

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE STAMFORD HOSPITAL

Employer identification number

06-0646917

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	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,156,150.	6,932,560.	16,223,590.	3.69
b Medicaid (from Worksheet 3, column a)			86,786,214.	40,687,610.	46,098,604.	10.48
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,291,321.		2,291,321.	.52
d Total Financial Assistance and Means-Tested Government Programs			112,233,685.	47,620,170.	64,613,515.	14.69
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			313,528.	106,420.	207,108.	.05
f Health professions education (from Worksheet 5)			51,600.		51,600.	.01
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			273,188.		273,188.	.06
j Total Other Benefits			638,316.	106,420.	531,896.	.12
k Total. Add lines 7d and 7j.			112,872,001.	47,726,590.	65,145,411.	14.81

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other	1	150	272,108.	130,106.	142,002.	.03
10 Total	1	150	272,108.	130,106.	142,002.	.03

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	87,541,282.
6 Enter Medicare allowable costs of care relating to payments on line 5	107,846,350.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-20,305,068.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 THE STAMFORD HOSPITAL
 30 SHELBURNE RD
 STAMFORD CT 06902
 WWW.STAMFORDHOSPITAL.ORG
 0059

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group THE STAMFORD HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	X	
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 Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 1 2</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
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 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy THE STAMFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
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 checked="" 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 type="checkbox"/> Other (describe in Section C)		

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual'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 Section C)		
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 individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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 Section C)		

Part V Facility Information (continued) THE STAMFORD HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

- | | Yes | No |
|---|-----|----|
| 19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
If "No," indicate why: | X | |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | |
| b <input type="checkbox"/> The hospital facility's policy was not in writing | | |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

- | | | |
|---|--|---|
| 20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | |
| a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | |
| b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | |
| c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | |
| d <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 21 During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C. | | X |
| 22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
If "Yes," explain in Section C. | | X |

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

FOLLOWING THE COLLECTION OF PRIMARY AND SECONDARY DATA, AS WELL AS THE COMPLETION OF THE KEY INFORMANT INTERVIEWS DESCRIBED ABOVE, COMMUNITY LISTENING SESSIONS WERE HELD TO REVIEW THE NEEDS ASSESSMENT DATA AND INTRODUCE THE PRIORITY HEALTH AREAS IDENTIFIED IN THE PROCESS; THESE LISTENING SESSIONS INCLUDED PARTICIPATION BY KEY STAKEHOLDERS, LOCAL PUBLIC HEALTH OFFICIALS, LEADING HEALTH AND SOCIAL SERVICE PROVIDERS, AND THE COMMUNITY AT-LARGE; AS WELL AS SENIOR STAFF FROM THE CITY OF STAMFORD, INCLUDING KEY STAFF FROM THE CITY'S HEALTH DEPARTMENT.

THE INDIVIDUALS WHO PARTICIPATED IN KEY INFORMANT INTERVIEWS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH ARE AS FOLLOWS:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

INDIVIDUALS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH

ANNE FOUNTAIN, MPH DIRECTOR STAMFORD DEPT. OF HEALTH AND SOCIAL SERVICES

DAVID A. KNAUF, MPH, MS, RS DIRECTOR OF HEALTH TOWN OF DARIEN

DAVID REED, MD MEDICAL DIRECTOR/DIRECTOR OF PUBLIC HEALTH TOWN OF NEW

CANAAN/STAMFORD HOSPITAL

HENRY YOON, MD MEDICAL ADVISOR STAMFORD DEPT. OF HEALTH & SOCIAL

SERVICES

KAREN GOTTLIEB, EXECUTIVE DIRECTOR AMERICARES

MADHU MATHUR MD, MPH DIRECTOR, KIDS FANS; CHAIR, OBESITY TASK FORCE

CHILDHOOD OBESITY TASK FORCE

TIMOTHY J. CALLAHAN, DIRECTOR OF HEALTH CITY OF NORWALK

ALL OTHER INDIVIDUALS INTERVIEWED

DENNIS TORRES, DIRECTOR OF HEALTHCARE PROGRAMS CHARTER OAK COMMUNITIES

FAMILY CENTER INC.

