

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

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

THE MEDICAL CENTER, INC.

Employer identification number

58-1685139

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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000</u> %	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 checked="" 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	
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?		
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)			19,928,602.		19,928,602.	5.26
b Medicaid (from Worksheet 3, column a)			15,474,185.	17,166,767.		
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,742,642.	5,826,985.		
d Total. Financial Assistance and Means-Tested Government Programs			41,145,429.	22,993,752.	19,928,602.	5.26
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			161,006.		161,006.	.19
f Health professions education (from Worksheet 5)			7,720,822.		7,720,822.	8.96
g Subsidized health services (from Worksheet 6)			2,507.		2,507.	.01
h Research (from Worksheet 7)			117,004.		117,004.	.14
i Cash and in-kind contributions for community benefit (from Worksheet 8)			57,500.		57,500.	.07
j Total. Other Benefits			8,058,839.		8,058,839.	9.37
k Total. Add lines 7d and 7j			49,204,268.	22,993,752.	27,987,441.	14.63

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

Schedule H (Form 990) 2019

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			25,000.		25,000.	.01
8 Workforce development						
9 Other						
10 Total			25,000.		25,000.	.01

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)	79,781,141.
6 Enter Medicare allowable costs of care relating to payments on line 5	73,992,988.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	5,788,153.
8 Describe in Part VI the extent to which any shortfall reported on 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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 THE MEDICAL CENTER, INC.
 710 CENTER STREET
 COLUMBUS GA 31901
 WWW.PIEDMONT.ORG
 106-701

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		NURSING HOME	

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 THE MEDICAL CENTER, INC.

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>18</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 V</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 checked="" 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>19</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 V</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 THE MEDICAL CENTER, INC.

		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>300.0000</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 type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input 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 V</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</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 Limited English Proficiency (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 THE MEDICAL CENTER, INC.

		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?	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:		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 (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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

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?	X	
If "No," indicate why:			
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)		

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 THE MEDICAL CENTER, INC.

		Yes	No
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.		
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		
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		
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		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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? If "Yes," explain in Section C.		X
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? 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

THE MEDICAL CENTER, INC.:

SCHEDULE H, PART V, SECTION B, LINE 5: COMMUNITY REPRESENTATION

AS A PART OF OUR PROCESS, WE INTERVIEWED 31 KEY STAKEHOLDERS AND POLICY MAKERS THAT REPRESENT PUBLIC HEALTH, LOW-INCOME POPULATIONS, UNINSURED AND UNINSURED PERSONS, MINORITIES, CHRONIC CONDITIONS, OLDER ADULTS, AND LAWMAKERS. FURTHER, IN DECEMBER 2018 AND DECEMBER 2019, 133 KEY STAKEHOLDERS WITHIN THE PIEDMONT COLUMBUS HOSPITAL COMMUNITY, INCLUDING THE MEDICAL CENTER, PROVIDED THEIR THOUGHTS ON COMMUNITY HEALTH, COMMUNITY ASSETS AND THE ROLE OF THE HOSPITAL IN ADDRESSING UNMET COMMUNITY HEALTH NEEDS VIA A WEB SURVEY. BELOW ARE THE RESULTS OF THAT SURVEY. THESE INTERVIEWS WERE CONDUCTED FOR PEOPLE REPRESENTING THE ENTIRE REGION, INCLUDING MUSCOGEE COUNTY. SPECIFICALLY, WE INTERVIEWED REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, THE PHILANTHROPIC COMMUNITY, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS AND INDIVIDUALS REPRESENTING OUR MOST VULNERABLE PATIENTS. THE PIEDMONT HEALTHCARE BOARD OF DIRECTORS AND LEADERSHIP FROM ALL 11 HOSPITALS WERE ACTIVELY INFORMED AND ENGAGED THROUGHOUT THIS PROCESS.

SCHEDULE H, PART V, SECTION B, LINE 6A: COMMUNITY HEALTH NEEDS ASSESSMENT
THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FOR PIEDMONT COLUMBUS REGIONAL HEALTHCARE SYSTEM, FEIN 58-1719994, WHICH INCLUDES THE MEDICAL CENTER, INC., FEIN 58-1685139, AND HUGHSTON HOSPITAL, INC., FEIN 33-1216751.

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, 20a, 20b, 20c, 20d, 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.

SCHEDULE H, PART V, SECTION B, LINE 7A: CHNA REPORT WEBSITE

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/PCR-FY19-CHNA-STRATEGY.PDF](https://www.piedmont.org/media/file/PCR-FY19-CHNA-STRATEGY.PDF)

SCHEDULE H, PART V, SECTION B, LINE 7D: PUBLIC AVAILABILITY OF CHNA

IN ADDITION TO MAKING ITS CHNA AVAILABLE ON ITS WEBSITE AND BY REQUEST, THE MEDICAL CENTER SENT COPIES TO EACH PARTICIPANT IN THE CHNA PROCESS, DISTRIBUTED THE ASSESSMENTS TO COMMUNITY CENTERS AND OTHER LOCATIONS THAT PRIMARILY SERVE AN UNINSURED POPULATION, SENT COPIES TO LEGISLATIVE AND ELECTED OFFICIALS, AND WIDELY DISTRIBUTED THE ASSESSMENTS TO OTHER PIEDMONT HEALTHCARE HOSPITALS.

SCHEDULE H, PART V, SECTION B, LINE 10A: IMPLEMENTATION STRATEGY

THE BOARD OF DIRECTORS FOR THE MEDICAL CENTER UNANIMOUSLY APPROVED ITS IMPLEMENTATION STRATEGY FOR THE THREE YEAR PERIOD BEGINNING WITH FY20 ON OCTOBER 3, 2019, WITHIN THE GRACE PERIOD FOLLOWING THE APPROVAL OF THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING LINK IS FOR THE IMPLEMENTATION STRATEGY EFFECTIVE THROUGH JUNE 30, 2022. THE IMPLEMENTATION STRATEGY APPROVED ON OCTOBER 3, 2019 WAS THE FIRST SINCE PIEDMONT HEALTHCARE ACQUIRED THE MEDICAL CENTER. THE IMPLEMENTATION STRATEGY IS LOCATED FOLLOWING THE COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FOLLOWING LINK.

