

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

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

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .		X
<b>6b</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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			8,101,076.		8,101,076.	2.70
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			14,987,097.	15,899,072.		
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					3,385,098.	1.13
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			23,088,173.	15,899,072.	11,486,174.	3.83
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,079,190.		1,079,190.	.36
<b>f</b> Health professions education (from Worksheet 5) . . . . .			1,007,188.		1,007,188.	.34
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			589,781.		589,781.	.20
<b>j Total.</b> Other Benefits . . . . .			2,676,159.		2,676,159.	.90
<b>k Total.</b> Add lines 7d and 7j. . . . .			25,764,332.	15,899,072.	14,162,333.	4.73

**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**

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** X
- 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** 15,700,107.
- 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**
- 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.

	Yes	No
<b>1</b>	X	
<b>2</b>		
<b>3</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>9a</b>	X	
<b>9b</b>	X	

**Section B. Medicare**

- Enter total revenue received from Medicare (including DSH and IME) **5** 84,865,277.
- Enter Medicare allowable costs of care relating to payments on line 5 **6** 81,707,079.
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 3,158,198.
- 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:  
 Cost accounting system  Cost to charge ratio  Other

**Section C. Collection Practices**

- Did the organization have a written debt collection policy during the tax year? **9a** X
- 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
<b>1</b> <u>PIEDMONT ATHENS REGIONAL MED CENTER</u> <u>1199 PRINCE AVENUE</u> <u>ATHENS GA 30606</u> <u>WWW.PIEDMONT.ORG</u> <u>029-007</u>	X	X					X			1
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA requirements, and implementation strategies.

**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:			
<b>13</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.0000</u> % and FPG family income limit for eligibility for discounted care of <u>125.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.PIEDMONT.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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? . . . . .	X	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>21</b>	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? . . . . .	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		



**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, LINE 2

ON SEPTEMBER 30, 2016, ATHENS REGIONAL HEALTH SYSTEM, INC. WAS MERGED INTO PIEDMONT ATHENS REGIONAL MEDICAL CENTER ("PAR")(FKA ATHENS REGIONAL MEDICAL CENTER. ON OCTOBER 1, 2016, PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC. ENTERED INTO AN AFFILIATION AGREEMENT WITH PIEDMONT HEALTHCARE, INC., WHEREBY PIEDMONT HEALTHCARE BECAME THE ORGANIZATION'S SOLE MEMBER AND PAR JOINED THE PIEDMONT HEALTHCARE SYSTEM OF TAX-EXEMPT HOSPITALS. PAR WAS ALREADY CLASSIFIED AS A TAX-EXEMPT HOSPITAL PRIOR TO ITS ACQUISITION AND FILED ALL REQUIRED FORMS 990 AND ACCOMPANYING SCHEDULES H.

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



**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.

OUR DAILY BREAD

WHATEVER IT TAKES INITIATIVE

ATHENS NEIGHBORHOOD HEALTH

ATHENS NURSES CLINIC

ADVANTAGE BEHAVIORAL HEALTH SYSTEM

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 CLUN 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.

**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 SCH H PART I LINE 3C

NOT APPLICABLE SINCE THE HOSPITAL USES FEDERAL POVERTY GUIDELINES.

FORM SCH H PART I LINE 6A

PIEDMONT ATHENS REGIONAL HEALTH SERVICES PREPARES A COMBINED COMMUNITY  
BENEFIT REPORT.

FORM SCH H PART I LINE 7G

THIS AMOUNT DOES NOT INCLUDE ANY SUBSIDIZED HEALTH SERVICES FROM  
PHYSICIAN CLINICS.

FORM 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.

- 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 SCH H PART III LINE 4

PIEDMONT ATHENS REGIONAL MEDICAL CENTER PROVIDES CARE FREE OF CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WITH QUALIFYING FINANCIAL NEED UNDER ITS FINANCIAL ASSISTANCE -I.E. CHARITY CARE - POLICY. BECAUSE THE HOSPITAL DOES NOT PURSUE COLLECTION OF CHARGES DETERMINED TO QUALIFY AS CHARITY CARE, THESE CHARGES ARE NOT REPORTED AS REVENUE. THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HEALTH SYSTEM'S CHARITY CARE POLICY WAS APPROXIMATELY \$33,786,700 FOR THE PERIOD OCTOBER 1, 2016 THROUGH JUNE 30, 2017 AND \$58,384,324 FOR THE YEAR ENDED SEPTEMBER 30, 2016.

