

PUBLIC INSPECTION COPY

Hospitals

SCHEDULE H
(Form 990)

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.

Employer identification number

58-2179986

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 | |
| b 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 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | X | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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 criteria used 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 | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | X | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | X |
| 6a Did the organization prepare a community benefit report during the tax year? | | X |
| b If "Yes," did the organization make it available to the public? | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 2,416,886. | | 2,416,886. | .58 |
| b Medicaid (from Worksheet 3, column a) | | | 21,552,437. | 21,380,271. | 172,166. | .04 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 1,043,483. | 632,558. | 410,925. | .09 |
| d Total Financial Assistance and Means-Tested Government Programs | | | 25,012,806. | 22,012,829. | 2,999,977. | .71 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 100,181. | | 100,181. | .02 |
| f Health professions education (from Worksheet 5) | | | 1,294,022. | | 1,294,022. | .31 |
| g Subsidized health services (from Worksheet 6) | | | 1,117,784. | | 1,117,784. | .27 |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 891,893. | | 891,893. | .21 |
| j Total. Other Benefits | | | 3,403,880. | | 3,403,880. | .81 |
| k Total. Add lines 7d and 7j. | | | 28,416,686. | 22,012,829. | 6,403,857. | 1.52 |

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

Schedule H (Form 990) 2017

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 | | | | | | |
| 10 Total | | | | | | |

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? | 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 | | |
| 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 | 112,461,778. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 101,800,200. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 10,661,578. |
| 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? | 9a | X | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | X | |

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 NONE | | | | |
| 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

| | 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 |
|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 PIEDMONT ATHENS REGIONAL MED CENTER 1199 PRINCE AVENUE ATHENS GA 30606 WWW.PIEDMONT.ORG 029-007 | X | X | | | | | X | | | 1 |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

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 letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

| | Yes | No |
|---|-----|----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | X | |
| 3 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 12 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 significant 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 type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u> | | |
| 5 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 | |
| 6a 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 |
| 6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | X |
| 7 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 PART VI</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," (list url): <u>SEE PART VI</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a 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 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c If "Yes" to line 12b, 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 (FAP)

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

| | | Yes | No |
|-----------|---|-----|----|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that: | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | X | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance status | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | X | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | X | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized 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 FAP was widely available on a website (list url): <u>SEE PART VI</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART VI</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

| | | Yes | No |
|---|-----------|-----|----|
| 17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | X | |
| 18 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(ies) | | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 Did the hospital facility or other authorized 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: | 19 | | X |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | | |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | | |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | | |
| e <input type="checkbox"/> Other (describe in Section C) | | | |
| f <input type="checkbox"/> None of these efforts were made | | | |

Policy Relating to Emergency Medical Care

| | | Yes | No |
|---|-----------|-----|----|
| 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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: | 21 | 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) | | | |

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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group PIEDMONT ATHENS REGIONAL MED CENTER

| | Yes | No |
|--|-----------|----|
| <p>22 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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p> | | |
| <p>23 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?</p> <p>If "Yes," explain in Section C.</p> | 23 | X |
| <p>24 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?</p> <p>If "Yes," explain in Section C.</p> | 24 | X |

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCH H, PART V, SECTION B, LINE 2

ATHENS REGIONAL HEALTH SYSTEM CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2015. ATHENS REGIONAL HEALTH SYSTEM IS THE FORMER PARENT OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER, PRIOR TO THE ACQUISITION OF THE MEDICAL CENTER BY PIEDMONT HEALTHCARE.

SCH H, PART V, SECTION B, LINE 3

ATHENS REGIONAL CONDUCTED A 2015 CHNA. ATHENS REGIONAL HEALTH SYSTEM IS THE FORMER PARENT OF PIEDMONT ATHENS REGIONAL MEDICAL CENTER (SEE SECTION C).