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/PCR-FY19-CHNA-STRATEGY.PDF](https://www.piedmont.org/media/file/PCR-FY19-CHNA-STRATEGY.PDF)

SCHEDULE H, PART V, SECTION B, LINE 11: ADDRESSING COMMUNITY HEALTH NEEDS

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, 20a, 20b, 20c, 20d, 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.

PIEDMONT HEALTHCARE ACQUIRED THE MEDICAL CENTER IN THE MIDST OF ITS THREE YEAR CHNA AND IMPLEMENTATION STRATEGY CYCLE UNDER ITS PREVIOUS OWNER.

PIEDMONT HEALTHCARE IN CONJUNCTION WITH THE MEDICAL CENTER DEVELOPED THE NEW IMPLEMENTATION STRATEGY TO ADDRESS THE REGION'S PRIORITY NEEDS DURING FY20-22.

THE MEDICAL CENTER BOARD OF DIRECTORS UNANIMOUSLY APPROVED THE NEW CHNA ON JUNE 6, 2019.

BASED ON THE CHNA, THE MEDICAL CENTER WILL FOCUS ON THE FOLLOWING:

- (1) INCREASE ACCESS TO APPROPRIATE AND AFFORDABLE HEALTH AND MENTAL CARE FOR ALL COMMUNITY MEMBERS, AND ESPECIALLY THOSE WHO ARE UNINSURED AND THOSE WITH LOW INCOMES;
- (2) REDUCE OPIOID AND RELATED SUBSTANCE ABUSE AND OVERDOSE DEATHS;
- (3) DECREASE DEATHS FROM CANCER AND INCREASE ACCESS TO CANCER PROGRAMMING FOR THOSE LIVING WITH THE DISEASE
- (4) DECREASE THE IMPACT OF AND DEATHS FROM STROKE;
- (5) REDUCE RATES OF OBESITY AND INCREASE ACCESS TO HEALTHY FOODS AND RECREATIONAL ACTIVITIES; AND
- (6) DECREASE PREVENTABLE INSTANCES OF DIABETES AND DECREASE THE NUMBER OF PATIENTS WITH UNCONTROLLED DIABETES.

SCHEDULE H, PART V, LINE 16A: FINANCIAL ASSISTANCE POLICY WEBSITE

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, 20a, 20b, 20c, 20d, 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.

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

SCHEDULE H, PART V, LINE 16B: FINANCIAL ASSISTANCE POLICY APPLICATION

WEBSITE

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

SCHEDULE H, PART V, LINE 16C: FAP PLAIN LANGUAGE SUMMARY WEBSITE

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/FINANCIAL-ASSISTANCE-PLAIN-LANGUAGE-SUMMARY-ENGLISH.PDF](https://www.piedmont.org/media/file/financial-assistance-plain-language-summary-english.pdf)

MMARY-ENGLISH.PDF

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.

SCHEDULE H, PART VI, LINE 1: REQUIRED DESCRIPTIONS

PUBLIC AVAILABILITY OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6A

PIEDMONT COLUMBUS REGIONAL REGULARLY REPORTS TO THE COMMUNITY ITS COMMUNITY BENEFIT ACTIVITIES IN SEVERAL WAYS. EACH YEAR, THE HOSPITAL PREPARES A SYSTEMWIDE COMMUNITY-BENEFIT REPORT THAT IS WIDELY DISTRIBUTED TO THE PUBLIC THROUGH EMAILED VERSIONS SENT TO COMMUNITY STAKEHOLDERS AND COMMUNITY ORGANIZATIONS, PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST, AND PUBLICATION ON THE SYSTEM'S WEBSITE. THE HOSPITAL ALSO MAKES AVAILABLE COPIES OF ITS IRS FORM 990 SCHEDULE H ON ITS WEBSITE AND AVAILABLE TO ANYONE UPON REQUEST. ADDITIONALLY, THE HOSPITAL PRESENTS ITS COMMUNITY BENEFIT WORK 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. THE HOSPITAL PROVIDES INFORMATION ON

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.

COMMUNITY BENEFIT PROGRAMMING TO LOCAL, STATE AND FEDERAL LAWMAKERS THROUGH OUR GOVERNMENT AFFAIRS OFFICE. FINALLY, THE HOSPITAL ISSUES MEDIA ALERTS ON KEY COMMUNITY BENEFIT PROGRAMMING, SUCH AS ITS COMMUNITY BENEFIT GRANTS PROGRAM, TO THE PUBLIC, AND PROVIDES AN ANNUAL IMPACT REPORT DEMONSTRATING THE OUTCOMES FROM THOSE GRANTS.

PERCENT OF TOTAL EXPENSE

SCHEDULE H, PART I, LINE 7(F)

THE DENOMINATOR USED FOR THE CALCULATION OF COLUMN (F), PERCENT OF TOTAL EXPENSE, WAS THE AMOUNT OF TOTAL FUNCTIONAL EXPENSES ON FORM 990, PART IX, LINE 25, COLUMN (A) OF \$422,610,640 LESS BAD DEBT EXPENSE OF \$43,412,881 FROM FORM 990, PART IX, LINE 24(A).

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

SCHEDULE H, PART I, LINE 7

A RATIO OF PATIENT CARE COST TO CHARGES, CONSISTENT WITH WORKSHEET 2, WAS USED TO REPORT THE AMOUNTS IN PART I, LINES 7A-7D. FOR AMOUNTS ON LINES 7E-7K, ACTUAL EXPENSES FOR EACH COMMUNITY BENEFIT ACTIVITY ARE TRACED AND

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.

REPORTED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM.

BAD DEBT EXPENSE CALCULATION AND FOOTNOTE

SCHEDULE H, PART III, LINES 2-4

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 DOUBT, 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.

THE AMOUNT REPORTED ON PART III, LINE 3, WAS DETERMINED BY TAKING THE AVERAGE ACCEPTANCE RATE FOR ALL CHARITY CARE APPLICATIONS RECEIVED DURING THE YEAR MULTIPLIED BY THE NUMBER OF DENIALS THAT WERE ATTRIBUTABLE TO INSUFFICIENT INFORMATION. THAT TOTAL WAS THEN ADJUSTED DOWNWARD FOR THE ORGANIZATION'S USE OF PRESUMPTIVE ELIGIBILITY WHEN DETERMINING ITS

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.

COMMUNITY BENEFITS.