DONNA SPELLMAN, DIRECTOR OF OUTREACH FAMILY CENTERS, INC.

ELIZABETH PARIS, COORDINATOR, DARIEN SENIOR CENTER DARIEN, CT

ERIC KOEHLER, CEO JEWISH COMMUNITY CENTER

BOB ARNOLD, CHIEF EXECUTIVE OFFICER FAMILY CENTERS, INC.

BOBBY VALENTINE, DIRECTOR OF PUBLIC SAFETY, HEALTH & WELFARE CITY OF

STAMFORD

JAMES LISHER, CHAIR, HEALTH & HUMAN SERVICES COMMISSION TOWN OF NEW

CANNAN

JEB WALKER, FIRST SELECTMAN TOWN OF NEW CANNAN

JUAN MEDRANO, DIRECTOR OF FINANCE; PRESIDENT, HISPANIC ADVISORY COUNCIL

YERWOOD CENTER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

KATHY WALSH, PRESIDENT NEIGHBORSLINK

MARIE JOHNSON, EXEC. DIRECTOR, SENIOR SERVICES PARTNERSHIP IN ELDERLY SERVICES

MICHAEL PAVIA, MAYOR CITY OF STAMFORD

MIKE COTELA, EXECUTIVE DIRECTOR BOYS & GIRLS CLUB

OLGA BROWN, DIRECTOR OF NURSING, CITY OF STAMFORD STAMFORD PUBLIC SCHOOLS

PETER TESEI, FIRST SELECTMAN CITY OF GREENWICH

SAMUEL E. DEIBLER, DIRECTOR, COMMISSION ON AGING CITY OF GREENWICH SANDRA PRYOR, YEARWOOD CENTER

SHERRY PERLSTEIN, EXECUTIVE DIRECTOR CHILD GUIDANCE CENTER

TERRY DREW, DIRECTOR STAMFORD YOUTH SERVICES BUREAU

VINCENT J. TUFO, EXECUTIVE DIRECTOR, CHARTER OAK COMMUNITY FAMILY CENTERS, INC.

WINNIE HAMILTON, ASSISTANT SUPERINTENDENT STAMFORD PUBLIC SCHOOLS

SCHEDULE H, PART V, SECTION B, LINE 5

[HTTPS://WWW.STAMFORDHOSPITAL.ORG/DOCUMENTS/STAMFORD-HOSPITAL-CHNA-FINAL-0913.ASPX](https://www.stamfordhospital.org/documents/stamford-hospital-chna-final-0913.aspx)

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 20D

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

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

FORM 990, SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

TSH, THROUGH RYAN WHITE GRANTS, (PARTS A AND B), ADMINISTERED BY STAMFORD CARES, EMPLOYS AN HIV NURSE PRACTITIONER (DNP, APRN), ADHERENCE NURSE (RN) COUNSELOR, AND A DIETICIAN COMMITTED TO PROVIDING HIV SPECIALTY PRIMARY CARE SERVICES. TSH WORKS IN PARTNERSHIP WITH THE CITY OF STAMFORD HIV PREVENTION PROGRAM AND STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDE HIV MEDICAL CASE MANAGEMENT. THE HOSPITAL'S HIV NURSE PRACTITIONER AND ADHERENCE NURSE COUNSELOR ATTENDED REGULAR CASE MANAGEMENT MEETINGS WITH STAMFORD CARES' CASE MANAGERS AND OTHER LOCAL COMMUNITY SERVICES SUCH AS SUBSTANCE ABUSE REHABILITATION, MENTAL HEALTH, AND HOUSING SUPPORT. TSH ALSO PROVIDES OFFICE SPACE AND MEDICAL OVERSIGHT OF THE PROGRAM.

FORM 990, SCHEDULE H, PART III, LINES 2 AND 4

BAD DEBT EXPENSE AND TEXT OF BAD DEBT EXPENSE FOOTNOTE
ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN
EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.

Part VI Supplemental Information

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THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FORM 990, SCHEDULE H, PART III, LINE 8

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

FORM 990, SCHEDULE H, PART III, LINE 8

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

Part VI Supplemental Information

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

COLLECTION PRACTICES

APPLICATION OF COLLECTION PRACTICES QUALIFYING FOR FINANCIAL ASSISTANCE

ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT

APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE.