SCH H, PART V, SECTION B, LINE 5

ATHENS REGIONAL HEALTH SYSTEM CONSULTED THE FOLLOWING ENTITIES WHEN CONDUCTING ITS MOST RECENT CHNA:

ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM

WISCONSIN COUNTY HEALTH RANKINGS

TICKER-NATIONAL RESEARCH CORPORATION

THE STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH

NORTHEAST GEORGIA HEALTH DISTRICT

PIEDMONT ATHENS REGIONAL MEDICAL CENTER

OUR DAILY BREAD

WHATEVER IT TAKES INITIATIVE

ATHENS NEIGHBORHOOD HEALTH

ATHENS NURSES CLINIC

ADVANTAGE BEHAVIORAL HEALTH SYSTEM

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN'S HEALTHCARE OF ATLANTA

HEALTH PLAN SELECT

ST. MARY'S HEALTH SYSTEM

MERCY HEALTH CENTER

AIDS ATHENS

ATHENS PBJ

INTER-COMMUNITY COUNCIL WITH ATHENS HOUSING AUTHORITY

BOYS AND GIRLS CLUB AT GARNETT RIDGE

ATHENS COMMUNITY COUNCIL ON AGING

SCH H, PART V, SECTION B, LINE 6A

ATHENS REGIONAL HEALTH SYSTEM CONDUCTED A JOINT 2015 CHNA WITH ST. MARY'S HEALTHCARE SYSTEM.

SCH H, PART V, SECTION B, LINE 7A

COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/2015-CHNA-ATHENS.PDF](https://www.piedmont.org/media/file/2015-CHNA-ATHENS.PDF)

SCH H, PART V, SECTION B, LINE 10A

IMPLEMENTATION STRATEGY

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/2017-19-IMPLEMENTATION-STRATEGIES.PDF](https://www.piedmont.org/media/file/2017-19-IMPLEMENTATION-STRATEGIES.PDF)

SCH H, PART V, SECTION B, LINE 11

IN 2015, THE THEN-ATHENS REGIONAL HEALTH SYSTEM ADMINISTRATION AND BOARD APPROVED THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WAS DEVELOPED USING PRIMARY AND SECONDARY DATA, INTERNAL HOSPITAL DATA, FINDINGS FROM KEY STAKEHOLDER INTERVIEWS AND OTHER RELEVANT COMMUNITY-BASED INFORMATION. THE CHNA IDENTIFIED SEVERAL KEY HEALTH PRIORITIES, WHICH WERE DEVELOPED USING FOUR KEY CRITERIA: 1) THE NUMBER OF PEOPLE AFFECTED, 2) THE SEVERITY OF THE PROBLEM, 3) THE HEALTH SYSTEM'S ABILITY TO IMPACT, AND 4) THE EXTENT TO WHICH OTHER ORGANIZATIONS ARE ALREADY MEETING THE NEED.

FROM THE CHNA FINDINGS, AND IN PARTNERSHIP WITH HOSPITAL LEADERSHIP AND COMMUNITY STAKEHOLDERS, ATHENS REGIONAL HEALTH SYSTEM DEVELOPED ITS IMPLEMENTATION STRATEGY TO ADDRESS THE IDENTIFIED PRIORITIES LISTED IN THE 2015 CHNA. THE INITIAL IMPLEMENTATION STRATEGY WAS APPROVED BY THE ATHENS REGIONAL HEALTH SYSTEM BOARD OF DIRECTORS ON NOVEMBER 24, 2015.

ATHENS REGIONAL JOINED THE PIEDMONT HEALTHCARE SYSTEM AS PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PARMC") IN OCTOBER 2016. IN MARCH 2017, THE PIEDMONT HEALTH SYSTEM COMMUNITY BENEFIT TEAM, IN PARTNERSHIP WITH PAR LEADERSHIP, REDRAFTED THE IMPLEMENTATION STRATEGY TO ALIGN IT WITH SYSTEM PRIORITIES AND TO REFLECT THE SHIFT IN OWNERSHIP. CORE STRATEGIES FROM THE ORIGINAL WERE MAINTAINED, AND SEVERAL PRIORITIES WERE COMBINED AS THEY SHARE STRATEGIES.

