

## HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY

### MINUTES OF THE AUGUST 19, 2021 MEETING

#### (Open Session)

#### **Attendees:**

Authority Board Members: Joel Callins, Dr. Jim Hotz, Dorothy Hubbard, Dr. Chirag Jani, Clinton Johnson, Ferrell Moultrie, Glenn Singfield, Sr., Nyota Tucker, and Joel Wright

Authority Legal Counsel: Tommy Coleman

Those Present on Behalf of Phoebe Putney Memorial Hospital, Inc.: Joe Austin (PPMH CEO), Dawn Benson (PPHS General Counsel), Jessica Castle (PPHS VP Marketing & PR), Brian Church (PPHS CFO/CAO), Dr. Dianna Grant (PPHS CMO), Dr. Kathy Hudson (PPMH CMO), Lori Jenkins (PPHS Director of Planning / Strategy), Felicia Lewis (Board Coordinator), Mark Miller (PPHS Strategic Data Analyst), Ben Roberts (PR & Communications Director), Scott Steiner (PPHS President & CEO), Dr. Jennifer Williams (PPHS Corporate Director Diversity, Inclusion, and Engagement)

**Absent Authority Members:** None

#### **Open Meeting and Establish a Quorum:**

Chair Singfield called the meeting to order at 7:35am in the Willson Board Room at Phoebe Putney Memorial Hospital with some Members present via Zoom. Mr. Singfield thanked all Members for their attendance and participation and he observed that a quorum was present.

#### **Approval of the Agenda:**

The proposed Agenda had been previously provided to the Authority Members and a motion to adopt the proposed Agenda for the meeting was made by Mr. Johnson and seconded by Mr. Wright. A copy of the Agenda as adopted is attached.

#### **Approval of the Minutes:**

The proposed Minutes of the May 20, 2021 open session meeting of the Authority had likewise been provided to Members prior to this meeting and the same were considered for approval. Mr. Wright made a motion and Ms. Tucker seconded the motion, to approve the Minutes as previously provided. The motion passed unanimously by vote of all Members.

#### **Financial Reports:**

Mr. Church presented and reviewed an interim financial report for the Authority's current fiscal year through June 30, 2021 and a Proposed 2022 Budget for the Authority. Copies of the Authority's Financial Statements as presented by Mr. Church and the 2022 Proposed Budget are attached. A motion was made by Mr. Johnson, seconded by Mr. Callins to approve the 2022 Budget for the Authority. The motion passed unanimously by vote of all Members.

Mr. Church presented the FY2022 Operating and Capital Budget for the Hospital. The Members engaged Mr. Church in discussion and questions with Ms. Tucker requesting further education on costs versus charges and how to communicate strategically to the public. Chair Singfield noted that Ms. Tucker's concerns will be addressed at a later time.

Mr. Church reported on the updated PPHS Financial Assistance Policy and noted the following special updates to the current policy: removal of the Asset Test of \$175,000 from the policy and Sliding Scale updated to increase minimums for full charity from 125% Federal Poverty Level (FPL) Guidelines to 200% FPL, thereby increasing indigent care and charitable adjustments. Mr. Church also reported on financial assistance policy comparisons for each hospital in the local peer group and noted only one other hospital besides Phoebe extends up to 400% of Federal Poverty Guidelines. He also reported Phoebe allows the longest eligibility period of 365 days to apply for assistance. Mr. Church noted the impact of the recommended changes include reducing patient out of pocket costs and patient balances at this lower income lever commonly convert to bad debt, so Phoebe will be reducing the financial burden and collection efforts for these patients. A copy of the updated Financial Assistance Policy and Mr. Church's presentation are attached to these Minutes.

#### **Diversity, Equity, and Inclusion Update:**

Dr. Williams provided an update on Phoebe's Diversity, Equity, and Inclusion efforts noting that an employee-led Diversity Council was created in November 2020. She reviewed the Diversity Council goals for 2021 as well as the next steps for the Council. Ms. Tucker applauded the accomplishments of Dr. Williams and the Diversity Council and asked if there are any plans to relook at Phoebe's Mission-Vision-Value Statements. Dr. Williams reported the time is not right to make any changes as the Statement was recently updated and approved by the Phoebe Putney Memorial Hospital board. A copy of Dr. Williams' presentation is attached to these Minutes.

#### **PPMH, Inc. CEO and Operational Reports:**

Mr. Austin provided an update on current COVID-19 conditions at Phoebe Main and North. He presented PPMH COVID-19 data for admissions, average age of positive patients, percentage of positive patients not vaccinated, outpatient positivity rate, and inpatient age group. Mr. Austin provided an update on Phoebe's COVID-19 vaccine requirement for all employees and COVID trends facing rural communities. He also reported on Phoebe's efforts regarding monoclonal antibody infusion therapy and mobile health strategies to provide increased access to COVID-19 vaccinations throughout southwest Georgia.

A copy of the CEO and Operational report as presented is attached to these Minutes.

#### **Community Health Needs Assessment:**

Ms. Jenkins presented an update on the Community Health Needs Assessment (CHNA) Priorities for 2020-2022. She reminded the Members of the approved priorities: improving birth outcomes and reproductive responsibility; diabetes prevention and management; cancer prevention and treatment; and behavioral health and addictive disease advocacy. Ms. Jenkins reported on how the Community Need focus shifted due to COVID-19. She also reported on the Nurse Family Partnership Program which will address the birth outcomes and reproductive responsibility. Ms. Jenkins also reported on a

collaboration with Morehouse School of Medicine to increase prostate screening rates for at-risk men. A copy of Ms. Jenkins' presentation is attached to these Minutes.

**Closing of the Meeting:**

A motion was made by Mr. Wright, seconded by Mr. Johnson to close the meeting for the purposes of: (i) engaging in privileged consultation with legal counsel; or (ii) to discuss potentially valuable commercial plans, proposals or strategies that may be of competitive advantage in the operation of Phoebe Putney Memorial Hospital or its medical facilities as defined in O.C.G.A. §31-7-131.

Chair Singfield polled each individual Authority Member present with respect to his or her vote on the motion and the vote of each of the Members is shown below, with no Member opposing:

|                      |     |
|----------------------|-----|
| Glenn Singfield, Sr. | Yes |
| Joel Callins         | Yes |
| Dr. Jim Hotz         | Yes |
| Dorothy Hubbard      | Yes |
| Dr. Chirag Jani      | Yes |
| Clinton Johnson      | Yes |
| Ferrell Moultrie     | Yes |
| Nyota Tucker         | Yes |
| Joel Wright          | Yes |

The motion having passed, the meeting closed.

**Open Session Reconvened:**

Following unanimous vote of all Members in attendance at the conclusion of the Closed Session, the meeting reopened.

**Additional Business:**

The Members engaged in discussion regarding the recent lease analysis. Mr. Austin thanked the Members for the lease evaluation briefing at the last meeting. He noted the report's conclusion that Phoebe is in full compliance with the lease affirms what Phoebe is doing. Mr. Austin noted there is always room for improvement and Phoebe's management always wants to find those opportunities.

Ms. Tucker made a motion, which was seconded by Ms. Hubbard, to have the Lease Analysis Ad Hoc Committee bring any recommendations for implementation to the Hospital Authority. The motion passed unanimously by vote of all Members. Chair Singfield stated that Dr. Smith, the ad hoc committee chair, will need to be replaced as she is no longer a member of the Hospital Authority.

**Adjournment:**

There being no further business the meeting was adjourned.

**HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA**

**OPEN SESSION MEETING AGENDA**

**Thursday, August 19, 2021**

**7:30a**

**Hybrid / Guests & Media at Phoebe Northwest Conf. Room B**

- |   |                             |
|---|-----------------------------|
| I. Open Meeting and Establish Quorum  | Glenn Singfield, Sr., Chair |
| II. Consider Approval of Agenda<br>(draft previously provided to Members)                                   | Glenn Singfield, Sr., Chair |
| III. Speaker Appearances (if applicable)  | Glenn Singfield, Sr., Chair |
| IV. Consideration of Open Session Minutes of May 20, 2021 Meeting<br>(draft previously provided to Members) | Glenn Singfield, Sr., Chair |
| V. Financial Reports  | Brian Church                |
| A. HAADC Financial Update   |                             |
| B. HAADC Budget Presentation for 2022 <i>(Requires HAADC Approval)</i>                                      |                             |
| C. PPMH 2022 Budget Presentation  |                             |
| D. Financial Assistance Policy Updates  |                             |
| VI. Diversity, Equity, and Inclusion Update   | Dr. Jennifer Williams       |
| VII. Phoebe Putney Memorial Hospital, Inc. CEO and Operational Reports                                      | Joe Austin                  |
| VIII. Community Health Needs Assessment Update  | Lori Jenkins / Mark Miller  |
| IX. Consideration of Vote to Close Meeting for Executive Session  | Glenn Singfield, Sr., Chair |
| X. Additional Business  | Glenn Singfield, Sr., Chair |
| XI. ADJOURNMENT   |                             |

**Scheduled HAADC Meeting Dates**

***November 18, 2021***



**Hospital Authority**  
of Albany/Dougherty County

**August 19, 2021**

Open Session Meeting



**Hospital Authority**  
of Albany/Dougherty County

# Approval of Agenda

Open Session Meeting  
Agenda Item II.



**Hospital Authority**  
of Albany/Dougherty County

# Speaker Appearances

Open Session Meeting  
Agenda Item III.



# Approval of Minutes May 20, 2021 Meeting

Open Session Meeting  
Agenda Item IV.





**Hospital Authority**  
of Albany/Dougherty County

# Financial Reports

Open Session Meeting

Agenda Item V.

# HOSPITAL AUTHORITY OF ALBANY- DOUGHERTY COUNTY, GEORGIA

Financial Statement Update  
June-2021 YTD Financials  
Fiscal Year 2021  
August 19th Authority Meeting

**HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA****BALANCE SHEET****6/30/21**

|  | <b>Unaudited</b>            |
|--|-----------------------------|
|  | <b><u>June 30, 2021</u></b> |
| ASSETS   |                             |
| Current Assets:  |                             |
| <b>Cash and cash equivalents</b>                                       | <b>\$ 101,197</b>           |
| Assets limited as to use - current                                     | -                           |
| Patient accounts receivable, net of allowance for<br>doubtful accounts | -                           |
| Supplies, at lower of cost (first in, first out) or market             | -                           |
| Other current assets   | -                           |
| <b>Total current assets</b>  | <b>101,197</b>              |
| Property and Equipment, net  | -                           |
| Other Assets:  |                             |
| Goodwill   | -                           |
| <b>Total other assets</b>  | <b>-</b>                    |
| <b>Total Assets</b>  | <b>\$ 101,197</b>           |

| <b>HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA</b>         |                             |
|---|-----------------------------|
| <b>BALANCE SHEET</b>  |                             |
| <b>6/30/21</b>  |                             |
|   | <b>Unaudited</b>            |
|   | <b><u>June 30, 2021</u></b> |
| <b>LIABILITIES AND NET ASSETS</b>                                     |                             |
| Current Liabilities:  |                             |
| Accounts payable  | -                           |
| <b>Accrued expenses</b>   | <b>42,215 *</b>             |
| Estimated third-party payor settlements                               | -                           |
| Deferred revenue  | -                           |
| Short-term obligations  | -                           |
| Total current liabilities   | <u>42,215</u>               |
|   |                             |
| Total liabilities   | <u>42,215</u>               |
| Net assets:   |                             |
| Unrestricted  | 58,981                      |
|   | -                           |
| Total net assets  | <u>58,981</u>               |
|   |                             |
| Total liabilities and net assets                                      | <u>\$ 101,197</u>           |
| <b>* Accrual for PYA Lease Evaluation Fees and Monthly Legal Fees</b> |                             |

**HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA**  
**STATEMENTS OF REVENUES, EXPENSES AND**  
**CHANGES IN UNRESTRICTED NET ASSETS**  
**6/30/2021**

|   | <b>Unaudited</b>            |
|---|-----------------------------|
|   | <b><u>June 30, 2021</u></b> |
| <b>OPERATING REVENUE:</b>                                   |                             |
| Net patient service revenue (net of provision for bad debt) |                             |
| <b>Lease Consideration</b>                                  | <b>150,000</b>              |
| Total Operating Revenue                                     | 150,000                     |
| <b>OPERATING EXPENSES:</b>                                  |                             |
| Salaries and Wages  |                             |
| Employee health and welfare                                 |                             |
| Medical supplies and other                                  |                             |
| Professional services                                       | 187,828                     |
| Purchased services  | 631                         |
| Depreciation and amortization                               |                             |
| Total Operating Expenses                                    | 188,459                     |
| Operating Loss  | (38,459)                    |
| <b>NONOPERATING INCOME (EXPENSES):</b>                      |                             |
| Gain in Long Term Lease                                     | -                           |
| Interest Expense  | -                           |
| Total Nonoperating Income                                   | -                           |
| <b>EXCESS OF REVENUE OVER EXPENSE</b>                       | <b>(38,459)</b>             |



Questions

# Hospital Authority of Albany-Dougherty County

Fiscal year 2022 Budget

Approval Needed

**HOSPITAL AUTHORITY OF ALBANY-DOUGHERTY COUNTY, GEORGIA****Proposed Operatin Budget****Fiscal Year Ending July 31, 2022****Budget  
FY2022****OPERATING REVENUE:**

Lease Consideration

125,000

Total Operating Revenue

125,000

**OPERATING EXPENSES:**

Salaries and Wages

Employee health and welfare

Medical supplies and other

Professional services

124,300

Purchased services

700

Depreciation and amortization

Total Operating Expenses

125,000

Operating Income (Loss)

-

**NONOPERATING INCOME (EXPENSES):**

Gain in Long Term Lease

-

Interest Expense

-

Total Nonoperating Income

-

**EXCESS OF REVENUE OVER EXPENSE**

-





Questions

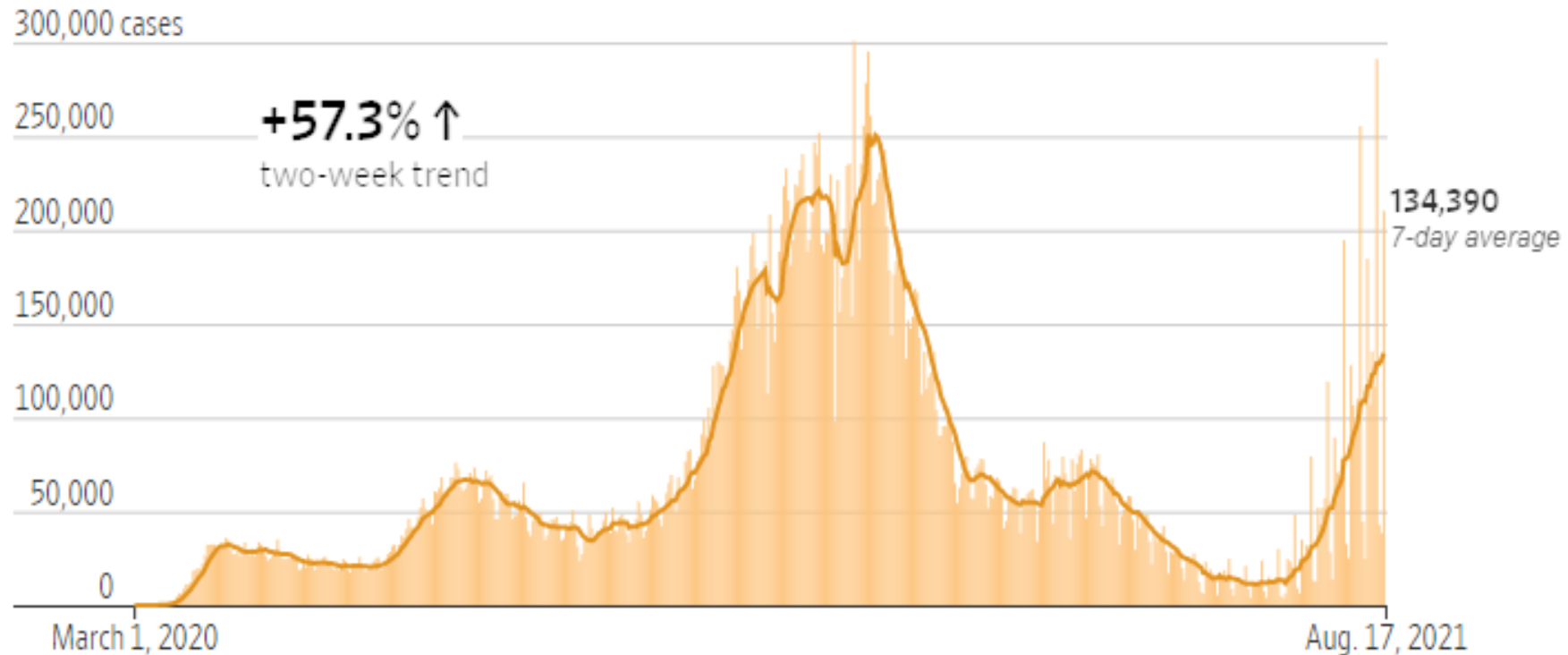


**FY2022 OPERATING AND CAPITAL BUDGET**  
**Phoebe Putney Memorial Hospital**

# Budget 2022 = Covid 19 Uncertainty

Daily reported Covid-19 cases in the U.S.

— Seven-day rolling average



Note: For all 50 states and D.C., U.S. territories and cruises. Last updated Aug. 17, at 6:02 a.m.

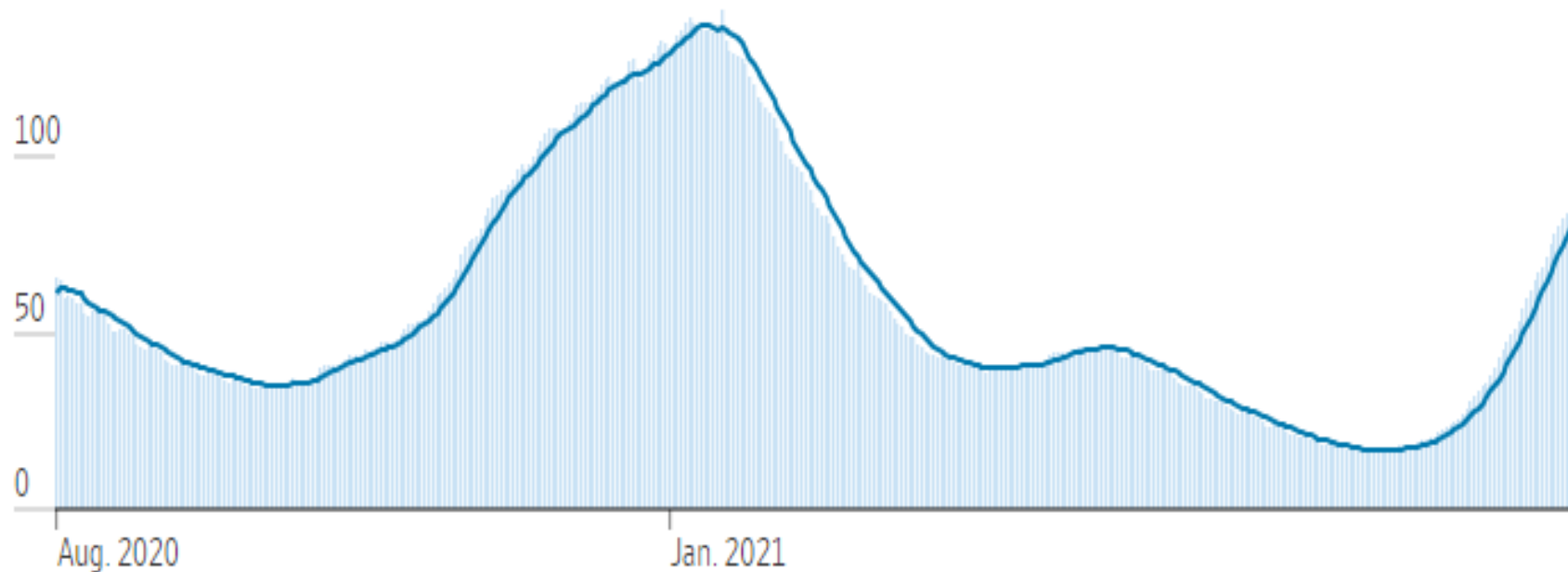
Source: Johns Hopkins Center for Systems Science and Engineering

# Budget 2022 = Covid 19 Uncertainty

Number of Covid-19 patients hospitalized in the U.S.