BAD DEBT EXPENSE FOOTNOTE FROM CONSOLIDATED, AUDITED FINANCIAL

STATEMENTS:

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 DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBT TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES.

THE MEDICAL CENTER PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES. AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

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.

MEDICARE SHORTFALLS AS COMMUNITY BENEFIT

SCHEDULE H, PART III, SECTION B, LINE 8

THE AMOUNT REPORTED ON PART III, LINE 6, WAS CALCULATED IN ACCORDANCE WITH SCHEDULE H INSTRUCTIONS BY 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. FOR EXAMPLE, CERTAIN COVERAGE FEES TO PHYSICIANS, COST OF MEDICARE C AND D, AND OTHER SIMILAR DIRECT PATIENT CARE EXPENSES ARE SPECIFICALLY EXCLUDED FROM ALLOWABLE COST IN THE MEDICARE COST REPORT.

THE ORGANIZATION BELIEVES THAT PIEDMONT COLUMBUS REGIONAL'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

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.

WITH GOVERNMENTAL HEALTH INSURANCE, SUCH AS MEDICARE, IS AN INDICATION THE HOSPITAL OPERATES TO PROMOTE HEALTH IN THE COMMUNITY. ADDITIONALLY, MEDICARE ACCOUNTED FOR 43.99 PERCENT OF PIEDMONT COLUMBUS REGIONAL'S PATIENT SERVICE REVENUE. CHARITY CARE ACCOUNTED FOR ANOTHER 5.19 PERCENT OF PIEDMONT COLUMBUS REGIONAL'S PATIENT SERVICE REVENUE. PIEDMONT COLUMBUS REGIONAL'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 PIEDMONT COLUMBUS REGIONAL'S COMMITMENT TO TREAT ELDERLY PATIENTS. MANY OF THESE PATIENTS LIVE ON A LOW, FIXED INCOME, AND WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER MEANS-TESTED PROGRAMS, ABSENT FROM THEIR ENROLLMENT IN MEDICARE.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9(B)

INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS, AS WELL AS MOST OUTPATIENT VISITS, ARE CONDUCTED BY FINANCIAL COUNSELORS

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.

IN ORDER TO IDENTIFY ANY AVAILABLE INSURANCE OR OTHER COVERAGE FOR EACH PATIENT. COUNSELORS CONTACT PATIENTS AND THEIR FAMILIES DIRECTLY, EITHER IN PERSON OR BY LETTER, TO ASSIST THE FAMILY IN IDENTIFYING ANY PROGRAMS FOR WHICH THE PATIENT/SERVICE MAY QUALIFY (INCLUDING MEDICAID, STATE CHILDREN'S HEALTH INSURANCE PROGRAM ("SCHIP"), PRIVATE OR GOVERNMENT INSURANCE COVERAGE, AND CHARITY ASSISTANCE). IF THE FAMILY CANNOT BE TIMELY LOCATED OR IS UNCOOPERATIVE, RELATED ACCOUNTS ARE TRANSFERRED TO AN INTERNAL COLLECTION DEPARTMENT FOR FURTHER ATTEMPTS TO OBTAIN PAYMENT OR, IF THE PATIENT MAY QUALIFY FOR ASSISTANCE, TO SECURE A FINANCIAL ASSISTANCE APPLICATION. THE ORGANIZATION'S DEBT COLLECTION POLICY AND PROCEDURES PROHIBIT ANY COLLECTION EFFORTS FOR THE PORTION OF A PATIENT ACCOUNT BALANCE THAT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

SCHEDULE H, PART VI, LINE 2: NEEDS ASSESSMENT

AS A DESIGNATED 501(C)(3) NONPROFIT HOSPITAL, PIEDMONT COLUMBUS REGIONAL IS REQUIRED BY THE INTERNAL REVENUE SYSTEM TO PROVIDE TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ACCORDANCE WITH

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.

REGULATIONS PUT FORTH BY THE IRS FOLLOWING THE 2010 PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA). THROUGH THIS ASSESSMENT, WE HOPE TO BETTER UNDERSTAND LOCAL HEALTH CHALLENGES, IDENTIFY HEALTH TRENDS IN OUR COMMUNITY, DETERMINE GAPS IN THE CURRENT HEALTH DELIVERY SYSTEM AND CRAFT A PLAN TO ADDRESS THOSE GAPS AND THE IDENTIFIED HEALTH NEEDS. IN FY19, PIEDMONT COLUMBUS REGIONAL CONDUCTED ITS THIRD TRIENNIAL CHNA. AS IN THE PAST, HOSPITAL CONDUCTED A JOINT CHNA FOR BOTH ITS CAMPUSES. FY20 WAS YEAR ONE OF THE HOSPITAL'S THREE-YEAR CHNA IMPLEMENTATION STRATEGY.

THE PIEDMONT COLUMBUS REGIONAL CHNA WAS LED BY THE PIEDMONT HEALTHCARE COMMUNITY BENEFITS TEAM, WITH SIGNIFICANT INPUT AND DIRECTION FROM PIEDMONT COLUMBUS LEADERSHIP, INCLUDING THE HOSPITAL'S COMMUNITY OUTREACH TEAM.

PROCESS

THE CHNA STARTED FIRST WITH A DEFINITION OF OUR COMMUNITY. WE STARTED FIRST WITH THE HOSPITAL'S HOME COUNTY, DUE TO THE IMPACT OF OUR TAX-EXEMPT STATUS. WE ESTIMATE PROPERTY TAXES MAKE UP THE LARGEST SEGMENT

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.

OF A HOSPITAL'S TAX EXEMPTION. BECAUSE OF THIS, WE WANT TO ENSURE THAT WE ARE PROVIDING EQUAL BENEFIT TO OUR COUNTY. ADDITIONALLY, WE TAKE INTO CONSIDERATION PATIENT ORIGIN, AND ESPECIALLY THAT OF OUR LOWER-INCOME PATIENTS, SUCH AS THOSE WHO QUALIFY FOR FINANCIAL ASSISTANCE OR RECEIVE INSURANCE COVERAGE THROUGH MEDICAID. OUR SECONDARY COMMUNITIES ARE CONSIDERED THE AREAS IN WHICH WE HAVE THE HIGHEST CONCENTRATION OF PATIENTS FITTING THAT CRITERIA, INCLUDING ONES FROM NEARBY DEKALB COUNTY.