FORM 990, SCHEDULE H, PART VI

NEEDS ASSESSMENT

THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND

SOCIAL SERVICES TO IDENTIFY NEEDS AND DEVELOP PROGRAMS, PROVIDE

SCREENINGS, AND PROMOTE DISSEMINATION OF HEALTH INFORMATION.

IN 2014, STAMFORD HOSPITAL ("TSH" OR "HOSPITAL") FOCUSED ITS COMMUNITY

OUTREACH AND POPULATION HEALTH EFFORTS ON THE VITA HEALTH & WELLNESS

INITIATIVE IN THE CITY'S WEST SIDE, IN A COMMUNITY COLLABORATIVE OF KEY

STRATEGIC PARTNERS THAT INCLUDE THE CITY OF STAMFORD HEALTH DEPARTMENT,

FAMILY CENTERS, AMERICARES, OPTIMUS HEALTH, COMMUNITY HEALTH CENTER,

DOMUS, NORWALK COMMUNITY CENTER AND AN OUTGROWTH OF THE VITA INITIATIVE

Part VI Supplemental Information

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IS FAIRGATE FARM, LOCATED BETWEEN THE NEW FAIRGATE HOUSING COMMUNITY, STAMFORD HOSPITAL, AND THE EMERGING VITA ECONOMIC DEVELOPMENT CORRIDOR. IN 2011, BLIGHTED HOUSING WAS REMOVED AND TRANSFORMED INTO A SUCCESSFUL URBAN FARM THAT NOW PRODUCES SEVERAL THOUSAND POUNDS OF STRAWBERRIES, SPINACH, TOMATOES, LETTUCE, PUMPKINS, SQUASH AND OTHER VEGETABLES EACH YEAR. GROWN BY LOCAL VOLUNTEERS WHO SHARE IN ITS BOUNTY, THE FARM'S NUTRITIOUS PRODUCE FEEDS PATIENTS AT THE NOT-FOR-PROFIT SCOFIELD MANOR NURSING HOME, THE NEW COVENANT HOUSE SOUP KITCHEN AND THE SHELTER FOR THE HOMELESS, AMONG OTHER HUNGER RELIEF ORGANIZATIONS WHO ARE CURRENTLY PROVIDING 6,000 POUNDS OF HEALTH ORGANIC PRODUCE TO THE NEEDY IN STAMFORD. THE FARM HAS ATTRACTED A LARGE NUMBER OF SEASONAL VOLUNTEERS, INCLUDING YOUNG CHILDREN, FAMILIES AND SENIORS OVER AGE 80. IT IS A LEARNING LAB FOR STAMFORD SCHOOLS, YOUTH GROUPS AND SUMMER CAMPS, INCLUDING THE BOYS & GIRLS CLUB, THE YMCA AND THE YERWOOD COMMUNITY CENTER. A LOCAL GROUP OF MOTIVATED TEENS, BUILDON, VOLUNTEERS REGULARLY, AND THE CITY'S PUBLIC SCHOOL GARDENING PROGRAM, GIVE, ACTIVELY CULTIVATES THE SITE. IN 2014, THE HOSPITAL'S SUPPORTED FAIRGATE FARM WITH A BI-LINGUAL NUTRITIONIST/CHEF TO CONDUCT HEALTHY COOKING AND NUTRITION

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CLASSES TO ADULTS AND CHILDREN IN THE VITA NEIGHBORHOOD.

FORM 990, SCHEDULE H, PART VI

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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

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

- * EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS
- * IMMEDIATE CARE CENTER WAITING ROOM
- * PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY CAMPUS
- * CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA OF THE PATIENT BUSINESS SERVICES DEPARTMENT
- * ANCILLARY DEPARTMENTS
- * BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH.

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

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OPTIONS.

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

4) STAFFING:

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

* SOCIAL SERVICES DEPARTMENT

* CASE MANAGEMENT DEPARTMENT

* PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR

* PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE

COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS.

* THE DSS OUTREACH WORKER AND A TSH FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK.

* HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS.

* PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS,

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* PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND
THE DSS LIAISON.

5) NOTIFICATIONS: PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF
ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS.

