

PUBLIC INSPECTION COPY

Hospitals

OMB No. 1545-0047

SCHEDULE H  
(Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIEDMONT HENRY HOSPITAL, INC.

Employer identification number

58-2200195

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
1b If "Yes," was it a written policy? . . . . .	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
6a Did the organization prepare a community benefit report during the tax year? . . . . .	X	
b If "Yes," did the organization make it available to the public? . . . . .	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			22,751,536.		22,751,536.	8.54
b Medicaid (from Worksheet 3, column a) . . . . .			13,558,492.	11,209,889.	2,348,603.	.88
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			4,304,830.	3,682,102.	622,728.	.23
d Total Financial Assistance and Means-Tested Government Programs . . . . .			40,614,858.	14,891,991.	25,722,867.	9.65
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			46,334.		46,334.	.02
f Health professions education (from Worksheet 5) . . . . .			1,549,852.		1,549,852.	.58
g Subsidized health services (from Worksheet 6) . . . . .			156,334.		156,334.	.06
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			407,106.		407,106.	.15
j Total. Other Benefits . . . . .			2,159,626.		2,159,626.	.81
k Total. Add lines 7d and 7j. . . . .			42,774,484.	14,891,991.	27,882,493.	10.46

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
14,426,495.			
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 . . . . .	<b>3</b>		
887,244.			
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) . . . . .	<b>5</b>	58,578,724.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	59,988,275.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-1,409,551.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HENRY RAD ONCOLOGY	RADIATION & ONCOLOGY SERVICES	60.0000		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b> <u>PIEDMONT HENRY HOSPITAL, INC.</u> <u>1133 EAGLE'S LANDING PARKWAY</u> <u>STOCKBRIDGE GA 30281</u> <u>WWW.PIEDMONTHENRY.ORG</u> <u>075-315</u>	X	X					X		SNF, REHAB SERVICES CLINIC	
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group PIEDMONT HENRY HOSPITAL, INC.

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	X	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART VI</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b> If "Yes," (list url): <u>SEE PART VI</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> 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.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group PIEDMONT HENRY HOSPITAL, INC.

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group PIEDMONT HENRY HOSPITAL, INC.

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

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group PIEDMONT HENRY HOSPITAL, INC.

	Yes	No
<p><b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	X
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	X

**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, LINE 5: COMMUNITY REPRESENTATION

PIEDMONT HENRY HOSPITAL'S ("PHH") ORIGINAL CHNA WAS CONDUCTED DURING THE HOSPITAL'S FISCAL YEAR 2013 IN PARTNERSHIP WITH THE HAYSLETT GROUP, THE LEAD CONVENER OF GEORGIA'S PARTNER UP FOR PUBLIC HEALTH CAMPAIGN. THE OVERALL HEALTH NEEDS ASSESSMENT EFFORT WAS LED BY THE PIEDMONT HEALTHCARE COMMUNITY BENEFITS TEAM, AND ASSISTED BY COMMUNITY HEALTH ADVISORS (FOR STAKEHOLDER INTERVIEWS). PIEDMONT HENRY HOSPITAL CONDUCTED ITS SECOND CHNA DURING FISCAL YEAR 2016. STAKEHOLDERS WERE CONTINUALLY ENGAGED DURING BOTH ASSESSMENTS, WITH A PARTICULAR FOCUS ON THOSE GROUPS, ORGANIZATIONS, AND INDIVIDUALS REPRESENTING THE MOST VULNERABLE MEMBERS OF THE HOSPITAL'S COMMUNITY. SPECIFICALLY, PHH INTERVIEWED REPRESENTATIVES OF LOCAL AND REGIONAL PUBLIC HEALTH ENTITIES, MINORITY POPULATIONS, THE FAITH-BASED COMMUNITIES, LOCAL BUSINESS OWNERS, THE PHILANTHROPIC COMMUNITY, MENTAL HEALTH AGENCIES, ELECTED OFFICIALS, AND OTHER RELEVANT COMMUNITY STAKEHOLDERS. ADDITIONALLY, THE HOSPITAL CONDUCTED FOCUS GROUPS MADE UP OF LOW-INCOME AND UNINSURED PATIENTS, AS WELL AS CONSUMER AND PATIENT ADVOCATES REPRESENTING A VARIETY OF VULNERABLE PATIENTS. ALL INTERVIEWS, FOCUS GROUPS AND MEETINGS INFORMED THE CHNA PROCESSES, INCLUDING THE IDENTIFICATION OF KEY HEALTH PRIORITIES AND DEVELOPMENT OF IMPLEMENTATION PLAN STRATEGIES.