ONCE WE ESTABLISHED OUR PRIMARY AND SECONDARY COMMUNITY, WE THEN CONDUCTED AN ANALYSIS OF AVAILABLE PUBLIC HEALTH DATA. THIS INCLUDED RESOURCES FROM: US CENSUS, US HEALTH AND HUMAN SERVICES' COMMUNITY HEALTH STATUS INDICATORS, US DEPARTMENT OF AGRICULTURE, ECONOMIC RESEARCH SERVICE, NATIONAL CENTER FOR EDUCATION STATISTICS, KAISER FAMILY FOUNDATION'S STATE HEALTH FACTS, AMERICAN HEART ASSOCIATION, COUNTY HEALTH RANKINGS AND GEORGIA ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS). ALL FIGURES ARE FOR 2017, UNLESS OTHERWISE NOTED. HEALTH INDICATORS ARE ESTIMATES PROVIDED BY COUNTY HEALTH RANKINGS AND 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.

DATA WERE PROVIDED BY THE HOSPITAL.

AN INTERNAL SURVEY WAS ALSO CONDUCTED THROUGHOUT THE HEALTHCARE SYSTEM FOR BOTH CLINICAL AND NON-CLINICAL EMPLOYEES. INFORMATION WAS GATHERED ON KNOWLEDGE AND UNDERSTANDING OF COMMUNITY BENEFIT AND CURRENT PROGRAMS, AS WELL AS SUGGESTIONS FOR HOW WE CAN BETTER SERVE OUR PATIENTS AND COMMUNITIES. NEARLY 900 EMPLOYEES SPANNING THE SYSTEM RESPONDED. ADDITIONALLY, WE CONDUCTED A COMMUNITY-BASED SURVEY IN WHICH LOCAL STAKEHOLDERS WERE ASKED THEIR THOUGHTS ON UNMET COMMUNITY HEALTH NEEDS AND THE HOSPITAL'S ROLE IN ADDRESSING THOSE NEEDS. THESE STAKEHOLDERS INCLUDED LOCAL LEADERS, NONPROFIT REPRESENTATIVES, ELECTED OFFICIALS AND THOSE WITH A UNIQUE KNOWLEDGE OF THE CHALLENGES VULNERABLE POPULATIONS FACE.

WE ALSO EVALUATED PREVIOUS COMMUNITY BENEFIT, HOSPITAL AND COMMUNITY INTERVENTIONS IDENTIFIED IN OUR LAST CHNA IMPLEMENTATION STRATEGIES THROUGH THREE LENSES: IMPACT, OUTCOMES AND SUSTAINABILITY. INTERVENTIONS AND PROGRAMMING CONSIDERED TO HAVE A HIGH SCORE ON ALL THREE WERE

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.

INCLUDED IN THIS CHNA AND OUR SUBSEQUENT STRATEGY. THIS INCLUDED OUR COMMUNITY BENEFIT GRANTS PROGRAM, OUR CHARITABLE CLINIC-HOSPITAL PARTNERSHIPS AND OUR HEART- AND STROKE-FOCUSED COMMUNITY PROGRAMMING.

IN MARCH 2019, THE PIEDMONT COLUMBUS COMMUNITY OUTREACH TEAM CONVENED A MEETING OF KEY STAKEHOLDERS TO DISCUSS HEALTH CHALLENGES AND NEEDS IN THE LOCAL COMMUNITY. AMONG THE 47 STAKEHOLDERS PRESENT WERE REPRESENTATIVES FROM MERCYMED OF COLUMBUS CHARITABLE CLINIC, VALLEY HEALTHCARE SYSTEM, THE MUSCOGEE COUNTY SCHOOL DISTRICT, THE MUSCOGEE COUNTY HEALTH DEPARTMENT AND COLUMBUS CONSOLIDATED GOVERNMENT. THE GOAL OF THIS MEETING WAS TO ESTABLISH COMMUNITY CONSENSUS ON TOP UNMET HEALTH NEEDS THE HOSPITAL SHOULD ADDRESS.

FINALLY, WE CONDUCTED DIRECT INTERVIEWS WITH 31 STATE AND REGIONAL STAKEHOLDERS AND POLICYMAKERS, WITH EACH REPRESENTING A SPECIFIC GROUP THAT TENDS TO BE ADVERSELY IMPACTED BY ISSUES OF HEALTH EQUITY. THESE GROUPS INCLUDED BUT ARE NOT LIMITED TO GEORGIANS FOR A HEALTHY FUTURE, GEORGIA WATCH, CONSIDERHEALTH, THE COMMUNITY FOUNDATION FOR GREATER

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.

ATLANTA, THE GEORGIA CHARITABLE CARE NETWORK, THE MEDICAL ASSOCIATION OF GEORGIA AND HEALTHY MOTHERS, HEALTHY BABIES. ADDITIONALLY, WE SOUGHT AND RECEIVED FEEDBACK ON OUR CHNA FROM PUBLIC HEALTH.

OUR PRIORITIES

A KEY COMPONENT OF THE CHNA IS TO IDENTIFY THE TOP HEALTH PRIORITIES WE'LL ADDRESS OVER FISCAL YEARS 2020, 2021 AND 2022. THESE PRIORITIES GUIDE OUR COMMUNITY BENEFIT WORK. THEY ARE, IN NO ORDER:

. INCREASE ACCESS TO APPROPRIATE AND AFFORDABLE HEALTH CARE FOR ALL COMMUNITY MEMBERS, AND ESPECIALLY THOSE WHO ARE UNINSURED AND THOSE WITH LOW INCOMES

. DECREASE DEATHS FROM CANCER AND INCREASE ACCESS TO CANCER PROGRAMMING FOR THOSE WITH LIVING THE DISEASE

. DECREASE PREVENTABLE INSTANCES OF DIABETES AND DECREASE THE NUMBER OF PATIENTS WITH UNCONTROLLED DIABETES

. REDUCE RATES OF OBESITY AND INCREASE ACCESS TO HEALTHY FOODS AND RECREATIONAL ACTIVITIES

. DECREASE THE IMPACT OF AND DEATHS FROM STROKE

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.

