

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **BLUE RIDGE HEALTHCARE HOSPITALS, INC** Employer identification number **56-0529976**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			18020043.	11780821.	6239222.	3.03%
b Medicaid (from Worksheet 3, column a)			33313673.	21030835.	12282838.	5.96%
c Costs of other means-tested government programs (from Worksheet 3, column b)			311,688.	91,917.	219,771.	.11%
d Total. Financial Assistance and Means-Tested Government Programs			51645404.	32903573.	18741831.	9.10%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			448,275.		448,275.	.22%
f Health professions education (from Worksheet 5)			1380915.	1257657.	123,258.	.06%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2142933.		2142933.	1.04%
j Total. Other Benefits			3972123.	1257657.	2714466.	1.32%
k Total. Add lines 7d and 7j			55617527.	34161230.	21456297.	10.42%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			530,758.		530,758.	.26%
10 Total			530,758.		530,758.	.26%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 28,823,131.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 37,941,696.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 39,037,634.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -1,095,938.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BLUE RIDGE CARDIOLOGY	HEART CATH SVCS	50.00%	.00%	50.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHS - BR MORGANTON

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CHS - BR MORGANTON

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group CHS - BR MORGANTON

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group CHS - BR MORGANTON

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

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHS-BR VALDESE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group CHS-BR VALDESE

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group CHS-BR VALDESE

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group CHS-BR VALDESE

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

Schedule H (Form 990) 2019

Part V Facility Information (continued)

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

CHS - BR MORGANTON:

PART V, SECTION B, LINE 5: A TOTAL OF 1,049 BURKE COUNTY RESIDENTS COMPLETED SURVEY RESPONSES. BURKE WELLNESS INITIATIVE MEMBERS DISTRIBUTED PAPER COPIES AND ONLINE LINKS TO THE CHNA SURVEY IN SURVEY MONKEY TO THE FOLLOWING COMMUNITY AREAS AND ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO:

- BURKE COUNTY CHAMBER OF COMMERCE
- BURKE COUNTY GOVERNMENT EMPLOYEES
- BURKE COUNTY PUBLIC LIBRARIES
- BURKE COUNTY PUBLIC SCHOOL EMPLOYEES
- BURKE COUNTY UNITED WAY-PARTNER AGENCY NETWORK
- BURKE LITERACY COUNCIL
- CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE EMPLOYEES AND PATIENTS
- COMMUNITY WIDE HEALTH SCREENING- LADY FAIR
- MORGANTON-BURKE SENIOR CENTER
- WESTERN PIEDMONT COMMUNITY COLLEGE
- GOOD SAMARITAN CLINIC BOARD
- BUILDERS ASSOCIATION
- BURKE MISSION STATION

FOCUS GROUPS GATHERED ADDITIONAL INFORMATION FROM CITIZENS IN REGARDS TO THEIR HEALTH CONCERNS, BEHAVIORS AND POTENTIAL SOLUTIONS TO ADDRESS THE IDENTIFIED HEALTH CONCERNS. PARTICIPANTS WERE INVITED THROUGH WORD OF MOUTH, PERSONAL AND PUBLIC INVITATION AND THROUGH OTHER ESTABLISHED GROUPS.

Part V Facility Information (continued)

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

A TOTAL OF SEVEN FOCUS GROUPS WERE CONDUCTED:

- BURKE SUBSTANCE ABUSE NETWORK MEMBERS
- BURKE COUNTY CIRCLES GROUP
- CULTURAL DIVERSITY COMMITTEE CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE
- OPPORTUNITY THREADS SPANISH SPEAKING OWNED PRIVATE BUSINESS
- GOOD SAMARITAN CLINIC STAFF
- CHS CANCER SUPPORT GROUP
- BURKE SENIOR CENTER

CHS-BR VALDESE:

PART V, SECTION B, LINE 5: A TOTAL OF 1,049 BURKE COUNTY RESIDENTS COMPLETED SURVEY RESPONSES. BURKE WELLNESS INITIATIVE MEMBERS DISTRIBUTED PAPER COPIES AND ONLINE LINKS TO THE CHNA SURVEY IN SURVEY MONKEY TO THE FOLLOWING COMMUNITY AREAS AND ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO:

