## Part I  Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

1. **Financial Assistance and Certain Other Community Benefits at Cost**

#### Part I

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did the organization have a financial assistance policy during the tax year? If &quot;No,&quot; skip to question 6a.</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; was it a written policy?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1. Applied uniformly to all hospital facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Applied uniformly to most hospital facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Generally tailored to individual hospital facilities</td>
<td></td>
</tr>
</tbody>
</table>

3. **Financial Assistance and Certain Other Community Benefits at Cost**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If &quot;Yes,&quot; indicate which of the following was the FPG family income limit for eligibility for free care:</td>
<td>100%</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization use FPG as a factor in determining eligibility for providing discounted care? If &quot;Yes,&quot; indicate which of the following was the family income limit for eligibility for discounted care:</td>
<td>200%</td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

4. **Financial Assistance and Certain Other Community Benefits at Cost**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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 &quot;medically indigent&quot;?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization's budget amounts for free or discounted care provided under its financial assistance policy during the tax year exceed the budgeted amount?</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
</tr>
</tbody>
</table>

5. **Financial Assistance and Certain Other Community Benefits at Cost**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did the organization prepare a community benefit report during the tax year?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization make it available to the public?</td>
<td>X</td>
</tr>
</tbody>
</table>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

### Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost</td>
<td>17,483,382.</td>
<td>17,483,382.</td>
<td>5.27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>8,727,577.</td>
<td>9,000,712.</td>
<td>-273,135.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>4,817,166.</td>
<td>465,982.</td>
<td>4,351,184.</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total. Financial Assistance and Means-Tested Government Programs</td>
<td>31,028,125.</td>
<td>9,466,694.</td>
<td>21,561,431.</td>
<td>6.58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>130,264.</td>
<td>130,264.</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>2,229,493.</td>
<td>2,229,493.</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>934,842.</td>
<td>934,842.</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>30,000.</td>
<td>30,000.</td>
</tr>
<tr>
<td>j Total. Other Benefits</td>
<td>3,324,599.</td>
<td>3,324,599.</td>
</tr>
<tr>
<td>k Total. Add lines 7d and 7j</td>
<td>34,352,724.</td>
<td>9,466,694.</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>9</td>
<td>Other</td>
<td></td>
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<tr>
<td>10</td>
<td>Total</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Part III  Bad Debt, Medicare, & Collection Practices

### Section A. Bad Debt Expense
1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?  
   ![Yes] [No]  
   ![Yes] No

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.  
   ![10,796,312]

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.  
   ![81,869,371]  

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).  
   ![81,869,371]

6. Enter Medicare allowable costs of care relating to payments on line 5.  
   ![79,623,807]

7. Subtract line 6 from line 5. This is the surplus (or shortfall).  
   ![2,245,564]

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:
   - [ ] Cost accounting system  
   - [X] Cost to charge ratio  
   - [ ] Other

### Section C. Collection Practices
9a. Did the organization have a written debt collection policy during the tax year?  
   ![Yes] [No]  
   ![Yes] No

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>13</td>
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</tbody>
</table>
## 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)

<table>
<thead>
<tr>
<th>Facility reporting group</th>
<th>Licensed hospital</th>
<th>General medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>ER-24 hours</th>
<th>ER-Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PIEDMONT FAYETTE HOSPITAL</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1255 HIGHWAY 54 WEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAYETTEVILLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GA 30214</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.PIEDMONTFAYETTE.COM">WWW.PIEDMONTFAYETTE.COM</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>056-550</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Facility Information (continued)

#### Section B. Facility Policies and Practices

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

**Name of hospital facility or letter of facility reporting group:** PIEDMONT FAYETTE HOSPITAL

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

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>a A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Indicate the tax year the hospital facility last conducted a CHNA: <strong>2018</strong></td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>7 Did the hospital facility make its CHNA report widely available to the public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Hospital facility's website (list url): SEE PART VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9 Indicate the tax year the hospital facility last adopted an implementation strategy: <strong>2019</strong></td>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>10 Is the hospital facility's most recently adopted implementation strategy posted on a website?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>a If &quot;Yes,&quot; (list url): SEE PART VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;No,&quot; is the hospital facility's most recently adopted implementation strategy attached to this return?</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>c 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</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>c If &quot;Yes&quot; 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?</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
Name of hospital facility or letter of facility reporting group | PIEDMONT FAYETTE HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
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<td>d</td>
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<td>e</td>
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<td>g</td>
<td></td>
<td></td>
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<tr>
<td>h</td>
<td></td>
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</tr>
</tbody>
</table>

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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of [300.0000] % and FPG family income limit for eligibility for discounted care of [300.0000] %</td>
</tr>
<tr>
<td>b</td>
<td>Income level other than FPG (describe in Section C)</td>
</tr>
<tr>
<td>c</td>
<td>Asset level</td>
</tr>
<tr>
<td>d</td>
<td>Medical indigency</td>
</tr>
<tr>
<td>e</td>
<td>Insurance status</td>
</tr>
<tr>
<td>f</td>
<td>Underinsurance status</td>
</tr>
<tr>
<td>g</td>
<td>Residency</td>
</tr>
<tr>
<td>h</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>

