

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

PIEDMONT NEWNAN HOSPITAL, INC.

Employer identification number

20-5077249

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

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			3,324,679.		3,324,679.	2.10
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			7,301,145.	6,705,500.	595,645.	.38
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			1,844,850.	1,098,104.	746,746.	.47
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			12,470,674.	7,803,604.	4,667,070.	2.95
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			55,639.		55,639.	.04
<b>f</b> Health professions education (from Worksheet 5) . . . . .			1,417,050.		1,417,050.	.89
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			205,000.		205,000.	.13
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			951.		951.	
<b>j Total.</b> Other Benefits . . . . .			1,678,640.		1,678,640.	1.06
<b>k Total.</b> Add lines 7d and 7j. . . . .			14,149,314.	7,803,604.	6,345,710.	4.01

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	37,568,319.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	40,430,387.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-2,862,068.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

**1** PIEDMONT NEWNAN HOSPITAL, INC.  
745 POPLAR ROAD  
NEWNAN GA 30265  
WWW.PIEDMONTNEWNAN.ORG

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

**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 NEWNAN 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
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.PIEDMONTNEWNAN.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," (list url): <u>WWW.PIEDMONTNEWNAN.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group PIEDMONT NEWNAN 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</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" 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>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.PIEDMONTNEWNAN.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.PIEDMONTNEWNAN.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.PIEDMONTNEWNAN.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<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 type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<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 non-payment? . . . . .	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"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

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

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</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"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<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**

<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? . . . . . If "No," indicate why:		X
<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)		

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

<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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<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? . . . . . If "Yes," explain in Section C.		X
<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? . . . . . If "Yes," explain in Section C.		X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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 NEWNAN HOSPITAL'S MOST RECENT CHNA BEGAN WITH A REVIEW OF PUBLICLY AVAILABLE HEALTH AND SOCIOECONOMIC DATA. THE PRIMARY SOURCES OF THIS DATA INCLUDED THE US CENSUS, US HEALTH AND HUMAN SERVICES' COMMUNITY HEALTH STATUS INDICATORS, COUNTY HEALTH RANKINGS, AND GEORGIA ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS). STAKEHOLDERS WERE CONTINUALLY ENGAGED DURING THIS PROCESS, WITH A PARTICULAR FOCUS ON THOSE GROUPS, ORGANIZATIONS, AND INDIVIDUALS REPRESENTING THE MOST VULNERABLE MEMBERS OF THE HOSPITAL'S COMMUNITY. SPECIFICALLY, PIEDMONT NEWNAN HOSPITAL 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, IN AUGUST 2012, THE HOSPITAL CONDUCTED A FOCUS GROUP OF LOW-INCOME AND UNINSURED PATIENTS CURRENTLY RECEIVING CARE AT THE COWETA SAMARITAN CLINIC, WHICH PROVIDES HEALTH CARE SERVICES TO LOW-INCOME, UNINSURED COWETA COUNTY RESIDENTS. IN THE THIRD QUARTER OF FISCAL YEAR 13, PIEDMONT NEWNAN HOSPITAL HELD TWO PUBLIC COMMUNITY MEETINGS TO DISCUSS THE HEALTH NEEDS ASSESSMENT AND HOW TO BEST ADDRESS THE IDENTIFIED PRIORITIES. FROM THESE MEETINGS, THE HOSPITAL DEVELOPED ITS IMPLEMENTATION PLAN.

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

IN ADDITION TO MAKING ITS CHNA AVAILABLE ON ITS WEBSITE AND BY REQUEST, PIEDMONT NEWNAN HOSPITAL SENT A COPY TO EACH PARTICIPANT IN THE CHNA

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

(ABOUT 200 PEOPLE), DISTRIBUTED THE ASSESSMENT TO COMMUNITY CENTERS AND OTHER LOCATIONS THAT PRIMARILY SERVE AN UNINSURED POPULATION, SENT A COPY TO LEGISLATIVE AND ELECTED OFFICIALS, AND WIDELY DISTRIBUTED THE ASSESSMENT TO OTHER PIEDMONT HEALTHCARE HOSPITALS.

SCHEDULE H, PART V, LINE 11: ADDRESSING COMMUNITY HEALTH NEEDS WHEN PIEDMONT NEWNAN 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 NEWNAN HOSPITAL FOCUSED ON REDUCING INSTANCES OF PREVENTABLE OBESITY AND OBESITY-RELATED DISEASES, INCLUDING DIABETES, BY UTILIZING COMMUNITY-WIDE AWARENESS CAMPAIGNS AND PROVIDING EDUCATION THAT ENCOURAGES COMMUNITY MEMBERS TO REDUCE THEIR RISKS THROUGH HEALTHY BEHAVIORS.