- BURKE COUNTY CHAMBER OF COMMERCE
- BURKE COUNTY GOVERNMENT EMPLOYEES
- BURKE COUNTY PUBLIC LIBRARIES
- BURKE COUNTY PUBLIC SCHOOL EMPLOYEES
- BURKE COUNTY UNITED WAY-PARTNER AGENCY NETWORK
- BURKE LITERACY COUNCIL
- CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE EMPLOYEES AND PATIENTS
- COMMUNITY WIDE HEALTH SCREENING- LADY FAIR
- MORGANTON-BURKE SENIOR CENTER
- WESTERN PIEDMONT COMMUNITY COLLEGE
- GOOD SAMARITAN CLINIC BOARD

Part V Facility Information (continued)

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

-- BUILDERS ASSOCIATION

-- BURKE MISSION STATION

FOCUS GROUPS GATHERED ADDITIONAL INFORMATION FROM CITIZENS IN REGARDS TO THEIR HEALTH CONCERNS, BEHAVIORS AND POTENTIAL SOLUTIONS TO ADDRESS THE IDENTIFIED HEALTH CONCERNS. PARTICIPANTS WERE INVITED THROUGH WORD OF MOUTH, PERSONAL AND PUBLIC INVITATION AND THROUGH OTHER ESTABLISHED GROUPS.

A TOTAL OF SEVEN FOCUS GROUPS WERE CONDUCTED:

-- BURKE SUBSTANCE ABUSE NETWORK MEMBERS

-- BURKE COUNTY CIRCLES GROUP

-- CULTURAL DIVERSITY COMMITTEE CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE

-- OPPORTUNITY THREADS SPANISH SPEAKING OWNED PRIVATE BUSINESS

-- GOOD SAMARITAN CLINIC STAFF

-- CHS CANCER SUPPORT GROUP

-- BURKE SENIOR CENTER

CHS - BR MORGANTON:

PART V, SECTION B, LINE 6A: CHS - BLUE RIDGE VALDESE

CHS-BR VALDESE:

PART V, SECTION B, LINE 6A: CHS - BLUE RIDGE MORGANTON

Part V Facility Information (continued)

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

CHS - BR MORGANTON:

PART V, SECTION B, LINE 6B: BURKE COUNTY HEALTH DEPARTMENT AND BURKE WELLNESS INITIATIVE

CHS-BR VALDESE:

PART V, SECTION B, LINE 6B: BURKE COUNTY HEALTH DEPARTMENT AND BURKE WELLNESS INITIATIVE

CHS - BR MORGANTON:

PART V, SECTION B, LINE 11: IN SEPTEMBER 2019, THE BURKE WELLNESS INITIATIVE AND ADDITIONAL COMMUNITY PARTNERS REVIEWED THE TOP FIVE HEALTH AND SOCIAL ISSUES IDENTIFIED IN THE RESULTS OF THE COMMUNITY SURVEY AND FOCUS GROUPS. THE GROUP PARTICIPATED IN A PRIORITIZATION EXERCISE TO DETERMINE THE PRIORITIES TO DEVELOP INTO A COMPREHENSIVE COMMUNITY HEALTH IMPROVEMENT PLAN. THE TOP THREE PRIORITIES IDENTIFIED FOR THE 2019 CHNA ARE:

1) HEART DISEASE/STROKE

HEART DISEASE AND STROKE HAVE RANKED IN THE TOP 5 LEADING CAUSES OF DEATH IN BURKE COUNTY SINCE 2008. CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE REPORTED, FROM 2018-19, THERE WERE APPROXIMATELY 3,178 HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS ALONG WITH THE NC STATE CENTER FOR HEALTH STATISTICS REPORTED APPROXIMATELY 403 DEATHS ATTRIBUTABLE TO THESE CHRONIC CONDITIONS. AS BURKE COUNTY CONTINUES TO AGE, THESE NUMBERS HAVE THE POTENTIAL TO RISE AND CAUSE GREATER PHYSICAL, FINANCIAL, MOBILITY, ETC.

Part V Facility Information (continued)

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

DEVASTATION TO INDIVIDUALS AND FAMILIES.

WITH HEART DISEASE/STROKE BEING IDENTIFIED AS A PRIORITY, THE BURKE WELLNESS INITIATIVE WILL BEGIN TO DEVELOP SOME GOALS, STRATEGIES AND INTERVENTIONS WITHIN THE COMMUNITY HEALTH IMPROVEMENT PLAN TO MOVE THE NEEDLE AND REDUCE THE MANY BURDENS OF THESE CHRONIC CONDITIONS.