FORM 990, SCHEDULE H, PART VI

COMMUNITY INFORMATION

STAMFORD HOSPITAL PROVIDES A BROAD RANGE OF COMMUNITY OUTREACH AND
EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVICE
AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES
IN SOUTHERN FAIRFIELD COUNTY, CT. THE HOSPITAL'S SERVICE AREA WAS
DEVELOPED THROUGH THE STRATEGIC PLANNING PROCESS AND IS DEFINED IN
STAMFORD HEALTH SYSTEM, INC.'S STRATEGIC PLAN. THE HOSPITAL'S COMBINED
PSA AND SSA INCLUDE AN ESTIMATED 135,511 HOUSEHOLDS WITH A TOTAL
POPULATION OF 361,418 RESIDENTS. THE PSA INCLUDES THE COMMUNITIES OF
STAMFORD, DARIEN, AND ROWAYTON, WITH AN ESTIMATED 54,392 HOUSEHOLDS AND A
TOTAL POPULATION OF 143,122. STAMFORD COMPRISES AN ESTIMATED 46,195
HOUSEHOLDS WITH A TOTAL POPULATION OF 119,294. THE SSA INCLUDES THE

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COMMUNITIES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON, AND WILTON, WITH AN ESTIMATED 81,119 HOUSEHOLDS AND A TOTAL POPULATION OF 218,296. FOR THE PSA, 24% OF THE POPULATION IS ESTIMATED TO BE LESS THAN 18 YEARS OF AGE; 34.7% IS 18-44; 27.8% IS 45-64; AND 13.5% IS 65 YEARS OF AGE AND OLDER. THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 25.7% OF ITS POPULATION LESS THAN 18 YEARS OF AGE; 29.2% IS 18-44; 30.7% IS 45-64; AND 14.4% IS 65 YEARS OF AGE AND OLDER.

REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 60.0% OF RESIDENTS ARE WHITE; 20.5% HISPANIC; 10.7% BLACK; 6.3% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC. STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 12.6% OF ITS TOTAL POPULATION; THE HISPANIC POPULATION 23.9%; AND ASIAN POPULATION 7.0%. FOR THE SSA, 75.6% OF THE TOTAL ESTIMATED POPULATION IS WHITE; 11.9% HISPANIC; 6.0% BLACK; 4.6% ASIAN; AND THE REMAINDER ARE MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, AND OTHER NON-HISPANIC.

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ALTHOUGH IN THE PSA AN ESTIMATED 26.4% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY. IN COMPARISON TO THE PSA, STAMFORD HAS ONLY AN ESTIMATED 12.0% OF TOTAL HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING \$200,000, AND 19.3% WITH HOUSEHOLD INCOMES LESS THAN \$30,000, 26.3% WITH LESS THAN \$40,000. IN THE SSA, AN ESTIMATED 27.9% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 11.8% HAVE HOUSEHOLD INCOMES LESS THAN \$30,000 AND 16.9% LESS THAN \$40,000. THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (68.9%), FOLLOWED BY MEDICARE (11.7%); MEDICAID (9.2%); SELF PAY/UNINSURED (8.6%); AND MEDICARE DUAL ELIGIBLE (1.6%). COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 10.4% AND SELF-PAY/UNINSURED AT 9.8%. FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (74.8%), FOLLOWED BY MEDICARE (12.6%); MEDICAID (5.7%); SELF-PAY/UNINSURED (5.3%); AND MEDICARE DUAL ELIGIBLE (1.6%).

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FORM 990, SCHEDULE H, PART VI