FORM SCH H PART III LINE 8

ANY SHORTFALL IS NOT REPORTED IN LINE 7 COMMUNITY BENEFIT. TO DETERMINE MEDICARE ALLOWABLE COSTS REPORTED IN THE MEDICARE COST REPORT, THE COST-TO-CHARGE RATIO IS APPLIED TO GROSS PATIENT REVENUE ASSOCIATED WITH THE SERVICES PERFORMED FOR PATIENTS WHO ARE ELIGIBLE FOR MEDICARE.

**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 SCH H PART III LINE 9B

THE HOSPITAL'S COLLECTION POLICIES CONTAIN PROVISIONS FOR NOT UNDERTAKING COLLECTION ACTIONS AGAINST PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE - I.E., CHARITY CARE. AS SUCH, THE HOSPITAL WORKS EXPEDITIOUSLY TO DETERMINE WHEN PATIENT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE, AND THEREFORE SHOULD NOT BE PURSUED FOR PAYMENT.

FORM SCH H PART V LINE 9B

FORM SCH H PART VI LINE 2

ATHENS REGIONAL HEALTH SYSTEM (ARHS), WITH THE LEADERSHIP OF TWO MASTERS-LEVEL INTERNS FROM THE UGA COLLEGE OF PUBLIC HEALTH, CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2014-2015. ARHS (PRIMARILY THROUGH PIEDMONT ATHENS REGIONAL MEDICAL CENTER) HAS A LONG HISTORY OF PROVIDING QUALITY HEALTH CARE SERVICES IN PARTNERSHIP WITH NUMEROUS COMMUNITY HEALTH AND SOCIAL SERVICE ORGANIZATIONS, ENABLING PREVENTATIVE HEALTH SERVICES AND COMMUNITY OUTREACH TO BE AVAILABLE TO INDIVIDUALS IN THE ARHS SERVICE AREA. PIEDMONT ATHENS REGIONAL MEDICAL CENTER SERVES THE

**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.

FOLLOWING COUNTIES: ATHENS-CLARKE, OCONEE, OGLETHORPE, MADISON, JACKSON,  
 BARROW, WALTON, MORGAN, GREENE, TALIAFERRO, WILKES, ELBERT, HART,  
 FRANKLIN, BANKS, STEPHENS AND HABERSHAM.

## METHODS AND DATA SOURCES

## A. METHODS

DATA COLLECTED FROM: INTERVIEWS WITH 12 ARHS INPATIENT AND OUTPATIENT  
 MEDICAL SPECIALTIES. INTERVIEWS WITH REPRESENTATIVES FROM 15 COMMUNITY  
 ORGANIZATIONS. SEARCHES IN SECONDARY SOURCES SUCH AS 5 ONLINE DATABASES  
 AS WELL AS ARMC INPATIENT DATA AND ED VISIT DATA.

## B. SECONDARY DATA

OASIS, COUNTY HEALTH RANKINGS, TICKER, NORTHEAST GEORGIA HEALTH DISTRICT,  
 AND GEORGIA STATE GOVERNMENT.

## C. PRIMARY DATA

OUR DAILY BREAD, WHATEVER IT TAKES, ATHENS NEIGHBORHOOD HEALTH CENTER,  
 ATHENS NURSES' CLINIC, ADVANTAGE BEHAVIORAL HEALTH SYSTEM, CHILDREN'S

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HEALTHCARE OF ATLANTA, ST. MARY'S HEALTH SYSTEM, MERCY HEALTH CENTER,  
AIDS ATHENS, ATHENS PBJ, INTER-COMMUNITY COUNCIL OF ATHENS HOUSING  
AUTHORITY, BOYS AND GIRLS CLUB AT GARNETT RIDGE, AND ATHENS COMMUNITY  
COUNCIL ON AGING.