14  Explained the basis for calculating amounts charged to patients?

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):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>Described the information the hospital facility may require an individual to provide as part of his or her application</td>
</tr>
<tr>
<td>b</td>
<td>Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
</tr>
<tr>
<td>c</td>
<td>Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
</tr>
<tr>
<td>d</td>
<td>Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
</tr>
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</table>

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):

<p>| | |</p>
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<th></th>
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<tbody>
<tr>
<td>a</td>
<td>The FAP was widely available on a website (list url): SEE PART VI</td>
</tr>
<tr>
<td>b</td>
<td>The FAP application form was widely available on a website (list url): SEE PART VI</td>
</tr>
<tr>
<td>c</td>
<td>A plain language summary of the FAP was widely available on a website (list url): SEE PART VI</td>
</tr>
<tr>
<td>d</td>
<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>e</td>
<td>The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>f</td>
<td>A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>g</td>
<td>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</td>
</tr>
<tr>
<td>h</td>
<td>Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
</tr>
<tr>
<td>i</td>
<td>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</td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
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</tbody>
</table>
### Facility Information

**Name of hospital facility or letter of facility reporting group:** PIEDMONT FAYETTE HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>17</td>
<td></td>
<td>X</td>
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</table>

**Part V**

#### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** PIEDMONT FAYETTE HOSPITAL

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<tbody>
<tr>
<td>17</td>
<td>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?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18</td>
<td>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:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b</td>
<td>Selling an individual's debt to another party</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>19</td>
<td>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?</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check all actions in which the hospital facility or a third party engaged:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual's debt to another party</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
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<tr>
<td>20</td>
<td>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):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>Made presumptive eligibility determinations (if not, describe in Section C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these efforts were made</td>
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</tbody>
</table>

**Policy Relating to Emergency Medical Care**

<p>| | | | | |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>21</td>
<td>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?</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If &quot;No,&quot; indicate why:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility's policy was not in writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group: PIEDMONT FAYETTE HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>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?</td>
<td>23</td>
<td>X</td>
</tr>
<tr>
<td>24</td>
<td>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?</td>
<td>24</td>
<td>X</td>
</tr>
</tbody>
</table>
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, LINE 5: COMMUNITY REPRESENTATION

AS A PART OF OUR PROCESS, WE INTERVIEWED 41 KEY STAKEHOLDERS AND POLICY MAKERS THAT REPRESENT PUBLIC HEALTH, LOW-INCOME POPULATIONS, UNINSURED AND UNINSURED PERSONS, MINORITIES, CHRONIC CONDITIONS, OLDER ADULTS, AND LAWMAKERS. THESE INTERVIEWS WERE CONDUCTED FOR PEOPLE REPRESENTING THE ENTIRE REGION, INCLUDING FAYETTE 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. THESE INTERVIEWS WERE CONDUCTED FOR PEOPLE REPRESENTING THE ENTIRE REGION, INCLUDING FAYETTE COUNTY. 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 7A: COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE

HTTPS://WWW.PIEDMONT.ORG/MEDIA/FI LE/PFH-FY19-CHNA-STRATEGY.PDF

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

IN ADDITION TO MAKING ITS CHNA REPORTS AVAILABLE ON ITS WEBSITE AND BY REQUEST, PIEDMONT FAYETTE HOSPITAL 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 STRATEGIES

WEBSITE


HTTPS://WWW.PIEDMONT.ORG/MEDIA/FOLDER/PFH-FY19-CHNA-STRATEGY.PDF

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

WHEN PIEDMONT FAYETTE HOSPITAL PERFORMED ITS INITIAL CHNA DURING FY13, IT FOCUSED ON THREE MAIN PRIORITIES AND STARTED WORK ON THOSE PRIORITIES DURING FY14. FIRST, THE HOSPITAL FOCUSED ON INCREASING ACCESS TO APPROPRIATE AND AFFORDABLE CARE FOR LOW- AND NO-INCOME PATIENTS BY DEVELOPING AND EXECUTING A PLAN TO STRENGTHEN ACCESS POINTS TO THOSE PATIENTS. SECOND, THE HOSPITAL Sought OUT TO REDUCE PREVENTABLE READMISSIONS AND EMERGENCY DEPARTMENT RE-ENCOUNTERS, PARTICULARLY AMONG HIGH-RISK PATIENTS, BY INCREASING CARE COORDINATION EFFORTS BETWEEN THE HOSPITAL AND COMMUNITY- BASED PROVIDERS. LASTLY, PIEDMONT FAYETTE HOSPITAL FOCUSED ON REDUCING INSTANCES OF PREVENTABLE HEART DISEASE,
OBESITY, AND OBESITY-RELATED DISEASES, INCLUDING DIABETES, BY UTILIZING COMMUNITY-WIDE AWARENESS CAMPAIGNS AND PROVIDING EDUCATION THAT ENCOURAGES COMMUNITY MEMBERS TO REDUCE THEIR HEART DISEASE RISKS THROUGH HEALTHY BEHAVIORS.

