIDGEPORT CHILD ADVOCACY COALITION, WHICH IS A COALITION OF ORGANIZATIONS, PARENTS AND OTHER CONCERNED INDIVIDUALS COMMITTED TO IMPROVING THE WELL-BEING OF BRIDGEPORT'S CHILDREN THROUGH RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION.

**PART III, LINE 4: FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS:****UNCOMPENSATED CARE AND COMMUNITY BENEFIT EXPENSE**

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 \$22.3

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MILLION AND \$17.7 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. 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 \$16.4 MILLION AND \$11.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS ESTIMATED USING THE RATIO OF COST TO GROSS CHARGES APPLIED TO THE GROSS UNCOMPENSATED COST ASSOCIATED WITH PROVIDING CHARITY CARE.

FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT CHARGES, WAS \$15.0 MILLION AND \$16.6 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, BAD DEBT EXPENSE, AT COST, WAS \$5.9 MILLION AND \$6.6 MILLION, RESPECTIVELY. THE BAD DEBT 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, 2013 AND 2012, THE HOSPITAL RECEIVED \$17.7 MILLION AND \$20.0 MILLION, RESPECTIVELY, IN DISTRIBUTIONS FROM CDSHP, OF WHICH APPROXIMATELY \$12.6 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF \$16.9 MILLION AND \$16.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2013 AND 2012, RESPECTIVELY, FOR THE 1% ASSESSMENT.

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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. THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF BRIDGEPORT PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

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.

PART III, LINE 9B: COLLECTION PRACTICES EXPLANATION:

IF, AT ANY TIME, THE HOSPITAL OR A COLLECTION AGENCY OR LAW FIRM, RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ONE OF THESE PROGRAMS OR UNDER ANY GOVERNMENTAL OR OTHER PROGRAM, THE HOSPITAL, COLLECTION AGENCY, OR LAW FIRM SHALL, CONSISTENT WITH CONNECTICUT LAW, CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSISTANCE.

PART III, LINE 2 - THE METHODOLOGY USED BY THE ORGANIZATION TO ESTIMATE IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE

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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.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 3:

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. BRIDGEPORT HOSPITAL, THROUGH THE PRIMARY CARE ACTION GROUP, SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH COMMUNITY MEMBERS AND COMMUNITY STAKEHOLDERS, AS WELL AS INCLUSION OF AT LEAST EIGHTY COMMUNITY PARTNERS AND RESIDENTS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY BRIDGEPORT HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 4:

ST. VINCENT'S MEDICAL CENTER, A MEMBER OF ASCENSION HEALTH SYSTEM, ALSO LOCATED IN BRIDGEPORT IS PART OF THE PRIMARY CARE ACTION GROUP, WHICH CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT.

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BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 7:

BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, FOUR HEALTH ISSUES WERE PRIORITIZED: CARDIOVASCULAR DISEASE AND DIABETES, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AND ACCESS TO CARE. BRIDGEPORT HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON ALL FOUR OF THESE AREAS. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE ABILITY TO CARE FOR THE ELDERLY, ASTHMA, CANCER, DENTAL / ORAL HEALTH, ENVIRONMENTAL ISSUES / CONTAMINATED LANDS, PRENATAL CARE, SEXUAL HEALTH, TOBACCO, TRANSPORTATION AND VIOLENCE.

BRIDGEPORT HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 14G: THE FINANCIAL ASSISTANCE PROGRAM WHICH SUMMARIZES THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL FACILITY'S WEBSITE. THE FINANCIAL ASSISTANCE POLICY WILL BE POSTED ON THE WEBSITE UPON FILING THE FY 2013 TAX FILING.

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BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 20D:

PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

PART VI, LINE 2 - NEEDS ASSESSMENT:

COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT BRIDGEPORT HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGILE FOR ASSISTANCE THE BRIDGEPORT HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS: THE BRIDGEPORT HOSPITAL WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES; AND THROUGH THE FREE CARE

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DEPARTMENT.

IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE,

AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE.

INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE

PACKAGE. APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE

APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE

READILY AVAILABLE EVERY FOURTH MONDAY OF EACH MONTH.

IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO

RESTRICTED AND NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY

MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE

DISCOUNTED CARE PROGRAM. THE DISCOUNTED CARE PROGRAM IS OFFERED TO

PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID

STATE DENIAL. ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME.

IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS

AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A

PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS

SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO

PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM

THE APPROVAL DATE ON THE LETTER AND DISCOUNTED CARE ELIGIBILITY IS

VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS

BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE

TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

PART VI, LINE 4 - COMMUNITY INFORMATION:

BRIDGEPORT HOSPITAL'S LOCAL GEOGRAPHIC AREA IS COMPRISED OF EIGHT

CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT,

EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL.

THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST

POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW

## Part VI Supplemental Information

ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 143,412. THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY. THE MEDIAN HOUSEHOLD INCOME FOR BRIDGEPORT IS \$40,947, WHICH IS \$28,296 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,243 AND \$41,611 BELOW THE MEDIAN HOUSEHOLD INCOME OF \$82,558 IN FAIRFIELD COUNTY. ABOUT 21.9% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 9.5% FOR THE WHOLE STATE. BRIDGEPORT HAS A HIGH PROPORTION OF UNDERINSURED OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA. NEARLY A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 5,763 PATIENTS (31% OF TOTAL) WERE MEDICAID OR UNINSURED IN FISCAL YEAR 2013. THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR 2013, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 79,799 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 86 PERCENT OF THE TOTAL WITH 7,734 (11%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 36,763 (54%) IDENTIFIED AS MEDICAID BENEFICIARIES.

BRIDGEPORT HOSPITAL, ST. VINCENT'S MEDICAL CENTER AND MILFORD HOSPITAL ARE THE THREE ACUTE CARE HOSPITALS LOCATED IN THE LOCAL SERVICE AREA.

## PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING NEARLY 18,500 INPATIENTS AND MORE THAN 240,000

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OUTPATIENT ENCOUNTERS IN 2013. A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER; THE JOEL E. SMILOW HEART INSTITUTE THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE, AND AHLBIN CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL.

EVERY YEAR, AS PART OF ITS MISSION TO PROVIDE PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$71.8 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 PART II. GUARANTEEING ACCESS TO CARE.

BRIDGEPORT HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FISCAL YEAR 2013, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$50.9 MILLION. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPS AND TRICARE. DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED INPATIENT AND OUTPATIENT SERVICES FOR 95,439 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$31.7 MILLION (AT COST).

BRIDGEPORT HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2013, THE HOSPITAL

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DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$15.6 MILLION (AT COST). IN ADDITION, THE HOSPITAL EMPLOYS AN OUTPATIENT ACCOUNT ADVOCATE WHO IS BASED IN ITS PRIMARY CARE CLINIC. THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS IN THE PRIMARY CARE CLINIC TO ENROLL IN PUBLIC ASSISTANCE PROGRAMS. LAST YEAR, OVER 150 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION REVIEW. THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS.

BRIDGEPORT 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 OUTPATIENT PSYCHIATRIC PROGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC. TOTAL VISITS FOR THESE ESSENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVER 28,600 ANNUALLY. THE NORMA F. PFRIEM BREAST CARE CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 1,000 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR. THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSERVED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS. A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 128 PATIENTS IN THE COMMUNITY IN FISCAL YEAR 2013, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF NEARLY \$1.3 MILLION. IN FISCAL YEAR 2013 OVER 185 PATIENTS RECEIVED FREE ORAL MEDICATIONS AND SELF-INJECTIONS THROUGH THE CARE COORDINATION PROGRAM WITH BRIDGEPORT HOSPITAL AND BRIDGEPORT PHARMACY. THIS PROGRAM

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PROVIDED ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WITH PRESCRIPTIONS THROUGH BRIDGEPORT PHARMACY. THE ESTIMATED VALUE OF THE DRUGS WAS \$51,551. THROUGH THE PRIMARY CARE ACTION GROUP, BRIDGEPORT HOSPITAL ALSO CONTINUED TO REFER UNINSURED AND LOW INCOME RESIDENTS IN THE GREATER BRIDGEPORT AREA TO THE DISPENSARY OF HOPE. THE DISPENSARY, WHICH OPENED IN 2011, IS AN INITIATIVE DEVELOPED BY THE PRIMARY CARE ACTION GROUP THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST. AS PART OF ITS ONGOING COMMITMENT AND SUPPORT, THE HOSPITAL ALSO DONATES UNUSED MEDICATIONS TO THE DISPENSARY OF HOPE.