. REDUCE OPIOID AND RELATED SUBSTANCE ABUSE AND OVERDOSE DEATHS

WITH EACH PRIORITY, WE WORK TO ACHIEVE GREATER HEALTH EQUITY BY REDUCING THE IMPACT OF POVERTY AND OTHER SOCIOECONOMIC INDICATORS. THIS MEANS THAT HEALTH EQUITY IS BUILT INTO EACH PRIORITY, AND THAT IS DEMONSTRATED THROUGH OUR IMPLEMENTATION STRATEGIES.

HOW WE DETERMINED OUR PRIORITIES: SEVERAL KEY COMMUNITY HEALTH NEEDS EMERGED DURING THE ASSESSMENT PROCESS. THE CHOSEN PRIORITIES WERE RECOMMENDED BY THE COMMUNITY BENEFIT DEPARTMENT WITH SIGN-OFF FROM HOSPITAL AND BOARD LEADERSHIP. THE FOLLOWING CRITERIA WERE USED TO ESTABLISH THE PRIORITIES:

- . THE NUMBER OF PERSONS AFFECTED;
- . THE SERIOUSNESS OF THE ISSUE;
- . WHETHER THE HEALTH NEED PARTICULARLY AFFECTED PERSONS LIVING IN POVERTY OR REFLECTED HEALTH DISPARITIES; AND,
- . AVAILABILITY OF COMMUNITY AND/OR HOSPITAL RESOURCES TO ADDRESS THE NEED.

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.

THE PRIORITIES WE CHOSE REFLECTED A COLLECTIVE AGREEMENT ON WHAT HOSPITAL LEADERSHIP, STAFF AND THE COMMUNITY FELT WAS MOST IMPORTANT AND WITHIN OUR ABILITY TO POSITIVELY IMPACT THE ISSUE. WHILE THE PRIORITIES REFLECT CLINICAL ACCESS AND CERTAIN CONDITIONS, ALL PRIORITIES ARE VIEWED THROUGH THE LENS OF HEALTH DISPARITIES, WITH PARTICULAR ATTENTION PAID TO IMPROVING OUTCOMES FOR THOSE MOST VULNERABLE DUE TO INCOME AND RACE.

THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS UNANIMOUSLY APPROVED BY THE PIEDMONT COLUMBUS REGIONAL BOARD OF DIRECTORS ON JUNE 06, 2019.

THE PIEDMONT COLUMBUS REGIONAL IMPLEMENTATION STRATEGY WAS DEVELOPED IN PARTNERSHIP WITH HOSPITAL LEADERSHIP AND COMMUNITY STAKEHOLDERS TO ADDRESS THE IDENTIFIED PRIORITIES IN OUR FY19 CHNA. THE IMPLEMENTATION STRATEGY WAS DESIGNED TO BE EXECUTED OVER A THREE-YEAR PERIOD AND INCLUDED SPECIFIC METRICS BY WHICH WE WOULD BE ABLE TO EVALUATE OUR WORK AND ITS IMPACT. THE IMPLEMENTATION STRATEGY WAS DEVELOPED BY UTILIZING COMMUNITY FEEDBACK FROM THE ASSESSMENT IN PARTNERSHIP WITH THE SYSTEM

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.

COMMUNITY BENEFITS DEPARTMENT, PIEDMONT COLUMBUS REGIONAL LEADERSHIP AND THE PIEDMONT COLUMBUS REGIONAL BOARD OF DIRECTORS. AS MENTIONED ABOVE, WE INCLUDED PROVEN AND SUCCESSFUL INTERVENTIONS AND PROGRAMMING, INVESTING FURTHER IN WORK WE FELT WAS SUCCESSFUL IN ADDRESSING UNMET HEALTH NEEDS.

THE CHNA IMPLEMENTATION STRATEGY WAS UNANIMOUSLY APPROVED OCTOBER 03, 2019.

SCHEDULE H, PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSIST. PIEDMONT COLUMBUS REGIONAL UNDERSTANDS THAT NOT EVERYONE HAS 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 COLUMBUS REGIONAL INCLUDES PROVIDING A DEDICATED CONTACT NUMBER, WHICH IS DISSEMINATED BY 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

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.

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 COLUMBUS REGIONAL ALSO PUBLISHES AND WIDELY PUBLICIZES A PLAIN
LANGUAGE SUMMARY OF THIS FINANCIAL ASSISTANCE CARE POLICY ON ITS FACILITY
WEBSITE, WHICH INCLUDES 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.
FINALLY, WE PROVIDE COPIES OF OUR FINANCIAL ASSISTANCE POLICY TO OUR
PARTNER CLINICS AND OTHERS WHO WORK CLOSELY WITH LOW-INCOME POPULATIONS.
WE OFFER ASSISTANCE IN UNDERSTANDING THE POLICY, HOW IT RELATES TO THEIR
POPULATIONS AND RECEIVE FEEDBACK IN WAYS OUR FINANCIAL ASSISTANCE
PROGRAMMING COULD BE IMPROVED.

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.

ADDITIONALLY, PIEDMONT HEALTHCARE ANNUALLY PUBLISHES A DIRECTORY OF 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. ALSO, IN THIS GUIDE IS INFORMATION ON HOW TO APPLY FOR CERTAIN GOVERNMENT ASSISTANCE PROGRAMS, RESOURCES TO HELP PREPARE AND FILE TAX RETURNS, AS WELL AS DETAILED RESOURCES FOR LOCAL SLIDING SCALE AND FREE MENTAL, DENTAL AND HEALTH RESOURCES. 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.

SCHEDULE H, PART VI, LINE 4: COMMUNITY INFORMATION

PIEDMONT COLUMBUS REGIONAL MIDTOWN IS LOCATED IN MUSCOGEE COUNTY, WHICH WE CONSIDER TO BE OUR PRIMARY COMMUNITY. A TOTAL OF 195,739 PEOPLE LIVE IN THE 216.44 SQUARE MILE REPORT AREA DEFINED FOR THIS ASSESSMENT ACCORDING TO THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY 2015-19 5-YEAR ESTIMATES. THE POPULATION DENSITY FOR THIS AREA, ESTIMATED AT 904.37 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE

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.