■ Seven-day rolling average

150 thousand

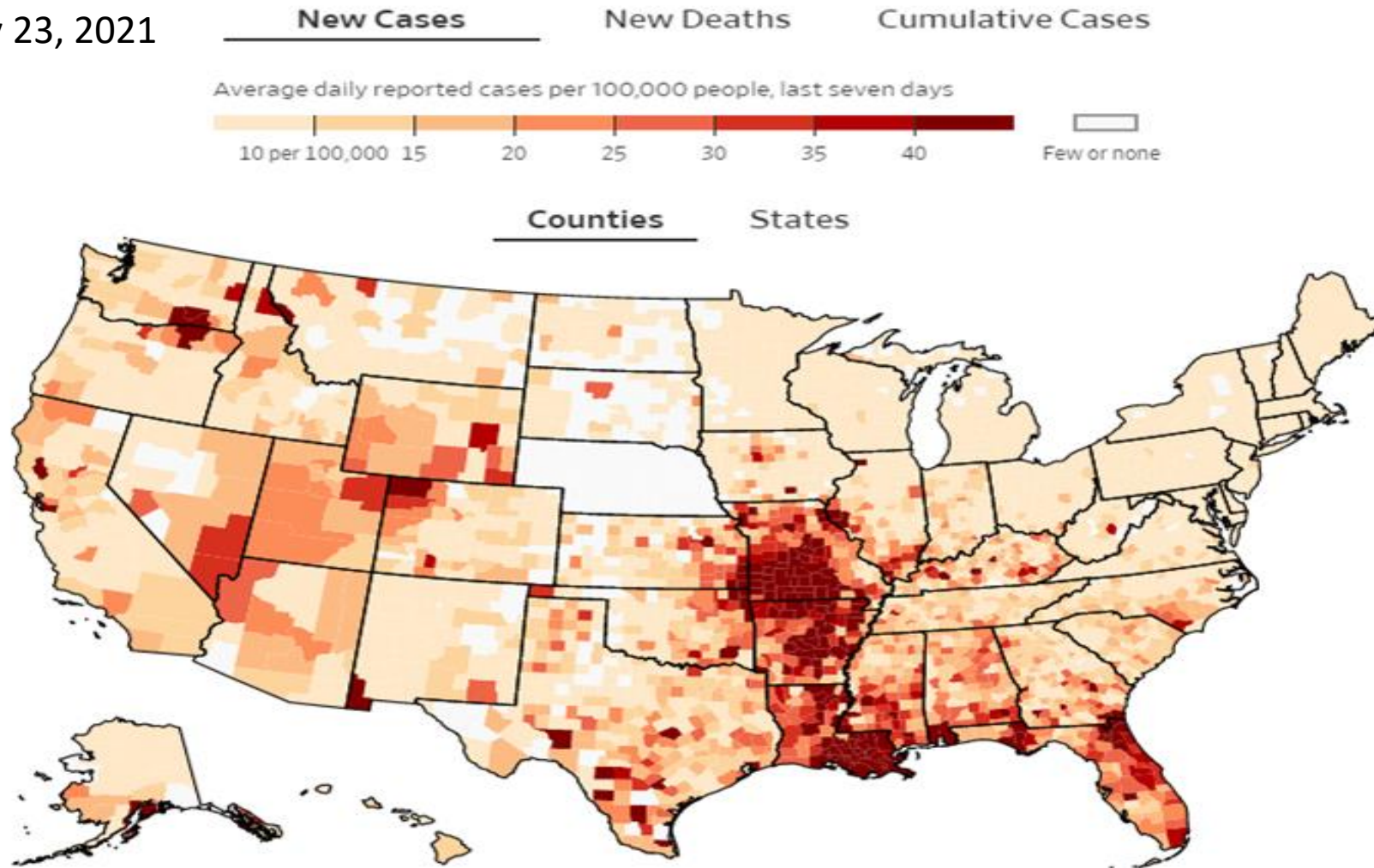


Note: Last updated Aug. 16

Source: U.S. Department of Health & Human Services

# Budget 2022 = Covid 19 Uncertainty

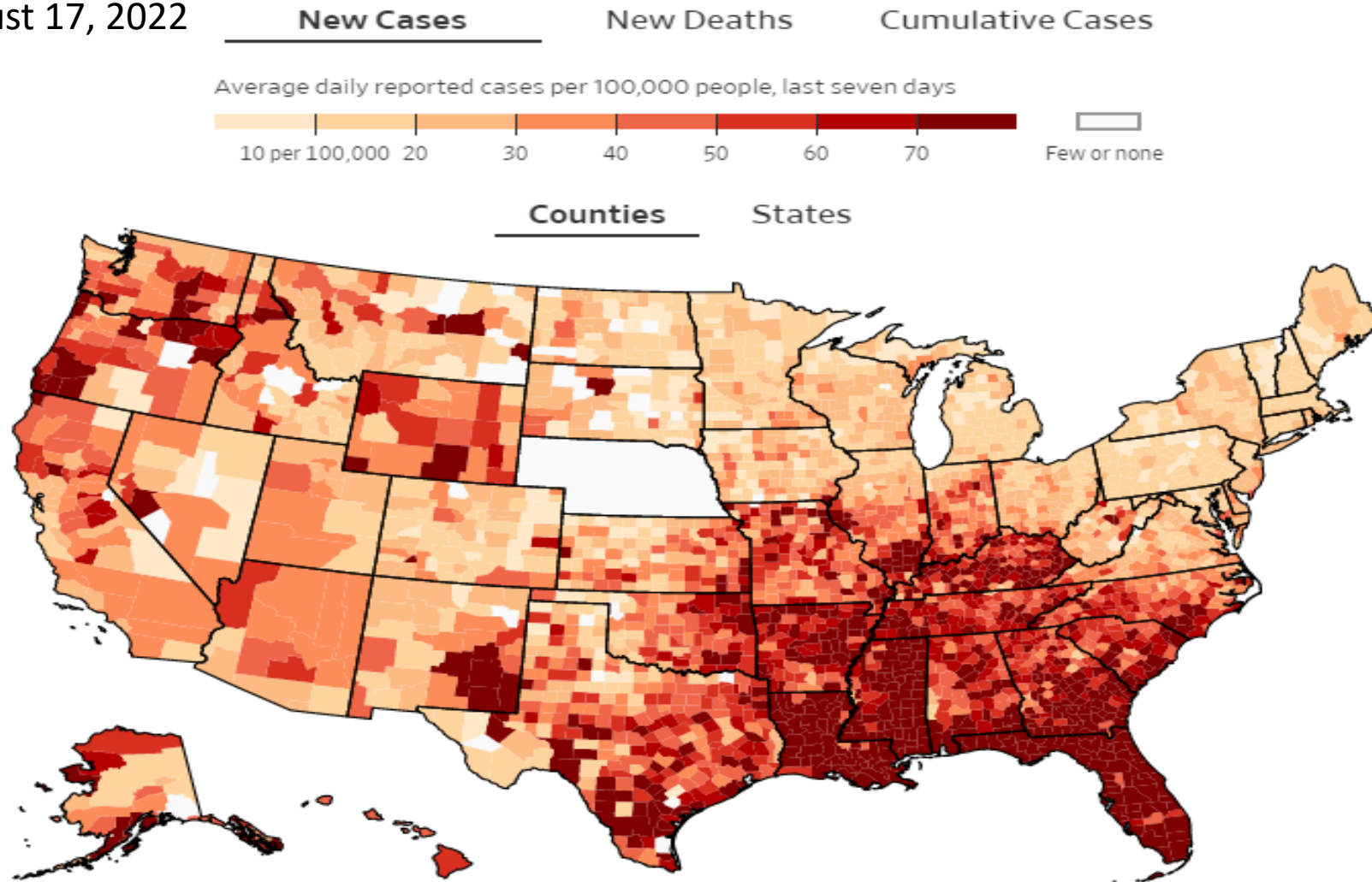
July 23, 2021



Note: Last updated on July 23, at 5:59 a.m. Negative values are due to revised figures.  
Sources: Johns Hopkins University (cases); Census Bureau (population)

# Budget 2022 = Covid 19 Uncertainty

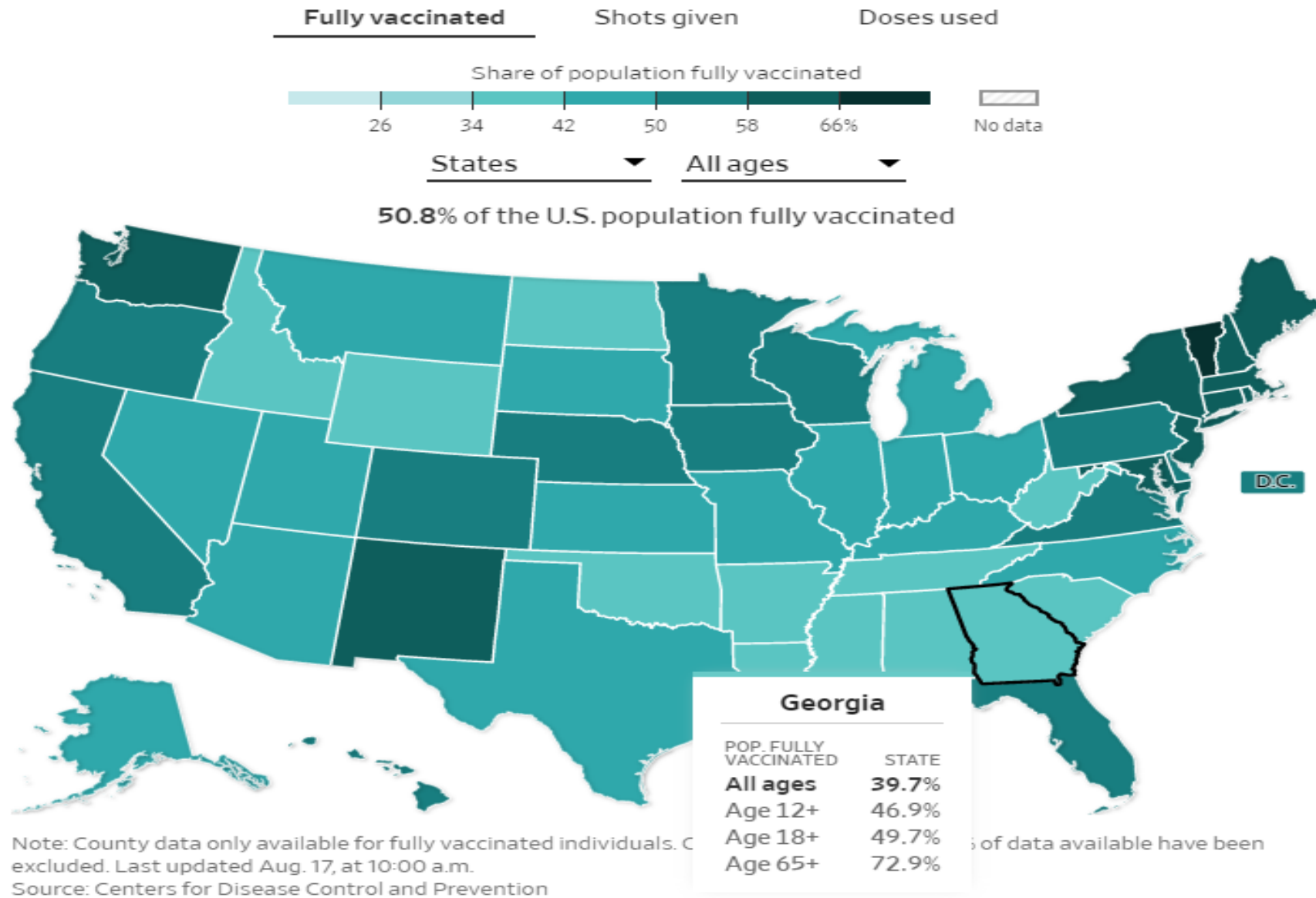
August 17, 2022



Note: Last updated on Aug. 17, at 6:02 a.m.. Nebraska no longer reports county-level cases and deaths data. Florida data updates on Fridays only. Negative values are due to revised figures.

Sources: Johns Hopkins University (cases); Census Bureau (population)

# Budget 2022 = Covid 19 Uncertainty





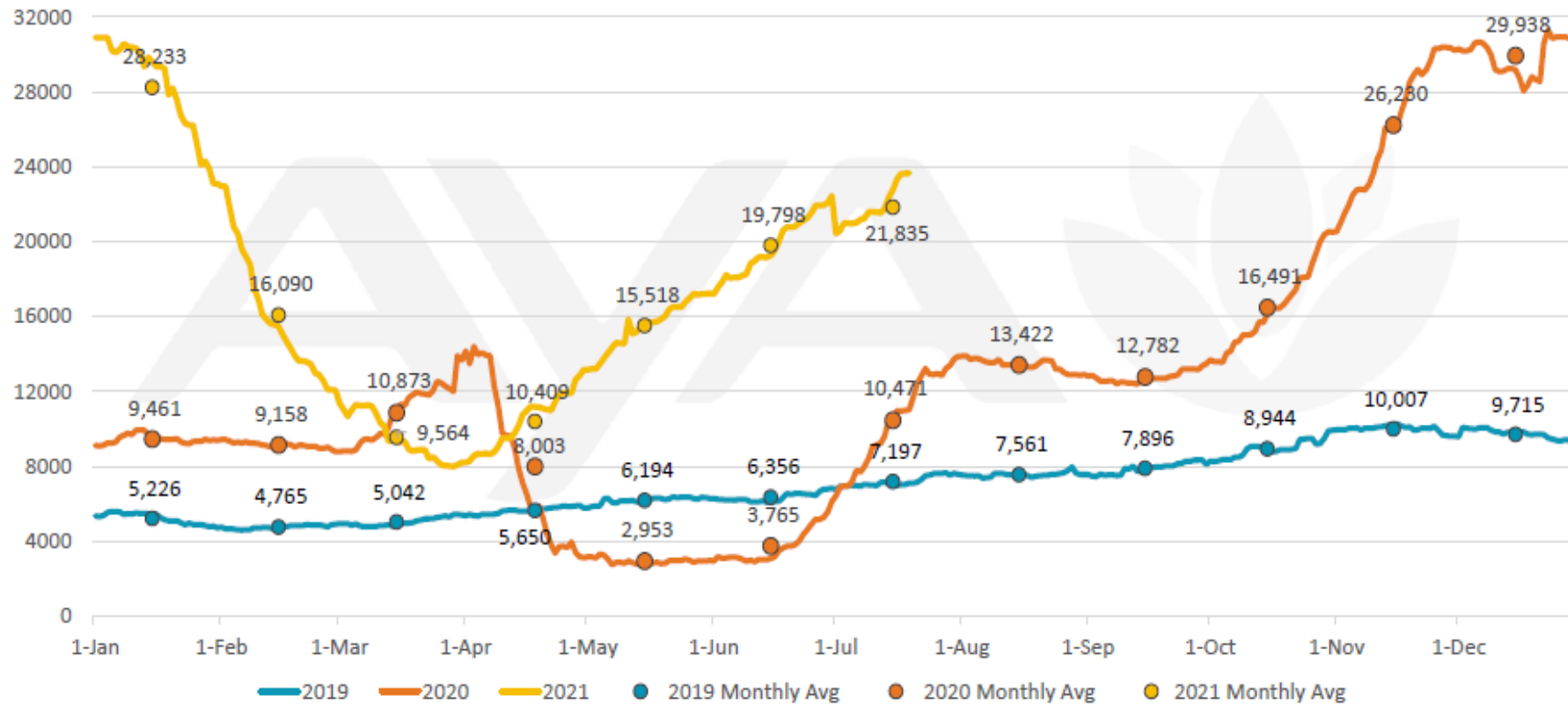
# Budget 2022 = Contract Labor



## National Travel Nursing Job Volume

YOY

23,666 Open Nursing Travel Jobs as of 7/19/2021.  
Open Nursing jobs are 115% higher today than on this day in 2020.



- Data is as of 7/19/21 and is based on Aya Healthcare data including direct contracts, managed service contracts, and support of third-party staffing programs.
- Travel RN Jobs include all open jobs for travel, contract, EMR, and Strike needs for RN, LPN, and CNA.