DURING FY16, PIEDMONT FAYETTE HOSPITAL CONDUCTED ITS SECOND CHNA, AGAIN BY ASSESSING PUBLICLY AVAILABLE DATA, INTERVIEWING COMMUNITY MEMBERS AND STAKEHOLDERS, CONDUCTING FOCUS GROUPS OF VULNERABLE POPULATIONS, INTERVIEWING PIEDMONT BOARD MEMBERS, AND SURVEYING PIEDMONT EMPLOYEES. THROUGH THIS PROCESS, PIEDMONT FAYETTE HOSPITAL DETERMINED AND PRIORITIZED THE COMMUNITY HEALTH NEEDS IT WOULD ADDRESS BASED ON THE NUMBER OF PERSONS AFFECTED, THE SERIOUSNESS OF THE ISSUE, WHETHER THE HEALTH NEED AFFECTED VULNERABLE POPULATIONS, AND THE AVAILABILITY OF COMMUNITY AND HOSPITAL RESOURCES NECESSARY TO ADDRESS THE ISSUE.

BASED ON THE CHNA, PIEDMONT FAYETTE HOSPITAL IS CURRENTLY FOCUSING ON:

1. MAINTAINING AND INCREASING ACCESS TO AFFORDABLE CARE FOR LOW- AND NO-INCOME PATIENTS, INCLUDING INCREASED EFFORTS AT ELIMINATING HEALTH DISPARITIES;

2. INCREASING ACCESS TO AND AWARENESS OF CANCER-RELATED PROGRAMMING, INCLUDING LOW-COST MAMMOGRAMS, TO QUALIFYING WOMEN THROUGH PARTNERSHIP PROGRAMS;

3. REDUCING PREVENTABLE READMISSIONS AND EMERGENCY DEPARTMENT RE-ENCOUNTERS, PARTICULARLY AMONG HIGH-RISK PATIENTS, WITH A FOCUS ON CHRONIC DISEASE MANAGEMENT;
PIEDMONT FAYETTE HOSPITAL DEVELOPED THE IMPLEMENTATION STRATEGY TO ADDRESS THESE PRIORITY NEEDS DURING FISCAL YEARS 20-22.

THE PFH BOARD OF DIRECTORS UNANIMOUSLY APPROVED THE NEW CHNA ON MAY 8, 2019. BASED ON THE CHNA, PFH 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 ALL CANCERS. WITH A FOCUS ON LUNG AND BREAST CANCER;
4. REDUCE PREVENTABLE INSTANCES OF AND DEATHS FROM HEART DISEASE;
5. REDUCE RATES OF OBESITY AND INCREASE ACCESS TO HEALTHY FOODS AND RECREATIONAL ACTIVITIES;
6. REDUCE PREVENTABLE Instances OF DIABETES AND INCREASE ACCESS TO CARE FOR THOSE LIVING WITH THE DISEASE; AND
7. SUPPORT SENIOR HEALTH AND HEALTHY AGING.
SCHEDULE H, PART V, LINE 16: FINANCIAL ASSISTANCE POLICY WEBSITES

FINANCIAL ASSISTANCE POLICY -
HTTPS://WWW.PIEDMONT.ORG/MEDIA(FILE/FINANCIAL-ASSISTANCE-POLICY.PDF

FINANCIAL ASSISTANCE APPLICATION -
HTTPS://WWW.PIEDMONT.ORG/MEDIA(FILE/FINANCIAL-ASSISTANCE-APPLICATION.PDF

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY -
HTTPS://WWW.PIEDMONT.ORG/MEDIA(FILE/FINANCIAL-ASSISTANCE-PLAIN-LANGUAGE-SUMMARY-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? ____________________________

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
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<tbody>
<tr>
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<td>9</td>
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<tr>
<td>10</td>
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</tbody>
</table>
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 CHINAs 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 FAYETTE HOSPITAL 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
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 CHINAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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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 $395,037,121, LESS BAD DEBT EXPENSE OF $62,972,879 FROM FORM 990, PART IX, LINE 24(B).

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
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 CHINAs 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 DOUBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYER CATEGORY. THE RESULTS OF THE REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES.

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
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 CHINAs 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.

PFH 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.
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 CHINAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**BAD DEBT METHODOLOGY**

**SCHEDULE H, PART III, LINE 4**

The provision for bad debts is based upon management's assessment of historical and expected net collections considering business and economic conditions, trends in health care coverage and other collection indicators. Periodically, management assesses the adequacy of the allowance for double accounts based upon historical write-off experience by payer category. The results of the review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables.

**MEDICARE SHORTFALLS AS COMMUNITY BENEFIT**

SCHEDULE H, PART III, LINE 8

The amount reported on Part III, Line 8, 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
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 CHINAs reported in Part V, Section B.