POPULATION DENSITY OF 91.93 PERSONS PER SQUARE MILE. THOSE YEARS, ABOUT 43 PERCENT OF ALL MUSCOGEE COUNTY RESIDENTS WERE WHITE, 46 PERCENT WERE AFRICAN AMERICAN, AND OTHER RACES MADE UP THE REMAINING 1 PERCENT. THE MEDIAN AGE OF PEOPLE LIVING WITHIN THE COUNTY WAS 34. A QUARTER OF THE POPULATION WERE 18 OR YOUNGER, 13 PERCENT WERE OVER THE AGE OF 65 AND THE REST WERE AGES 18 TO 64.

BETWEEN 2015 AND 2019, THE AVERAGE INCOME WAS \$65,942 AND MEDIAN INCOME WAS \$46,408. AFRICAN AMERICANS HAD A MUCH LOWER MEDIAN HOUSEHOLD INCOME AT \$33,958. SIXTY-ONE PERCENT OF THE POPULATION HAS, AT A MINIMUM, ATTENDED SOME COLLEGE (WITH 35 PERCENT HAVING OBTAINED AN ASSOCIATE DEGREE OR HIGHER), AND 12 PERCENT DID NOT GRADUATE HIGH SCHOOL. SEVEN PERCENT OF ADULTS WERE UNEMPLOYED IN 2020, A FIGURE HIGHER THAN THE NATIONAL AVERAGE OF 5.4 PERCENT. THIRTY-SEVEN PERCENT OF HOUSEHOLDS HAD HOUSING COSTS THAT EXCEEDED MORE THAN 30 PERCENT OF TOTAL HOUSEHOLD INCOME IN 2017, INDICATING A COST BURDENED HOUSEHOLD MORE LIKELY TO FACE OVERALL FINANCIAL DIFFICULTY.

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.

TWENTY-ONE PERCENT OF THE COUNTY - ABOUT 39,000 PEOPLE - LIVED IN POVERTY EACH YEAR ON AVERAGE BETWEEN 2015 AND 2019. DURING THAT SAME TIME, 29 PERCENT OF CHILDREN IN MUSCOGEE COUNTY LIVED IN POVERTY, A FIGURE THAT HAS STEADILY INCREASED OVER THE LAST TEN YEARS. IT IS SIGNIFICANTLY HIGHER THAN THE STATE AVERAGE OF 22 PERCENT. WHEN BROKEN DOWN BY RACE, 41 PERCENT OF AFRICAN AMERICAN CHILDREN AND 12 PERCENT OF WHITE CHILDREN LIVED IN POVERTY. NEARLY 78 PERCENT OF PUBLIC SCHOOL CHILDREN WERE ELIGIBLE FOR THE FREE OR REDUCED PRICED LUNCH PROGRAM DURING THE 2018-2019 SCHOOL YEAR, WHICH IS HIGHER THAN THE STATE AVERAGE OF 60 PERCENT. POOR CHILDREN ARE STATISTICALLY LESS LIKELY TO GRADUATE HIGH SCHOOL OR ATTEND COLLEGE AND ARE NEARLY TWICE AS LIKELY TO BECOME POOR ADULTS THAN THEIR NON-POOR COUNTERPARTS.

IN MUSCOGEE COUNTY, 12 PERCENT OF COUNTY RESIDENTS WERE UNINSURED IN 2019, AND MINORITIES WERE TWICE AS LIKELY AS THEIR WHITE COUNTERPARTS TO BE UNINSURED. NON-ELDERLY ADULTS BY FAR WERE THE MOST LIKELY TO BE UNINSURED, WITH 17 PERCENT OF THOSE AGE 18 TO 64 AS HAVING NO INSURANCE COVERAGE DURING THAT TIME PERIOD.

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.

ABOUT 2.4 PERCENT OF THE POPULATION HAD LIMITED ENGLISH PROFICIENCY, WHICH REFERENCES THE POPULATIONS AGED 5 AND OLDER WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME AND SPEAK ENGLISH LESS THAN "VERY WELL." THE MAJORITY OF THOSE HOUSEHOLDS SPOKE SPANISH.

IN MUSCOGEE COUNTY, LIKE WITH THE REST OF GEORGIA, HEART DISEASE WAS THE NUMBER ONE CAUSE OF BOTH AGE-ADJUSTED AND PREMATURE DEATH BETWEEN 2015 AND 2019, AND THIS HOLDS TRUE FOR ALL RACES. AGE-ADJUSTED ALLOWS COMMUNITIES WITH DIFFERENT AGE STRUCTURES TO BE COMPARED. PREMATURE DEATH IS WHEN DEATH HAPPENS BEFORE THE AVERAGE AGE FOR A GIVEN COMMUNITY.

THERE WERE SEVEN DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS IN THE COMMUNITY IN 2021: THREE PRIMARY CARE SHORTAGE AREAS, TWO MENTAL HEALTH SHORTAGE AREAS AND TWO DENTAL HEALTH SHORTAGE AREAS. THERE WAS ONE DENTIST FOR EVERY 1,720 PEOPLE IN 2019, A FIGURE BETTER THAN STATE AND NATIONAL FIGURES. THERE WAS ONE PRIMARY CARE PHYSICIAN FOR EVERY 980 PEOPLE, AND ONE MENTAL HEALTH PROVIDER FOR EVERY 320 PEOPLE.

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.

COMMUNITY MEMBERS HAVE REPORTED AN AVERAGE 3.8 AND 4.1 POOR PHYSICAL AND MENTAL HEALTH DAYS, RESPECTIVELY. BOTH MEASURES INCREASED SINCE OUR LAST CHNA, AND POOR MENTAL DAYS JUMPED BY ABOUT A DAY, INDICATING A WORSENING SITUATION. TWENTY-ONE PERCENT OF MUSCOGEE RESIDENTS REPORTED THEIR HEALTH AS POOR OR FAIR.

VIOLENCE IS AN ISSUE IN MUSCOGEE COUNTY. HOMICIDE WAS THE 2ND LEADING CAUSE OF PREMATURE DEATH FOR ALL RACES. THE VIOLENT CRIME RATE IS FAR ABOVE BOTH STATE AND NATIONAL AVERAGES, WITH 567 VIOLENT CRIMES PER EVERY 100,000 RESIDENTS.