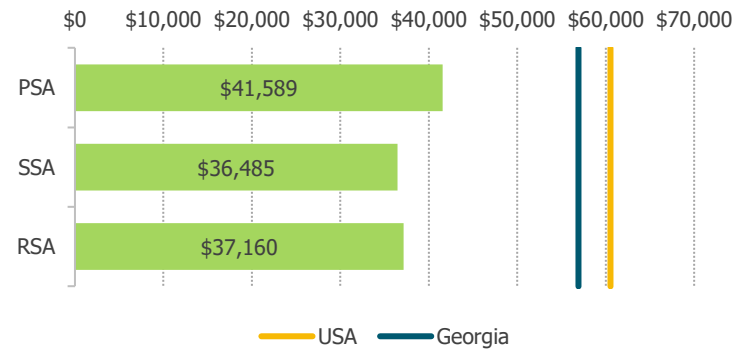




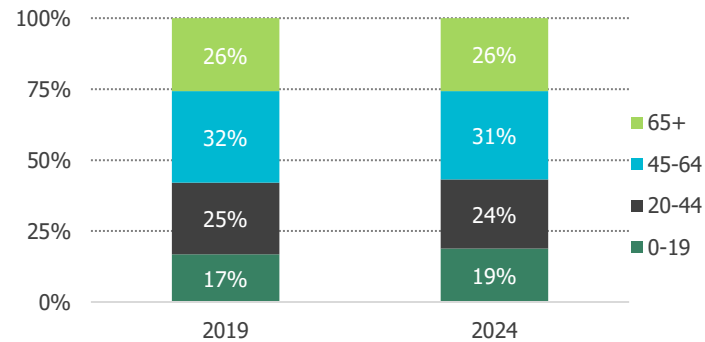
# Phoebe Market Demographics

- Phoebe’s primary, secondary, and regional service areas’ median household incomes were below the income levels of Georgia and the U.S. in 2019
- Similarly, the median household income growth rate of Phoebe’s PSA and RSA trail the national rates; however...
- Population by age cohort is projected to remain relatively similar from 2019 to 2024

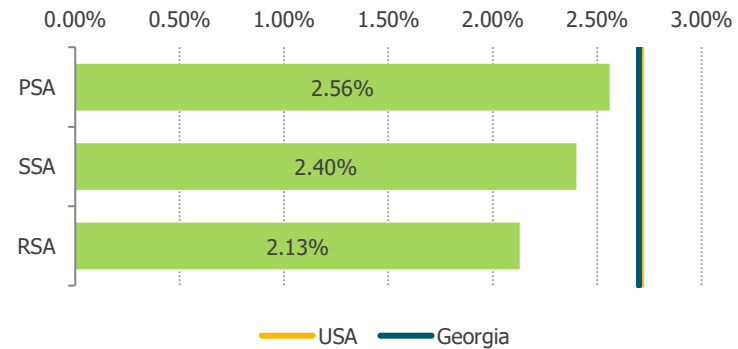
**Median Household Income (2019)**



**Population by Age Cohort - RSA (2019 - 2024)**



**Median Household Income Growth (2019 - 2024)**



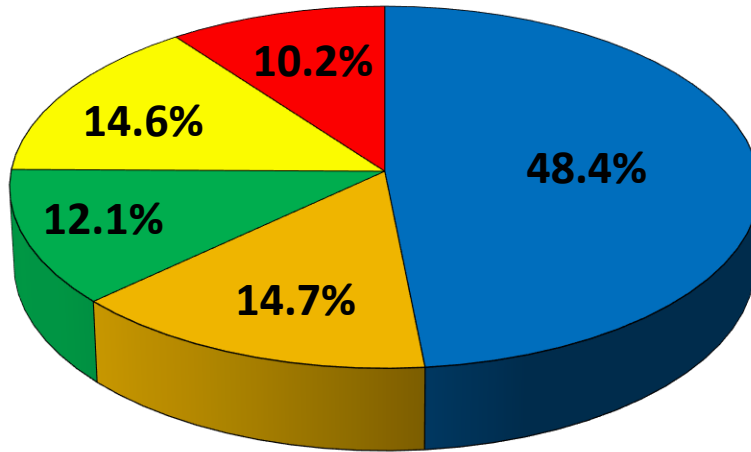
*Note: Primary Service Area, Secondary Service Area, and Regional Service Area are abbreviated as PSA, SSA, and RSA, respectively. Phoebe’s regional service area consists of the 22 surrounding counties around Dougherty County, Georgia.*

*Source: ESRI*



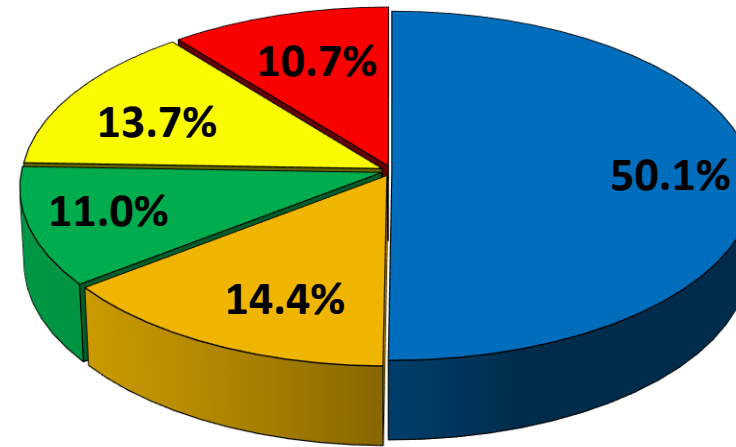
# Payer Mix

## Gross Revenue 2020



- Medicare
- Medicaid
- Blue Cross
- Commercial
- No payer source

## Gross Revenue 2021



- Medicare
- Medicaid
- Blue Cross
- Commercial
- No payer source



# Operating Outlook

## PPMH Statistic Overview

|              | <b>FY2019</b> | <b>FY2020</b> | <b>FY2021<br/>Annualized</b> | <b>FY2022<br/>Budget</b> |
|--------------|---------------|---------------|------------------------------|--------------------------|
| Admissions   | 18,520        | 17,225        | 18,463                       | 18,458                   |
| Patient Days | 108,104       | 106,589       | 125,192                      | 124,975                  |
| Deliveries   | 2,142         | 2,152         | 1,999                        | 2,050                    |
| Surgeries    | 12,765        | 11,484        | 11,362                       | 12,500                   |
| ER Visits    | 77,078        | 66,753        | 58,973                       | 70,000                   |
| FTE's        | 2,892         | 2,908         | 2,951                        | 2,952                    |
| FTE/AOB      | 3.99          | 4.02          | 3.73                         | 3.61                     |



# FY22 Budget – Strategic Initiatives

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- **North COVID Units Budgeted for FY2022: ICU ADC of 9 / Medical ADC of 9 – Through December 1. Then shifting to Main 7T ICU and 4E Medical.**
- Average 3% compensation increase pool (merit & market adjustments) for workforce in 2<sup>nd</sup> quarter of FY22
- **Level 2 Trauma Designation in Fall 2021**
- External transport program – Goldstar; Internal transport program – wheelchair van
- Simulation Lab
- Sitter program initiation
- Telemetry program expansion
- **Palliative care program ramp-up**
- Care management model change
- **Improvements in home health, inpatient rehab, and hospice**
- **Investments in nurse education partnerships**
- **Critical care/ED hourly wage increase**
- Charge bundling initiative

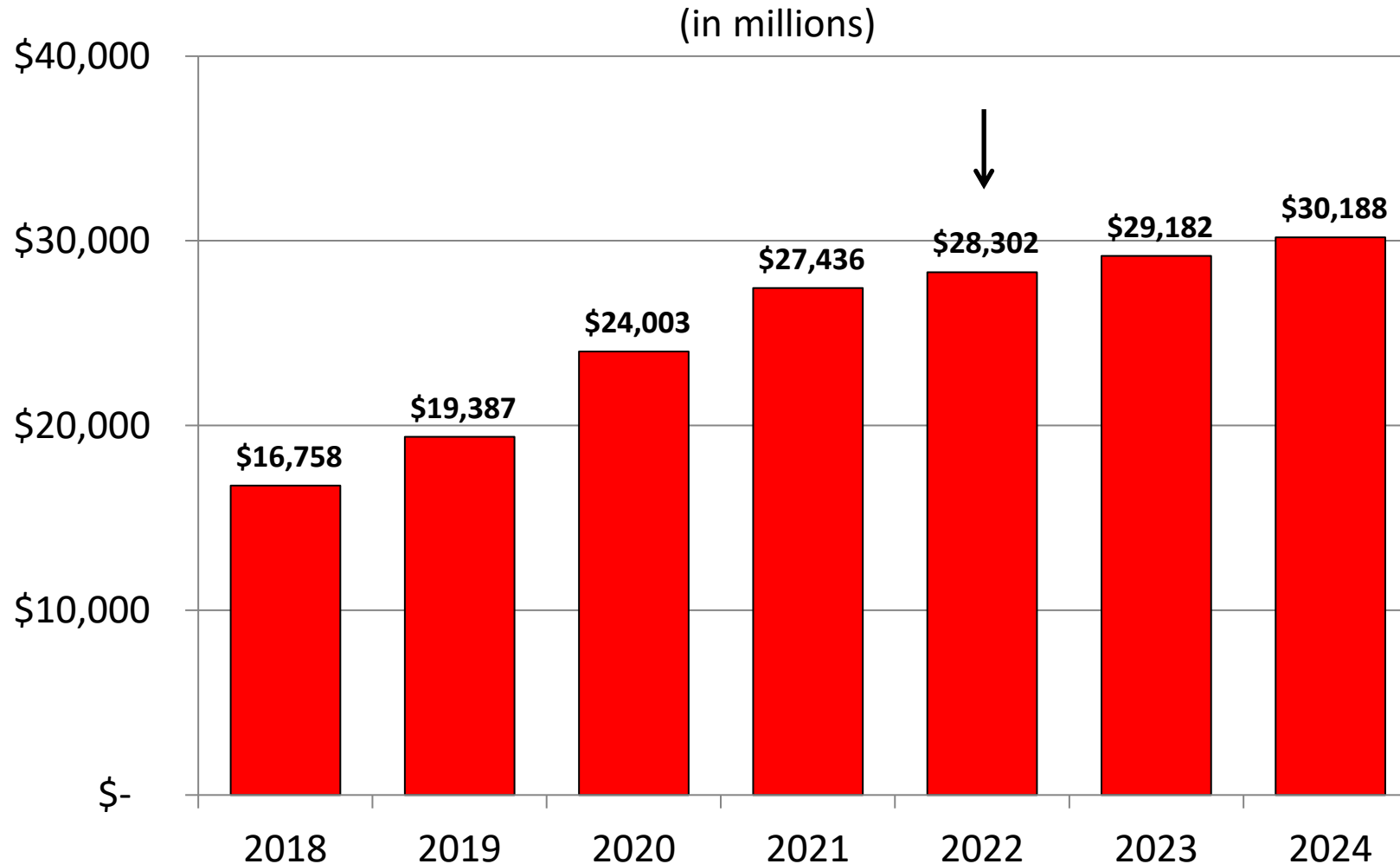


# Market Forces Driving Costs & Reducing Reimbursement

- **Contract Staffing** expense has increased dramatically throughout FY21. This was the major factor of Salary Expense increasing for FY22 Budget.
- **Nursing recruitment/retention** and cost has been an ongoing challenge across Georgia and the country as nurses age and retire
  - **Assistive personnel (CNA, techs)** recruitment and retention
- **Drug Cost Increases**
- **Lack of Medicaid Expansion in Georgia**
  - Georgia is one of the states with highest uninsured % and lowest reimbursed Medicaid program.
  - Georgia has forgone Billions of Dollars in reimbursement since ACA passage
- **Commercial Payer** reimbursement shifts to “less costly” settings
- **Government Payment Reductions** (Medicare, DSH, 340B)
- **Medicare population** continued growth (Baby Boomers)
- **Increased Administration Burdens/Cost/Regulations**
- **Annual Inflationary Increases** for Salaries, Supplies, Utilities, etc.



# PPHS – ACA & Sequester Reductions in Reimbursement (Cumulative)





# UPL and ICTF Funding

(Upper Payment Limit and Indigent Care Trust Fund)

## MEDICAID

|            | 2016      | 2017      | 2018      | 2019      | 2020      | 2021 | 2022 Budget |
|------------|-----------|-----------|-----------|-----------|-----------|------|-------------|
| <b>UPL</b> |           |           |           |           |           |      |             |
| PPMH       | 2,756,190 | 4,172,745 | 5,511,403 | 6,375,910 | 6,494,557 | -    | 3,000,000   |
| Sumter     | 348,540   | 507,061   | 1,073,998 | 924,506   | 719,550   | -    | 700,000     |
| Worth      | 40,901    | 62,715    | 50,714    | 37,085    | 30,918    | -    | 40,000      |
|            | 3,145,631 | 4,742,521 | 6,636,115 | 7,337,501 | 7,245,025 |      | 3,740,000   |

\*UPL for SFY2020 will be paid in FY2021. 2018-2019 were paid in next fiscal year.

|              | 2016       | 2017      | 2018       | 2019      | 2020      | 2021      | 2022 Budget |
|--------------|------------|-----------|------------|-----------|-----------|-----------|-------------|
| <b>ICTF</b>  |            |           |            |           |           |           |             |
| PPMH         | 10,196,725 | 4,959,719 | 6,897,901  | 4,729,243 | 3,777,221 | 4,875,075 | 4,500,000   |
| North Campus | -          |           |            |           |           |           |             |
| Sumter       | 2,931,887  | 2,073,810 | 2,172,279  | 1,246,861 | 1,346,755 | 1,432,135 | 1,200,000   |
| Worth        | 1,228,803  | 1,266,062 | 1,403,201  | 1,288,192 | 1,160,273 | 845,478   | 825,000     |
|              | 14,357,415 | 8,299,591 | 10,473,381 | 7,264,296 | 6,284,249 | 7,152,688 | 6,525,000   |



## PPMH Budget - Indigent & Charity Write-offs by County

| County                                 | Total Amount           |
|--|------------------------|
| DOUGHERTY                              | \$ (47,530,295)        |
| Terrell, Lee, Worth, Mitchell Counties | \$ (20,716,967)        |
| <b>Total Primary Service Area</b>      | <b>\$ (68,247,262)</b> |
|  |                        |
| <b>Total PPMH</b>                      | <b>\$ (83,616,161)</b> |





## Phoebe Property Taxes – FY2022 (Dougherty County)

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|  |                  |                |
|--|------------------|----------------|
| VPILOT (Voluntary Payment in Lieu of Taxes)  | \$552,676        | (Phoebe North) |
| Other Dougherty County Properties            | \$407,984        |                |
| <b>Total Dougherty County Property Taxes</b> | <b>\$960,660</b> |                |

\*\* This is based on prior year assessed taxes and projected out for FY 2022



# Charge Increase Built Into FY22 Budget

## **Key Model Constraints**

- Limit changes in Outpatient Price Sensitive Consumer Areas
- Limit changes already higher than peer hospitals
- Lower Prices were out of market or Outpatient Price Sensitive
- Adjust Prices in areas where below market data for peer hospitals

## **Goals**

- Fund Merit and Market Adjustments pool for FY 2022
- Partially fund Cost Increases from Drugs, Supplies and Services

**3.5% Overall Charge Increase**

**3.19% will be Inpatient / 0.31% will be Outpatient**



# FY2022 Compensation Investments

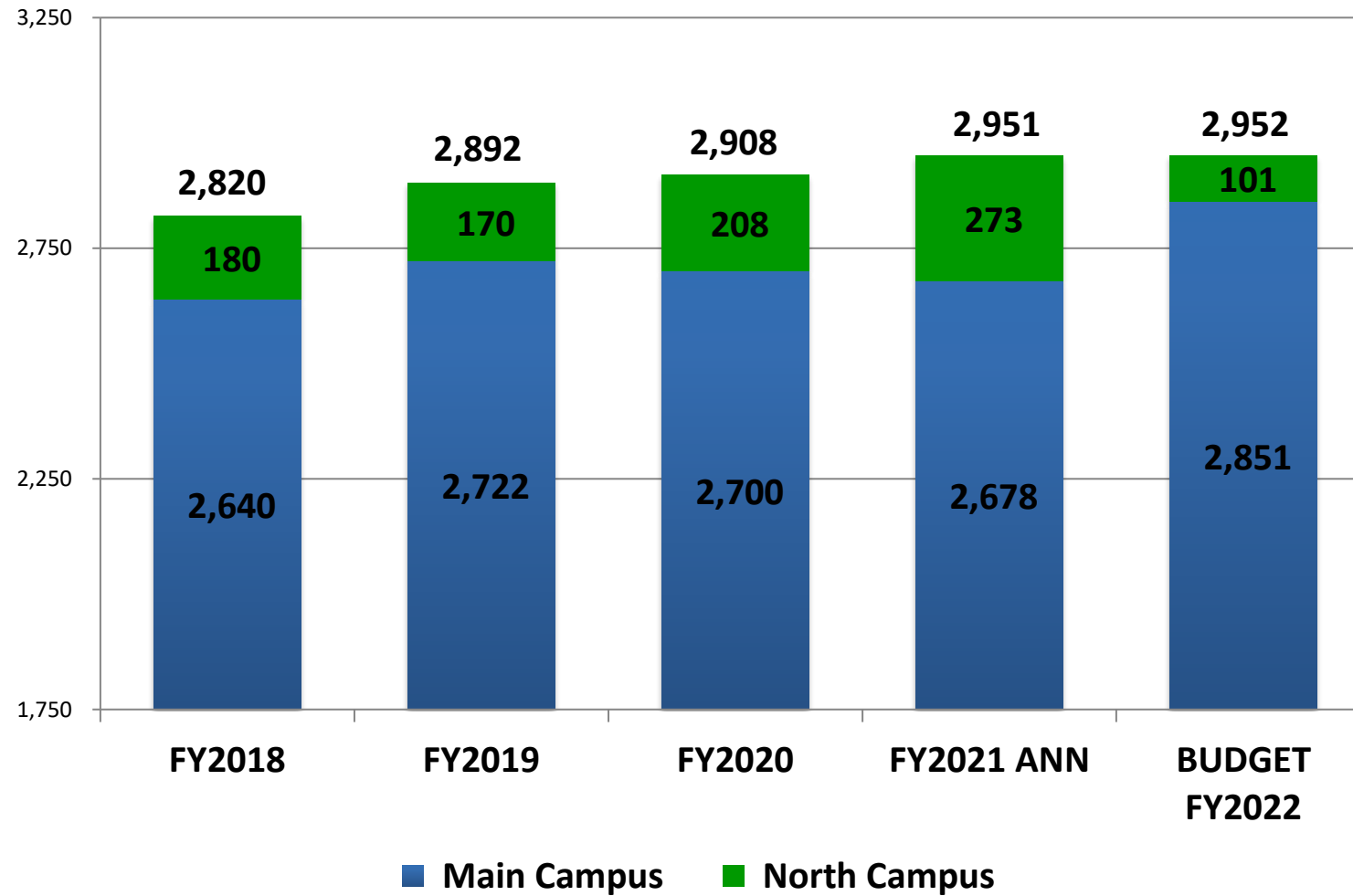
- **FY2022 Annual Performance Based Merit**
  - Annualized investment = \$4,200,000
- **FY2022 Market Adjustments**
  - Annualized investment = \$840,000
- **Combined Annualized Investment = \$5,040,000**

**Additionally : C N A – Tech Increase built into system budget \$750K**



# Operating Outlook

FTEs





# PPHS Benefit Trend

(In Thousands)

|                         | <b>ACTUAL<br/>FY2019</b> | <b>ACTUAL<br/>FY2020</b> | <b>FY2021<br/>ANNUALIZED</b> | <b>% Change</b> | <b>BUDGET<br/>FY2022</b> | <b>% Change</b> |
|-------------------------|--------------------------|--------------------------|------------------------------|-----------------|--------------------------|-----------------|
| Medical                 | \$ 44,429                | \$ 44,256                | \$ 39,905                    | -9.83%          | \$ 43,739                | 9.61%           |
| Life/Disability         | \$ 1,147                 | \$ 1,361                 | \$ 1,320                     | -3.01%          | \$ 1,671                 | 26.59%          |
| Pension Contributions   | \$ 7,469                 | \$ 8,051                 | \$ 8,053                     | 0.02%           | \$ 8,450                 | 4.93%           |
| Emp Perform Incentive   | \$ 2,330                 | \$ 1,380                 | \$ 1,725                     | 25.00%          | \$ 2,150                 | 24.64%          |
| Vacation/Other Benefits | \$ 4,552                 | \$ 5,370                 | \$ 5,893                     | 9.74%           | \$ 5,190                 | -11.93%         |
| FICA                    | \$ 19,035                | \$ 19,500                | \$ 20,445                    | 4.85%           | \$ 21,468                | 5.00%           |
| <b>TOTAL BENEFITS</b>   | <b>\$ 78,962</b>         | <b>\$ 79,918</b>         | <b>\$ 77,341</b>             | <b>-3.22%</b>   | <b>\$ 82,668</b>         | <b>6.89%</b>    |



## FY 2022 Budget Risks

- **COVID Spike**
- **Contract Labor rates do not moderate down and/or spike**
- Staffing mix changes, i.e. contract labor demand increases
- Volume remains flat or decreases
- PI projects do not hit targets
- Managed care contract modifications
- Nurse education partnerships do not produce expected results
- Recruitment shortfalls
- Retention rate decline
- Unanticipated provider losses, e.g. EP Doctor
- Employee healthcare costs increase
- Unexpected payor mix shift
- Cardiac volume does not return with addition of new cardiologists
- OR volume does not improve
- Oncology reimbursement modification
- Market compensation pressure
- Unplanned cuts in Reimbursement – seems to occur with governmental payers as well commercial payers each year
- Drug costs increase greater than planned

# Process Improvement FY 2022



- Identify opportunities to improve efficiency and reduce cost
- Deep dive assessment and detailed planning of cost management strategies identified
- Assignment of accountable leaders for each strategy identified to drive improvement and provide progress reports
- Achieve budget targets by incorporating cost management strategies
- Sustain results with continued oversight and continue to identify new opportunities

## Purpose Statement:

Phoebe Leadership will achieve financial targets through innovation, change, action planning, monitoring and accountability around process transformation and operational efficiencies within our strategic framework.