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2013, BRIDGEPORT HOSPITAL PROVIDED \$734,000 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE CHILD FIRST PROGRAM, THE BRIDGEPORT HOSPITAL-BASED EARLY INTERVENTION PROGRAM FOR AT-RISK CHILDREN, WAS DESIGNATED AS ONE OF ONLY NINE EVIDENCE-BASED HOME VISITING MODELS FOR MATERNAL, INFANT AND EARLY CHILDHOOD CARE BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES. IN ADDITION, THANKS TO A MAJOR GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION AND LOCAL SUPPORTING ORGANIZATIONS, CHILD FIRST HAS EXPANDED FROM THE BRIDGEPORT AREA TO FIVE OTHER METROPOLITAN AREAS IN CONNECTICUT: HARTFORD, NEW HAVEN, NEW LONDON, NORWALK AND WATERBURY. CHILD FIRST INTENDS TO REPLICATE THE MODEL IN AT LEAST TWO OTHER STATES BY 2015.

THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT. THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO

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PROMOTE DEVELOPMENT IN NEWBORNS/BRAIN, EYE, AND MOTOR AREAS AND PROPER NUTRITION. THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES.

THE ONCOLOGY SOCIAL WORKER IN THE NORMA F. PFRIEM CANCER INSTITUTE ASSISTED OVER 300 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES. THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS. THROUGH THESE REFERRALS, INDIVIDUALS RECEIVED OVER \$25,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER.

THE HOSPITAL SPONSORS FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS. MORE THAN 200 PEOPLE PARTICIPATED IN THESE GROUPS DURING FY 2013. NEARLY 800 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS BACK PAIN, CARDIOVASCULAR HEALTH, CONGESTION, DEMENTIA AND HIP OR KNEE PAIN. THE SIXTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 600 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT.

BRIDGEPORT HOSPITAL PROVIDED FREE BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN BRIDGEPORT, FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPLE.

ADVANCING CAREERS IN HEALTH CARE AS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS

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EDUCATION ON AN ANNUAL BASIS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELDS INCLUDING NURSING, LABORATORY AND RADIOLOGY. IN 2013, THE COST TO BRIDGEPORT HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$19.5 MILLION, AND BENEFITED 220 INDIVIDUALS.

A TOTAL OF 86 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (43 IN THE 15-MONTH ACCELERATED PROGRAM AND 43 IN THE TRADITIONAL TWO-YEAR PROGRAM). MOST GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 12 NURSES GRADUATED WITH MASTERS DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM. THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 16 GRADUATES AND 38 PEOPLE COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.

DURING 2013, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 120 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIP TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY COLLEGE, GOODWIN COLLEGE, ST. JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY.

## Part VI Supplemental Information

## RESEARCH

TEACHING HOSPITALS LIKE BRIDGEPORT HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE.

EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY ARE AVAILABLE ELSEWHERE.

CLINICAL TRIALS AT BRIDGEPORT HOSPITAL AND THE YALE SCHOOL OF MEDICINE INCLUDE PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT.

CLINICAL TRIALS ARE AVAILABLE IN CANCER, HEART AND CARDIOVASCULAR AND SURGERY.

THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TRIALS OF NEW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, AND STUDY QUALITY-OF-LIFE ISSUES AND REHABILITATION DURING AND AFTER TREATMENT.

BRIDGEPORT HOSPITAL OFFERS A NUMBER OF CLINICAL TRIALS AT VARIOUS LOCATIONS IN THE COMMUNITY. THERE ARE MANY TRIALS AVAILABLE FOR THE FOLLOWING CANCERS: BREAST CANCER, COLON CANCER, PROSTATE CANCER, LUNG CANCER, PANCREATIC CANCER, KIDNEY CANCER, OVARIAN CANCER, NON-HODGKIN'S LYMPHOMA, ANEMIA RELATED TO CANCER, RADIATION THERAPY IN BREAST CANCER, CRYOABLATION THERAPY IN BREAST CANCER AND SUPPORTIVE CARE. THE

BRIDGEPORT HOSPITAL NORMA F. PFIEM CANCER INSTITUTE AND BREAST CARE CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR

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THE RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH. STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$211,970.

**CREATING HEALTHIER COMMUNITIES**

IN FISCAL YEAR 2013, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING NEARLY \$107,400. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW. BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP. FORMED OVER TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS AND DISTRICTS, THREE COMMUNITY HEALTH CENTERS, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR 2013, THE PRIMARY CARE ACTION GROUP FOCUSED ON FINALIZING THE GREATER BRIDGEPORT COMMUNITY HEALTH NEEDS ASSESSMENT AND DEVELOPING A COMMUNITY HEALTH IMPLEMENTATION PLAN.