APPROXIMATELY 1,073 PEOPLE LIVED WITH HIV IN 2018. HIV IS A LIFE-THREATENING COMMUNICABLE DISEASE THAT DISPROPORTIONATELY AFFECTS MINORITY POPULATIONS AND MAY ALSO INDICATE THE PREVALENCE OF UNSAFE SEX PRACTICES. THE MUSCOGEE RATE IS SLIGHTLY HIGHER THAN THE STATE AVERAGE AND NEARLY DOUBLE THE NATIONAL AVERAGE. CHLAMYDIA RATES WERE MUCH HIGHER THAN BOTH STATE AVERAGES AND NEARLY DOUBLE NATIONAL AVERAGES IN 2018,

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.

WITH 887.4 INFECTIONS PER EVERY 100,000 PEOPLE. THIS IS MOST PREVALENT AMONG AFRICAN AMERICAN POPULATIONS.

OPIOID PRESCRIPTIONS HAVE DECREASED OVER THE LAST FEW YEARS. IN 2007, THERE WERE APPROXIMATELY 108.2 RETAIL OPIOID PRESCRIPTIONS DISPENSED PER 100 PERSONS, ACCORDING TO THE CDC. THAT NUMBER HAS DROPPED TO 107.5 IN 2019, MORE THAN DOUBLE THE NATIONAL AVERAGE OF 46.7 PRESCRIPTIONS PER EVERY 100,000 PEOPLE. WE AREN'T ABLE TO TELL HOW MANY PRESCRIPTIONS ARE GOING TO A SINGLE PERSON, JUST THE OVERALL FIGURE. IT'S IMPORTANT TO NOTE THAT THIS NUMBER DECREASED STEADILY FOR A NUMBER OF YEARS AND INCREASED SHARPLY IN 2019.

IN 2018, 38 PERCENT OF THE POPULATION HAD LIMITED ACCESS TO HEALTHY FOODS AND 26 PERCENT REPORTED HAVING EXTENDED PERIODS WHEN THEY AREN'T SURE HOW THEY OR THEIR FAMILIES WILL EAT. THERE WERE 223 FAST FOOD RESTAURANTS IN MUSCOGEE COUNTY IN 2018, AND 111,790 PEOPLE LIVED IN A FOOD DESERT IN 2018, MEANING IT IS DIFFICULT TO BUY AFFORDABLE OR GOOD-QUALITY FRESH FOOD IN THOSE PARTICULAR COMMUNITIES.

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.

FOR EVERY 1,000 TEEN GIRLS AGED 15 TO 18 IN MUSCOGEE COUNTY, 41 BIRTH
 GAVE BIRTH TO A CHILD ON AVERAGE EACH YEAR BETWEEN 2012 AND 2018. AFRICAN
 AMERICAN TEENS WERE TWICE AS LIKELY TO HAVE A BABY THAN THEIR WHITE
 COUNTERPARTS. CHILDREN BORN TO TEENS ARE STATISTICALLY MUCH MORE LIKELY
 TO EXPERIENCE ADVERSE HEALTH AND SOCIOECONOMIC ISSUES AS THEY GROW OLDER.

SOURCES FOR ALL STATISTICS IN THIS SECTION: U.S. CENSUS 2017 ACS
 DEMOGRAPHIC AND HOUSING ESTIMATE, UNIVERSITY OF WISCONSIN POPULATION
 HEALTH INSTITUTE, COUNTY HEALTH RANKINGS, 2018, WITH INDICATORS RANGING
 FROM 2012 TO 2019, AND THE GEORGIA ONLINE ANALYTICAL STATISTICAL
 INFORMATION SYSTEM.

SCHEDULE H, PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH
 PIEDMONT COLUMBUS REGIONAL ACTIVELY PROMOTES THE HEALTH OF ITS COMMUNITY
 THROUGH CLINIC-HOSPITAL PARTNERSHIPS, OUR COMMUNITY BENEFIT GRANTS
 PROGRAMS, COMMUNITY-BASED HEALTH SCREENINGS, EDUCATIONAL ACTIVITIES,
 COMMUNITY BUILDING ACTIVITIES, THE OPERATION OF A 24-HOUR EMERGENCY

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.

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.

IT'S IMPORTANT TO NOTE THAT COVID-19 DID HAVE A SIGNIFICANT IMPACT ON OUR PROACTIVE COMMUNITY BENEFIT PROGRAMS, AS ALL IN-PERSON EVENTS AND CLASSES WERE CANCELED AS OF EARLY MARCH 2020. WE WORKED TO CREATE PROGRAMMING THAT WAS RESPONSIVE TO THE PANDEMIC, INCLUDING OUR MIGRATING TO ONLINE PLATFORMS FOR VITAL COMMUNITY-BASED PROGRAMMING.

PLEASE NOTE THAT PIEDMONT COLUMBUS REGIONAL MEDICAL CENTER - MIDTOWN WORKS IN FULL COLLABORATION WITH PIEDMONT COLUMBUS REGIONAL MEDICAL CENTER - NORTHSIDE, WITH ALL COMMUNITY BENEFIT ACTIVITIES COMBINED AND

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.

EXECUTED BY THE SAME COMMUNITY BENEFIT TEAM. BECAUSE OF THIS, WE REPORT
ON THE SAME PROGRAMMING FOR EACH HOSPITAL.

IN FY20, PIEDMONT COLUMBUS REGIONAL OFFERED VARIOUS PROACTIVE COMMUNITY
BENEFIT PROGRAMS MEANT TO BOOST THE HEALTH OF THE COMMUNITY IT SERVES,
INCLUDING ITS MOBILE UNIT (MU), WHICH REGULARLY SERVES LOW-INCOME
COMMUNITIES THROUGHOUT MUSCOGEE AND SURROUNDING AREAS. THE MOBILE UNIT
PROVIDES ACCESS TO HEALTHCARE FOR OUR INDIGENT POPULATION MONDAY THROUGH
FRIDAY AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY TO IDENTIFY AND
TREAT TARGETED HEALTH RISKS. DURING CLINICAL VISITS, THE MOBILE UNIT TEAM
CONSISTS OF A REGISTERED NURSE, A FAMILY PRACTICE RESIDENT AND A PHARMD
RESIDENT UNDER THE MEDICAL DIRECTION OF A STAFF PHYSICIAN. THE CLINICAL
TEAM ASSESSES EACH PATIENT, PROVIDES ACUTE MEDICAL TREATMENT AND CALLS IN
PRESCRIPTIONS TO LOCAL PHARMACIES AS NECESSARY. REFERRALS ARE SENT TO
PIEDMONT COLUMBUS REGIONAL EMERGENCY DEPARTMENT IF MEDICALLY NECESSARY.
THE MOBILE UNIT SERVED 1,512 INDIGENT PATIENTS DURING JULY 01, 2019, TO
MARCH 01, 2020, WHEN ACTIVITIES CEASED DUE TO COVID. FROM VALLEY RESCUE
AND SAFE HOUSE CLINICS, WE HAD 254 PATIENT ENCOUNTERS. OF THOSE, SEVEN

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.