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 FAYETTE HOSPITAL'S MEDICARE SHORTFALL REPORTED ON PART III, LINE 7 OF SCHEDULE H, SHOULD BE CONSIDERED A COMMUNITY BENEFIT AS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO ELDERLY AND MEDICARE PATIENTS. IRS REVENUE RULING 69-545 PROVIDES, IN PART, THAT HOSPITALS SERVING PATIENTS WITH GOVERNMENTAL HEALTH INSURANCE, SUCH AS MEDICARE, IS AN INDICATION THE HOSPITAL OPERATES TO PROMOTE HEALTH IN THE COMMUNITY. ADDITIONALLY, MEDICARE ACCOUNTED FOR 48.21% OF PIEDMONT FAYETTE HOSPITAL'S PATIENT SERVICE REVENUE, WHILE CHARITY CARE ACCOUNTED FOR AN ADDITIONAL 5.15%. PIEDMONT FAYETTE HOSPITAL'S POLICY IS TO TREAT MEDICARE PATIENTS, REGARDLESS OF THE EXTENT TO WHICH MEDICARE ACTUALLY PAYS FOR THE TREATMENT. FOR MANY SERVICES, MEDICARE'S REIMBURSEMENT IS LESS THAN THE
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 CHINAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**COST OF THE CARE PROVIDED, RESULTING IN SHORTFALLS THAT ARE TO BE ABSORBED BY THE HOSPITAL IN HONOR OF PIEDMONT FAYETTE HOSPITAL'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 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**
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 CHINAs 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.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**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 FAYETTE HOSPITAL IS REQUIRED BY THE INTERNAL REVENUE SYSTEM TO PROVIDE TO CONDUCT A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), IN ACCORDANCE WITH 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 FAYETTE HOSPITAL CONDUCTED ITS THIRD TRIENNIAL CHNA. FY20 MARKED YEAR ONE OF THE SUBSEQUENT THREE-YEAR CHNA IMPLEMENTATION STRATEGY.**
Supplemental Information

Part VI

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 CHINAs reported in Part V, Section B.

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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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 PIEDMONT FAYETTE CHNA WAS LED BY THE PIEDMONT HEALTHCARE COMMUNITY BENEFITS TEAM, WITH SIGNIFICANT INPUT AND DIRECTION FROM PIEDMONT FAYETTE LEADERSHIP, INCLUDING THE EXECUTIVE DIRECTOR OF PATIENT SERVICES, AND THE PIEDMONT FAYETTE BOARD OF DIRECTORS, WHO PROVIDED INPUT ON THE ASSESSMENT AT THEIR MARCH 13, 2019, BOARD MEETING.

PROCESS

THE CHNA STARTED FIRST WITH A DEFINITION OF OUR COMMUNITY. WE DEFINED THE HOSPITAL'S PRIMARY POPULATION AS THE HOSPITAL'S HOME COUNTY, DUE TO THE IMPACT OF ITS TAX-EXEMPT STATUS. WE ESTIMATE PROPERTY TAXES MAKE UP THE LARGEST SEGMENT 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 CLAYTON COUNTY.
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 CHINAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 DATA WAS 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
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 CHINAs 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.

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 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.

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,
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 CHINAs reported in Part V, Section B.

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6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

GEORGIA WATCH, CONSIDERHEALTH, THE COMMUNITY FOUNDATION FOR GREATER 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 AND MENTAL CARE FOR ALL COMMUNITY MEMBERS, AND ESPECIALLY THOSE WHO ARE UNINSURED AND THOSE WITH LOW INCOMES
- DECREASE DEATHS FROM ALL CANCERS, WITH A FOCUS ON LUNG AND BREAST CANCERS
- REDUCE INSTANCES OF AND DEATHS FROM HEART DISEASE
- REDUCE PREVENTABLE INSTANCES OF DIABETES AND INCREASE ACCESS TO CARE FOR THOSE LIVING WITH THE DISEASE
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 CHINAs reported in Part V, Section B.

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

. REDUCE OPIOID-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,
Provide the following information.

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

STATE FILING OF 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.

THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS UNANIMOUSLY APPROVED BY THE PIEDMONT FAYETTE HOSPITAL BOARD OF DIRECTORS ON MAY 08, 2019.

THE PIEDMONT FAYETTE HOSPITAL IMPLEMENTATION STRATEGY WAS DEVELOPED IN PARTNERSHIP WITH HOSPITAL LEADERSHIP AND COMMUNITY STAKEHOLDERS TO ADDRESS THE IDENTIFIED PRIORITIES IN OUR FY19 COMMUNITY HEALTH NEEDS ASSESSMENT. THE IMPLEMENTATION STRATEGY WAS DESIGNED TO BE EXECUTED OVER
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 CHINAs reported in Part V, Section B.

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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.

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 COMMUNITY BENEFITS DEPARTMENT, PIEDMONT FAYETTE HOSPITAL LEADERSHIP AND THE PIEDMONT FAYETTE HOSPITAL 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.


SCHEDULE H, PART VI, LINE 3: PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY PIEDMONT FAYETTE HOSPITAL 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 FAYETTE HOSPITAL INCLUDES PROVIDING A DEDICATED CONTACT NUMBER, WHICH IS DISSEMINATED BY THE HOSPITAL TO PATIENTS BY VARIOUS MEANS. THESE INCLUDE,
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.

But are not limited to: The publication of notices in patient bills and by posting notices in emergency rooms, in the conditions of admission form, at admitting and registration departments, hospital business offices, and patient financial services offices that are located on facility campuses, and at other public places the hospital may elect, including availability at local low-cost clinics primarily treating uninsured populations.

Piedmont Fayette Hospital 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
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

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.

IN FY20, WE DISTRIBUTED APPROXIMATELY 500 COPIES OF THIS GUIDE THROUGHOUT
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.

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THE FAYETTE COMMUNITY.

**SCHEDULE H, PART VI, LINE 4: COMMUNITY INFORMATION**

PIEDMONT FAYETTE HOSPITAL IS LOCATED IN FAYETTE COUNTY, WHICH WE CONSIDER TO BE OUR PRIMARY COMMUNITY. A TOTAL OF 112,303 PEOPLE LIVE IN THE 194.37 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 577.77 PERSONS PER SQUARE MILE, IS GREATER THAN THE NATIONAL AVERAGE POPULATION DENSITY OF 91.93 PERSONS PER SQUARE MILE.