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GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE PRIMARY CARE ACTION GROUP, CONTINUED TO EXPAND ITS REACH AND IMPACT DURING 2013. GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS: EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY. USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS. GENEROUS GRANT FUNDING HAS BEEN PROVIDED FOR THE INFRASTRUCTURE AND DEVELOPMENT OF GET HEALTHY CT BY THE UNITED WAY OF COASTAL FAIRFIELD COUNTY WITH ADDITIONAL IN-KIND AND FINANCIAL SUPPORT FROM MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND BRIDGEPORT HOSPITAL.

THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS. AS A RESULT, THE HOSPITAL PROVIDED NEARLY \$40,000 OF IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH CARE COUNCIL, BRIDGEPORT YMCA, CARDINAL SHEEHAN CENTER, CENTRAL CONNECTICUT COAST

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YMCA, CHILD AND FAMILY GUIDANCE CENTER OF BRIDGEPORT, GET HEALTHY CT, PRIMARY CARE ACTION GROUP, OPTIMUS HEALTHCARE, RECOVERY NETWORK OF PROGRAMS, RONALD MCDONALD HOUSE OF CT, TINY MIRACLES FOUNDATION, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD AND VNS OF CONNECTICUT. HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY. THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES.

## SUPPLEMENTAL INFORMATION

IN ADDITION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF DIRECTORS WITH MANY MEMBERS RESIDING OR WORKING IN THE AREA SERVED BY THE HOSPITAL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. IN FISCAL YEAR 2013 THERE WERE A TOTAL OF 825 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF.

BRIDGEPORT HOSPITAL'S EXCELLENT PROGRESS IN ENSURING PATIENT CARE SAFETY AND CLINICAL QUALITY, INCREASING EMPLOYEE ENGAGEMENT, STRONG INPATIENT VOLUME, ADVANCES IN OUTPATIENT STRATEGY AND INVESTMENT IN FACILITIES RESULTED IN A SUCCESSFUL YEAR.

IN ADDITION, THE HOSPITAL'S OPERATIONAL AND FISCAL MANAGEMENT PRODUCED EXCELLENT FINANCIAL RESULTS. BRIDGEPORT HOSPITAL CONTINUED TO ADD VALUE TO ITS PATIENTS AND PARTNERS THROUGH IMPROVED PATIENT CARE, MANAGED COSTS AND ENHANCED REVENUE. HIGHLIGHTS OF THE YEAR AT BRIDGEPORT HOSPITAL INCLUDED:

AFTER MONTHS OF PREPARATION AND TRAINING, THE HOSPITAL CONVERTED TO THE NEW STATE-OF-THE-ART EPIC ELECTRONIC MEDICAL RECORD, BILLING AND

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REGISTRATION SYSTEM, WHICH WAS THE FINAL STEP IN ESTABLISHING A SINGLE RECORDS SYSTEM ACROSS THE ENTIRE YALE NEW HAVEN HEALTH SYSTEM.

IN RESPONSE TO PATIENT DEMAND FOR MORE ACCESSIBLE, COMMUNITY-BASED CARE, BRIDGEPORT HOSPITAL ACQUIRED A GROUP OF FOUR OUTPATIENT RADIOLOGY CENTERS IN FAIRFIELD COUNTY FROM ROBERT D. RUSSO, MD, RADIOLOGY AND ASSOCIATES AS WELL AS A FIFTH OFFICE IN TRUMBULL. THE NEWLY NAMED BRIDGEPORT HOSPITAL OUTPATIENT RADIOLOGY FACILITIES PROVIDE GENERAL IMAGING SERVICES.

GRANT STREET PLAZA, THE DRAMATICALLY REDESIGNED ENTRYWAY TO BRIDGEPORT HOSPITAL OPENED IN SEPTEMBER, CONVERTING A BUSY TWO-WAY STREET TO A PEDESTRIAN PARK AND CREATING A GROUND-LEVEL COVERED WALKWAY BETWEEN THE PARKING GARAGE AND THE HOSPITAL'S MAIN ENTRANCE.

COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT WITH AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FISCAL YEAR 2013, 246 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 24,892 SERVICE HOURS TO THE HOSPITAL.

VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES. THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL AND REPUTATION AS WELL AS FUNDRAISING EFFORTS.

## PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION

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 PATIENTS HAVE

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ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT:

## CONNECTICUT