PARMC HAS ATTEMPTED TO INCREASE ACCESS TO CARE AND SERVICES BY PROVIDING FINANCIAL ASSISTANCE AND COVERING ANY SHORT-FALLS FOR LOW AND NO-INCOME POPULATIONS THROUGH FREE AND REDUCED-COST CARE TO QUALIFYING PATIENTS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THROUGH PIEDMONT HEALTHCARE'S FINANCIAL ASSISTANCE POLICY. PARMC HAS ALSO CONTINUED TO SUPPORT CARE FOR MEDICAID POPULATIONS THROUGH COVERAGE OF COST SHORTFALLS AND BY ENROLLING QUALIFYING PATIENTS WITH VENDORS. PARMC HAS ALSO MAINTAINED A PARTNERSHIP WITH MERCY CLINIC FOR THE PROVISION OF FREE PHARMACEUTICALS.

PARMC ALSO IDENTIFIED SUPPORTING CARDIOVASCULAR, CEREBROVASCULAR, AND RESPIRATORY HEALTH AND COMBATING OBESITY AND DIABETES AS A COMMUNITY NEED. PARMC PROVIDES GRANT FUNDING TO COMMUNITY BASED NON-PROFITS TO HELP AT-RISK POPULATIONS DIRECTLY. FURTHER, PARMC PROVIDES A VARIETY OF HEALTHY LIFESTYLE COMMUNITY EDUCATION PROGRAMING, INCLUDING NUTRITION COUNSELING, SMOKE-FREE CAMPAIGNS, AND OTHER LIFESTYLE CLASSES AT THE LOCAL YMCA. PARMC HAS ALSO REMAINED ACCREDITED FOR STROKE AND CARDIOVASCULAR SERVICES.

SCH H, PART V, SECTION B, LINE 16

FINANCIAL ASSISTANCE POLICY WEBSITES

FINANCIAL ASSISTANCE POLICY -

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/FINANCIAL-ASSISTANCE-POLICY.PDF](https://www.piedmont.org/media/file/financial-assistance-policy.pdf)

FINANCIAL ASSISTANCE APPLICATION -

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/FINANCIAL-ASSISTANCE-APPLICATION.PDF](https://www.piedmont.org/media/file/financial-assistance-application.pdf)

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY -

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/FINANCIAL-ASSISTANCE-PLAIN-LANGUAGE-SU](https://www.piedmont.org/media/file/financial-assistance-plain-language-su)

PUBLIC INSPECTION COPY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MMARY-ENGLISH.PDF

PUBLIC INSPECTION COPY

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.
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- 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.

SCH H, PART I, LINE 6A

A REPORT ON OUR COMMUNITY BENEFIT ACTIVITIES CAN BE FOUND ONLINE, IT IS WIDELY DISTRIBUTED TO THE PUBLIC THROUGH BOTH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE SYSTEM'S WEBSITE. A REPORT ON PIEDMONT ATHENS REGIONAL HOSPITAL'S COMMUNITY BENEFITS IS ALSO FOUND BOTH WITHIN THE HEALTH CARE SYSTEM'S ANNUAL REPORT AND THE HEALTH CARE SYSTEM'S FOUNDATION ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC THROUGH BOTH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE SYSTEM'S WEBSITE. ADDITIONALLY, THE REPORT WAS MAILED TO HOSPITAL AND SYSTEM BOARD MEMBERS, STATE AND LOCAL ELECTED OFFICIALS AND OTHER KEY STAKEHOLDERS.

SCH H, PART I, LINE 7

PIEDMONT ATHENS REGIONAL MEDICAL CENTER IS IN THE PROCESS OF DEVELOPING AND IMPLEMENTING A COSTING SYSTEM. HOWEVER, CURRENTLY, A COST TO CHARGE RATIO WAS USED TO CALCULATE THE AMOUNTS SHOWN IN PART 1, LINE 7.

Part VI Supplemental Information

Provide the following information.

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SCH H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES.