## FY2022 PHOEBE PUTNEY MEMORIAL HOSPITAL BUDGET

(In Thousands)

|                                | Actual<br>2020   | June<br>Annualized<br>2021 | Budget<br>2022  | Variance<br>% |
|--------------------------------|------------------|----------------------------|-----------------|---------------|
| Gross Patient Revenue          | \$ 1,935,685     | \$ 2,067,512               | \$ 2,217,037    | 7.2%          |
| Other Operating Revenue        | \$ 31,608        | \$ 103,507                 | \$ 28,812       | -72.2%        |
| Deductions                     | \$(1,360,688)    | \$(1,466,556)              | \$(1,576,195)   | 7.5%          |
| Net Revenue                    | \$ 606,605       | \$ 704,463                 | \$ 669,653      | -4.9%         |
| Operating Expenses             | \$ (595,951)     | \$ (675,724)               | \$ (662,203)    | -2.0%         |
| <b>Operating Income (Loss)</b> | <b>\$ 10,654</b> | <b>\$ 28,739</b>           | <b>\$ 7,450</b> | <b>-74.1%</b> |
| Investment Income              | \$ (2,122)       | \$ 5,072                   | \$ 726          | -85.7%        |
| Net Income                     | \$ 8,532         | \$ 33,810                  | \$ 8,177        | -75.8%        |
| <b>Operating Margin %</b>      | <b>1.8%</b>      | <b>4.1%</b>                | <b>1.1%</b>     |               |

\*\*\* PPMH Operating Income (Loss) Includes PHS and PPG Allocations





**FY2022 CAPITAL BUDGET**  
**Phoebe Putney Memorial Hospital**

The Capital Budget for PPG is combined with PPMH.

# **Routine Capital – FY2022**



## PPMH and PPG Capital Constraint FY22 Budget

- Allocation of Capital Target by Entity:

|      |       |              |
|------|-------|--------------|
| PPMH | 64.9% | \$22,000,000 |
| PPG  | 8.7%  | \$ 3,000,000 |

Total FY22 Capital Spend  
Based on 2% Op Margin      \$ 25,000,000



## PPMH & PPG Capital Expenditure Budget FY 2022

| <b>Capital Categories - PPMH</b>         | <b>FY 2022</b>    |
|--|-------------------|
| General Medical & Other                  | 5,936,646         |
| Plant Operations                         | 5,910,232         |
| Operating Room & Surgical Services       | 2,656,045         |
| Information Systems & Telecommunications | 2,170,500         |
| Pharmacy                                 | 2,092,558         |
| Women & Children Services                | 948,905           |
| Central Transport & General Stores       | 213,300           |
| FY22 PPMH Contingency                    | 2,071,814         |
| <b>Sub-Total Capital - PPMH</b>          | <b>22,000,000</b> |
| <b>Capital Categories - PPG</b>          |                   |
| Plant Operations                         | 2,217,264         |
| General Medical & Other                  | 259,465           |
| Women & Children Services                | 165,469           |
| FY22 PPG Contingency                     | 357,802           |
| <b>Sub-Total Capital - PPG</b>           | <b>3,000,000</b>  |
| <b>PPMH &amp; PPG Grand Total</b>        | <b>25,000,000</b> |



# PPMH & PPG Capital Expenditure Budget FY 2022

## Top 20 (Dollars)

| Project  | FY2022    |
|--|-----------|
| PPMH Plant Operations - L&D Renovation                               | 2,550,570 |
| PPMH Digestive Disease Center - Endoscope for DDC & PDHC             | 1,671,407 |
| PPMH Pharmacy - Omnicell G4 move to Replacement Phase II             | 1,084,242 |
| PPMH CT - CT Scanner Room 1  | 850,000   |
| PPG Plant Ops - Ortho at Meredyth - Add'l Funds for On-Going Project | 850,000   |
| PPG Plant Ops - Outpatient Behavioral Health Renovation              | 750,000   |
| PPMH Cardiac Nuclear Medicine - Replace Cardiac Nuclear Camera       | 600,000   |
| PPG Plant Ops - Urgent Care Payless Location Renovation              | 556,000   |
| PPMH Plant Operations-NC - North Kitchen Renovation                  | 500,000   |
| PPMH Information Services - Meditech Mother/Baby Module              | 475,000   |
| PPMH Nuclear Medicine - Nuclear Medicine Camera                      | 475,000   |
| PPMH Pharmacy - Alaris Pump Replacement                              | 440,000   |
| PPMH Labor & Delivery - Replace Fetal Heart Monitors                 | 401,522   |
| PPMH Information Services - Meditech Ambulatory                      | 400,000   |
| PPMH Ultrasound - Ultrasound Systems                                 | 366,000   |
| PPMH Plant Operations - Surgical Waiting Renovations                 | 350,000   |
| PPMH Echo - EPIQ CVx Upgrade   | 330,523   |
| PPMH Radiology Admin - PACS Upgrade to Version 14.0                  | 325,000   |
| PPMH Central Staffing - Acuity System Place Holder                   | 305,000   |
| PPMH Plant Operations - Dining Room Renovations                      | 300,000   |

# **SCORE Capital – FY2022**



## SCORE Capital Expenditure Budget FY 2022

| <b>Capital Projects - PPMH</b>                      | <b>FY 2022</b>   |
|---|------------------|
| PPMH RADIATION ONCOLOGY - Radiographic/ Tomographic | 2,200,000        |
| PPMH DIGESTIVE DISEASE CENTER - GI DDC              | 2,060,000        |
| PPMH CARLTON BREAST HEALTH CTR - Carlton Breast MBI | 421,000          |
|   |                  |
| <b>Sub-Total Capital - PPMH</b>                     | <b>4,681,000</b> |
|   |                  |
| <b>Capital Projects - PSMC</b>                      |                  |
| PSMC CT - CT Scanner                                | 1,200,000        |
| PSMC Plant Operations - Oncology Clinic Expansion   | 388,000          |
|   |                  |
| <b>Sub-Total Capital - PSMC</b>                     | <b>1,588,000</b> |
|   |                  |
| <b>SCORE Grand Total</b>                            | <b>6,269,000</b> |

- Unallocated \$1,231,000 balance for SCORE Projects that come up during FY 2022
- **Total Budget Allocated and Unallocated SCORE = \$7,500,000**



# **Master Facility Planning Capital – FY2022**





## Phoebe Focus – Master Facility Total Projects :

- ▶ **\$7,750,000\*** -- PPMH OR Phase 1 FY 2022 – Multi-Year Modernization and Renovation – year 1 HVAC System and Support System Update
- ▶ **\$10,000,000\*** Total FY 2022 MFP Budget Implementation Year One Phoebe Focus PPMH Project
- ▶ **\$17,750,000 – Total MFP FY 2022**



## Total PPMH & PPG Capital Budget FY 2022

| <b>Phoebe Putney Memorial Hospital Capital Budget FY 2022</b> |  |                      |
|---|--|----------------------|
|   |  |                      |
|   |  |                      |
| Routine Capital   |  | \$ 25,000,000        |
|   |  |                      |
| SCORE Projects  |  | \$ 4,681,000         |
|   |  |                      |
| Master Facility Planning Projects                             |  | \$ 17,750,000        |
|   |  |                      |
| <b>Total PPMH &amp; PPG Capital Budget FY 2022</b>            |  | <b>\$ 47,431,000</b> |



Questions

# PPMH Financial Assistance Policy Update FY22





# Financial Assistance Policy (FAP)

Section 501(r)(4) of the Internal Revenue Code (IRC) requires a tax-exempt hospital organization to establish a written financial assistance policy (FAP). Financial assistance includes free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services.

**A hospital organization must meet the requirements of Section 501(r) to be exempt under Section 501(c)(3).**





# Summary of Proposed Changes for FY22

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- 1. Removing the asset test of \$175,000 from the policy**
- 2. Updating the sliding scale to increase minimums for full charity from 125% Federal Poverty Level (FPL) Guidelines to 200% FPL, thereby increasing indigent care and charitable adjustments**



# Removing the Asset Test

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- **Health Resource Services Administration (HRSA)** offers provider student loan repayment programs for facilities enrolled as **National Health Service Corps** to attract health professionals to shortage areas
- Several Phoebe services desire to become an NHSC approved site – **Phoebe Behavioral health**



# NHSC Requirements

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- 2) **Sliding Fee Discount Program Documents.** Upload documents (see list a-d below) that describe the site's Sliding Fee Discount Program, in accordance with the NHSC Site Agreement items #2a-2e. Before submitting these documents, review the requirements and examples found in Appendix C.
  - a. **Site's Policy on the Sliding Fee Discount Program.** These policies should describe:
    - i. Patient eligibility for the program, including definitions of income and family size and frequency of re-evaluation of eligibility. Ensure that the site's SFS applies to all residents of the site's geographic, population and facility HPSA(s) groups. Policy must ensure eligibility for the program is based solely on income and family size. No other factor (e.g., assets, insurance application and/or coverage, citizenship, population type) can be used to assess eligibility;





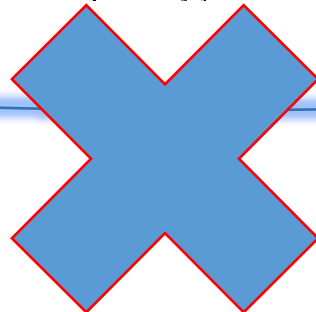
# Changing the Policy

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## B. Who is eligible for financial assistance?

You will be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not a member of any healthcare sharing ministry
- Are not eligible for a Federal or State health care program that would cover the specific services, or a specified episode or plan of care, for which you are making this application
- Have limited household income, within 400% of Federal Poverty Guidelines, as listed on Exhibit 1
- Have medical bills in excess of 25% of household income
- You are a legal resident of a county within the PPHS service area
- Were transferred to a PPHS hospital for a higher level of service from outside of the PPHS service area
- You have less than \$175,000 in assets (not applicable for National Health Service Corps-eligible sites)





# FAP GA Peer Comparison



# FAP GA Peer Comparison Findings

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FAP policies were reviewed for each hospital in the local peer group, and key points of comparison are presented below. Notable points of interest are as follows:

- Phoebe's policy extends up to 400% of Federal Poverty Guidelines. Only one other hospital, South Georgia Medical Center, included patients at this income range. Other hospitals cut off their assistance at 270%, 300% or 325%.
- Phoebe allows the longest eligibility period to apply for assistance – 365 days after the patient's first statement versus 240 or 245 days at other peer group hospitals.
- At least 62% of the peer group uses presumptive charity to qualify patients who do not personally apply, including Phoebe.
- 62% of the peer group offer free care at 125% of the FPL, including Phoebe.
- All hospitals in the peer group require an application process by submitting a charity application form or applying in person with supporting documentation. Phoebe will soon be offering an online application option to make the application process easier and more convenient for the patient.

| Peer Group              | Presumptive Charity | FPL - Free Care | FPL -Ceiling | Application Process   | Time to Apply |
|-------------------------|---------------------|-----------------|--------------|-----------------------|---------------|
| Archbold Medical Center | Silent              | <200%           | 325%         | In person or by paper | 240 days      |
| Houston Medical Center  | Silent              | <125%           | 300%         | In person or by paper | 240 days      |
| Piedmont Athens         | Yes                 | <300%           | 300%         | In person or by paper | 245 days      |
| Piedmont Columbus       | Yes                 | <300%           | 300%         | In person or by paper | 245 days      |
| South Georgia MC        | Yes                 | <125%           | 400%         | In person or by paper | 240 days      |
| The Med Center Navicent | Yes                 | <125%           | 270%         | In person or by paper | 240 days      |
| Wellstar West GA        | Silent              | <125%           | 300%         | By paper form         | 240 days      |
| Phoebe                  | Yes                 | <125%           | 400%         | In person or by paper | 365 days      |

## 2021 PPMH FINANCIAL ASSISTANCE GUIDELINES

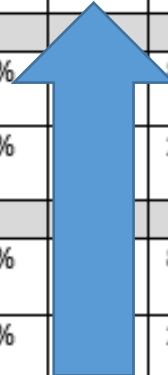
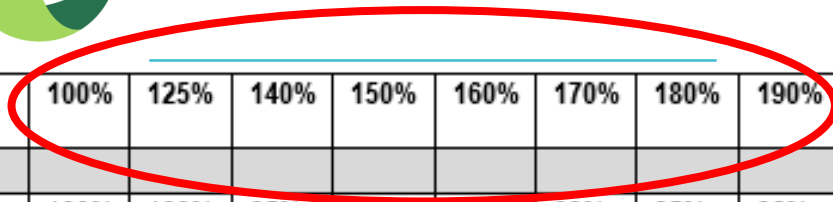
| 2021   | 100%   | 125%   | 140%   | 150%   | 160%   | 170%   | 180%   | 190%   | 200%   | 225%    | 250%    | 275%    | 300%    | 325%    | 350%    | 375%    | 400%    |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>Family Size</b>                               |        |        |        |        |        |        |        |        |        |         |         |         |         |         |         |         |         |
| 1  | 12,880 | 16,100 | 18,032 | 19,320 | 20,608 | 21,896 | 23,184 | 24,472 | 25,760 | 28,980  | 32,200  | 35,420  | 38,640  | 41,860  | 45,080  | 48,300  | 51,520  |
| 2  | 17,420 | 21,775 | 24,388 | 26,130 | 27,872 | 29,614 | 31,356 | 33,098 | 34,840 | 39,195  | 43,550  | 47,905  | 52,260  | 56,615  | 60,970  | 65,325  | 69,680  |
| 3  | 21,960 | 27,450 | 30,744 | 32,940 | 35,136 | 37,332 | 39,528 | 41,724 | 43,920 | 49,410  | 54,900  | 60,390  | 65,880  | 71,370  | 76,860  | 82,350  | 87,840  |
| 4  | 26,500 | 33,125 | 37,100 | 39,750 | 42,400 | 45,050 | 47,700 | 50,350 | 53,000 | 59,625  | 66,250  | 72,875  | 79,500  | 86,125  | 92,750  | 99,375  | 106,000 |
| 5  | 31,040 | 38,800 | 43,456 | 46,560 | 49,664 | 52,768 | 55,872 | 58,976 | 62,080 | 69,840  | 77,600  | 85,360  | 93,120  | 100,880 | 108,640 | 116,400 | 124,160 |
| 6  | 35,580 | 44,475 | 49,812 | 53,370 | 56,928 | 60,486 | 64,044 | 67,602 | 71,160 | 80,055  | 88,950  | 97,845  | 106,740 | 115,635 | 124,530 | 133,425 | 142,320 |
| 7  | 40,120 | 50,150 | 56,168 | 60,180 | 64,192 | 68,204 | 72,216 | 76,228 | 80,240 | 90,270  | 100,300 | 110,330 | 120,360 | 130,390 | 140,420 | 150,450 | 160,480 |
| 8  | 44,660 | 55,825 | 62,524 | 66,990 | 71,456 | 75,922 | 80,388 | 84,854 | 89,320 | 100,485 | 111,650 | 122,815 | 133,980 | 145,145 | 156,310 | 167,475 | 178,640 |
| <b>Each additional Family add the following:</b> |        |        |        |        |        |        |        |        |        |         |         |         |         |         |         |         |         |
| Additional                                       | 4,540  | 5,675  | 6,356  | 6,810  | 7,264  | 7,718  | 8,172  | 8,626  | 9,080  | 10,215  | 11,350  | 12,485  | 13,620  | 14,755  | 15,890  | 17,025  | 18,160  |



# Financial Assistance Policy

## Current Scale

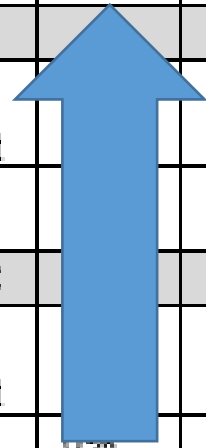
| 2021          | 100% | 125% | 140% | 150% | 160% | 170% | 180% | 190% | 200% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% |
|---------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| <b>FPL</b>    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| <b>PPMH</b>   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Discount      | 100% | 100% | 95%  | 92%  | 90%  | 88%  | 85%  | 82%  | 80%  | 78%  | 75%  | 72%  | 70%  | 68%  | 65%  | 64%  | 61%  |
| AGB<br>Pt Ent | 0%   | 0%   | 5%   | 8%   | 10%  | 12%  | 15%  | 18%  | 20%  | 22%  | 25%  | 28%  | 30%  | 32%  | 35%  | 36%  | 39%  |
| <b>PSMC</b>   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Discount      | 100% | 100% | 95%  | 92%  | 90%  | 88%  | 85%  | 80%  | 78%  | 75%  | 74%  | 72%  | 70%  | 68%  | 65%  | 63%  |      |
| AGB<br>Pt Ent | 0%   | 0%   | 5%   | 8%   | 10%  | 12%  | 15%  | 20%  | 22%  | 25%  | 26%  | 28%  | 30%  | 32%  | 35%  | 37%  |      |
| <b>PWMC</b>   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Discount      | 100% | 100% | 96%  | 93%  | 90%  | 88%  | 86%  | 80%  | 76%  | 73%  | 70%  | 66%  | 63%  | 60%  | 58%  | 55%  |      |
| AGB<br>Pt Ent | 0%   | 0%   | 4%   | 7%   | 10%  | 12%  | 14%  | 20%  | 24%  | 27%  | 30%  | 34%  | 36%  | 40%  | 42%  | 45%  |      |





# Proposed Sliding Scale for FY22

| 2021<br>FPI   | 200%<br>or<br>less | 201% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% |
|---------------|--------------------|------|------|------|------|------|------|------|------|------|
| <b>PPMH</b>   |                    |      |      |      |      |      |      |      |      |      |
| Discount      | 100%               | 97%  | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 61%  |
| AGB<br>Pt Pmt | 0%                 | 3%   | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 39%  |
| <b>PSMC</b>   |                    |      |      |      |      |      |      |      |      |      |
| Discount      |                    | 97%  | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 63%  |
| AGB<br>Pt Pmt |                    | 3%   | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 37%  |
| <b>PWMC</b>   |                    |      |      |      |      |      |      |      |      |      |
| Discount      |                    | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 60%  | 55%  |
| AGB<br>Pt Pmt | 0%                 | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 40%  | 45%  |





## Impact of Recommended Changes

- Compressing the scale will reduce patient out of pocket costs significantly for our patients.
- Patient balances at this lower income level commonly converting to bad debt, so we will be reducing the financial burden and collection efforts for these patients.
- Higher levels of Indigent and Charity Care will be recognized by increasing FPL % levels.