OTHER KEY HEALTH ISSUES EMERGED DURING THE FY13 CHNA THAT WERE NOT THE FOCUS OF THE IMPLEMENTATION PLAN FOR FY14 THROUGH FY16. THESE ISSUES INCLUDED MENTAL HEALTH AND TRANSPORTATION. WITH RESPECT TO MENTAL HEALTH, THE HOSPITAL DID NOT HAVE THE RESOURCES TO MAKE A MEANINGFUL IMPACT ON THE ISSUE AS PIEDMONT NEWNAN HOSPITAL DOES NOT PROVIDE MENTAL HEALTH



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SERVICES IN-HOUSE. FURTHER, AS A HEALTHCARE PROVIDER, PIEDMONT NEWNAN HOSPITAL IS UNABLE TO SIGNIFICANTLY INFLUENCE TRANSPORTATION OFFERINGS OR TRANSPORTATION-RELATED PROBLEMS IN THE COMMUNITY. HOWEVER, THE HOSPITAL WILL CONTINUE TO SUPPORT AWARENESS AND EXPLORE COMMUNITY-BASED PARTNERSHIPS AROUND THESE TWO ISSUES.

**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information.

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

SCHEDULE H, PART VI, LINE 1: REQUIRED DESCRIPTIONS

PUBLIC AVAILABILITY OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART I, LINE 6A

A REPORT ON PIEDMONT NEWMAN HOSPITAL, INC'S ("PNH") COMMUNITY BENEFITS IS FOUND WITHIN PIEDMONT HEALTHCARE, INC'S (PIEDMONT NEWMAN HOSPITAL'S SOLE MEMBER) ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC BOTH THROUGH PRINTED COPIES MADE AVAILABLE TO COMMUNITY MEMBERS UPON REQUEST AND THROUGH PUBLICATION ON THE PIEDMONT HEALTHCARE WEBSITE. ADDITIONALLY, THE REPORT WAS MAILED TO PNH AND PIEDMONT HEALTHCARE 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

**Part VI Supplemental Information**

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IX, LINE 25, COLUMN (A) OF \$203,982,162, LESS BAD DEBT EXPENSE OF \$45,527,212 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

BASED ON PRIOR EXPERIENCE AND CERTAIN DEMOGRAPHICS AND OTHER INFORMATION OBTAINED DURING ADMISSION, THE ORGANIZATION BELIEVES A PORTION OF THE BAD

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DEBT EXPENSES AT COST IS ATTRIBUTABLE TO PATIENTS THAT WOULD OTHERWISE QUALIFY FOR CHARITY CARE. DESPITE ITS BEST EFFORTS TO EDUCATE PATIENTS ABOUT QUALIFYING FOR ITS CHARITY CARE PROGRAM (AS DISCUSSED IN PART IV, QUESTION 3 BELOW), MANY UNINSURED PATIENTS DO NOT COMPLETE A CHARITY CARE APPLICATION OR PROVIDE SUFFICIENT INFORMATION AT THE TIME OF ADMISSION, DURING THEIR STAY, OR AFTER BEING DISCHARGED TO QUALIFY FOR ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.

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:

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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 PAYER CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. PHC'S PRESENTATION OF THE PROVISION FOR BAD DEBT AT THE REPORTING ENTITY LEVEL IS BASED ON AN ENTITY-WIDE ASSESSMENT OF SIGNIFICANCE.

PNH 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

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SCHEDULE H, PART III, LINE 8

THE AMOUNT REPORTED ON PART III, SECTION B, LINE 6 WAS CALCULATED IN ACCORDANCE WITH THE 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 PROVIDING 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 NEWNAN 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

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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 18.24 PERCENT OF PNH'S PATIENT SERVICE REVENUE. PNH'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 PNH'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 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



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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.

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## SCHEDULE H, PART VI, LINE 2: NEEDS ASSESSMENT

DURING FISCAL YEAR 2013, PIEDMONT NEWNAN HOSPITAL CONDUCTED AND RATIFIED A FORMAL NEEDS ASSESSMENT AND IMPLEMENTATION PLAN. THE ASSESSMENT BEGAN WITH A REVIEW OF PUBLICLY AVAILABLE HEALTH AND SOCIOECONOMIC DATA. THE PRIMARY SOURCES OF THIS DATA INCLUDED THE US CENSUS, US HEALTH AND HUMAN SERVICES' COMMUNITY HEALTH STATUS INDICATORS, COUNTY HEALTH RANKINGS, AND GEORGIA ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM (OASIS). STAKEHOLDERS WERE CONTINUALLY ENGAGED DURING THIS PROCESS, WITH A PARTICULAR FOCUS ON THOSE GROUPS, ORGANIZATIONS, AND INDIVIDUALS REPRESENTING THE MOST VULNERABLE MEMBERS OF THE HOSPITAL'S COMMUNITY. SPECIFICALLY, PIEDMONT NEWNAN HOSPITAL 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, IN AUGUST 2012, THE HOSPITAL CONDUCTED A FOCUS GROUP OF LOW-INCOME AND UNINSURED PATIENTS CURRENTLY RECEIVING CARE AT THE COWETA SAMARITAN CLINIC, WHICH PROVIDES HEALTH CARE SERVICES TO LOW-INCOME, UNINSURED COWETA COUNTY RESIDENTS. IN THE THIRD