SCH H, PART III, LINE 8

THE AMOUNT REPORTED ON PART III, LINE 6, WAS CALCULATED IN ACCORDANCE WITH SCHEDULE H INSTRUCTIONS AND UTILIZING THE ORGANIZATION'S ALLOWABLE MEDICARE COST AS REPORTED IN THE MEDICARE COST REPORT, WHICH IS BASED ON A COST TO CHARGE RATIO. HOWEVER, THE ALLOWABLE COSTS IN THE MEDICARE COST REPORT DO NOT REFLECT THE ACTUAL COST OF PROVIDING CARE TO PATIENTS, SINCE THE MEDICARE COST REPORT EXCLUDES MANY DIRECT PATIENT CARE COSTS THAT ARE ESSENTIAL TO PROVIDE QUALITY HEALTHCARE FOR MEDICARE PATIENTS.

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.
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FOR EXAMPLE, CERTAIN COVERAGE FEES TO PHYSICIANS, COST OF MEDICARE C AND D, AND OTHER SIMILAR DIRECT PATIENT CARE EXPENSES ARE SPECIFICALLY EXCLUDE FROM ALLOWABLE COST IN THE MEDICARE COST REPORT.

THE ORGANIZATION BELIEVES THAT THE HOSPITAL'S MEDICARE SHORTFALL REPORTED ON PART III, LINE 7 OF SCHEDULE H, SHOULD BE CONSIDERED A COMMUNITY BENEFIT AS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO ELDERLY AND MEDICARE PATIENTS. IRS REVENUE RULING 69-545 PROVIDES, IN PART, THAT HOSPITALS SERVING PATIENTS WITH GOVERNMENTAL HEALTH INSURANCE, SUCH AS MEDICARE, IS AN INDICATION THE HOSPITAL OPERATES TO PROMOTE HEALTH IN THE COMMUNITY. ADDITIONALLY, MEDICARE ACCOUNTED FOR 48.34 PERCENT OF THE HOSPITAL'S PATIENT SERVICE REVENUE . THE HOSPITAL'S POLICY IS TO TREAT MEDICARE PATIENTS, REGARDLESS OF THE EXTENT TO WHICH MEDICARE ACTUALLY PAYS FOR THE TREATMENT. FOR MANY SERVICES, MEDICARE'S REIMBURSEMENT IS LESS THAN THE COST OF THE CARE PROVIDED, RESULTING IN SHORTFALLS THAT ARE TO BE ABSORBED BY THE HOSPITAL IN HONOR OF THE HOSPITAL'S COMMITMENT TO TREAT ELDERLY PATIENTS.

Part VI Supplemental Information

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SCH H, PART VI, LINE 2

THE 2015-2016 ATHENS REGIONAL HEALTH SYSTEM/ST. MARY'S HEALTHCARE SYSTEM'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PRODUCED AS A JOINT UNDERTAKING ENTERED INTO BY BOTH REGIONAL HEALTHCARE PROVIDERS TO SATISFY THE REQUIREMENTS OF SECTION 501(R) OF THE IRS CODE. COMMUNITY CONNECTION OF NORTHEAST GEORGIA, A 501(C)(3) ATHENS-BASED NONPROFIT CORPORATION WITH WHICH THE TWO HOSPITALS CONTRACTED, PRODUCED THE PRESENT REPORT, WHICH PROVIDES AN OVERVIEW OF THE HEALTH NEEDS IN THE 17-COUNTY CATCHMENT AREA SERVED BY THE HOSPITALS. IN KEEPING WITH THE ACA REQUIREMENT, CONTAINED WITHIN THIS REPORT ARE REFLECTIONS OF BOTH THE HEALTH NEEDS IN THE REGION SERVED BY THE HOSPITAL AS WELL AS THE HEALTH-PROMOTING ASSETS AND COMMUNITY-BASED RESOURCES UPON WHICH THE COMMUNITY DEPENDS FOR ITS CURRENT STATE OF HEATH. SPECIAL ATTENTION HAS BEEN GIVEN TO THE IDENTIFICATION OF HEALTH DISPARITIES, THE NEEDS OF VULNERABLE POPULATIONS, AND THE UNMET HEALTH NEEDS OF THE REGION. ON BEHALF OF THE HOSPITAL, COMMUNITY CONNECTION CONDUCTED 27 KEY INFORMANT INTERVIEWS, 15 FOCUS GROUPS AND A WIDESPREAD ONLINE COMMUNITY SURVEY. COMMUNITY CONNECTION ALSO EXTENSIVELY ANALYZED COMMUNITY-BASED DATA.