2) SUBSTANCE USE DISORDER

SUBSTANCE USE/MISUSE OF LEGAL, ILLEGAL AND NON-MEDICAL USE OF PRESCRIPTION OPIOID MEDICATION CONTINUES TO ADVERSELY IMPACT THE CITIZENS OF BURKE COUNTY. THE IMPACT CAN BE FELT IN ALL LEVELS OF RESOURCES, AGENCIES AND INDIVIDUAL DEATH AND DISABILITY WITHIN THIS GROWING ISSUE. ACCORDING TO THE 2019 NC COUNTY HEALTH RANKINGS AND ROADMAPS REPORT, BURKE COUNTY HAD 34 DRUG OVERDOSE DEATHS.

ACCORDING TO NC DHHS INJURY AND VIOLENCE PREVENTION BRANCH 2017 REPORT, 17 BURKE COUNTY RESIDENTS DIED FROM UNINTENTIONAL OPIOID OVERDOSES; 63 RESIDENTS SOUGHT CARE AT THE EMERGENCY DEPARTMENT FOR OPIOID OVERDOSES AND 8,133,000 OPIOID PILLS WERE DISPENSED TO BURKE COUNTY RESIDENTS.

A GREAT DEAL OF POSITIVE WORK HAS ALREADY BEEN ACCOMPLISHED AROUND SUBSTANCE USE DISORDER, BUT MUCH WORK IS STILL REQUIRED TO BATTLE THIS CONTINUED PRIORITY WITHIN BURKE COUNTY.

3) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

LIKE HEART DISEASE AND STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Part V Facility Information *(continued)*

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

(COPD) IS A CHRONIC CONDITION FOR A LARGE PORTION OF BURKE COUNTY RESIDENTS AND IS DEPICTED IN THE LEADING CAUSES OF DEATH CHARTS WITHIN THE PRIORITY ONE SECTION ABOVE. COPD IS A DISEASE THAT MAKES IT HARD TO BREATHE. IT IS A PROGRESSIVE DISEASE THAT GETS WORSE OVER TIME. COPD CAUSES COUGHING WITH LARGE AMOUNTS OF MUCUS, WHEEZING, SHORTNESS OF BREATH, CHEST TIGHTNESS AND OTHER SYMPTOMS.

COPD CAN OFTEN BE PREVENTED. SMOKING IS THE LEADING CAUSE OF COPD. LONG TERM EXPOSURE TO OTHER LUNG IRRITANTS SUCH AS AIR POLLUTION, CHEMICAL FUMES OR DUSTS HAS ALSO BEEN CONTRIBUTED TO COPD.

CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE REPORTED APPROXIMATELY 1,970 HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS AND NC STATE CENTER FOR HEALTH STATISTICS REPORTED APPROXIMATELY 140 DEATHS ATTRIBUTABLE TO COPD IN BURKE COUNTY. WITH COPD BEING IDENTIFIED AS A PRIORITY, THE BURKE WELLNESS INITIATIVE WILL BEGIN TO DEVELOP SOME GOALS, STRATEGIES AND INTERVENTIONS WITHIN THE COMMUNITY HEALTH IMPROVEMENT PLAN TO MOVE THE NEEDLE AND REDUCE THE BURDEN OF THIS CHRONIC CONDITION.

CHS-BR VALDESE:

PART V, SECTION B, LINE 11: IN SEPTEMBER 2019, THE BURKE WELLNESS INITIATIVE AND ADDITIONAL COMMUNITY PARTNERS REVIEWED THE TOP FIVE HEALTH AND SOCIAL ISSUES IDENTIFIED IN THE RESULTS OF THE COMMUNITY SURVEY AND FOCUS GROUPS. THE GROUP PARTICIPATED IN A PRIORITIZATION EXERCISE TO DETERMINE THE PRIORITIES TO DEVELOP INTO A COMPREHENSIVE COMMUNITY HEALTH IMPROVEMENT PLAN. THE TOP THREE PRIORITIES IDENTIFIED FOR THE 2019 CHNA

ARE:

Part V Facility Information (continued)

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

1) HEART DISEASE/STROKE

HEART DISEASE AND STROKE HAVE RANKED IN THE TOP 5 LEADING CAUSES OF DEATH IN BURKE COUNTY SINCE 2008. CAROLINAS HEALTHCARE SYSTEM BLUE RIDGE REPORTED, FROM 2018-19, THERE WERE APPROXIMATELY 3,178 HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS ALONG WITH THE NC STATE CENTER FOR HEALTH STATISTICS REPORTED APPROXIMATELY 403 DEATHS ATTRIBUTABLE TO THESE CHRONIC CONDITIONS. AS BURKE COUNTY CONTINUES TO AGE, THESE NUMBERS HAVE THE POTENTIAL TO RISE AND CAUSE GREATER PHYSICAL, FINANCIAL, MOBILITY, ETC. DEVASTATION TO INDIVIDUALS AND FAMILIES.