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BETWEEN 2015 AND 2019, THE MEDIAN HOUSEHOLD INCOME WAS $90,145,

SIGNIFICANTLY HIGHER THAN THE STATE AND NATIONAL AVERAGES OF $58,700 AND $62,843, RESPECTIVELY. SEVENTY-FOUR PERCENT OF THE POPULATION HAS, AT A MINIMUM, ATTENDED SOME COLLEGE (WITH 55 PERCENT HAVING OBTAINED AN ASSOCIATE DEGREE OR HIGHER), AND 5 PERCENT ONLY GRADUATED HIGH SCHOOL. IN MANY WAYS, HOUSEHOLD INCOME AND EDUCATIONAL ATTAINMENT ARE RELATED.

NEARLY 4 PERCENT OF ADULTS WERE UNEMPLOYED IN 2020, A FIGURE LOWER THAN THE NATIONAL AVERAGE OF 5.4 PERCENT. A QUARTER OF HOUSEHOLDS – NEARLY 10,000 – 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.

ONLY 5.5 PERCENT OF THE COUNTY – ABOUT 6,167 PEOPLE – LIVED IN POVERTY EACH YEAR ON AVERAGE BETWEEN 2015 AND 2019. DURING THAT SAME TIME, 7 PERCENT OF CHILDREN IN FAYETTE COUNTY LIVED IN POVERTY, A FIGURE THAT IS SIGNIFICANTLY LOWER THAN THE STATE AVERAGE OF 22 PERCENT. WHEN BROKEN DOWN BY RACE, BLACK AND ASIAN CHILDREN WERE MUCH MORE LIKELY TO LIVE IN
Supplemental Information

Part VI

Provide the following information.

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POVERTY THAN ANY OTHER RACE. 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. TWENTY-FOUR PERCENT OF PUBLIC SCHOOL CHILDREN WERE ELIGIBLE FOR THE FREE OR REDUCED PRICED LUNCH PROGRAM DURING THE 2018-2019 SCHOOL YEAR, WHICH IS FAR LOWER THAN THE STATE AVERAGE OF 60 PERCENT.

IN FAYETTE COUNTY, ONLY 7.2 PERCENT OF COUNTY RESIDENTS WERE UNINSURED IN 2019, WHICH IS FAR LOWER THAN THE STATE AND NATIONAL AVERAGES OF 13.2 AND 8.8 PERCENT, RESPECTIVELY. NON-ELDERLY ADULTS BY FAR WERE THE MOST LIKELY TO BE UNINSURED, WITH 10 PERCENT OF THOSE AGE 18 TO 64 AS HAVING NO INSURANCE COVERAGE DURING THAT TIME PERIOD, AS COMPARED TO 5.7 PERCENT OF CHILDREN AND 1 PERCENT OF SENIORS AND ELDERLY ADULTS.

ABOUT 3.45 PERCENT OF THE POPULATION WERE 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." THIS IS RELEVANT AS THOSE WITHOUT THE ABILITY TO SPEAK ENGLISH
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WELL OR AT ALL GENERALLY FACE MORE BARRIERS WHEN ACCESSING CARE,
UNDERSTANDING CARE INSTRUCTIONS AND IN TALKING WITH THEIR DOCTOR.


THERE WAS ONE DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS IN THE COMMUNITY IN 2021 AND IT WAS SPECIFIC TO MENTAL HEALTH. THERE WAS ONE MENTAL HEALTH PROVIDER FOR EVERY 540 PEOPLE, ONE DENTIST FOR EVERY 1,040 PEOPLE IN 2019, ONE PRIMARY CARE PHYSICIAN FOR EVERY 910 PEOPLE.
Supplemental Information

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COMMUNITY MEMBERS HAVE REPORTED AN AVERAGE 2.8 AND 3.2 POOR PHYSICAL AND MENTAL HEALTH DAYS, RESPECTIVELY. THIRTEEN PERCENT OF FAYETTE RESIDENTS REPORTED THEIR HEALTH AS POOR OR FAIR.

APPROXIMATELY 221 PEOPLE LIVED WITH HIV IN 2018, ESTABLISHING A HIV RATE THAT IS FAR BETTER THAN STATE AND NATIONAL AVERAGES. HIV IS A LIFE-THREATENING COMMUNICABLE DISEASE THAT DISPROPORTIONATELY AFFECTS MINORITY POPULATIONS AND MAY ALSO INDICATE THE PREVALENCE OF UNSAFE SEX PRACTICES. TO THAT POINT, CHLAMYDIA RATES WERE FAR BELOW BOTH AND NATIONAL AVERAGES IN 2018, WITH 314.5 INFECTIONS PER EVERY 100,000 PEOPLE AND 56 GONORRHEA INFECTIONS PER EVERY 100,000 PEOPLE.