Part VI Supplemental Information

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IN THE CHNA, WE IDENTIFIED OUR TOP HEALTH PRIORITIES TO ADDRESS OVER A THREE-YEAR PERIOD. THESE WERE: CARDIOVASCULAR HEALTH, CEREBROVASCULAR HEALTH, CANCER, HIV/AIDS AND STDS, RESPIRATORY HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE, DIABETES AND OBESITY, MATERNAL AND INFANT HEALTH, ACCESS TO CARE, AND INJURY PREVENTION AND SAFETY.

AS A NOTE, AT THE TIME THE CHNA WAS CONDUCTED, THE HOSPITAL WAS NOT PART OF THE PIEDMONT HEALTHCARE SYSTEM AND CONDUCTED OPERATIONS AS ATHENS REGIONAL MEDICAL CENTER.

SCH H, PART VI, LINE 3

PATIENT EDUCATION OF AVAILABILITY OF ASSISTANCE: PIEDMONT HEALTHCARE UNDERSTANDS THAT NOT EVERYONE WILL HAVE THE ABILITY TO PAY THEIR HOSPITAL BILL DUE TO THEIR INSURANCE STATUS OR A LIMITED INCOME, AND BECAUSE OF THIS, WE OFFER FINANCIAL ASSISTANCE TO QUALIFYING PATIENTS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AVAILABLE AT PIEDMONT ATHENS REGIONAL HOSPITAL INCLUDES PROVIDING A DEDICATED CONTACT NUMBER, WHICH IS DISSEMINATED BY

Part VI Supplemental Information

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THE HOSPITAL TO PATIENTS BY VARIOUS MEANS. THESE INCLUDE, BUT ARE NOT LIMITED TO: THE PUBLICATION OF NOTICES IN PATIENT BILLS AND BY POSTING NOTICES IN EMERGENCY ROOMS, IN THE CONDITIONS OF ADMISSION FORM, AT ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES, AND PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES, AND AT OTHER PUBLIC PLACES THE HOSPITAL MAY ELECT, INCLUDING AVAILABILITY AT LOCAL LOW-COST CLINICS PRIMARILY TREATING UNINSURED POPULATIONS.

PIEDMONT ATHENS REGIONAL HOSPITAL ALSO PUBLISHES AND WIDELY PUBLICIZES A PLAIN LANGUAGE SUMMARY OF THIS FINANCIAL ASSISTANCE CARE POLICY ON ITS FACILITY WEBSITE, WHICH WILL INCLUDE A LINK TO FULL POLICY. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY STAFF OR MEDICAL STAFF MEMBER AT THE HOSPITAL, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS AND RELIGIOUS SPONSORS. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.

ADDITIONALLY, PIEDMONT HEALTHCARE ANNUALLY PUBLISHES A DIRECTORY OF

Part VI Supplemental Information

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SERVICES AND PROGRAMS FOR LOW-INCOME COMMUNITY MEMBERS, AND WITHIN THIS RESOURCE GUIDE ARE EXTENSIVE DIRECTIONS AND ADVICE ON HOW TO APPLY FOR PATIENT FINANCIAL ASSISTANCE. THIS GUIDE IS WIDELY DISTRIBUTED TO THE COMMUNITY VIA HARDCOPY, IS AVAILABLE WITHIN OUR HOSPITALS AND IS DIGITALLY AVAILABLE ONLINE. COPIES ARE PROVIDED IN BOTH ENGLISH AND SPANISH.