WITH HEART DISEASE/STROKE BEING IDENTIFIED AS A PRIORITY, THE BURKE WELLNESS INITIATIVE WILL BEGIN TO DEVELOP SOME GOALS, STRATEGIES AND INTERVENTIONS WITHIN THE COMMUNITY HEALTH IMPROVEMENT PLAN TO MOVE THE NEEDLE AND REDUCE THE MANY BURDENS OF THESE CHRONIC CONDITIONS.

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SUBSTANCE USE/MISUSE OF LEGAL, ILLEGAL AND NON-MEDICAL USE OF PRESCRIPTION OPIOID MEDICATION CONTINUES TO ADVERSELY IMPACT THE CITIZENS OF BURKE COUNTY. THE IMPACT CAN BE FELT IN ALL LEVELS OF RESOURCES, AGENCIES AND INDIVIDUAL DEATH AND DISABILITY WITHIN THIS GROWING ISSUE. ACCORDING TO THE 2019 NC COUNTY HEALTH RANKINGS AND ROADMAPS REPORT, BURKE COUNTY HAD 34 DRUG OVERDOSE DEATHS.

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Part V Facility Information (continued)

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

RESIDENTS SOUGHT CARE AT THE EMERGENCY DEPARTMENT FOR OPIOID OVERDOSES AND 8,133,000 OPIOID PILLS WERE DISPENSED TO BURKE COUNTY RESIDENTS.

A GREAT DEAL OF POSITIVE WORK HAS ALREADY BEEN ACCOMPLISHED AROUND SUBSTANCE USE DISORDER, BUT MUCH WORK IS STILL REQUIRED TO BATTLE THIS CONTINUED PRIORITY WITHIN BURKE COUNTY.

3) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

LIKE HEART DISEASE AND STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A CHRONIC CONDITION FOR A LARGE PORTION OF BURKE COUNTY RESIDENTS AND IS DEPICTED IN THE LEADING CAUSES OF DEATH CHARTS WITHIN THE PRIORITY ONE SECTION ABOVE. COPD IS A DISEASE THAT MAKES IT HARD TO BREATHE. IT IS A PROGRESSIVE DISEASE THAT GETS WORSE OVER TIME. COPD CAUSES COUGHING WITH LARGE AMOUNTS OF MUCUS, WHEEZING, SHORTNESS OF BREATH, CHEST TIGHTNESS AND OTHER SYMPTOMS.

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Part V Facility Information *(continued)*

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

NEEDLE AND REDUCE THE BURDEN OF THIS CHRONIC CONDITION.

CHS - BR MORGANTON:

PART V, SECTION B, LINE 16J: PATIENT ROOM VISIT FROM FINANCIAL COUNSELOR AND SOCIAL WORKER, OVERVIEW OF FINANCIAL ASSISTANCE POLICY, AND CONTACT INFORMATION ON WEBSITE AND PATIENT STATEMENTS.

CHS-BR VALDESE:

PART V, SECTION B, LINE 16J: PATIENT ROOM VISIT FROM FINANCIAL COUNSELOR AND SOCIAL WORKER, OVERVIEW OF FINANCIAL ASSISTANCE POLICY, AND CONTACT INFORMATION ON WEBSITE AND PATIENT STATEMENTS.

CHS - BR MORGANTON:

PART V, SECTION B, LINE 20E: ALL SELF PAY E D PATIENTS ARE SCREENED FOR CHARITY AND FINANCIAL ASSISTANCE AT THE TIME OF BILLING BASED ON A SCORING MECHANISM. MONTHLY STATEMENTS REFERENCE THE PHONE NUMBERS TO CALL FOR FINANCIAL ASSISTANCE.

CHS-BR VALDESE:

PART V, SECTION B, LINE 20E: ALL SELF PAY E D PATIENTS ARE SCREENED FOR CHARITY AND FINANCIAL ASSISTANCE AT THE TIME OF BILLING BASED ON A SCORING MECHANISM. MONTHLY STATEMENTS REFERENCE THE PHONE NUMBERS TO CALL FOR FINANCIAL ASSISTANCE.