PROMOTION OF COMMUNITY HEALTH

PROGRAMS THAT BENEFITED THE COMMUNITY. THESE PROGRAMS INCLUDED, FOR EXAMPLE, HEALTH SCREENINGS, IMMUNIZATION PROGRAMS, SOCIAL SERVICES AND SUPPORT COUNSELING FOR PATIENTS AND FAMILIES, CRISIS INTERVENTION, COMMUNITY HEALTH EDUCATION, AND THE DONATION OF SPACE FOR USE BY COMMUNITY GROUPS. HEALTH EDUCATION PROGRAMS PROVIDED BY THE HOSPITAL FOR THE BENEFIT OF THE COMMUNITY INCLUDED: SMOKING CESSATION; WEIGHT LOSS; STRESS MANAGEMENT; AND PROGRAMS FOCUSED ON SUCH SPECIFIC HEALTH FACTORS OR DISEASE ENTITIES SUCH AS HEART DISEASE, BREAST CANCER, SLEEP DISORDERS, ARTHRITIS, HIGH CHOLESTEROL, CANCER PREVENTION, NUTRITION, STRESS MANAGEMENT, CIRCULATORY PROBLEMS, DIGESTIVE DISORDERS, PAIN MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S NUTRITION.

TSH OFFERED A MINI-MEDICAL SCHOOL, A FREE, SIX-WEEK SERIES OF LECTURES BY VOLUNTEER PHYSICIANS FOCUSING ON COMMON DISEASE STATES AND AVAILABLE TREATMENTS. TOPICS INCLUDE ANESTHESIOLOGY, CANCER, CARDIOLOGY,

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GASTROENTEROLOGY, GENERAL ANATOMY, GYNECOLOGY, INFECTIOUS DISEASES, INTEGRATIVE MEDICINE, MEDICAL DECISION-MAKING, PULMONARY MEDICINE AND ORTHOPEDICS. IN SPRING AND FALL OF 2014 A TOTAL OF 441 PEOPLE ATTENDED THE CLASSES.

HOSPITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS SPEAKERS AT VARIOUS COMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT

HEALTH EVENTS; CONDUCTED 9,280 SCREENINGS, WITH TOTAL ATTENDANCE OF 22,476. THE EVENTS INCLUDED HEALTH FAIRS AT COMMUNITY CENTERS, SENIOR CENTERS, RELIGIOUS INSTITUTIONS, AND SCHOOLS; PHYSICIAN PRESENTATIONS AS WELL AS CAREER DAYS, SCHOOL TOURS AND INFORMATIONAL SPECIAL EVENTS.

OTHER HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES PROVIDED IN FY2014 ARE AS FOLLOWS:

ASTHMA EDUCATION:

TSH CONDUCTED AN EVENT FOR THE COMMUNITY WITH EXHIBITS TO EDUCATE AND

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CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA. TOPICS INCLUDED KEEPING ASTHMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE ROLE OF ALLERGIES, AND THE FUTURE OF ASTHMA THERAPY. THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA.

CANCER:

IN 2014, STAMFORD HOSPITAL'S CARL & DOROTHY BENNETT CANCER CENTER CONTINUED TO BUILD ON ITS REPUTATION FOR DELIVERING EXPERT CARE IN A WARM, NURTURING ENVIRONMENT. BUILDING ON THE SUCCESS OF THE PATIENT AND FAMILY ADVISORY COUNCIL'S (PFAC) FIRST YEAR, OUR MEMBERS CONTINUED TO ADVISE US ON PROJECTS AND INITIATIVES. THIS APPROACH IS CONSISTENT WITH THE HOSPITAL'S PLANETREE PHILOSOPHY OF PATIENT-CENTERED CARE. WITH MEMBERS THAT INCLUDE STAFF, CANCER SURVIVORS AND CAREGIVERS, THE GOAL OF THE PFAC IS TO CONTINUE TO IMPROVE THE CARE AND SERVICES OFFERED AT THE BENNETT CANCER CENTER. ADDITIONALLY, THE BENNETT CANCER CENTER CONTINUED OUR PARTNERSHIP WITH ONCOLOGY REHAB PARTNERS IN OFFERING THE STAR (SURVIVORSHIP TRAINING & REHABILITATION) PROGRAM TO ITS PATIENTS. STAR IS A NATIONALLY RECOGNIZED CANCER SURVIVORSHIP PROGRAM THAT FOCUSES ON

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

HELPING SURVIVORS HEALTH PHYSICALLY AND EMOTIONALLY. PHYSICIANS AND STAFF
BEGAN TRAINING IN 2013 AND THE PROGRAMMED WAS IMPLEMENTED IN 2014.

FORM 990, SCHEDULE H, PART VI

STATE FILING OF COMMUNITY BENEFIT REPORT

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

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