SCH H, PART VI, LINE 4

PIEDMONT ATHENS REGIONAL HOSPITAL IS LOCATED IN ATHENS, GEORGIA, AND CONSIDERS CLARKE COUNTY ITS HOME COUNTY FOR THE PURPOSES OF ITS COMMUNITY BENEFIT PROGRAMMING. IN 2017, 123,554 PEOPLE LIVE IN CLARKE COUNTY. SIXTY-TWO PERCENT OF THE COUNTY WAS WHITE, 27 PERCENT WAS BLACK AND 10 PERCENT WAS HISPANIC/LATINO AND 1 PERCENT IS ASIAN. FOURTEEN PERCENT OF TOTAL CLARKE COUNTY RESIDENTS WERE UNINSURED IN 2017, AND NEARLY ONE IN FIVE NON-ELDERLY ADULTS WERE UNINSURED. (US CENSUS, AMERICAN COMMUNITY SURVEY, 2017)

NINETY-TWO PERCENT OF CHILDREN QUALIFIED FOR FREE OR REDUCED COST FOR

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FREE LUNCH IN THE 2015-2016 SCHOOL YEAR, AS COMPARED TO A STATE AVERAGE OF 62 PERCENT AND A NATIONAL AVERAGE OF 52 PERCENT. FOR THE 2015-2016 SCHOOL YEAR, 80 PERCENT OF THE COUNTY'S HIGH SCHOOL STUDENTS GRADUATED WITHIN FOUR YEARS (NATIONAL CENTER FOR EDUCATION STATISTICS). UNEMPLOYMENT WAS AT 3.7 PERCENT IN 2018, WHICH IS CLOSE TO STATE AND NATIONAL AVERAGES (US DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS).

IN 2015, THERE WAS ONE PRIMARY CARE PHYSICIAN FOR EVERY 1,490 RESIDENTS OF THE COUNTY, COMPARED TO ONE FOR 1,030 FOR THE STATE. TWENTY-THREE PERCENT OF ADULTS REPORTED THEY WERE IN POOR OR FAIR HEALTH, A FIGURE ABOVE THE GEORGIA AVERAGE OF 19 PERCENT. IN 2017, 22 PERCENT OF ADULTS SMOKED, 22 PERCENT WERE PHYSICALLY INACTIVE, AND 26 PERCENT WERE OBESE (UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE, COUNTY HEALTH RANKINGS, 2018, WITH DATA YEARS RANGING FROM 2014 TO 2017).

SCH H, PART VI, LINE 5

PIEDMONT ATHENS REGIONAL HOSPITAL ACTIVELY PROMOTES THE HEALTH OF ITS COMMUNITY THROUGH COMMUNITY-BASED HEALTH SCREENINGS, EDUCATIONAL

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ACTIVITIES, THE OPERATION OF A 24-HOUR EMERGENCY DEPARTMENT AVAILABLE TO THE ENTIRE COMMUNITY, THE OPERATION OF AN EMERGENCY ROOM OPEN TO ALL MEMBERS OF THE COMMUNITY WITHOUT REGARD TO ABILITY TO PAY, A GOVERNANCE BOARD COMPOSED OF COMMUNITY MEMBERS, USE OF SURPLUS REVENUE FOR FACILITIES IMPROVEMENT, PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH, THE PROVISION OF INPATIENT HOSPITAL CARE FOR ALL PERSONS IN THE COMMUNITY ABLE TO PAY, INCLUDING THOSE COVERED BY MEDICARE AND MEDICAID, AND AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS.

IN FY18, PIEDMONT ATHENS REGIONAL OFFERED VARIOUS PROACTIVE COMMUNITY BENEFIT PROGRAMS, INCLUDING THE CONTINUATION OF THE PIEDMONT COMMUNITY BENEFIT GRANTS PROGRAM, WHICH OFFERS GRANT OPPORTUNITIES TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING SPECIFIC TO HEALTH-RELATED SERVICES AND PROGRAMS THAT ADDRESS THE UNMET HEALTH NEEDS IDENTIFIED IN OUR FY16 CHNA AND IMPLEMENTATION STRATEGY. GRANT RECIPIENTS IN FY18 WERE: ATHENS COMMUNITY COUNCIL ON AGING, CLARKE COUNTY DEPARTMENT OF HEALTH (NORTHEAST HEALTH DISTRICT WIC), EXTRA SPECIAL PEOPLE, MEDLINK GEORGIA, MERCY HEALTH

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CENTER AND P.L.A.C.E.S. (PROMOTING LOCAL AGRICULTURE AND CULTURAL EXPERIENCES).