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINES 7A AND 10 A (BOTH FACILITIES)

[HTTPS://WWW.CAROLINASHEALTHCAREBLUERIDGE.ORG/COMMUNITY-BENEFIT](https://www.carolinashealthcareblueridge.org/community-benefit)

PART V, SECTION B, LINES 16A-C (BOTH FACILITIES)

[HTTPS://WWW.CAROLINASHEALTHCAREBLUERIDGE.ORG/FINANCIAL-ASSISTANCE](https://www.carolinashealthcareblueridge.org/financial-assistance)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

BLUE RIDGE HEALTHCARE HOSPITALS USES THE SLIDING SCALE PROVIDED IN THE FEDERAL POVERTY INCOME GUIDELINES PUBLISHED ANNUALLY BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DETERMINE ELIGIBILITY. AN ASSET TEST IS USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORT IS PREPARED FOR BLUE RIDGE HEALTHCARE SYSTEM (BRHS) WHICH INCLUDES CHS BLUE RIDGE MORGANTON (FORMERLY GRACE HOSPITAL) AND CHS BLUE RIDGE VALDESE (FORMERLY VALDESE GENERAL HOSPITAL).

PART II, COMMUNITY BUILDING ACTIVITIES:

BRHC PROVIDES SUPERVISION AND STAFF FOR THE SCHOOL NURSE PROGRAM IN BURKE COUNTY.

PART III, LINE 2:

BAD DEBT COST FROM LINE 2 IS BASED ON TOTAL BAD DEBT EXPENSE MULTIPLIED BY THE COST-TO-CHARGE RATIO.

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

UNINSURED DISCOUNTS AND BAD DEBTS INCLUDED THE COST OF SERVICES PROVIDED TO UNINSURED OR UNDERINSURED PATIENTS AND TO PATIENTS WHO OTHERWISE DO NOT PAY FOR THEIR HEALTHCARE SERVICES. THE MISSION OF BRHS IS TO CREATE AND OPERATE A HEALTH SYSTEM TO PROVIDE HOSPITAL, ACUTE AND EMERGENCY CARE, INPATIENT PSYCHIATRIC SERVICES, PHYSICIAN SERVICES, AND LONG-TERM CARE FOR THE BENEFIT OF THE COMMUNITY IT SERVES. COMMITMENT TO THIS MISSION REQUIRES BOTH AN INVESTMENT IN AND A PARTNERSHIP WITH THE COMMUNITY WITHIN WHICH BRHS OPERATES.

PART III, LINE 8:

THE MEDICARE COST REPORT IS PREPARED USING THE AUDITED TRIAL BALANCE FOR BLUE RIDGE HEALTHCARE HOSPITALS, INC. THE COST REPORT IS PREPARED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS. AS A 501(C)(3) ORGANIZATION, BLUE RIDGE HEALTHCARE HOSPITALS ACCEPTS ALL PATIENTS WITHOUT REGARD TO THE INSURANCE OR LACK OF INSURANCE.

PART III, LINE 9B:

BLUE RIDGE HEALTHCARE FACILITIES OFFER FINANCIAL ASSISTANCE THROUGH OUR CHARITY POLICY, BASED ON THE CURRENT FEDERAL POVERTY GUIDELINES (FPG), TO PATIENTS AND GUARANTORS. THOSE APPROVED FOR FINANCIAL ASSISTANCE ARE ELIGIBLE FOR DISCOUNTS APPLIED TO BALANCES OWED AFTER INSURANCE, AS WELL AS SELF-PAY BALANCES REMAINING AFTER OUR UNINSURED DISCOUNT IS APPLIED. PATIENTS WHOSE HOUSEHOLD INCOME IS LESS THAN 200% OF FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% ADJUSTMENT OF REMAINING BALANCES. THE DISCOUNTS ARE AVAILABLE IN A GRADUATED SCALE WHERE INCOMES OF UP TO 400% OF FPG QUALIFY FOR SOME ADJUSTMENTS OF REMAINING BALANCES. THIS POLICY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