SCHEDULE H, PART V, LINE 6A: HOSPITALS INCLUDED IN CURRENT CHNA PROCESS DURING FY16, THE PIEDMONT HEALTHCARE SYSTEM CONDUCTED THE SECOND CHNA FOR SIX OF ITS TAX-EXEMPT HOSPITALS. EACH INDIVIDUAL HOSPITAL'S COMMUNITY WAS ASSESSED AND PRIORITY NEEDS WERE IDENTIFIED BASED ON THE SIX COMMUNITIES'



**Part V Facility Information** *(continued)*

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

DISCREET CHARACTERISTICS. THE RESULTS OF THE ASSESSMENTS WERE COMPILED AND PUBLISHED IN A SINGLE CHNA REPORT. THE HOSPITALS INCLUDED IN THE PROCESS WERE PIEDMONT HOSPITAL (EIN: 58-1503902); PIEDMONT FAYETTE HOSPITAL (EIN: 58-2322328); PIEDMONT HENRY HOSPITAL (EIN: 58-2200195); PIEDMONT MOUNTAINSIDE HOSPITAL (EIN: 35-2228583); PIEDMONT NEWMAN HOSPITAL (EIN: 20-5077249); AND PIEDMONT NEWTON HOSPITAL (EIN: 58-2155150).

SCHEDULE H, PART V, SECTION B, LINE 7A: COMMUNITY HEALTH NEEDS ASSESSMENT WEBSITE  
[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/2016-CHNA-FULL-REPORT.PDF](https://www.piedmont.org/media/file/2016-CHNA-FULL-REPORT.PDF)

SCHEDULE H, PART V, LINE 7D: PUBLIC AVAILABILITY OF CHNA  
 IN ADDITION TO MAKING ITS CHNA AVAILABLE ON ITS WEBSITE AND BY REQUEST, PIEDMONT HENRY 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 STRATEGY  
[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/2017-19-IMPLEMENTATION-STRATEGIES.PDF](https://www.piedmont.org/media/file/2017-19-IMPLEMENTATION-STRATEGIES.PDF)

**Part V Facility Information** (continued)

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

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

WHEN PIEDMONT HENRY 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 HENRY HOSPITAL FOCUSED ON REDUCING INSTANCES OF PREVENTABLE HEART DISEASE AND STROKE BY UTILIZING COMMUNITY-WIDE AWARENESS CAMPAIGNS AND PROVIDING EDUCATION THAT ENCOURAGES COMMUNITY MEMBERS TO REDUCE THEIR RISKS THROUGH HEALTHY BEHAVIORS. DURING FY16, PIEDMONT HENRY 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 HENRY 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, PHH WILL FOCUS 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

**Part V Facility Information** (continued)

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

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; AND (4) REDUCING PREVENTABLE INSTANCES OF HEART DISEASE, HYPERTENSION, AND STROKE THROUGH EDUCATIONAL AWARENESS AND PROMOTION OF HEALTHY BEHAVIORS, INCLUDING EFFORTS TO REDUCE TOBACCO USE. PIEDMONT HENRY HOSPITAL DEVELOPED THE IMPLEMENTATION STRATEGY TO ADDRESS THESE PRIORITY NEEDS DURING FY18.

SCHEDULE H, PART V, LINE 16: FINANCIAL ASSISTANCE POLICY WEBSITES

FINANCIAL ASSISTANCE POLICY -

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

FINANCIAL ASSISTANCE APPLICATION -

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

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY -

[HTTPS://WWW.PIEDMONT.ORG/MEDIA/FILE/FINANCIAL-ASSISTANCE-PLAIN-LANGUAGE-SUMMARY-ENGLISH.PDF](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? 1

Name and address	Type of Facility (describe)
<b>1</b> LAUREL PARK 1133 EAGLE'S LANDING PARKWAY STOCKBRIDGE GA 30281	SKILLED NURSING FACILITY
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 1: REQUIRED DESCRIPTIONS

PART I, LINE 6A: A REPORT ON OUR COMMUNITY BENEFIT ACTIVITIES CAN BE FOUND ONLINE, IT IS WIDELY DISTRIBUTED TO THE PUBLIC THROUGH BOTH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE SYSTEM'S WEBSITE. A REPORT ON PIEDMONT HENRY HOSPITAL'S COMMUNITY BENEFITS IS ALSO FOUND BOTH WITHIN THE HEALTH CARE SYSTEM'S ANNUAL REPORT AND THE HEALTH CARE SYSTEM'S FOUNDATION ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC THROUGH BOTH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE SYSTEM'S WEBSITE. ADDITIONALLY, THE REPORT WAS MAILED TO HOSPITAL AND SYSTEM BOARD MEMBERS, STATE AND LOCAL ELECTED OFFICIALS AND OTHER KEY STAKEHOLDERS.