Questions

## Phoebe Putney Health System, Inc.

**POLICY TITLE:** Financial Assistance Program

**ENTITY:** PPMH/PSMC/PWMC/PPG

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**Approved by:** PPMH/PSMC/PWMC/PPG Board of Directors

**Effective Date:** 5-15-2016

**Review Period:** 3 Years

**Contact Information:** Sr. VP, Revenue Cycle & Organizational Improvement **Review Date:** 8-1-2021

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**SCOPE:** This Policy applies to Phoebe Putney Health System (PPHS) hospital facilities and Phoebe Physician Group (PPG) providers providing care within PPHS facilities.

**PURPOSE:** PPHS as a not-for-profit charitable corporation is committed to fulfilling its charitable mission of each hospital by providing high quality medical care to all patients in their service areas, regardless of their financial situation.

**POLICY:** PPHS hospitals and PPG physicians shall provide financial assistance according to the PPHS Financial Assistance Program (FAP) policy for persons who have healthcare needs and are uninsured or under-insured, ineligible for government program, and otherwise unable to pay for medically necessary care based on their individual financial situation. Based on financial need, either reduced payments or free care may be available. The Financial Assistance Program is administered by the Revenue Cycle of each PPHS hospital and PPG, with authority and approval from the PPHS Board of Directors

### DEFINITIONS

Amounts Generally Billed (AGB) means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with § 1.501(r)-5(b). AGB is determined by dividing the sum of claims allowed by health insurers during the previous fiscal year, by Medicare fee-for-service and all private health insurance, including payments and allowed amounts received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

Assets: Assets include but are not limited to: bank accounts; investments including 401k and 403b accounts; real property; businesses whether or not incorporated; personal property including vehicles, boats, airplanes, and other such items. Assets shall be reported on the FAP application as a source of revenue.

Financial Assistance Program (FAP): PPHS program that provides financial assistance to persons who have emergent and/or medically necessary healthcare needs and are uninsured or under-insured, ineligible

for a government program, and otherwise unable to pay for such care based on their individual financial situation, and who meet the requirements contained within this Policy.

Federal Poverty Guidelines (FPG): Poverty guidelines issued by federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Services website at [www.hhs.gov](http://www.hhs.gov).

Gross Charges, or the Chargemaster Rate, means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Gross Income: Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the gross income of the applicant. Examples of other sources of income that are not included in the definition of Gross Income are food stamps, student loan, and foster care disbursement.

Household: Number of people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in the applicant's gross income.

Limited Health Insurance: means benefits that are considered "excepted benefits" per 42 U.S.C. 300gg-91(c) that do not provide coverage for the plan of care to be approved for financial assistance under this policy, individual and group market coverage whose benefit package does not cover the applicant's plan of care, and individual and group market coverage where applicant's cost sharing responsibility exceeds his or her liquid assets in addition to 9.66% of his or her annual household income.

Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

PPHS Hospital Facilities: Phoebe Putney Memorial Hospital (PPMH), Phoebe Sumter Medical Center (PSMC), and Phoebe Worth Medical Center (PWMC).

PPG Physicians: Emergency Room Physicians, Anesthesiologists, Radiologists, Hospitalists, Critical Care Physicians, Oncology, Neurosurgery, Cardiovascular Surgery, and other specialists as listed on <https://www.phoebehealth.com/media/file/PrintablePhysicianDirectory.pdf> . Community physicians and independent specialists who are not PPG physicians will not be subject to the Phoebe FAP.

## PROCEDURE

### 1. Urgent or Emergency Care

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at a PPHS Hospital Facility shall be treated without discrimination and without regard to a patient's ability to pay for care. PPHS Hospital Facilities shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment and Active Labor Act (EMTALA). This policy prohibits any action that would discourage individuals from seeking emergency medical care (EMC) including but not limited to demanding pay before treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of EMC.

### 2. Financial Assistance

PPHS Hospital Facilities will extend free or discounted care to eligible individuals for all other medically necessary services. The FAP applies to medically necessary services that are not elective in nature.

#### A. Who may apply for financial assistance?

Patients, or the person legally responsible for their bill, may request financial assistance in regards to their obligation at any time before or during the billing process. Patients, or the person legally responsible for their bill, may meet guidelines for full or partial assistance.

#### B. Who is eligible for financial assistance?

You will be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not a member of any healthcare sharing ministry
- Are not eligible for a Federal or State health care program that would cover the specific services, or a specified episode or plan of care, for which you are making this application
- Have limited household income, within 400% of Federal Poverty Guidelines, as listed on Exhibit 1
- Have medical bills in excess of 25% of household income
- You are a legal resident of a county within the PPHS service area
- Were transferred to a PPHS hospital for a higher level of service from outside of the PPHS service area

The PPHS service area encompasses the following counties (see map in Exhibit 3):

- **PPMH and PSMC**: Baker, Calhoun, Dooly, Dougherty, Lee, Macon, Marion, Mitchell, Randolph, Schley, Stewart, Sumter, Terrell, Webster, and Worth
- **PWMC**: Dougherty and Worth
- Georgia residents who are existing patients of PPG physicians will be deemed to have met the residency requirement regardless of which county in Georgia they currently reside.

Management reserves the right to evaluate special circumstances and extend financial assistance outside of the above listed criteria.

You are not eligible for financial assistance if you:

- Refuse to apply for a State or Federal health care program.
- Refuse to apply for an individual or a group market health plan when legally entitled to do so
- Not a legal resident of a county within the PPHS service area
- Your plan of care is covered under liability or worker's compensation with no proof of denial of coverage
- Your plan of care is covered under liability still in litigation or where the payment went to the subscriber

C. What services are eligible for financial assistance?

Financial assistance is available for eligible patients who require:

- Emergency medical services
- Other non-elective and medically necessary services

Financial assistance is not available for the following:

- Elective plastic surgery
- Services that are not medically necessary
- Services covered by State or Federal agencies such as, but not limited to, Cancer State Aid, Disability Adjudication

D. When do you have to apply for financial assistance?

- For non-emergent services, patients who expect to need assistance must apply for a financial assistance determination prior to obtaining care.
- Patients may also request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance.
- The time limit to apply for financial assistance is twelve (12) months from the time the patient became responsible for the account balance, unless the patient initiated a payment plan. There is no time limit to apply for the FAP when the patient was participating in a payment plan but has a change in financial circumstances.
- Phoebe uses prior FAP eligibility determinations approved within six (6) months of the medically necessary services, unless originally deemed eligible only for those dates of service as a clinical exception or a result of a transfer from outside of the PPHS service area.

E. How does an eligible person apply for financial assistance?

1. *Download or request the FAP Application*

The FAP application, along with a complete list of any required documentation that you may be required to submit, is available in English and Spanish at <http://www.phoebehealth.com>. To request an application for financial assistance, a copy of the detailed financial assistance policy, or if you have any questions about the process please contact the Financial Counseling team.

**Note:** PPHS may use a propensity-to-pay or presumptive charity scores to determine a patient's financial status and a patient's ability to pay for bills already incurred. These scores are obtained by using a data analytics model that helps us identify patients that qualify for financial assistance but may not have specifically requested it.

2. *Complete the FAP Application.*

Complete the FAP application and submit it, along with the documentation listed in the FAP application, directly to the Financial Counseling team or by mailing it to the PPHS Facility of application. Financial Assistance will not be denied based solely upon an incomplete application initially submitted. A PPHS representative will contact patients or financial guarantors via mail to notify of additional documentation requirements. Patients will have fourteen (14) business days to return additional information.

3. *The Financial Counseling team will review your application and notify you of their decision*

PPHS will review all FAP applications in a timely fashion. PPHS employees may require an interview with the applicant. If an interview is required, the FAP application may be completed at that time if all required documents have been provided. Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision. Patients who do not qualify for financial assistance will be billed in accordance with PPHS policy as a means of making arrangements for payments or obtaining payment in full.

4. *You may appeal the decision*

Applicants who receive a letter of denial may appeal the denial. The appeal must be made within thirty (30) days of the date of the letter of denial.

F. What financial assistance is available?

- **Level 1 Status:** Household incomes at or below 200% of the FPG are eligible for free care as provided in the FAP.
- **Level 2 Status:** Household incomes between 201% and 400% of FPG qualify for discounted charges for care (see Exhibit 1).

- Additionally, PPHS hospitals and physicians provide financial assistance to indigent patients for services needed that a physician deems necessary for post-discharge care, in accordance with PPHS policies and procedures
- Medically necessary healthcare services within 12 months of a favorable FAP eligibility determination will be discounted at the previously verified FAP level.

### **3. Billing and Collection**

PPHS makes reasonable efforts to ensure that patients are billed for their services accurately and timely. PPHS will attempt to work with all patients to establish suitable payment arrangements if full payment cannot be made at the time of service or upon delivery of the first patient statement. PPHS will make every effort to work with patients who owe large balances, yet do not qualify for financial assistance, to arrange mutually acceptable payment terms.

PPHS maintains a separate billing and collections policy which describes in detail the actions PPHS hospital facilities and PPG may take in the event of non-payment. Copies of the PPHS Billing and Collections Policy are available to members of the community for no charge at <http://www.phoebeputney.com> and also upon request to the Financial Counseling Department.

### **4. Communication of the Financial Assistance Program**

PPHS shall take the following measures to widely publicize its FAP:

- Notice of the PPHS FAP is posted in areas where patients may present for registration prior to receiving medical services at any of the PPHS hospital facilities, or where any patients/patient representatives may make inquiries regarding their hospital bills. Information is available in English and Spanish.
- All patients of PPHS hospitals will be offered a plain language summary of the FAP and upon request, receive a FAP Application prior to being discharged from a PPHS hospital.
- The FAP Policy, FAP Application, and a plain language summary are available on the PPHS website in English and Spanish at <http://www.phoebeputney.com>. A plain language summary is also in the PPHS Patient Handbook, in the “Guide to Understanding Your Hospital Bill”, and is referenced in patient statements and letters.
- The FAP Policy, FAP Application, and plain language summary are available without charge upon request and by mail. In-person requests may be made to any registration area of any PPHS hospital, the Financial Counseling Department, and the Patient Accounting Department. Written requests can be submitted to addresses set forth in Exhibit 2 to this Policy.
- The FAP plain language summary will also be made available at community health centers,
- Financial Counselors are available to discuss the Financial Assistance Program and to accept and assist with applications. Hours of operations are set forth in Exhibit 2 to this Policy.

**REFERENCES:**

Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

Internal Revenue Service Regulations s. 1.501(r)-1 through s. 1.501(r)-7

**REVISION HISTORY**

| <b>Revision Number</b> | <b>Description of Changes</b>   | <b>Approvals</b>                      | <b>Date</b> |
|------------------------|---|---------------------------------------|-------------|
| N/A                    | Initial Release of Policy for PPHS Policy Management System (Compliance 360 Program). This policy replaces all previous versions.                       | Phoebe Putney Health System           | 3-31-2016   |
| 1                      | FPL increase to 400% and elimination of catastrophic qualification, Exhibit 1 updated with 2018 AGB and FPL, healthcare ministry co-operative exclusion | Phoebe Health System Board            | 3-8-2018    |
|                        |   | Phoebe Worth Medical Center Board     | 4-26-2018   |
|                        |   | Phoebe Sumter Medical Center Board    | 5-1-2018    |
|                        |   | Phoebe Putney Memorial Hospital Board | 5-2-2018    |
| 2                      | Refinement of terms and additional AGB detail   | Sr. VP Revenue                        | 10-23-2018  |
| 3                      | Exhibit 1 updated with 2019 AGB and FPL   | Sr. VP Revenue                        | 3-1-2019    |
|                        |   | Phoebe Putney Memorial Hospital Board | 3-6-2019    |
|                        |   | Phoebe Putney Health System board     | 3-7-2019    |
|                        |   | Phoebe Sumter Hospital Board          | 3-5-2019    |
|                        |   | Phoebe Worth Hospital Board           | 5-2-2019    |
| 4                      | Exhibit 1 updated with 2020 AGB and FPL3/1/2020   | Sr. VP Revenue                        | 2-24-2020   |
|                        |   | Phoebe Putney Memorial Hospital Board |             |
|                        |   | Phoebe Putney Health System Board     |             |
|                        |   | Phoebe Sumter Hospital Board          |             |
|                        |   | Phoebe Worth Hospital Board           |             |
| 5                      | Exhibit 1 updated with 2021 AGB and FPL 3/1/2021  | Sr. VP Revenue                        | 3-12-2021   |
|                        |   |                                       |             |



|   |   |                                       |           |
|---|---|---------------------------------------|-----------|
|   |   | Phoebe Putney Memorial Hospital Board |           |
|   |   | Phoebe Putney Health System Board     |           |
|   |   | Phoebe Sumter Hospital Board          |           |
|   |   | Phoebe Worth Hospital Board           |           |
|   |   | Phoebe Physician Group                |           |
| 6 | Removal of asset test and US residency requirement; increasing full charity adjustments from 125% FPL to 200% FPL | Sr. VP Revenue                        | 8-01-2021 |
|   |   | Phoebe Putney Memorial Hospital Board |           |
|   |   | Phoebe Putney Health System Board     |           |
|   |   | Phoebe Sumter Hospital Board          |           |
|   |   | Phoebe Worth Hospital Board           |           |
|   |   | Phoebe Physician Group                |           |

## EXHIBIT 1

Patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the AGB for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis, and in the event the percentage discount changes for any year, Exhibit 1 shall be amended. Financial Assistance Guidelines shall be adjusted annually, in accordance with updated AGB from the previous fiscal year and current year Federal Poverty Level (FPL) guidelines.

The hospital Amount Generally Billed (AGB) and corresponding discount off gross charges are, as follows, effective 8/1/2021:

- Phoebe Putney Memorial Hospital (PPMH) – AGB = 39%, after 61% discount off gross charges
- Phoebe Sumter Medical Center (PSMC) – AGB = 37%, after 63% discount off gross charges
- Phoebe Worth Medical Center (PWMC) – AGB = 45%, after 55% discount off gross charges

### AGB and Financial Assistance Discounts Off of Gross Charges

| 2021 FPL    | 200% or less | 201% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% |
|-------------|--------------|------|------|------|------|------|------|------|------|------|
| <b>PPMH</b> |              |      |      |      |      |      |      |      |      |      |
| Discount    | 100%         | 97%  | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 61%  |
| AGB Pt Pmt  | 0%           | 3%   | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 39%  |
| <b>PSMC</b> |              |      |      |      |      |      |      |      |      |      |
| Discount    | 100%         | 97%  | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 63%  |
| AGB Pt Pmt  | 0%           | 3%   | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 37%  |
| <b>PWMC</b> |              |      |      |      |      |      |      |      |      |      |
| Discount    | 100%         | 95%  | 90%  | 85%  | 80%  | 75%  | 70%  | 65%  | 60%  | 55%  |
| AGB Pt Pmt  | 0%           | 5%   | 10%  | 15%  | 20%  | 25%  | 30%  | 35%  | 40%  | 45%  |

|  |
|--|
| <p><b>AGB =<br/>Maximum<br/>Amount<br/>Due under<br/>FAP</b></p> |
|--|

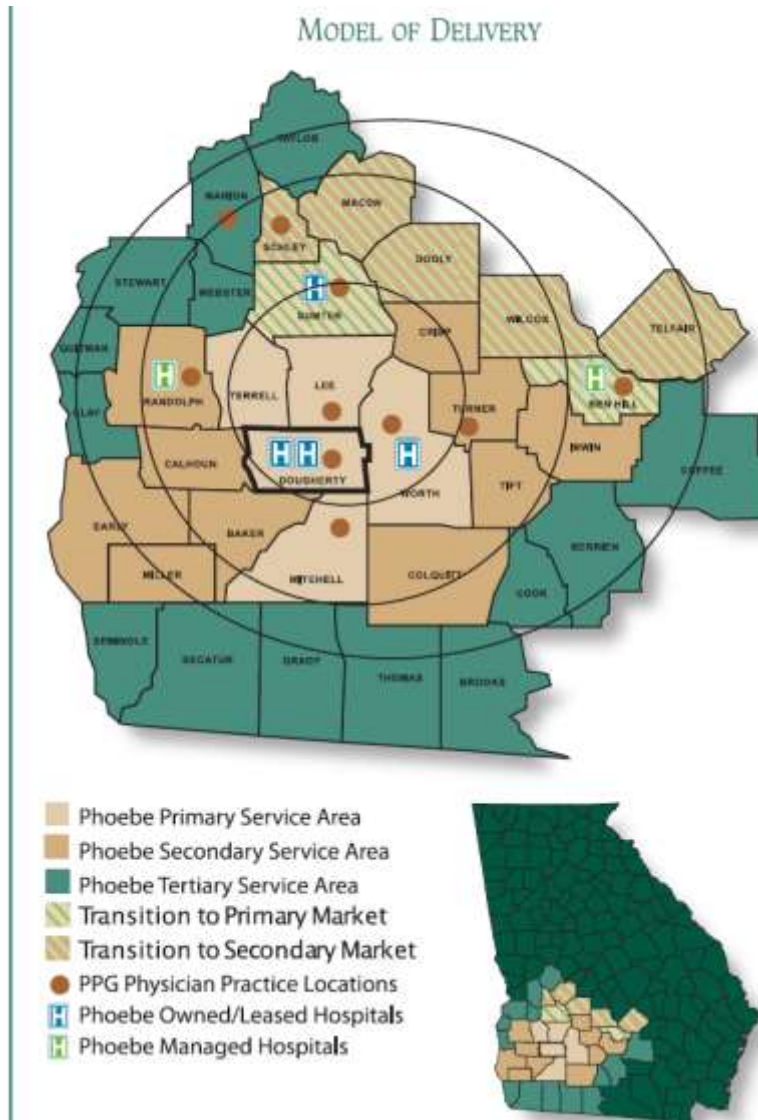
**EXHIBIT 2**

**ALL FINANCIAL ASSISTANCE INFORMATION MAY BE OBTAINED FREE OF CHARGE, UPON REQUEST, AT THE LOCATIONS BELOW OR AT [WWW.PHOEBEHEALTH.COM](http://WWW.PHOEBEHEALTH.COM)**

| <b>Mailing Address</b>  | <b>Hours of Operation</b>   |
|---|---|
| Phoebe Financial Counseling Dept<br>Phoebe Putney Memorial Hospital<br>417 Third Avenue<br>P.O. Box 3770<br>Albany, GA 31706-3770<br>229-312-4220 or 866-514-0015<br>229-312-4225 (fax) | By telephone at 229-312-4220 or 866-514-0015 from 8:30AM-4:30PM, Monday-Friday<br><br>Walk-in hours from 8:00AM-5:00PM, Monday-Friday<br><br>Scheduled appointments from 9:00AM-4:00PM, Monday-Friday<br><br>Floor visits are available upon request from a patient or responsible party, or any staff member within the organization |
| Phoebe Financial Counseling Dept.<br>Phoebe Sumter Medical Center<br>126 Highway 280 West<br>P.O. Box 527<br>Americus, GA 31719<br>229-931-1292<br>229-931-1186 (fax)                   | By telephone at 229-931-1292 from 8:30AM-4:30PM, Monday-Friday<br><br>Walk-in hours from 9:00AM-12:00PM, Monday-Friday<br><br>Scheduled appointments from 1:00PM-4:00PM, Monday-Friday<br><br>Floor visits are available upon request from a patient or responsible party, or any staff member within the organization                |
| Phoebe Worth Medical Center<br>807 S Isabella Street<br>P.O. Box 545<br>Sylvester, GA 31791<br>229-776-6961<br>229-776-7062 (fax)   | By telephone at 229-776-6961 from 8:30AM-4:30PM, Monday-Friday<br><br>Walk-in hours from 9:00AM-12:00PM, Monday-Friday<br><br>Scheduled appointments from 1:00PM-4:00PM, Monday-Friday<br><br>Floor visits are available upon request from a patient or responsible party, or any staff member within the organization                |
| Phoebe Financial Counseling Dept.<br>Phoebe Physicians Group, Inc.<br>500 3 <sup>rd</sup> Ave. Ste. 101<br>P.O. Box 3109<br>Albany, GA 31706-3770<br>229-312-5815 (fax)                 | By telephone at 229-312-5841, 229-312-5842 or 877-844-1943 from 8:30AM-4:30PM, Monday-Friday  |

### EXHIBIT 3

- **PPMH and PSMC:** Baker, Calhoun, Dooly, Dougherty, Lee, Macon, Marion, Mitchell, Randolph, Schley, Stewart, Sumter, Terrell, Webster, and Worth
- **PWMC:** Dougherty and Worth
- Georgia residents who are existing patients of PPG physicians will be deemed to have met the residency requirement regardless of which county in Georgia they currently reside.