OTHER COMMUNITY PARTNERS INCLUDED: ATHENS-CLARKE COUNTY DIVERSION CENTER, ATHENA GARDENS, ATHENS NURSES' CLINIC, EARLY PSYCHOSIS INTERVENTION, CLINIC OF ADVANTAGE, ATHENS-CLARKE SCHOOL SYSTEM, JACKSON COUNTY SENIOR CENTER, MT. PLEASANT COMMUNITY CHURCH, OCONEE COUNTY SENIOR CENTER, OCONEE COUNTY SENIOR CENTER, WOMEN'S SERVICES OF ADVANTAGE BEHAVIORAL HEALTH, EBENEZER BAPTIST, OUR DAILY BREAD OF ACTION MINISTRIES, ATHENS LAND TRUST'S WEST BROAD FARMER'S MARKET, JACKSON COUNTY SCHOOL SYSTEM, OCONEE COUNTY, CITY OF AUBURN AND CITY OF COMMERCE. PARTNERSHIPS VARY WITH EACH ORGANIZATION, THOUGH OFTEN INCLUDE HEALTH EDUCATION AND OUTREACH, SUCH AS PROMOTION OF HEALTHY BEHAVIORS, INCLUDING SMOKING CESSATION.

IN FY18, PIEDMONT ATHENS PIEDMONT HOSPITAL ALSO PROVIDED HEALTH PROFESSIONS EDUCATION TO STUDENTS AND RESIDENTS TRAINING TO BE HEALTH PROFESSIONALS. THAT YEAR, THE HOSPITAL OVERSAW TRAINING AT A COST OF

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\$6,967,495.

SCH H, PART VI, LINE 6

PIEDMONT ATHENS REGIONAL HOSPITAL IS A PART OF PIEDMONT HEALTHCARE, A REGIONAL NOT-FOR-PROFIT ORGANIZATION AND THE PARENT COMPANY OF 11 HOSPITALS, THE PIEDMONT PHYSICIANS GROUP, THE PIEDMONT HEART INSTITUTE, THE PIEDMONT CLINIC AND THE PIEDMONT HEALTHCARE FOUNDATION. PIEDMONT HEALTHCARE'S COMMUNITY BENEFIT DEPARTMENT COORDINATES THE COMMUNITY BENEFIT ACTIVITIES ON BEHALF OF ALL HOSPITALS THROUGHOUT THE SYSTEM. THIS INCLUDES: CONDUCTING THE TRIENNIAL CHNA AND SUBSEQUENT IMPLEMENTATION STRATEGY, ENSURING THE FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO THE COMMUNITY, MAINTAINING THE COMMUNITY BENEFIT WEBPAGE, AUTHORIZING THE COMMUNITY BENEFIT ANNUAL REPORT, PREPARING BOARD MATERIALS, DEVELOPING AND EXECUTING THE COMMUNITY BENEFIT GRANTS PROGRAM AND COMPILING ALL COMMUNITY BENEFIT FIGURES. EACH HOSPITAL AND CERTAIN DEPARTMENTS OF PIEDMONT HEALTHCARE PROVIDE KEY INPUT AND EXECUTE PROGRAMMING. THIS INCLUDES OUR REVENUE DEPARTMENT, WHICH OVERSEES AND EXECUTES THE FINANCIAL ASSISTANCE POLICY AND PROGRAM.

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.

SCH H, PART VI, LINE 7

PIEDMONT ATHENS REGIONAL HOSPITAL IS NOT REQUIRED TO FILE A COMMUNITY
 BENEFIT REPORT; HOWEVER, THE HOSPITAL IS REQUIRED TO FILE WITH THE
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH INFORMATION ON ITS INDIGENT AND
 CHARITY CARE, AS WELL AS ITS MEDICAID AND MEDICARE SHORTFALLS.