IS PUBLICIZED IN PATIENT REGISTRATION AREAS, ON BILLING STATEMENTS, AND IS AVAILABLE ON OUR WEB SITE. PATIENTS NOT ELIGIBLE FOR CHARITY OR WHO HAVE A BALANCE OWED AFTER THE APPLICATION OF CHARITY OR UNINSURED DISCOUNT ARE SENT STATEMENTS AND/OR COLLECTION LETTERS AT LEAST EVERY 30 DAYS UNTIL THE BALANCE OWED IS PAID OR SUITABLE, LONGER-TERM PAYMENT ARRANGEMENTS ARE MADE. ACCOUNTS THAT DO NOT HAVE SUITABLE PAYMENT ARRANGEMENTS ESTABLISHED, THAT ARE OLDER THAN 120 DAY FROM THE FIRST PATIENT STATEMENT ARE ELIGIBLE FOR OUTSIDE COLLECTION ACTIVITY. ALL PATIENTS ARE NOTIFIED OF POSSIBLE COLLECTION ASSIGNMENT AT LEAST 30 DAYS BEFORE AN ASSIGNMENT IS MADE. IF A PATIENT REQUESTS FINANCIAL ASSISTANCE AFTER THE STATEMENT PROCESS BEGINS, THE ACCOUNT IS PLACED ON HOLD UNTIL A DETERMINATION OF ELIGIBILITY IS MADE.

PART VI, LINE 2:

BLUE RIDGE HEALTHCARE HOSPITALS PERFORMS OUTREACH SERVICES AND HEALTH EDUCATION OPPORTUNITIES FOR THE COMMUNITY SERVED. FEEDBACK FROM THESE EFFORTS ALONG WITH THE EVALUATION OF THE PATIENTS SERVED ARE CONSIDERED IN ASSESSING THE COMMUNITIES HEALTH CARE NEEDS. IN ADDITION, THE ORGANIZATION HAS CONDUCTED EXTENSIVE RESEARCH INTO THE AREAS MOST SERIOUS HEALTH THREATS AND DEVELOPED A PLAN TO FOCUS ATTENTION ON THESE ISSUES.

PART VI, LINE 3:

ALL SELF PAY ED ACCOUNTS GO THROUGH AN ELECTRONIC SCORING MECHANISM AT THE TIME OF BILLING. ALL SELF PAY INPATIENTS ARE SCREENED FOR FINANCIAL ASSISTANCE BY THE FINANCIAL COUNSELORS DURING THEIR STAY. DIAGNOSTIC AND THERAPEUTIC OUTPATIENT SERVICES ARE ALSO ELIGIBLE FOR FINANCIAL ASSISTANCE AND-OR CHARITY UPON APPLICATION BY THE PATIENT OR RESPONSIBLE PARTY. MONTHLY STATEMENTS AND WEBSITE REFERENCE THE PHONE NUMBERS TO CALL FOR

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE.

PART VI, LINE 4:

BRHCS PRIMARY SERVICE AREA INCLUDES BURKE COUNTY; PATIENTS FROM A NUMBER OF OTHER OUTLYING COUNTIES ARE ALSO SERVED BY BRHC. THE POPULATION IS PREDOMINANTLY CAUCASIAN. SIGNIFICANT MINORITIES INCLUDE HMONG, AFRICAN-AMERICAN AND HISPANIC RESIDENTS. THE AREA IS ECONOMICALLY DEPRESSED DUE TO THE LOSS OF TRADITIONAL FURNITURE AND TEXTILE INDUSTRIES.

PART VI, LINE 5:

BRHC IS GOVERNED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS. BRHC SYSTEM IS SERVED BY OPEN MEDICAL STAFFS. THE SYSTEM IS ALSO SUPPORTED BY A GROWING BRHC VOLUNTEERS CORPS WHO CONTRIBUTE THOUSANDS OF HOURS IN SERVICE ANNUALLY. BRHC ACTIVELY RECRUITS PRIMARY CARE PHYSICIANS AND PHYSICIAN SPECIALISTS TO MEET SPECIFIC MEDICAL NEEDS IN THE COMMUNITY.

PART VI, LINE 6:

BLUE RIDGE HEALTHCARE HOSPITALS IS PART OF BLUE RIDGE HEALTHCARE SYSTEM. BLUE RIDGE SERVES BURKE COUNTY, NC AND SURROUNDING COUNTIES. BLUE RIDGE IS AFFILIATED WITH ATRIUM HEALTH (FORMERLY CAROLINAS HEALTHCARE SYSTEM) BASED IN CHARLOTTE, NC.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NC