**Hospital Authority**  
of Albany/Dougherty County

# Diversity, Equity, and Inclusion Update

Open Session Meeting  
Agenda Item VI.



# **Our DEI Journey Year 1**



DIVERSITY COUNCIL

better together



# Diversity Council Goals 2021

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1. Increase Employee Awareness and Understanding
2. Increase Employee Engagement
3. Permeate Culture with D&I Activity
4. Become a DEI Ambassador in our Community
5. Hardwire DEI into Talent Management Process



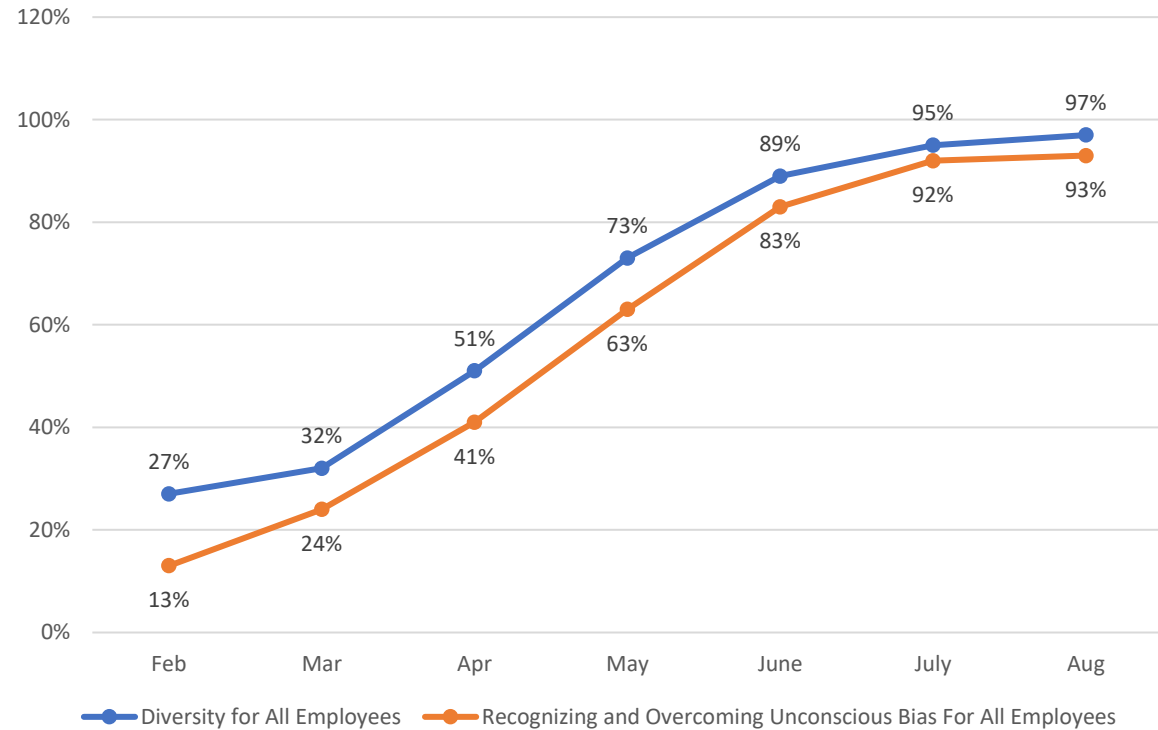


# Our DEI Journey: Year 1

## **Goal 1: Improve organizational awareness and understanding of diversity and inclusion principles and practices**

1. All employees trained on Diversity, Inclusion and Unconscious Bias (DI/UB) by Aug 15
2. Add DI/UB training to NEO by January 30
3. Add DI/UB training to LEAD 2021
4. Add DI/UB to Leader Fundamentals

Diversity and Unconscious Bias Training Completion





# Our DEI Journey: Year 1

## Goal 2: Enhanced employee acceptance and engagement

1. Fully Engaged PHS Diversity Council
2. Inclusion of DI questions in EE survey and Exit surveys
3. Use results of 2021 EE survey and exit surveys as baseline for growth in 2022
4. Schedule and facilitate quarterly focus group discussions  
Q1  Q2   
Q3  Q4






# Our DEI Journey: Year 1

## Goal 3: Permeate Phoebe culture with D&I activities: Live our values through intentional actions

- 1. Create PHS Diversity Calendar of Events
- 2. Track number of events and attendance (where applicable)
- 3. Establish DC Sub-committees at Sumter and Worth



### Celebrating Phoebe's Diversity


The Phoebe Diversity Council has accomplished a lot in a short amount of time, and I'm grateful to all the members for their service on the council. I hope you have seen the council's informative emails this year, educating us about various religious celebrations, African Americans who made historic contributions to healthcare, our own outstanding group of Filipino nurses and much more.

As we emerge from COVID-19, the council will provide more opportunities for you to get involved in activities and events. Most importantly, the council will also ensure that we hold ourselves to the highest standards of diversity, equity and inclusion in our hiring and promotion practices.


I want to assure you that our Board of Directors and Phoebe's leadership team fully support the work of the council, and we are committed to providing a welcoming and nurturing work environment for all members of the Phoebe Family regardless of your race, ethnicity, position, gender, sexual orientation, religion, political affiliation, age or ability.

**June is LGBTQ Pride Month.** As an example of Phoebe's inclusivity, the Diversity Council produced a video highlighting discrimination members of the LGBTQ community often face and Phoebe's support of our LGBTQ family members.

I hope you'll take a moment to watch this video, and always remember, we are better together.



**Scott Steiner**  
President & CEO




### International Women's Day Contest Winners

Thank you to all who wore purple to support gender equality on International Women's Day!

The names have been drawn, and the winners are:



I'm wearing purple in support of women's equality and I'm honored to participate in this celebration of INTERNATIONAL WOMEN'S DAY 2021!



Hilda Graham - PWM



Main Vascular Lab Women celebrating International Women's Day. "Empowered Women Empower Women!"

L to R: Marquisha Hines, Danielle Davis, Pattee Simmans, Heather LeBlanc, Renita Harvey, Christine Osgatharp, Christine Morris, Kim Baltzell



### Black History Month Community Partners

As part of our Black History Month celebration, we have partnered with Albany State University to have an open dialogue about the impact of Covid-19 on the African American community and apprehension around the Covid-19 vaccine.

On Monday February 22<sup>nd</sup>, our very own Drs. Derek Heard and James "Eddie" Black appeared as guests on ASU's *Realizing Potential* program. The doctors provided valuable information and dispelled myths about the COVID-19 vaccine. They also shared the significant impact the virus has had on them personally and professionally.

Click on the image to the right to view the informative discussion.







# Our DEI Journey: Year 1

## ***Goal 4: Become a leading D&I partner/ambassador in our community***

1. Provide PHS Diversity Statement to all contractors, suppliers, and vendors
2. Add diversity clause to all contracts and RFPs (to include diversity in location to ensure local economic impact)
3. Establish a baseline for supplier diversity as documented or defined by the National Diversity Council's Diversity Index
4. Add diversity score to annual HR report to the BOD of each entity

## ***Goal 5: Hardwire D&I into our talent management process***

1. Develop Recruitment SOPs to include protocols for culturally focused search committees, interview panels, and interview questions
2. Develop Performance Management SOPs to include protocols for equity in performance evaluations, promotions, and disciplinary actions
3. Train hiring managers on Recruitment and Performance Management SOPs



# A Solid Foundation

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2022

Members of GA Diversity Council  
Creation of Engaged Diversity Council  
Formal System-wide Diversity Training Program  
System-wide involvement in DEI activities  
Participation in National Diversity Council's Diversity Index Survey  
Established Diversity Council Sub-committees at Sumter and Worth  
Formal DEI statement and expectations to vendors, contractors,  
suppliers





## Where We're Headed



1. Expanded Training Opportunities
2. Employee Resource Groups
3. DEI and Patient Experience
4. Health Equity Workgroup
5. Increase NDC Diversity Index Score to 70%



Questions



# PPMH CEO & Operational Reports

Open Session Meeting  
Agenda Item VII.





# Phoebe

**COVID-19 Update**

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**Joe Austin**  
Chief Executive Officer