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QUARTER OF FISCAL YEAR 13, PIEDMONT NEWNAN HOSPITAL HELD TWO PUBLIC COMMUNITY MEETINGS TO DISCUSS THE HEALTH NEEDS ASSESSMENT AND HOW TO BEST ADDRESS THE IDENTIFIED PRIORITIES. FROM THESE MEETINGS, THE HOSPITAL DEVELOPED ITS IMPLEMENTATION PLAN. THE PIEDMONT NEWNAN HOSPITAL BOARD OF DIRECTORS THEN APPROVED THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN THROUGH A UNANIMOUS VOTE ON MAY 16, 2013.

DURING FISCAL YEAR 2015, PIEDMONT NEWNAN HOSPITAL CREATED A COMMUNITY BENEFIT-SPECIFIC ANNUAL REPORT AVAILABLE TO THE PUBLIC THAT HIGHLIGHTED THE PROGRESS ON ITS FY13 CHNA IMPLEMENTATION PLAN PRIORITIES AND ACTION ITEMS. THIS REPORT ALSO INCLUDED INFORMATION ON THE HOSPITAL'S COMMUNITY PARTNERS AND STAKEHOLDERS, AND UPDATED COMMUNITY HEALTH DATA AND STATISTICS FOR EACH OF ITS SERVICE COMMUNITIES.

SCHEDULE H, PART VI, LINE 3: PATIENT EDUCATION OF ASSISTANCE ELIGIBILITY 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, PIEDMONT NEWNAN HOSPITAL OFFERS FINANCIAL

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ASSISTANCE TO QUALIFYING PATIENTS. INFORMATION ABOUT AND CONTACT NUMBERS FOR FINANCIAL ASSISTANCE ARE PROVIDED IN NOTICES INSERTED IN PATIENT BILLS AND POSTED IN EMERGENCY ROOMS, IN THE CONDITIONS OF ADMISSION FORM, AT ADMITTING AND REGISTRATION DEPARTMENTS, AT HOSPITAL BUSINESS OFFICES, AT PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES, AND AT OTHER PUBLIC PLACES THE HOSPITAL MAY ELECT, INCLUDING LOCAL LOW-COST CLINICS PRIMARILY TREATING UNINSURED POPULATIONS. PIEDMONT NEWMAN HOSPITAL ALSO PUBLISHES AND WIDELY PUBLICIZES A SUMMARY OF THIS FINANCIAL ASSISTANCE CARE POLICY ON ITS FACILITY WEBSITE, WHICH INCLUDES A LINK TO THE FULL POLICY AND APPLICATION. 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.

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

PIEDMONT NEWNAN HOSPITAL IS LOCATED SOUTHWEST OF ATLANTA IN COWETA COUNTY. IN 2015, OVER 133,000 PEOPLE LIVED IN COWETA COUNTY. THE COUNTY SEAT IS NEWNAN, AND ALTHOUGH CONSIDERED AN URBAN COUNTY DUE TO ITS POPULATION, OVER HALF THE POPULATION LIVES IN RURAL AREAS OF THE COUNTY. ABOUT ONE IN FOUR ADULTS IN COWETA COUNTY WAS UNINSURED IN 2015, AND ONE IN TEN CHILDREN WAS UNINSURED. APPROXIMATELY 13 PERCENT OF COWETA COUNTY HOUSEHOLDS LIVE BELOW THE POVERTY LINE, AND NEARLY 39 PERCENT OF THE CHILDREN IN NEWNAN COUNTY QUALIFY FOR FREE LUNCH. UNEMPLOYMENT IN THE COUNTY IS AT 7.4 PERCENT, WHICH IS SLIGHTLY LESS THAN THE STATE AVERAGE. APPROXIMATELY 88 PERCENT OF THE COUNTY HAS A HIGH SCHOOL DEGREE.