THE TOP HEALTH NEEDS IDENTIFIED ARE AS FOLLOWS: MAJOR FINDINGS FROM THE  
INTERVIEWS AND DATA SOURCES SUGGEST THAT THERE ARE OVER-ARCHING NEEDS  
RELATED TO POVERTY, LACK OF ACCESS TO HEALTH CARE, ESPECIALLY FOR THE  
UNINSURED, AND LACK OF TRANSPORTATION. THE MOST PREVENTABLE AND ALSO  
MANAGEABLE DIAGNOSES IN THE COMMUNITY WERE IDENTIFIED TO BE UNTREATED  
MENTAL ILLNESS AND SUBSTANCE ABUSE, HEART DISEASE/HYPERTENSION, OBESITY,  
AND DIABETES. ACCORDING TO THE COLLECTED DATA, THE POPULATIONS MOST AT  
RISK FOR THESE HEALTH NEEDS WITHIN THE PIEDMONT ATHENS REGIONAL MEDICAL  
CENTER SERVICE AREA ARE THE UNINSURED AND THE HOMELESS. ASSESSMENT FOR  
THE REGION SERVED - AN INCREASINGLY ELDERLY POPULATION, AN INCREASING  
HISPANIC POPULATION, AND DECLINING HEALTH IN THE REGION. THE HOSPITAL HAS  
RESPONDED TO THESE NEEDS BY ENSURING THAT THE PROGRAMS OFFERED ARE  
RELEVANT TO THE POPULATION BEING SERVED AND ADEQUATELY MEETING THEIR

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NEEDS.

FORM SCH H PART VI LINE 3

PIEDMONT ATHENS REGIONAL MEDICAL CENTER PROVIDES A WRITTEN PLAIN LANGUAGE SUMMARY OF ITS FINANCIAL ASSISTANCE - I.E., CHARITY - POLICY TO PATIENTS AT THE TIME OF REGISTRATION. THE HOSPITAL ALSO ADDS A CONSPICUOUS WRITTEN NOTICE TO ALL PATIENT STATEMENTS; POSTS NOTIFICATION OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN REGISTRATION WAITING AREAS, AND PROVIDES A LINK TO THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY ON OUR WEBSITE. PATIENTS ARE ALSO VERBALLY INFORMED OF OUR CHARITY CARE POLICY DURING FINANCIAL COUNSELING. A COPY OF THE HOSPITAL'S CHARITY CARE POLICY IS PROVIDED TO PATIENTS IF REQUESTED.

FORM SCH H PART VI LINE 4

THE HOSPITAL SERVES A 17-COUNTY GEOGRAPHIC AREA IN NORTHEAST GEORGIA, INCLUDING ATHENS-CLARKE, OCONEE, OGLETHORPE, MADISON, JACKSON, BARROW,



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WALTON, MORGAN, GREENE, TALIAFERRO, WILKES, ELBERT, HART, FRANKLIN, BANKS, STEPHENS, AND HABERSHAM. THE COMMUNITY POPULATION RECEIVING SERVICES IS PRIMARILY MEDICARE AND MEDICAID PATIENTS (APPROXIMATELY 65%). OF THE REMAINING PATIENTS, APPROXIMATELY 20% ARE EITHER SELF-PAY OR UNINSURED WITH THE REMAINING 15% HAVING INSURANCE FROM A THIRD PARTY PROVIDER.