# Health System Current Stats

COVID positive patients  
in hospital

**180**

ICU Census **51**

Acute Care  
Census **129**

**148**  
Phoebe  
Albany

**29**  
Phoebe  
Sumter

**3**  
Phoebe  
Worth

Average age of  
positive  
patients **56**



Outpatient positive  
COVID rate

**23%**

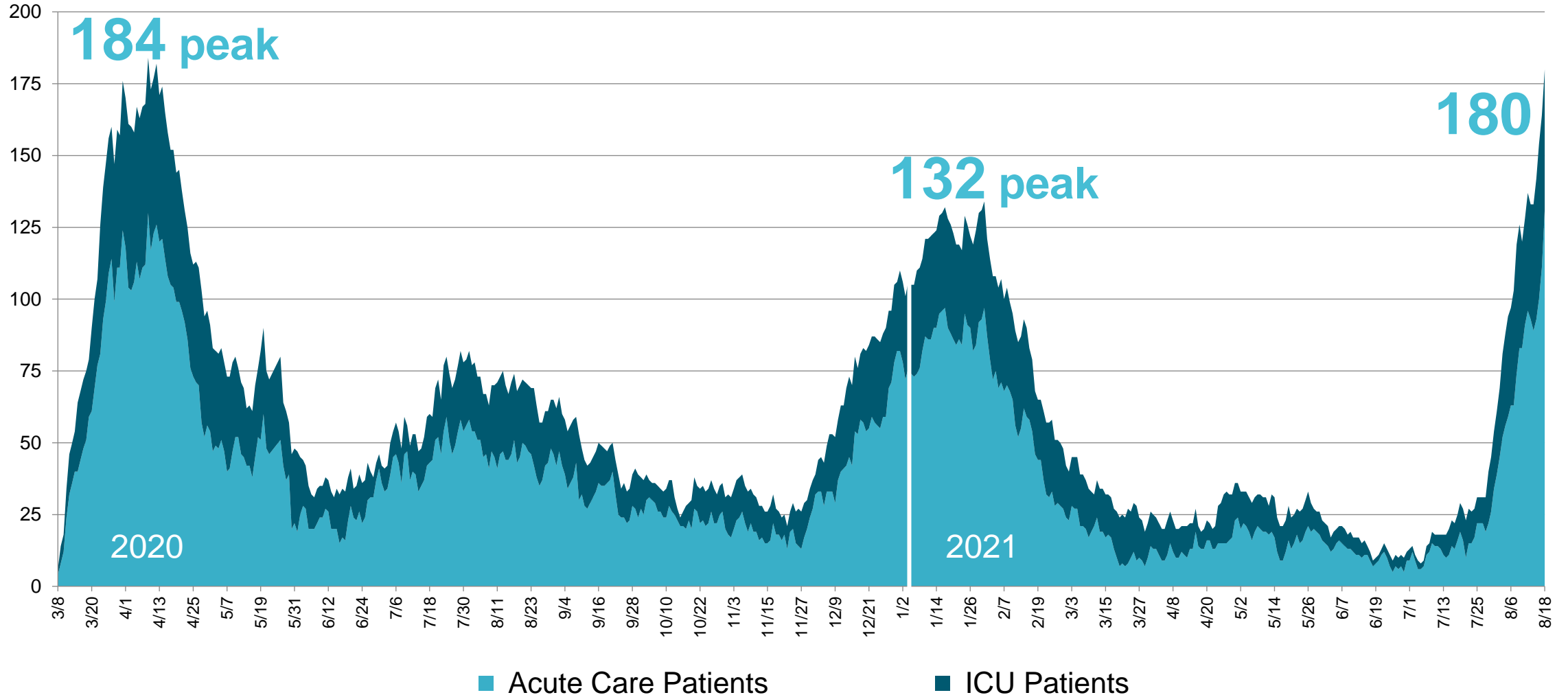
8/18/21



Percentage of positive  
patients not  
vaccinated **83%**

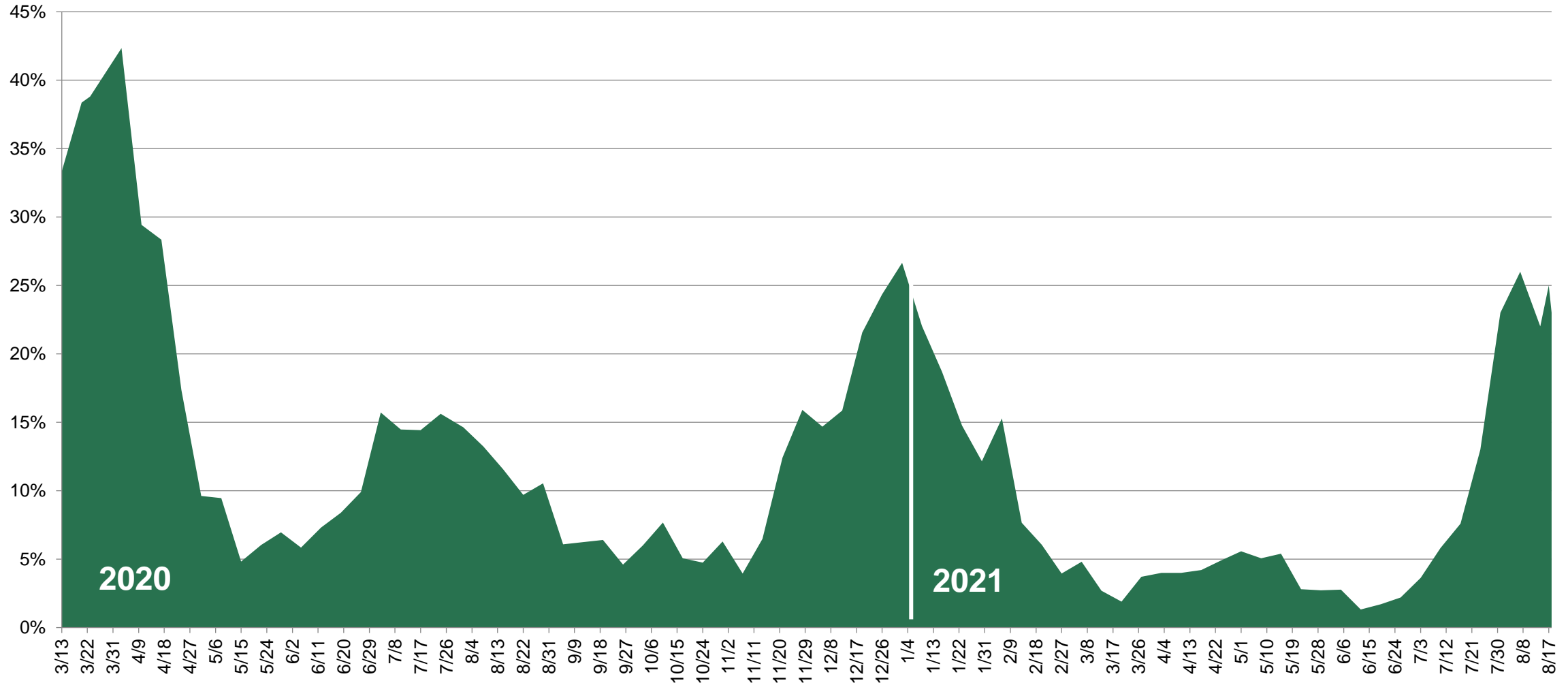


# Inpatient Census Trends





# Outpatient Positivity Rate

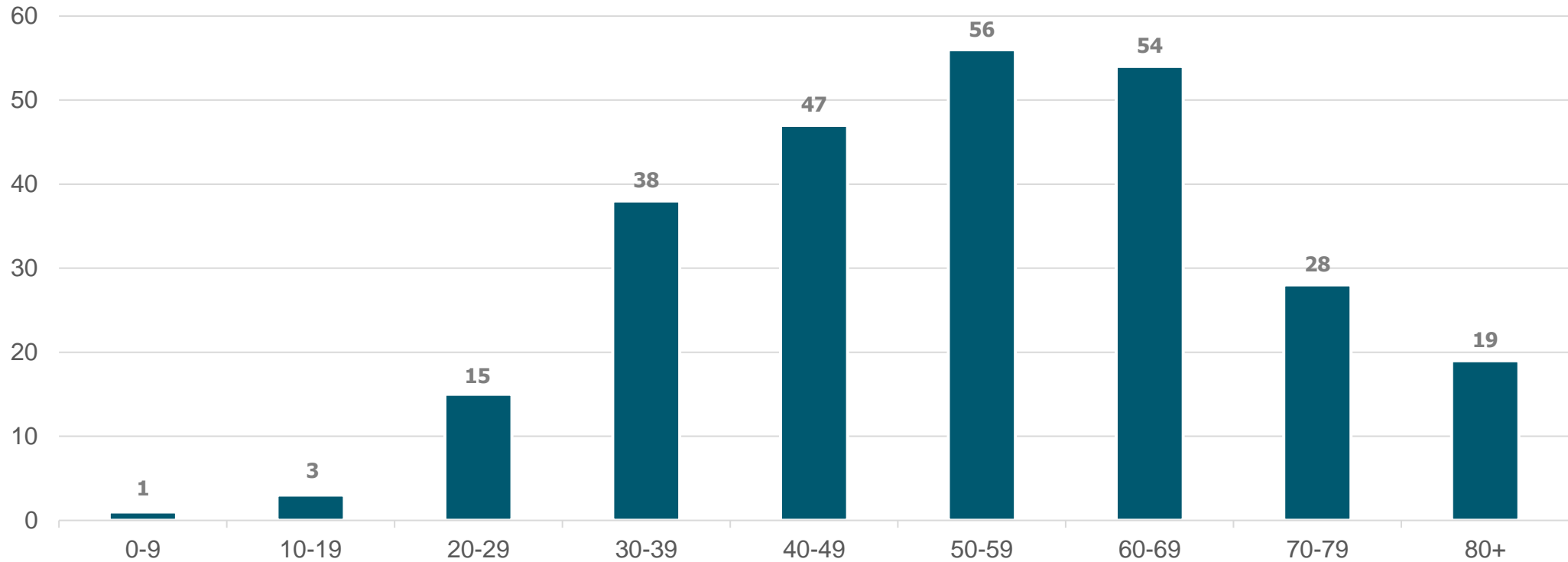




# Inpatient Age Group

July 15, 2021 – August 12, 2021

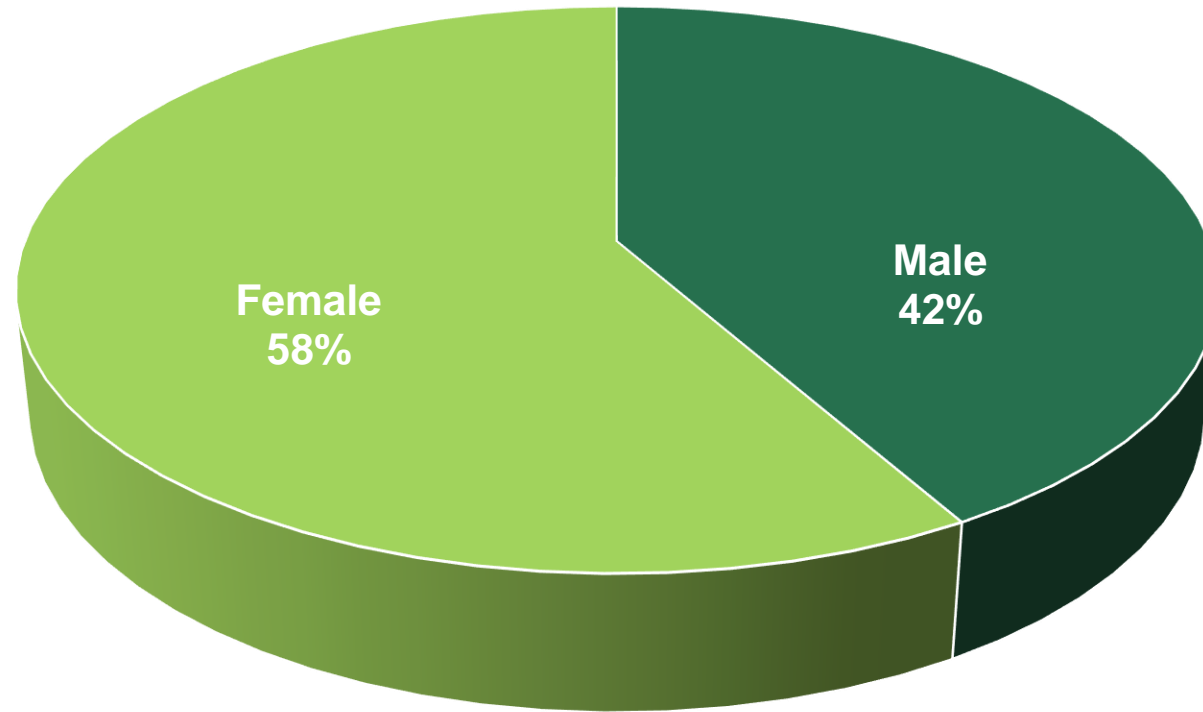
TOTAL  
CASES





# Inpatient Gender

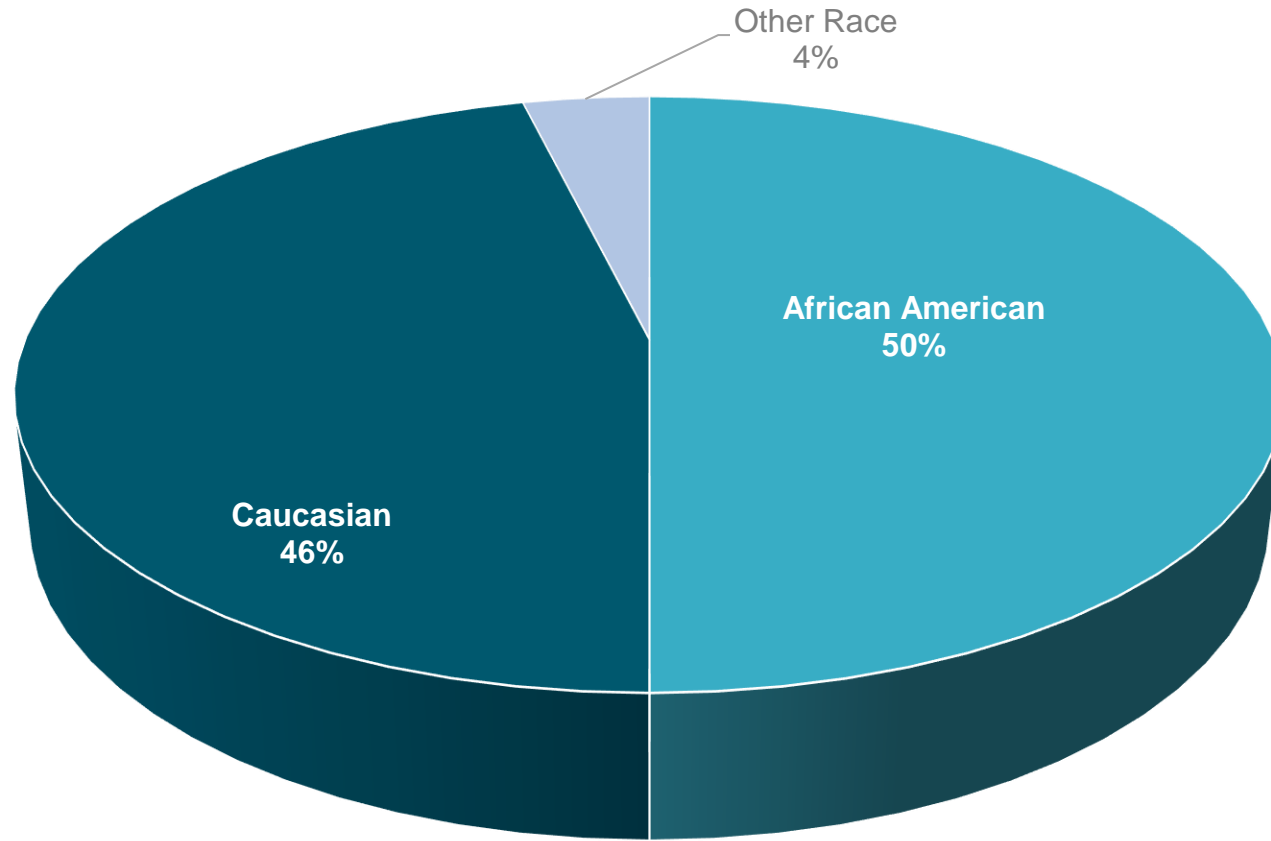
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July 15, 2021 – August 12, 2021



# Inpatient Ethnicity



July 15, 2021 – August 12, 2021

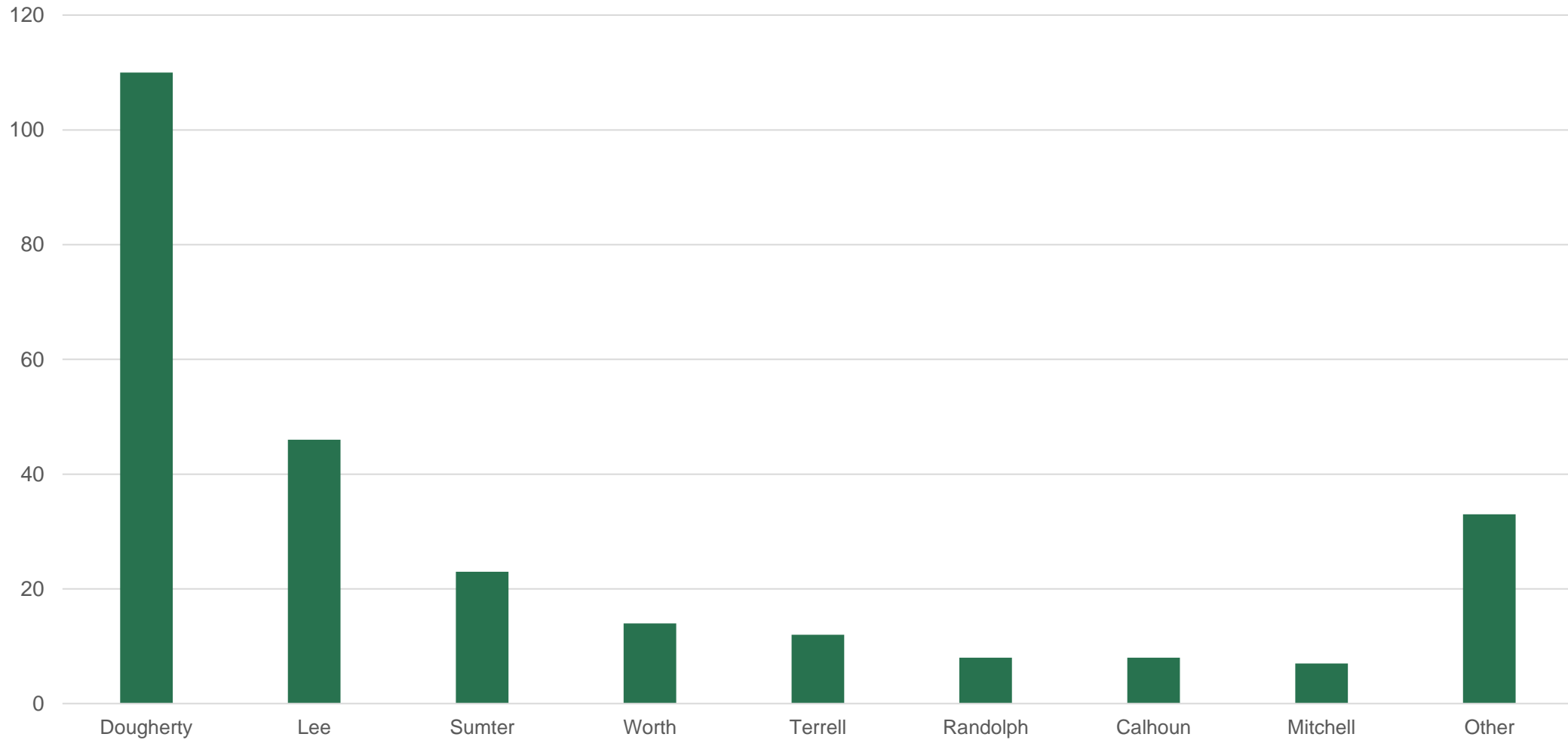




# Inpatient County of Residence

July 15, 2021 – August 12, 2021

TOTAL  
CASES





# PhoebeHealth.com/COVIDStats

## Daily Updates

COVID-19 is surging in our communities. Schedule your vaccine appointment [here](#), and get the latest COVID statistics [here](#).

Phoebe Find a Provider Locations Our Services Patients & Visitors Make an Appointment

### Phoebe COVID-19 Statistics

Last Updated 8/16/2021

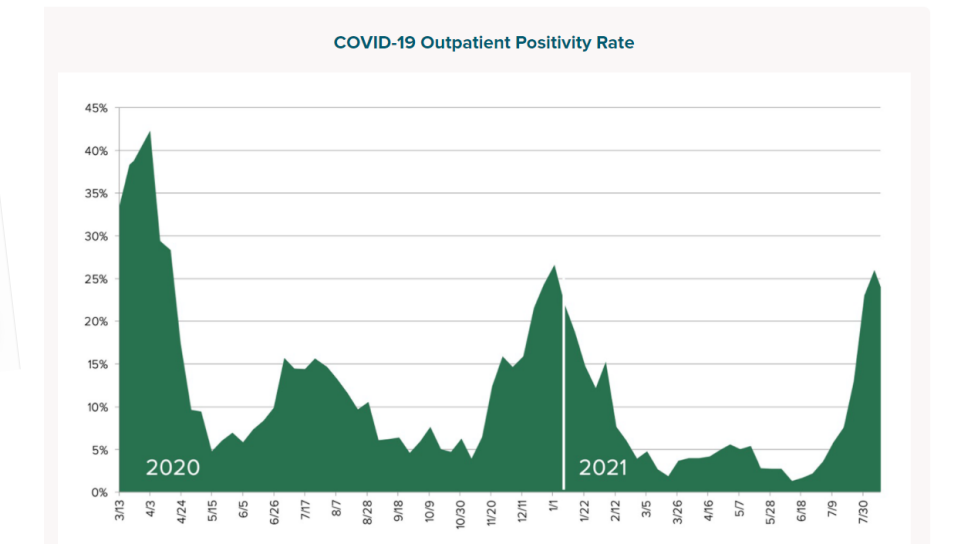
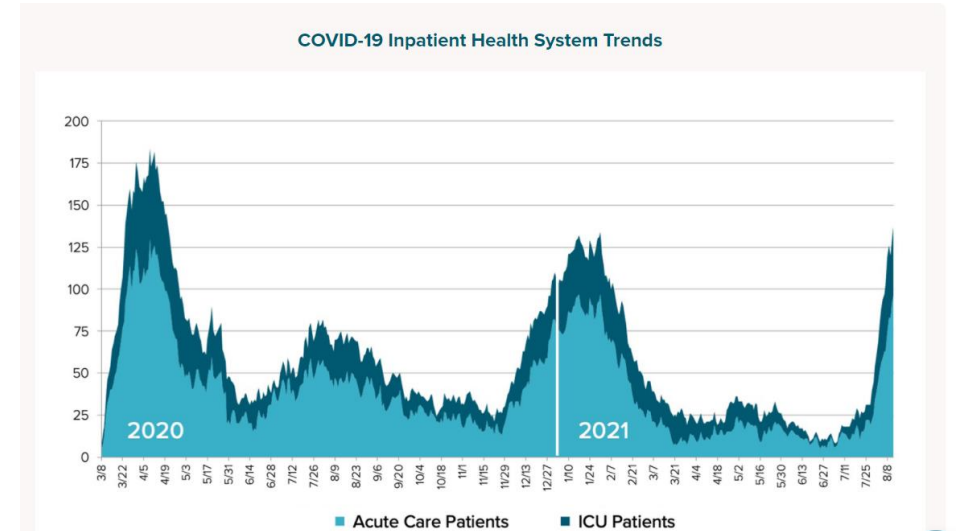
|   |  |  |  |  |
|---|--|--|--|--|
| COVID positive patients in hospital<br><b>180</b><br>148 Albany 29 Sumter 3 Worth | ICU Patients<br><b>51</b><br>Acute Care Patients<br><b>129</b> | Percentage of positive patients not vaccinated<br><b>83%</b> | Average age of positive unvaccinated patients<br><b>54</b> | Average age of positive vaccinated patients<br><b>68</b> |
|---|--|--|--|--|

The COVID-19 information on this website reflects Phoebe patients only.

We continue to monitor both the community infection rate and vaccination rate and adjust our visitation guidelines as needed. For the latest visitation guidelines, please [click here](#). For the latest COVID-19 updates or to schedule a vaccination appointment, [click here](#).

Help

## Weekly Trend Updates





## COVID-19 Vaccination Requirement

Effective **October 4, 2021**, all employees will be required to be fully vaccinated or report weekly to Employee Health for a COVID-19 test.

# All-user Communication

## phoebe COVID Vaccination Requirement

Our fight against COVID-19 has been a long, arduous struggle and it's clear we have some fighting left to do. New variants are fueling a spike in numbers of infections and the number of patients we're treating in our hospitals. Currently, 80% of our patients are unvaccinated and we have seen a concerning increase over the past couple of weeks in the number of employees testing positive. While we are staying cautious, dedicated, and vigilant, it's become clearer than ever that a key to winning this battle is to ensure everyone in our Phoebe Family has the best protection, and that protection comes in the form of a vaccine.

Health systems across the country and leading national organizations such as the American Medical Association, American College of Physicians, National Medical Association, and the American Academy of Family Physicians support a vaccination requirement for all healthcare professionals as a key step to stopping the further spread of COVID infections.

Nationwide, more than 80 healthcare systems have already made COVID vaccination a condition of employment for some or all of their employees. Phoebe will be joining this effort effective **October 4, 2021** – all Phoebe employees will be required to be fully vaccinated or report weekly to Employee Health for COVID testing. We will support a vaccination requirement for all healthcare professionals as a key step to stopping the further spread of COVID infections.

Please know our leadership team did not come to this decision lightly. We conducted extensive research, operational and ethical impacts this requirement will bring for our team. We also consulted with our Medical Committee in Albany and America, where we received a unanimous vote of support. Simply put, vaccination is the best option, as the vaccine is not fully FDA approved. This requirement is for all employees, volunteers, physicians, APPs, contract staff, students and residents.

Thousands of Phoebe team members have already done their part and have been fully vaccinated, a safer because of it. We know some team members have been reluctant to get their COVID-19 vaccine, personal concerns or a swirl of conflicting information. Over the coming weeks, we will be sharing in line with our Mission and our commitment to Safety First – it's foundational to how we safely care for and our community as a whole.

In the limited cases where someone may not be able to get vaccinated due to a medical condition, religious belief, we'll provide a process for requesting an exemption similar to the process we use for vaccine. Requests for exemptions will be reviewed by our Human Resources Department. Those who will still be required to receive a weekly COVID test.

There are more details to come, but we wanted to make everyone in our Phoebe Family aware of the step in the ongoing battle against this pandemic. United as one team, we can put this pandemic more fully care for our friends, families and neighbors. Thanks again for your continued vigilance during this extraordinary time.

**Scott Steiner**  
Phoebe Putney Health System  
President & CEO

**Joe Austin**  
Phoebe Putney Memorial Hospital  
Chief Executive Officer

**Brandi Lunneborg**  
Phoebe Sumter Medical Center  
Chief Executive Officer

**Kim Gilman**  
Phoebe Worth Medical Center  
Chief Executive Officer

**Suresh Lakhanpal, MD**  
Phoebe Physicians  
Chief Executive Officer

**Dianna Grant, MD**  
Phoebe Putney Health System  
Chief Medical Officer

**Kathy Hudson, MD**  
Phoebe Putney Memorial Hospital  
Chief Medical Officer

**Chirag Phoebe**  
Chief

**Kristi Phoebe**  
Chief

**Gr Phoebe**  
Chief

# Employee Vaccine Requirement FAQs



## EMPLOYEE VACCINATION & TESTING INFORMATION

Phoebe employees have led the fight against COVID-19 since it hit our communities in March 2020. Since the first case, the safety of our employees and communities have been our top priority. With new cases continuing to increase, we are increasing our safety guidelines for our employees.