IN 2019, THERE WERE APPROXIMATELY 77.3 RETAIL OPIOID PRESCRIPTIONS DISPENSED PER 100 PERSONS, ACCORDING TO THE CDC. 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 INCREASED SHARPLY IN 2019 AND IS AMONG THE WORST IN THE STATE.
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**FOR EVERY 1,000 TEEN GIRLS AGED 15 TO 18 IN FAYETTE COUNTY, SEVEN BIRTH**

**GAVE BIRTH TO A CHILD ON AVERAGE EACH YEAR BETWEEN 2012 AND 2018.**

**CHILDREN BORN TO TEEN 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 FAYETTE HOSPITAL 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 DEPARTMENT AVAILABLE TO THE ENTIRE COMMUNITY, THE OPERATION OF AN EMERGENCY ROOM OPEN TO ALL MEMBERS OF THE COMMUNITY WITHOUT REGARD 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.

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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.

IN FY20, PIEDMONT FAYETTE HOSPITAL OFFERED VARIOUS PROACTIVE COMMUNITY BENEFIT PROGRAMS MEANT TO BOOST THE HEALTH OF THE COMMUNITY IT SERVES. TO START, HOSPITAL ALSO PROCESSES ALL LABORATORY TESTS FOR THE FAYETTE C.A.R.E. CLINIC AND THE HEALING BRIDGE CLINIC AT NO COST TO THE CLINICS OR THEIR PATIENTS. FOR FAYETTE C.A.R.E. CLINIC, THE HOSPITAL PROVIDES
Supplemental Information

Provide the following information.

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EPIC ELECTRONIC MEDICAL RECORDS AMBULATORY SYSTEM FREE OF CHARGE TO THE CLINIC, ALLOWING FOR INCREASED CONNECTIVITY AND SUPPORTING A CONTINUUM OF CARE BETWEEN THE CLINIC AND HOSPITAL. THE TOTAL COST FOR THESE SERVICES, INCLUDING LAB TESTS, WAS APPROXIMATELY $935,000 IN FY20.

IN FY20, PIEDMONT FAYETTE ALSO PROVIDED $30,000 IN SUPPORT TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS THROUGH ITS COMMUNITY BENEFIT GRANTS PROGRAM. THESE GRANTS SUPPORT LOCAL PROGRAMMING THAT DIRECTLY ADDRESS THE UNMET HEALTH NEEDS IDENTIFIED IN OUR FY19 CHNA AND IMPLEMENTATION STRATEGY. IN FY20, THE HOSPITAL PROVIDED DIRECT FUNDING TO FAYETTE SENIOR SERVICES FOR ITS LIVE WELL, RIDE WELL PROGRAM; THE FAYETTE C.A.R.E. CLINIC FOR ITS STEPS TO C.A.R.E. PROGRAMMING; AND HEALING BRIDGE CLINIC, FOR ITS WELLNESS CLINIC.

PIEDMONT FAYETTE HOSPITAL ALSO PROVIDED HEALTH PROFESSIONS EDUCATION TO STUDENTS AND RESIDENTS TRAINING TO BE HEALTH PROFESSIONALS. IN FY20, PIEDMONT FAYETTE HOSPITAL MEDICAL STAFF OVERSAW TRAINING AT A COST OF $2.2 MILLION.
Provide the following information.

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THE PIEDMONT FAYETTE FAMILY ADVISORY COUNCIL (PFAC) IS COMPRISED OF 13 COMMUNITY MEMBERS FROM A DIVERSE POPULATION. THE GROUP MEETS QUARTERLY EACH CALENDAR YEAR. IN FY20, THE GROUP MET TWO TIMES. EACH OF THESE MEETINGS WERE WORKING SESSIONS WITH A FOCUS ON 1) PATIENT PARKING AND UPCOMING MEDICAL OFFICE BUILDING CONSTRUCTION, 2) HCAHPS AND THE INPATIENT EXPERIENCE.

THE HOSPITAL ALSO CONDUCTED A FAITH COMMUNITY LUNCH AND LEARN CONCERNING MENTAL HEALTH AND SPIRITUALITY. CHAPLAIN MINDY LITTLEJOHN, LPC, BCCC, PRESENTED SPIRITUALITY AND MENTAL HEALTH FROM HER BACKGROUND PERSPECTIVE IN CLINICAL PSYCHOLOGY AND SPIRITUAL CARE SERVICES. EMPHASIS WAS PLACED ON HOW FAITH COMMUNITIES CAN SUPPORT PEOPLE WITH MENTAL HEALTH NEEDS AND HOW TO REMOVE THE STIGMA SURROUNDING MENTAL HEALTH CONDITIONS. THERE WERE 20 ATTENDEES FROM A VARIETY OF FAITH TRADITIONS. CHAPLAINS INVITED TO MEET WITH MEMBERS OF LOCAL ISLAMIC COMMUNITY CENTER OF ATLANTA’S MIDDLE AND HIGH SCHOOL-AGED MEMBERS TO ADDRESS MENTAL HEALTH ISSUES OF STRESS, ANXIETY AND SELF-ESTEEM AND TO ADDRESS CULTURAL DIVERSITY.
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ADDITIONALLY, HOSPITAL REPRESENTATIVES MET WITH TWO LARGE LOCAL CHURCHES TO PROVIDE CANCER RESOURCES, CANCER WELLNESS INFORMATION AND ESTABLISH LINK FOR REFERRAL OF CANCER PATIENTS ENCOUNTERED WHEN COUNSELING MEMBERS OF THEIR CONGREGATION. PIEDMONT FAYETTE'S CANCER WELLNESS PROGRAMS AND SERVICES ARE AVAILABLE FREE OF CHARGE TO ALL PERSONS AND THEIR CAREGIVERS AFFECTED BY CANCER REGARDLESS OF WHERE THE RECEIVE CANCER CARE AND WITH NO REFERRAL NECESSARY. THE ONSET OF COVID-19 PRESENTED AN OPPORTUNITY FOR CANCER WELLNESS TO ADJUST ITS BUSINESS MODEL TO INCLUDE BOTH SAFE FACE-TO-FACE CONSULTATIONS AND VIRTUAL PROGRAMMING OPTIONS.