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 \$327,864,495 LESS BAD DEBT EXPENSE OF

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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\$61,282,394 FROM FORM 990, PART IX, LINE 24(A).

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

SCHEDULE H, PART I, LINE 7

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

**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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- 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.

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 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.

**Part VI Supplemental Information**

Provide the following information.

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

PHH 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.

MEDICARE SHORTFALLS AS COMMUNITY BENEFIT

SCHEDULE H, PART III, LINE 8

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



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 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 ORGANIZATION BELIEVES THAT THE HOSPITAL'S MEDICARE SHORTFALL REPORTED ON PART III, LINE 7 OF SCHEDULE H, SHOULD BE CONSIDERED A COMMUNITY BENEFIT AS THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO ELDERLY AND MEDICARE PATIENTS. IRS REVENUE RULING 69-545 PROVIDES, IN PART, THAT HOSPITALS SERVING PATIENTS WITH GOVERNMENTAL HEALTH INSURANCE, SUCH AS MEDICARE, IS AN INDICATION THE HOSPITAL OPERATES TO PROMOTE HEALTH IN THE COMMUNITY. ADDITIONALLY, MEDICARE ACCOUNTED FOR 42.98% OF THE HOSPITAL'S PATIENT SERVICE REVENUE. THE HOSPITAL'S POLICY IS TO TREAT MEDICARE PATIENTS, REGARDLESS OF THE EXTENT TO WHICH MEDICARE ACTUALLY PAYS FOR THE TREATMENT. FOR MANY SERVICES, MEDICARE'S REIMBURSEMENT IS LESS THAN THE COST OF THE CARE PROVIDED, RESULTING IN SHORTFALLS THAT ARE TO BE ABSORBED BY THE HOSPITAL IN HONOR OF THE HOSPITAL'S COMMITMENT TO TREAT ELDERLY PATIENTS.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9(B)

INITIAL SCREENINGS OF ALL INPATIENT, EMERGENCY, AND SURGERY ENCOUNTERS,

**Part VI Supplemental Information**

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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 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

IN FY16, PIEDMONT HENRY HOSPITAL CONDUCTED ITS SECOND TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH WAS ACCOMPLISHED BY ANALYZING

**Part VI Supplemental Information**

Provide the following information.

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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.

PUBLICLY-AVAILABLE COMMUNITY AND INTERNAL PATIENT DATA, INTERVIEWING COMMUNITY MEMBERS AND STAKEHOLDERS (INCLUDING THOSE WITH A SPECIAL KNOWLEDGE OF PUBLIC HEALTH AND VULNERABLE POPULATIONS), CONDUCTING FOCUS GROUPS OF VULNERABLE POPULATIONS, INTERVIEWING PIEDMONT BOARD MEMBERS AND SURVEYING PIEDMONT EMPLOYEES ON THE HEALTH ISSUES THEY FEEL OUR COMMUNITY AND PATIENTS FACE. FOR THE PURPOSES OF THIS CHNA, WE DEFINED VULNERABLE COMMUNITY MEMBERS AS THOSE WHO ARE UNINSURED, UNDERINSURED, HAVE LOW OR NO INCOMES, HAVE CHRONIC CONDITIONS, ARE ELDERLY, WHO FACE HOUSING AND/OR FOOD INSTABILITY, THOSE WHO DON'T SPEAK ENGLISH WELL OR AT ALL, AND/OR FACE PARTICULAR CHALLENGES WHEN ATTEMPTING TO ACCESS THE HEALTH CARE SYSTEM.

IN THE CHNA, WE IDENTIFIED OUR TOP HEALTH PRIORITIES TO ADDRESS OVER A THREE-YEAR PERIOD. THESE WERE: INCREASE ACCESS TO CARE AND HEALTH SERVICES FOR LOW- AND NO-INCOME PATIENTS; REDUCE PREVENTABLE RE-ADMISSIONS AND EMERGENCY DEPARTMENT RE-ENCOUNTERS; INCREASE ACCESS TO AND AWARENESS OF BREAST AND LUNG CANCER PROGRAMMING; AND REDUCE PREVENTABLE INSTANCES OF HEART DISEASE, HYPERTENSION, OBESITY AND STROKE.