THERE IS ONE PRIMARY CARE PHYSICIAN IN COWETA COUNTY FOR EVERY 2,219 OF ITS RESIDENTS, COMPARED TO ONE PRIMARY CARE PHYSICIAN FOR EVERY 914 STATE RESIDENTS. APPROXIMATELY 17 PERCENT OF THE OVERALL ADULT POPULATION HAS REPORTED THEY WERE UNABLE TO SEE A DOCTOR IN 2014 DUE TO COST, AND 17 PERCENT REPORTED THEY WERE IN POOR OR FAIR HEALTH, A FIGURE SLIGHTLY HIGHER THAN GEORGIA'S AVERAGE OF 16 PERCENT. MORE THAN 11 PERCENT OF

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ADULT RESIDENTS HAVE BEEN DIAGNOSED WITH DIABETES. ONE IN FOUR ADULTS ARE NOTABLY PHYSICALLY INACTIVE, AND CLOSE TO ONE IN THREE ARE CONSIDERED OBESE.

SCHEDULE H, PART VI, LINE 5: PROMOTION OF COMMUNITY HEALTH

PIEDMONT NEWNAN 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 OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFYING PHYSICIANS.

IN FISCAL YEAR 2015, PIEDMONT NEWNAN INCREASED ITS NUMBER OF PRIMARY

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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 PROGRAMS BY 25 PERCENT. SOME OF ITS PROGRAMS INCLUDED:

CONTINUING THE SAMS CARE PROGRAM, WHICH CREATED A PARTNERSHIP WITH THE COWETA SAMARITAN CLINIC TO STRENGTHEN HOSPITAL-CLINIC COMMUNICATIONS THROUGH SHARED MEDICAL RECORDS AND EXPAND THE CLINIC'S CAPACITY WITH ADDITIONAL STAFF; CONTINUING ITS COMMUNITY WALKING PROGRAM CALLED "WALK WITH A DOC"; CONTINUING ITS COMMUNITY EDUCATION PROGRAMMING AROUND NUTRITION, INCLUDING A SCHOOL-BASED COMMUNITY GARDENING PROGRAM AT WESTERN ELEMENTARY IN NEWMAN AND A GARDENING PROGRAM WITH THE BOYS & GIRLS CLUB; OFFERING ACCESS TO PIEDMONT'S CANCER WELLNESS CENTER, WHICH PROVIDES A BROAD SPECTRUM OF COMPREHENSIVE, INDIVIDUALIZED SUPPORT AND FROM THE POINT OF DETECTION AND DIAGNOSIS THROUGHOUT CARE AND TREATMENT; PROVIDING PIEDMONT HEALTHCARE'S "SIXTY PLUS" PROGRAMMING WHICH PROMOTES EFFICIENT AND EFFECTIVE UTILIZATION OF HEALTHCARE RESOURCES THROUGH READMISSION REDUCTION INTERVENTIONS, COMPLEX CARE COORDINATION, FACILITATING COMMUNITY PARTNERSHIPS, AND COALITION BUILDING AND PROVIDER TRAINING AND SYMPOSIUMS; AND COMPOSING A LOW-INCOME COMMUNITY RESOURCE GUIDE TO BE DISTRIBUTED IN HOSPITALS, TO PATIENTS, AND THROUGHOUT THE COMMUNITY.

**Part VI Supplemental Information**

Provide the following information.

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

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

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

IN FISCAL YEAR 2015, THE PIEDMONT HEALTHCARE SYSTEM INCLUDED FIVE FULL-SERVICE HOSPITALS, A PHILANTHROPIC FOUNDATION, A CARDIOVASCULAR RESEARCH INSTITUTE, A PHYSICIAN NETWORK, AMBULATORY SURGERY CENTERS, AND OTHER HEALTH CARE PROVIDERS, ALL OF WHICH FALL UNDER THE COMMON CONTROL



**Part VI Supplemental Information**

Provide the following information.

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

OF PIEDMONT HEALTHCARE, INC., PIEDMONT NEWNAN HOSPITAL'S SOLE MEMBER. THE SYSTEM'S FIVE HOSPITALS ARE PIEDMONT HOSPITAL, A 488-BED ACUTE TERTIARY CARE FACILITY IN ATLANTA; PIEDMONT FAYETTE HOSPITAL, A 189-BED, ACUTE-CARE COMMUNITY HOSPITAL IN FAYETTEVILLE; PIEDMONT MOUNTAINSIDE HOSPITAL, A 52-BED COMMUNITY HOSPITAL IN JASPER; PIEDMONT NEWNAN HOSPITAL, A 136-BED, ACUTE-CARE COMMUNITY HOSPITAL IN NEWNAN; AND PIEDMONT HENRY HOSPITAL, A 215-BED ACUTE-CARE COMMUNITY HOSPITAL IN STOCKBRIDGE. AS PART OF THE PIEDMONT HEALTHCARE SYSTEM, CERTAIN AFFILIATES MAKE GRANTS AND/OR CONTRIBUTIONS TO OTHER RELATED NONPROFIT AFFILIATES TO HELP FINANCIALLY SUPPORT AND/OR FUND WORTHY COMMUNITY BENEFITS ACTIVITIES.

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