FORM SCH H PART VI LINE 5

THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE AND PROMOTES THE HEALTH OF THE COMMUNITY THROUGH THE MANY EDUCATIONAL OUTREACH PROGRAMS OFFERED. THESE PROGRAMS HELP TO EMPOWER THE PATIENTS SERVED WITH THE KNOWLEDGE, TOOLS AND SKILLS TO LIVE A HEALTHIER LIFESTYLE. SOME NOTABLE PROGRAMS ARE:

- CPR/AED AND FIRST AID TRAINING
- HEALTH FAIRS AND HEALTH INFORMATION PROGRAMS
- HEALTH SCREENS
- TOBACCO CESSATION
- WEIGHT AND STRESS MANAGEMENT PROGRAMS, PUBLIC SCHOOL WALKING PROGRAM
- PRENATAL CLASSES/BIRTHING CENTER TOURS

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- AQUATICS FOR ARTHRITIS CLASSES

- OLDER ADULT DRIVER EDUCATION CLASSES

- LATINO HEALTH FIESTA

- VARIOUS EDUCATIONAL CONFERENCES IN ADDITION, MANY OF OUR LEADERS AND TEAM MEMBERS VOLUNTEER THEIR TIME TO A VARIETY OF COMMUNITY BOARDS AND ORGANIZATIONS. ADDITIONALLY, THE HOSPITAL GENERALLY MAINTAINS AN OPEN MEDICAL STAFF.

FORM SCH H PART VI LINE 6

THE ORGANIZATION IS PART OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") SERVING THE HEALTHCARE NEEDS OF NORTH GEORGIA (PRIMARILY THE METROPOLITAN ATLANTA AREA AND THE NORTHEAST GEORGIA AREA). THE SYSTEM EXISTS TO PROVIDE PROGRESSIVE HEALTHCARE MARKED BY COMPASSION AND SUSTAINABLE EXCELLENCE TO ALL MEMBERS OF ITS COMMUNITY. COMMUNITY BENEFITS ARE GENERATED THROUGH THE PROVISION OF CHARITY CARE, GOVERNMENT-SPONSORED PROGRAMS (SUCH AS MEDICAID AND MEDICARE), MEDICAL RESEARCH, MEDICAL EDUCATION, COMMUNITY HEALTH IMPROVEMENT SERVICES, DONATIONS TO OTHER NONPROFIT HEALTH CARE PROVIDERS, AND MANY OTHER

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COMMUNITY SERVICE ACTIVITIES.

IN FISCAL YEAR 2017, THE PIEDMONT HEALTHCARE SYSTEM INCLUDED SEVEN FULL-SERVICE HOSPITALS, TWO PHILANTHROPIC FOUNDATIONS, A CARDIOVASCULAR RESEARCH INSTITUTE, A PHYSICIAN NETWORK, AMBULATORY SURGERY CENTERS, AND OTHER HEALTH CARE PROVIDERS, ALL OF WHICH FALL UNDER THE COMMON CONTROL OF PIEDMONT HEALTHCARE, INC., PIEDMONT ATHENS REGIONAL MEDICAL CENTER'S SOLE MEMBER. THE SYSTEM'S SEVEN HOSPITALS ARE PIEDMONT HOSPITAL, A 643-BED ACUTE TERTIARY CARE FACILITY IN ATLANTA; PIEDMONT FAYETTE HOSPITAL, A 221-BED, ACUTE-CARE COMMUNITY HOSPITAL IN FAYETTEVILLE; PIEDMONT MOUNTAINSIDE HOSPITAL, A 52-BED COMMUNITY HOSPITAL IN JASPER; PIEDMONT NEWNAN HOSPITAL, A 136-BED, ACUTE-CARE COMMUNITY HOSPITAL IN NEWNAN; PIEDMONT HENRY HOSPITAL, A 215-BED ACUTE-CARE COMMUNITY HOSPITAL IN STOCKBRIDGE; PIEDMONT NEWTON HOSPITAL, A 97-BED ACUTE-CARE COMMUNITY HOSPITAL IN COVINGTON; AND PIEDMONT ATHENS REGIONAL MEDICAL CENTER, A 360-BED ACUTE-CARE HOSPITAL AND REGIONAL REFERRAL CENTER. AS PART OF THE PIEDMONT HEALTHCARE SYSTEM, CERTAIN AFFILIATES MAKE GRANTS AND/OR CONTRIBUTIONS TO OTHER RELATED NONPROFIT AFFILIATES TO HELP FINANCIALLY

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SUPPORT AND/OR FUND WORTHY COMMUNITY BENEFITS ACTIVITIES.

FORM SCH H PART VI LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT IS FILED IN GEORGIA.