**Part VI Supplemental Information**

Provide the following information.

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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.

PRIORITIES WERE CHOSEN BASED ON THE NUMBER OF PERSONS AFFECTED, THE SERIOUSNESS OF THE ISSUE, WHETHER THE HEALTH NEED AFFECTED VULNERABLE POPULATIONS, AND AVAILABILITY OF COMMUNITY AND HOSPITAL RESOURCES TO ADDRESS THE NEED.

THE PIEDMONT HENRY HOSPITAL BOARD OF DIRECTORS RATIFIED THE CHNA ON MAY 02, 2016.

THE FY17 PIEDMONT HENRY HOSPITAL IMPLEMENTATION STRATEGY WAS DEVELOPED IN PARTNERSHIP WITH HOSPITAL LEADERSHIP AND COMMUNITY STAKEHOLDERS TO ADDRESS THE IDENTIFIED PRIORITIES LISTED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT. THE IMPLEMENTATION STRATEGY WAS DESIGNED TO BE EXECUTED OVER A THREE-YEAR PERIOD AND INCLUDED SPECIFIC METRICS BY WHICH WE WOULD BE ABLE TO EVALUATE OUR WORK AND ITS IMPACT. THE IMPLEMENTATION STRATEGY WAS DEVELOPED BY UTILIZING COMMUNITY FEEDBACK FROM THE ASSESSMENT IN PARTNERSHIP WITH THE SYSTEM COMMUNITY BENEFITS DEPARTMENT, PIEDMONT HENRY HOSPITAL LEADERSHIP AND THE PIEDMONT HENRY HOSPITAL BOARD OF DIRECTORS.

**Part VI Supplemental Information**

Provide the following information.

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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 PIEDMONT HENRY HOSPITAL BOARD OF DIRECTORS APPROVED THE IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED HEALTH ISSUES ON SEPTEMBER 12, 2016.

SCHEDULE H, PART VI, LINE 3: PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY  
 PATIENT EDUCATION OF AVAILABILITY OF ASSISTANCE: PIEDMONT HEALTHCARE  
 UNDERSTANDS THAT NOT EVERYONE WILL HAVE THE ABILITY TO PAY THEIR HOSPITAL BILL DUE TO THEIR INSURANCE STATUS OR A LIMITED INCOME, AND BECAUSE OF THIS, WE OFFER FINANCIAL ASSISTANCE TO QUALIFYING PATIENTS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AVAILABLE AT PIEDMONT HENRY HOSPITAL INCLUDES PROVIDING A DEDICATED CONTACT NUMBER, WHICH IS DISSEMINATED BY THE HOSPITAL TO PATIENTS BY VARIOUS MEANS. THESE INCLUDE, BUT ARE NOT LIMITED TO: THE PUBLICATION OF NOTICES IN PATIENT BILLS AND BY POSTING NOTICES IN EMERGENCY ROOMS, IN THE CONDITIONS OF ADMISSION FORM, AT ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES, AND 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

**Part VI Supplemental Information**

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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.

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

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

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, LINE 4: COMMUNITY INFORMATION

PIEDMONT HENRY HOSPITAL IS LOCATED IN MCDONOUGH, GEORGIA, AND FOR THE PURPOSES OF OUR CHNA, WE CONSIDER OUR COMMUNITY TO BE THE HOSPITAL'S HOME COUNTY OF HENRY COUNTY. IN 2017, MORE THAN 217,506 PEOPLE LIVE IN HENRY COUNTY. FIFTY-ONE PERCENT OF THE COUNTY WAS WHITE, 41 PERCENT IS AFRICAN AMERICAN, 5 PERCENT IS HISPANIC OR LATINO AND 3 PERCENT IS ASIAN. 12 PERCENT OF ADULTS IN HENRY COUNTY WERE UNINSURED IN 2017, AND MINORITIES WERE DISPROPORTIONATELY IMPACTED. FOR EXAMPLE, 25 PERCENT OF ALL HISPANIC OR LATINO WERE UNINSURED THAT YEAR.