**Beginning October 4, all employees will be required to be fully vaccinated or report weekly to Employee Health for a COVID-19 test.**

This new safety measure applies to all employees, volunteers, physicians, APPS, contract staff, students and residents. If an employee has a medical or religious exemption, please report those to Employee Health to be exempted from receiving the vaccine.

To schedule an appointment to receive the vaccine, please contact **Employee Health at 229-312-2380**. If you have received the vaccine at a non-Phoebe location, please make sure Employee Health has a copy of your vaccination card on file. Please email a copy to [covidvaccines@phoebehealth.com](mailto:covidvaccines@phoebehealth.com) or fax 229-312-2385.

## Frequently Asked Questions

**Where can I get a vaccine?**  
Employee Health: 229-312-2380

**Albany:** Call 229-312-MYMD to schedule  
Phoebe Primary Care & Urgent Care Clinics  
(Moderna vaccine, ages 18+)  
Community Care Clinic (Pfizer vaccine, ages 12+)

**Americus:** Call 229-312-MYMD to schedule  
Phoebe Pediatrics of Americus (Pfizer vaccine, ages 12-17)  
Phoebe Primary Care of Buena Vista (Moderna vaccine, ages 18+)  
Phoebe Primary Care of Americus (Moderna vaccine, ages 18+, and Pfizer vaccine, ages 12+)  
Phoebe Primary Care & Sports Medicine of Americus (Moderna vaccine, ages 18+)

**Sylvestre:** Call 229-776-2965 to schedule  
Phoebe Worth Family Medicine  
(Moderna vaccine, ages 18+, and Pfizer vaccine, ages 12+)

**What is the deadline to be fully vaccinated?**  
The Phoebe deadline to receive your COVID-19 vaccines in October 4 (one dose of J&J or two doses of either Moderna or Pfizer). By this date, all staff and providers should have their vaccine record or submitted a valid exemption to Employee Health.

**What is the timeline to receive each dose of Moderna or Pfizer in order to fulfill the vaccine requirement?**  
If you have received Pfizer dose 1, you should schedule 2nd dose 21 days after dose 1. If you received Moderna dose 1, you should schedule 2nd dose 28 days after your first dose.  
Pfizer: 21 days between dose 1 and 2; Dose 1 by September 13.  
Moderna: 28 days between dose 1 and 2; Dose 1 by September 6.  
J&J one dose: Any day up to October 4

**Who do I need to notify regarding my medical or religious exemption?**  
Employee Health will maintain a record of your exemption status.

**Who is included in the new safety measures?**  
All employees, volunteers, physicians, APPS, contract staff, students and residents.

**I received the COVID-19 vaccine at a non-Phoebe location. Who should I let know I've been vaccinated?**  
Please send a copy of your vaccination card to Employee Health at [covidvaccines@phoebehealth.com](mailto:covidvaccines@phoebehealth.com) or fax 229-312-2385.

**I've already had COVID-19, should I still get the vaccine?**  
Yes, re-infection with COVID-19 is possible, so people are advised to get a COVID-19 vaccine even if they have had COVID-19. However, it is recommended you wait 90 days from last positive test.

**If I have a medical or religious exemption, do I have to get tested?**  
Yes. We recognize there are exemptions to receiving the vaccine, however, we must also take every measure possible to ensure the safety of our employees.

**If I primarily work from home, do I have to get a vaccine or tested?**  
Yes, COVID-19 vaccination or weekly testing will now be a condition of employment at Phoebe, similar to the flu vaccination requirement.

**I don't work on campus at Phoebe Putney Memorial Hospital, Phoebe Sumter Medical Center or Phoebe Worth Medical Center. Where do I go to get a vaccine or a weekly test?**  
You can contact the Employee Health location that is the most convenient to you.

**If I choose not to participate, but later change my mind, can I still receive a vaccine?**  
Absolutely. We are committed to ensuring all Phoebe Family members have access to the vaccine.

**Do I need to schedule an appointment with Employee Health for a test?**  
Yes. An appointment will need to be made with Employee Health weekly. To make an appointment, call 229-312-2380.



## Frequently Asked Questions

**Is the vaccine mandatory?**  
The vaccine is not mandatory.

**How long can I wait to get the vaccine?**  
It is encouraged to get the vaccine now! Phoebe wants you and your families to stay safe. If you have some hesitancy, please speak with your primary doctor or any Phoebe medical staff representative who will speak with you one-on-one to answer any questions. Health decisions are private and well respected. Phoebe honors and respects that at all times.

**How will the vaccine be administered at Phoebe?**  
Vaccines are being administered at Phoebe main, Phoebe Sumter and Phoebe Worth.

**How long can I wait to get the vaccine?**  
It is encouraged to get the vaccine now! Phoebe wants you and your families to stay safe. If you have some hesitancy, please speak with your primary doctor or any Phoebe medical staff representative who will speak with you one-on-one to answer any questions. Health decisions are private and well respected. Phoebe honors and respects that at all times.

**What should I do if I experience side effects after receiving the vaccine?**  
If you experience any serious adverse side effect after receiving the vaccine, call 911 or Employee Health at 229-312-2380 or the CDC through the v-safe app, [vsafe.cdc.gov](https://www.cdc.gov/vsafe/).

**Why would a vaccine be needed if we can do other things, like social distancing and wearing masks, to prevent the virus that causes COVID-19 from spreading?**  
Stopping a pandemic requires using all the tools available. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like covering your mouth and nose with a mask and staying at least 6 feet away from others, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19.

**Will my family be able to receive the vaccine as well?**  
Phoebe is following the phased vaccine administration guidelines outlined by the CDC. We do anticipate vaccines will be made more widely available for community members in Spring or Summer 2021, as supply allows.

**How does the COVID-19 vaccine work?**  
COVID-19 vaccines help our bodies develop immunity to the virus that causes COVID-19 without us actually contracting the virus. Different types of vaccines work in different ways to offer protection. For more information on how vaccines work, visit [CDC.gov](https://www.cdc.gov/).

**Will I contract COVID-19 from the COVID-19 vaccine?**  
The data says no. COVID-19 vaccines currently in development do not use the live virus that causes COVID-19, but instead, use inactive portions of the virus to help teach our immune systems how to recognize and fight the virus. Sometimes vaccinations can cause some symptoms, such as fever, but these symptoms are normal and are a sign that the body is building immunity.

**Is there a side effect of the vaccine?**  
Being a side effect of the participants that experience no higher than the number in the general population

**What are the side effects of the vaccine?**  
Being a side effect of the participants that experience no higher than the number in the general population

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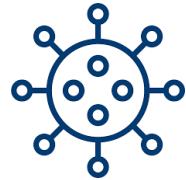
# COVID Trends Facing Rural Communities



## LOW VACCINATION RATES

Rural communities typically have lower vaccination rates **<50% vs a goal of >70%**

Healthcare providers also hesitant to get the vaccine.



## FAST-SPREADING DELTA VARIANT

Volumes have increased exponentially over course of 2-3 weeks.

Less time to ramp up response.

Patients are younger and mostly unvaccinated.

Fewer ICU patients & more general medical patients



## LIMITED RESOURCES

Limited resources to provide vaccinations, monoclonal antibody treatments, and operations that support other patients needing care.

Staffing Challenges due to exhaustion, frustration, and lack of additional providers when they get sick themselves



## ACCESSIBILITY

Access to the vaccine in small communities can be challenging – we need to go to where the people are.

A mobile wellness strategy is key!



## CAPACITY ISSUES

ER overcrowding – Patients still need non-COVID services and are less hesitant to come to the ER for care during this surge.



# Increased Demand for Outpatient Antibody Treatment

## Monoclonal Antibody Infusion Therapy is:

- Lessening the severity of the disease
- Reducing risk of hospitalization

Got Covid?

Monoclonal Antibody Treatment Can Help

✓ Physician referral

✓ Self-referral 312-MYMD

(for those who do not have a medical provider)

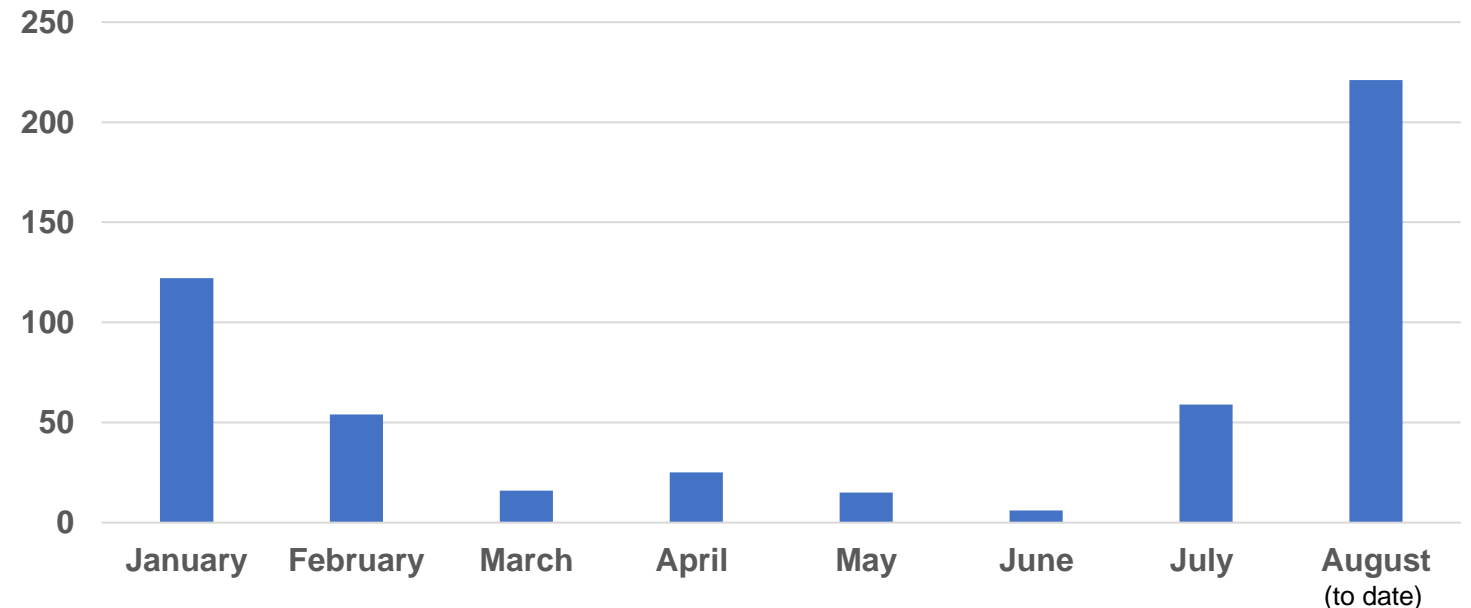
518 (Albany)

220 (Sumter)

**738**

Total Infusions Administered

PPMH Infusions





# Mobile Health Strategies: Vaccinations Our Best Defense

Driven to increase access to COVID-19 vaccinations



Phoebe Mobile Wellness Clinics are bringing vaccines to rural communities, neighborhoods, civic and business organizations throughout southwest Georgia.

**Mobile Units are equipped with:**  
2 Full Exam Rooms  
1 Full Bathroom  
Waiting Area for 3  
Laboratory  
Medical Refrigeration  
Wheelchair Accessibility



**78** Events Complete → **2,500+** Vaccines Administered

**13** Counties Served

**40+** Events Scheduled

# Questions?





# Community Health Needs Assessment Update

Open Session Meeting  
Agenda Item VIII.





# Phoebe

PPMH Community Health Implementation Plan

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August 19, 2021



# Approved Priorities

- I. Improving birth outcomes and reproductive responsibility**
- II. Preventing and managing diabetes**
- III. Cancer prevention and treatment**
- IV. Behavioral and addiction disease advocacy**



# 2020 Brought a New Priority -- COVID-19

## Focus Shifted to Meet the Community Need

- ✓ Expanded capacity to care for COVID-19 patients
- ✓ Worked with Federal, State, & local partners to insure we had the appropriate resources
- ✓ COVID-19 testing sites
- ✓ Mass vaccination site
- ✓ Mobile Medical Units
- ✓ Community education and awareness



# Priority: Birth Outcomes and Reproductive Responsibility

## Nurse Family Partnership Program

- ✓ Voluntary Program
- ✓ Home Visitation begins during pregnancy and ends when the child reaches their 2<sup>nd</sup> birthday
- ✓ Program staffed by BSN or higher
- ✓ Addresses Social Determinants of Health
- ✓ Capacity is 75 first time moms

# IMMEDIATE POSITIVE OUTCOMES

DURING PROGRAM PARTICIPATION

## For Moms

**20%**  
fewer preterm births<sup>1</sup>

**2x**  
as likely to be employed by  
child's second birthday<sup>2</sup>

**35%**  
fewer cases of pregnancy-  
induced hypertension<sup>2</sup>

**10%**  
Increase in earning a high  
school diploma/GED one  
year after enrolling<sup>3</sup>

## For Kids

**50%**  
reduction in language  
delays<sup>8</sup>

**48%**  
fewer incidences of abuse  
and neglect<sup>6</sup>

**39%**  
fewer health care encounters  
for injuries or ingestions in  
the first two years<sup>6</sup>

**56%**  
fewer emergency room  
visits for accidents and  
poisonings<sup>9</sup>

## For Donors & Society

**5x**  
return for every dollar invested  
in the program<sup>13</sup>

# LASTING IMPACT

TWO DECADES PAST GRADUATION

## For Moms

**20%**  
Less time spent  
on welfare<sup>4</sup>

**3x**  
Less likely to die from all  
causes of death<sup>5</sup>

**61%**  
fewer self-reported arrests  
of mothers by child aged 15<sup>6</sup>

**30%**  
more likely to be married  
over the 18-year period<sup>7</sup>

## For Kids

**67%**  
fewer behavioral and  
intellectual problems at age 6<sup>4</sup>

**3x**  
more likely to graduate from  
high school with honors<sup>10</sup>

**28%**  
less likely to have depression  
or anxiety at age 12<sup>11</sup>

**57%**  
fewer lifetime arrests<sup>12</sup>

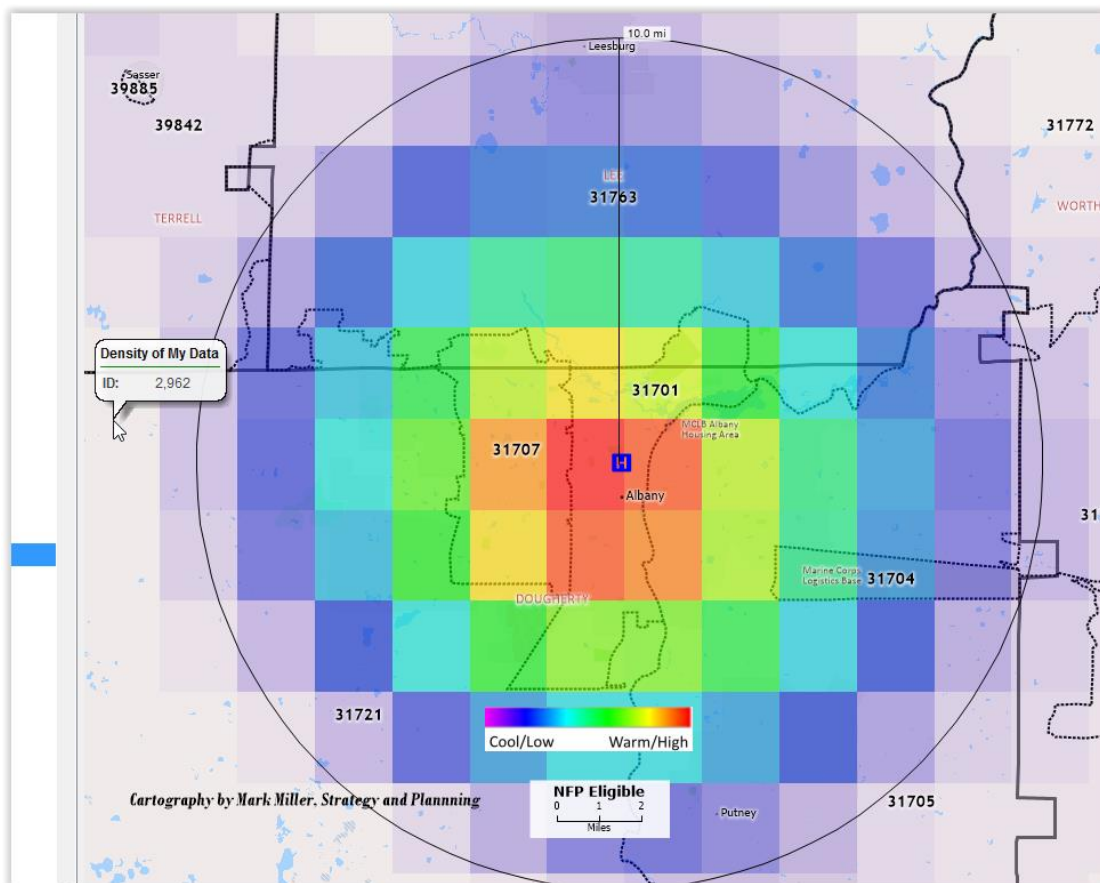
**\$17,310**  
per family savings to society per family  
(savings in public assistance spending)<sup>7</sup>

Refer to page 29 for citations.



# Priority: Birth Outcomes and Reproductive Responsibility

## Heat Map of NFP Eligible Mothers Within a 10 mile Radius of Phoebe CY 2018- 2019 N=472



Data Source: Hospital Records, Decision Support 2020

| 10-Mile Radius Key Demographic Indicators |          |
|---|----------|
| Estimated Median Income                   | \$45,987 |
| White Population                          | 36,948   |
| Black Population                          | 65,452   |
| Total Population                          | 107,065  |
| 2025 Population                           | 100,885  |

| Race                | AA/<br>Black | White | Other |
|---------------------|--------------|-------|-------|
| <b>Total Births</b> | 367          | 77    | 28    |
| <b>NBW</b>          | 313          | 71    | 26    |
| <b>LBW</b>          | 54           | 6     | 2     |
| <b>%LBW</b>         | 14.7%        | 7.8%  | 7.1%  |
| <b>Avg. Age</b>     | 20.9         | 23.0  | 21.3  |
| <b>Median Age</b>   | 20.0         | 23.0  | 20.0  |



## Priority: Cancer Screening & Early Detection (Cervical, Lung, Colorectal, Breast, and Prostate)

### Collaboration with Morehouse School of Medicine to Increase Prostate Screening Rates to At-Risk Men

- ✓ Completed Community Health Worker training in 10 churches – 2 men from each church.
- ✓ Goal is to recruit 100 men in each church to be screened.



# Priority: Behavioral Health & Addiction Disease Advocacy

## Collaboration with Community Stakeholders

- ✓ Working with Albany Police Department to research Grady Health System's model of behavioral health response.
- ✓ Working with Aspire, Albany Police Department, and Morehouse School of Medicine to host Listening Sessions throughout the community.





Questions