WERE REFERRED TO THE EMERGENCY DEPARTMENT AND 71 WERE REFERRED TO
COMMUNITY PARTNERS FOR FOLLOW-UP.

ADDITIONALLY, IN FY20, THE HOSPITAL PROVIDED \$57,500 IN GRANTS TO LOCAL
NONPROFIT ORGANIZATIONS WITH PROGRAMMING THAT ALIGNED WITH OUR FY19 CHNA.
THROUGH OF THESE PROGRAMS, IN OCTOBER 2019, PIEDMONT COLUMBUS REGIONAL
PARTNERED WITH THE BOYS AND GIRLS CLUBS OF CHATTAHOOCHEE VALLEY TO HOST A
FLU CLINIC. A TOTAL OF 76 FLU SHOTS ADMINISTERED TO CHILDREN WITH AN
ADDITION OF 45 PARENTS/GUARDIANS WHO RECEIVED FLU EDUCATION FROM THE
HOSPITAL'S CHIEF OF PEDIATRICS.

IN FY20, THE HOSPITAL MAINTAINED ITS ACCREDITED DIABETES PREVENTION
PROGRAM, WHICH FOCUSES ON AT-RISK POPULATIONS AS IDENTIFIED IN ITS CHNA.
ACTIVITIES INCLUDED: ONGOING DIABETES EDUCATION INCLUDES INFORMATION ON
DIABETES MANAGEMENT, PHYSICAL ACTIVITY, MEDICATION USAGE, COMPLICATION
PREVENTION AND HOW TO COPE WITH THIS CHRONIC DISEASE; NUTRITION EDUCATION
THAT FOCUSES ON FOOD CHOICES AND IMPROVING BLOOD SUGAR CONTROL; AND
EDUCATION TO REDUCE NEGATIVE IMPACT OF DIABETES REDUCE HEART DISEASE RISK

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.

FACTORS AND IMPROVE WEIGHT MANAGEMENT.

THE HOSPITAL ALSO REGULARLY OFFERED STROKE AWARENESS EDUCATIONAL MATERIALS AND BLOOD PRESSURE SCREENINGS AT HEALTH FAIRS AND COMMUNITY EVENTS TO ACHIEVE AND MAINTAIN STROKE CERTIFICATION, COMMUNITY AWARENESS. ADDITIONALLY, THE HOSPITAL HAS HAD EXTENSIVE OUTREACH TO THE COMMUNITY TO PROVIDE CANCER EDUCATION AND SCREENINGS, INCLUDING PROSTATE AND LUNG CANCER SCREENINGS.

AS PART OF A PIEDMONT HEALTHCARE SYSTEMWIDE EFFORT, PIEDMONT COLUMBUS REGIONAL WAS AN ACTIVE PARTICIPANT IN ANTI-OPIOID WORK, WHICH INCLUDED: ACTIVE PARTICIPATION ON THE SYSTEMWIDE TASK FORCE, TRACKING OPIOID PRESCRIPTIONS WITHIN THE HOSPITAL AND BY PROVIDERS, UTILIZING EPIC EMR TOOLS TO MONITOR OPIOID USE, OFFERING PATIENTS AND THE COMMUNITY WAYS TO SAFELY DISPOSE OF UNUSED MEDICATION, AND PROVIDING ONGOING EDUCATION ON OPIOID PRESCRIBING. THE ADVENT OF COVID-19 PRECLUDED LOCAL TAKE-BACK DAY ACTIVITIES, IN WHICH WE'D TRADITIONALLY PARTNER WITH LOCAL LAW ENFORCEMENT TO HOST AN EVENT IN WHICH LOCAL RESIDENTS WERE ENCOURAGED TO

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.

BRING IN ANY UNUSED PRESCRIPTIONS FOR SAFE DISPOSAL.

PIEDMONT COLUMBUS REGIONAL'S COMMUNITY OUTREACH DEPARTMENT PARTNERED WITH THE MUSCOGEE COUNTY SCHOOL DISTRICT, AMERIGROUP, FEED THE VALLEY AND UNIVERSITY OF GEORGIA COOPERATIVE EXTENSION TO HOST VARIOUS FARMER'S MARKET THROUGHOUT THE YEAR FOR AT RISK POPULATIONS IDENTIFIED IN THE CHNA. FRESH FRUIT AND VEGETABLES, INTERACTIVE FOOD DEMONSTRATIONS ALONG WITH NUTRITIONAL EDUCATION WAS PROVIDED AT THE EVENTS. UNIVERSITY OF GEORGIA COOPERATIVE EXTENSION ALSO PROVIDED FREE COOKING CLASSES IN SELECT LOW-INCOME HOUSING AREAS WHERE THE ATTENDEES WERE GIVEN TIPS ON HOW TO SHOP FOR HEALTHY FOOD ITEMS ON A BUDGET AND HOW TO PREPARE HEALTHY MEALS WITH INGREDIENTS THEY MAY ALREADY HAVE IN THE HOME.

PIEDMONT COLUMBUS REGIONAL ALSO FACILITATED EDUCATION SESSIONS HOSTED BY OUR DIETICIANS FOR THE ANNUAL MUSCOGEE COUNTY SCHOOL DISTRICT PROFESSIONAL DEVELOPMENT TRAINING FOR THE TEACHERS AND ADMINISTRATORS. ONE OF THE TOPICS COVERED INCLUDED "HOW ACADEMICS AND FOOD INSECURITY IMPACT OUR CHILDREN."

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.

SCHEDULE H, PART VI, LINE 6: AFFILIATED HEALTH CARE SYSTEM

PIEDMONT COLUMBUS REGIONAL 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: 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.

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

PIEDMONT COLUMBUS REGIONAL 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.