CANCER WELLNESS HAS ADDED A FULL-TIME ONCOLOGY DIETITIAN AND A SEXUAL HEALTH EDUCATOR TO THE STAFF. THESE ARE INTEGRAL COMPONENTS OF SUPPORT FOR OUR GYN ONCOLOGY AND BREAST SURGERY PROGRAMS AND ARE FREE OF CHARGE TO PATIENTS AND THEIR SUPPORT FAMILY AND MADE POSSIBLE BY CHARITABLE SUPPORT. BECAUSE OF INCREASED AWARENESS AND CHANGES IN THE CW PROGRAM MODEL, WE HAVE BEEN ABLE TO INCREASE OUR DIRECT PATIENT CONSULTATIONS BY 60 PERCENT FROM PRIOR YEAR. DURING COVID, WE OFFERED ONLINE CLASSES AND
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EDUCATIONAL COURSES ON OUR WEBSITE FOR PATIENTS WHO MAY PREFER TO LEARN VIA THAT FORMAT OR THOSE WHO HAVE TRANSPORTATION BARRIERS.

THE HOSPITAL ALSO PARTICIPATED IN 11 COMMUNITY AND BUSINESS (MANUFACTURING COMPANIES WITH LOW-INCOME WAGE EARNERS) EVENTS TO PROMOTE CANCER AWARENESS, PREVENTION, SCREENINGS AND EDUCATION. THE HOSPITAL PROVIDED TWO PHYSICIAN-LED EVENTS TO PATIENTS IN COMMUNITY TO PROMOTE CANCER AWARENESS, SCREENINGS AND WELLNESS INFORMATION.

AS PART OF A PIEDMONT HEALTHCARE SYSTEMWIDE EFFORT, PIEDMONT FAYETTE 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 BRING IN ANY UNUSED
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 CHINAs 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.

**PRESCRIPTIONS FOR SAFE DISPOSAL.**

PIEDMONT PHYSICIAN TASHINEA BERNANDIN, DO SPOKE AT THE FAYETTE NAACP YOUTH COUNCIL IN FY20 ABOUT THE DANGERS OF VAPING AND THE OPIOID CRISIS THAT IS IMPACTING OUR COMMUNITY. THERE WERE 35 PEOPLE IN ATTENDANCE, THE MAJORITY BEING YOUTH, BUT THE AUDIENCE ALSO INCLUDED ELECTED OFFICIALS, PARENTS AND COMMUNITY LEADERS.

A SUBSEQUENT INVITE WAS EXTENDED TO DR. BERNADIN TO PARTICIPATE IN A FAYETTE TOWN HALL REGARDING THE RISKS OF VAPING AND SUBSTANCE ABUSE AND COVID-19 BUT WAS UNABLE TO PARTICIPATE DUE TO COVID-19 RESTRICTIONS.

PIEDMONT FAYETTE IS ONGOING PARTNER AND RESOURCE TO DRUG FREE FAYETTE (DFF), COMMUNITY COLLABORATIVE FOCUSED ON SUBSTANCE ABUSE AND REDUCING TEEN AND ADULT SUBSTANCE ABUSE ACROSS FAYETTE COUNTY. EXECUTIVE DIRECTOR OF PATIENT SERVICES SERVES AS AN ADVISOR TO THE DFF COALITION MEMBERS.

THE HOSPITAL ALSO PROVIDED 27 MEDIA PLACEMENTS, ONLINE, PRINT, RADIO,
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 CHINAs 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.

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6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**TELEVISION PROMOTING CANCER PREVENTION, AWARENESS, SCREENINGS AND EDUCATION. NUMBER OF PLACEMENTS REDUCED DUE TO FOCUS ON COVID-19.**

Additionally, the hospital provided 327 media placements, online, print, radio, television promoting various health topics, hospital accolades and resources for community members, including: heart health, cancer prevention and awareness, stroke prevention and awareness, safe return to work tips during COVID-19, don't delay care messaging, walk with a doc exercise opportunities, resources for seniors, diabetes and nutrition information, etc.