51 PERCENT OF THE CHILDREN IN HENRY COUNTY QUALIFY FOR FREE LUNCH. UNEMPLOYMENT IN THE COUNTY WAS AT 4 PERCENT, WHICH IS SLIGHTLY HIGHER THAN GEORGIA'S PERCENTAGE OF 3.8 PERCENT. IN 2017, APPROXIMATELY 85 PERCENT OF THE COUNTY'S HIGH SCHOOL STUDENTS WILL GRADUATE IN FOUR YEARS (UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE, COUNTY HEALTH RANKINGS, 2018).

THERE IS ONE PRIMARY CARE PHYSICIAN IN HENRY FOR EVERY 1,930 RESIDENTS OF

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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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 COUNTY, COMPARED TO ONE FOR 1,030 FOR THE STATE. APPROXIMATELY 17 PERCENT OF ADULTS REPORTED THEY WERE IN POOR OR FAIR HEALTH, A FIGURE SLIGHTLY BETTER THAN THE GEORGIA BENCHMARK OF 19 PERCENT. IN 2017, NEARLY ONE IN FOUR ADULTS WERE NOTABLY PHYSICALLY INACTIVE, A THIRD OF ADULTS WERE OBESE AND 17 PERCENT OF COUNTY RESIDENTS SMOKED IN HENRY COUNTY (UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE, COUNTY HEALTH RANKINGS, 2018).

SCHEDULE H, PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH  
 PIEDMONT HENRY HOSPITAL ACTIVELY PROMOTES THE HEALTH OF ITS COMMUNITY THROUGH COMMUNITY-BASED HEALTH SCREENINGS, EDUCATIONAL ACTIVITIES, THE OPERATION OF A 24-HOUR EMERGENCY DEPARTMENT AVAILABLE TO THE ENTIRE COMMUNITY, THE OPERATION OF AN EMERGENCY ROOM OPEN TO ALL MEMBERS OF THE COMMUNITY WITHOUT REGARD TO ABILITY TO PAY, A GOVERNANCE BOARD COMPOSED OF COMMUNITY MEMBERS, USE OF SURPLUS REVENUE FOR FACILITIES IMPROVEMENT, PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH, THE PROVISION OF INPATIENT HOSPITAL CARE FOR ALL PERSONS IN THE COMMUNITY ABLE TO PAY, INCLUDING THOSE COVERED BY MEDICARE AND MEDICAID, AND AN



**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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- 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.

OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS.

IN FY18, PIEDMONT HENRY HOSPITAL OFFERED VARIOUS PROACTIVE COMMUNITY BENEFIT PROGRAMS, INCLUDING THE CONTINUATION OF THE PIEDMONT COMMUNITY BENEFIT GRANTS PROGRAM, WHICH OFFERS GRANT OPPORTUNITIES TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING SPECIFIC TO HEALTH-RELATED SERVICES AND PROGRAMS THAT ADDRESS THE UNMET HEALTH NEEDS IDENTIFIED IN OUR FY16 CHNA AND IMPLEMENTATION STRATEGY. IN FY18, GRANT RECIPIENTS WERE THE HANDS OF HOPE CLINIC AND THE VETERANS SUPPORT GROUP.

PIEDMONT HENRY HOSPITAL ALSO PROVIDES TO THE HANDS OF HOPE CLINIC CLINICAL AND OFFICE SPACE ON THE HOSPITAL CAMPUS, AT NO CHARGE, AS WELL AS COVERAGE FOR UTILITIES. THE HOSPITAL ALSO PROVIDES LAB SERVICES TO THE CLINIC AT NO COST TO THE PATIENT OR CLINIC. THE HOSPITAL ACTIVELY WORKS IN PARTNERSHIP WITH THE CLINIC TO IDENTIFY AND TREAT LOW-INCOME VULNERABLE PATIENTS IN THE CLINIC'S AMBULATORY SETTING.

**Part VI Supplemental Information**

Provide the following information.

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

PIEDMONT HENRY HOSPITAL ALSO PROVIDED HEALTH PROFESSIONS EDUCATION TO STUDENTS AND RESIDENTS TRAINING TO BE HEALTH PROFESSIONALS. IN FY18, PIEDMONT HENRY HOSPITAL MEDICAL STAFF OVERSAW A TOTAL 58,737 HOURS OF TRAINING AT A COST OF \$1,549,852.

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

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

**Part VI Supplemental Information**

Provide the following information.

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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.

PIEDMONT HEALTHCARE PROVIDE KEY INPUT AND EXECUTE PROGRAMMING. THIS INCLUDES 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 HENRY 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.