**THE PIEDMONT FAYETTE WOMEN'S HEART NETWORK PROVIDES ONGOING HEART HEALTH PROGRAMMING AND RESOURCES TARGETED TO WOMEN. SEVENTY-FIVE PERCENT OF ALL HEART HEALTH COACHING PARTICIPANTS ARE AFRICAN AMERICAN. ALL FAYETTE C.A.R.E CLINIC PATIENTS (UNINSURED, UNDERINSURED) ARE REFERRED TO THE WOMEN'S HEART NETWORK FOR FREE HEART HEALTH COACHING.**

In FY20, hospital staff held eight (8) walk with a doc events to promote exercise and health to community. A total of 144 community members
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

**PARTICIPATED IN THE PHYSICIAN-LED WALKS HELD AT A LOCAL FARMERS MARKET.**

**PARTICIPANTS WALKED 2.2 MILES AND RECEIVED SPECIFIC HEALTH INFORMATION FROM PHYSICIAN SPECIALTIES (INTERNAL MEDICINE, CARDIOLOGY, GYN, ONCOLOGY, ETC.). ATTENDEES ALSO WERE REMINDED OF THE IMPORTANCE OF DIET AND EXERCISE AS PART OF A HEALTHY LIFESTYLE. WALK WITH A DOC EVENTS FOR SPRING 2020 WERE CANCELLED DUE TO COVID-19 BUT WILL START AGAIN ONCE RESTRICTIONS ARE LIFTED.**

**PFH SIXTY PLUS SERVICES HELD 22 DEMENTIA CAREGIVER SUPPORT GROUP MEETINGS WITH 137 PARTICIPANTS TO ADDRESS SPECIFIC NEEDS AND CONCERNS FOR PATIENTS AND CAREGIVERS TO ADDRESS ISOLATION, DEPRESSION, AND LONELINESS ASSOCIATED WITH MANAGING THE DISEASE. SIXTY PLUS SERVICES ARE FREE OF CHARGE TO ALL COMMUNITY MEMBERS, REGARDLESS OF IF THEY ARE A PIEDMONT PATIENT. THESE SERVICES PROMOTE HEALTHY AGING BY PROVIDING A CONTINUUM OF GERIATRIC SPECIFIC SERVICES, PROGRAMS, EDUCATION, SUPPORT AND COUNSELING FOR OLDER ADULTS AND THEIR FAMILY CAREGIVERS.**

**SIXTY PLUS SERVICES HELD SIX COMMUNITY PRESENTATIONS TO ADDRESS SENIOR**
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 CHINAs reported in Part V, Section B.

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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.

**CITIZEN CONCERNS SUCH AS ISOLATION, LONELINESS, DEPRESSION, ANXIETY,**

**DEMENTIA EDUCATION, ADVANCED DIRECTIVES, MEMORY CARE RESOURCES WITH 110 PARTICIPANTS.**

**PIEDMONT FAYETTE PROVIDED NINE PROGRAM SESSIONS TO FAYETTE SENIOR SERVICES THAT ADDRESSED TOPICS SUCH AS MEDICARE BASICS, ARTHRITIS, VEIN CARE AND HEART HEALTH. FOUR PROGRAMS SCHEDULED FOR SPRING 2020 WERE CANCELED DUE TO COVID-19. FAYETTE SENIOR SERVICES PROVIDES TRANSPORTATION FOR SENIOR, INCLUDING THOSE LIVING ALONG, TO PARTICIPATE IN THESE CLASSES. THIS PROGRAMING FOSTERS IMPORTANT SOCIALIZATION FOR ISOLATED SENIORS.**

**ADDITIONALLY, THE HOSPITAL DONATED EXERCISE EQUIPMENT (STAIR CLIMBER, YOGA BALLS, RECUMBENT BIKE, FREE WEIGHTS AND WEIGHT BENCH) TO FAYETTE SENIOR SERVICES TO PROMOTE EXERCISE, HEALTH AND WELLNESS TO SENIOR CITIZENS.**

**FINALLY, AND AS MENTIONED ABOVE, PIEDMONT FAYETTE HOSPITAL PROVIDED TO**
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 CHINAs reported in Part V, Section B.

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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 GENERAL PUBLIC A BILINGUAL COMMUNITY RESOURCE GUIDE, WHICH GIVES
INFORMATION ON COMMUNITY RESOURCES FOR LOWER INCOME POPULATIONS AS WELL
AS PLAIN LANGUAGE DETAILS ON OUR FINANCIAL ASSISTANCE PROGRAMS.

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

PIEDMONT FAYETTE HOSPITAL IS A PART OF PIEDMONT HEALTHCARE, A REGIONAL
NOT-FOR-PROFIT ORGANIZATION AND THE PARENT COMPANY OF 11 HOSPITALS, THE
PIEDMONT PHYSICIANS GROUP, THE PIEDMONT HEART INSTITUTE, THE PIEDMONT
CLINIC AND THE PIEDMONT HEALTHCARE FOUNDATION.

PIEDMONT HEALTHCARE'S COMMUNITY BENEFIT DEPARTMENT COORDINATES THE
COMMUNITY BENEFIT ACTIVITIES ON BEHALF OF ALL HOSPITALS THROUGHOUT THE
SYSTEM. THIS INCLUDES CONDUCTING THE TRIENNIAL CHNA AND SUBSEQUENT
IMPLEMENTATION STRATEGY, ENSURING THE FINANCIAL ASSISTANCE POLICY IS
COMMUNICATED TO THE COMMUNITY, MAINTAINING THE COMMUNITY BENEFIT WEBPAGE,
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
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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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.

EXECUTE PROGRAMMING, INCLUDING OUR REVENUE DEPARTMENT, WHICH OVERSEES AND EXECUTES THE FINANCIAL ASSISTANCE POLICY AND PROGRAM.

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

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