

**TRANSYLVANIA COUNTY MEETING TRANSCRIPT**  
**TUESDAY, FEBRUARY 11, 2020**  
**REDACTED PRESENTATION - COMMUNITY COMMENTS ONLY**

**Speaker 1:**

Why has TCU been shut since July at our local hospital? [inaudible 00:16:21] keep it open. I have a relative that was going to go there, told him that it's closed. He said, "What are we supposed to do?" [crosstalk 00:16:25] like told him he would on med-surg. Transitional care: where they send people after hip or knee. It's been closed since July. What are folks supposed to do? Yeah. They can put him on med-surg. They can do what's called swing-in. Then, they charge you more. That's wrong. Wheelchair Clinic in Asheville. My sister's an MS patient. She cannot physically drive, have someone drive her three hours to Charlotte to be fitted to a new wheelchair. This is bull. We need TCU in this county. We got an aging population. We have lots of hip and knee replacements. Where are these people going? The care is going down. Go down there and look at the floors. Look at the staff. The staff's been reduced. When my sister was there, do you know how many people I knew in ICU? One nurse. They're all gone. They're all gone. It's wrong. Our county did not deserve this. It [crosstalk 00:17:38]. We need that transitional care unit is 10 beds. We got a 30-bed hospital. We need that unit. Is a required? That's not, but it has [crosstalk 00:18:16]. You're welcome. We need that unit, or it's needed in this county.

**Speaker 2:**

Hi. I'd like to just start off by saying shame on you, HCA, because you've been charging for preventive care services when that's covered and mandated by the Affordable Care Act. You've been charging it as outpatient services. I would like to know how you're compliant with the Affordable Care Act.

**Speaker 3:**

Hello. Sorry. [crosstalk 00:20:19]. Don't want to scare you. If I understood you correctly, you said your contract was up July 1<sup>st</sup> or June 30<sup>th</sup> of this year as the independent monitor. Is that correct? I guess the question I have is who makes the decision whether to renew the current independent monitor? Who do you have to please to get the votes for continuation? Is ANC and Dogwood or - I'm confused. Dogwood is ultimately in charge over a long period of time. They're the owners. It sounds to me. They're the [crosstalk 00:22:11] governing board, [crosstalk 00:22:16] money. I guess is the independent monitor more of an advocate for the clients or is it more of a compliance for the government? You didn't answer the question of where does the consumer go [inaudible 00:25:00], for instance, someone reported the transition care center closed and you reported that to your knowledge, it was open. That's a consumer or a client complaint. What role do you play in resolving that? What is the penalty? Is there a penalty?

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**Speaker 4:**

I am talking about the consumer, the patient, the individual. I work for a primary care provider who is not associated with Mission. I schedule testing, radiology, lab. We have to go through Mission now. They have eliminated the entire scheduling department at Transylvania Hospital. They have eliminated the bookkeeping department. They have eliminated everybody. I had a stat radiology that I needed done stat. Five days, it took me to schedule it, five days. That is a shame. This is a community hospital that was built by the community that services the community that should be here.

The other side of it is I just had a total knee replacement. I ended up at Transylvania Hospital after the fact because I wouldn't have the surgery done at Transylvania because of the care unit shutdown. That is a ghost town. That hospital has no volunteers. They have asked the volunteers to basically stay home. There is nobody at the front desk. There is nobody to greet you. There is no security. It's a good thing that somebody didn't come in there with a gun because they would have had full access of that entire campus.

If you want to be a community hospital, they need to take in consideration of the patients, this population which is an aging population, me included, and stand up for their patients. Now, I know you don't have the answers. That is my statement. As a primary care provider, our office is at a hindrance. We were noted for giving our patients 24-hour service referrals, testing, radiology, got it done, got it done at Transylvania, but I think we're going elsewhere because we can't get it done within our standards.

**Speaker 5:**

I saw a specialist in early December. I'm a heart surgery patient, so I have a pulmonologist. He's here in town, but he's at a local family practice. He warned me about the billing practice changes, but he said, "But they have to make you sign something. As long as you didn't sign anything, you're okay." I said, "Cool. I didn't sign anything. I'm good." I've seldom go to the doctor really, so I didn't sign anything. I paid my \$80 copay. Got sick in December, so I saw the doctor in December. Got sick again in January oddly enough, saw my primary care doctor in January and paid my \$15 copay for those. That should be all I had to pay. Suddenly, I am hundreds of dollars in debt to Mission Hospital because they suddenly changed their billing practices with +no disclosure in any of those visits as I was told by the physician that I would have. Never did I sign anything. Never did I have disclosure. I just got bills for hundreds of dollars. That's one experience.

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Second experience, back in July, was in an accident. I have Med Pay through my car insurance. I'm a teacher. The accident happened in July. I said, "I'm going to get all this taken care of before I go back to school." Everything taken care of. The bill's taken care of because I can't stay on the phone. Did all the work. In August, the end of August, I have a date written down. I re-upped it, made sure it was taken care of, started getting bills from Mission, started getting threats that it was going to go to collections, talked to my insurance again. I spent about an hour and a half on the phone one afternoon with Mission billing, talked to two different people. In tears, paid \$100 because I didn't want it to go to collections. Next month, did it all again. This was a \$500 bill. In tears again, didn't pay this time, talked to my insurance company again who said to me they have the check, they've cashed it. Talked to my car insurance company again, got proof that they had the check. Talked to Mission, I've put, I don't know, four, six, eight hours into it who said, "Well, I guess you could call your car insurance company and ask them if they can get a copy of that check and fax it to us."

Who knows how many hours I've put into this. I'm in tears. I deal with anxiety as my voice shakes as I tell this story. I teach as I said, so I can't talk on the telephone for hours during the day. Just recently with that doctor's appointment that I had, the nurse practitioner said, "If you don't get better, give me a call." I didn't get better. I need another round of antibiotics. Mistake, I called. I spent my entire 35 minutes on the phone listening to the answering machine or listening to the music because you can no longer call a doctor's office at Transylvania County directly. There's no phone lines that go directly into the doctor's offices. None. Not to talk to the nurses either. It won't go to the nurse's line anymore. I listened for my entire 35-minute lunch period for Asheville. Nobody ever picked up. Had to hang up the phone, go back to class. For me, it was an entire 24 hours before I could get my medication. I still can't hear correctly out of one ear nor can I afford to go back to the doctor to get that treated because I'm hundreds of dollars in debt from the two months' worth of experiences. That's my experience with the new Mission Health.

**Speaker 6:**

Yes. After living here for 10 years sporadically, we just moved and we're full-time living here now. I heard about all this and about the billing. It's really interesting to see you come in, and you're very nice. But I'm sitting here with an impression that this meeting is worthless. You're not going to do anything. I see someone who's talked about a transitional unit being closed and their very advisor to the board, the adviser to the advisors - and you wonder why your medical care cost so much - is saying, "I didn't know." Well, if you don't know, how can you enforce? How can you do your job if you don't know? I don't understand that. Then, another lady talks about the scheduling problem. I've heard you. I've counted. You've used the word closed hospitals five times. This Transylvania County went from a non-profit apparently to a profit organization. With schedulings closed and transitional units are closed and they're not taking the phone calls, what are they telling you? They're telling you they're going to close Transylvania County. Stand by because that's going to happen. I see a lot of people over here taking notes. You know

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where those notes are going to go, right? You know. I know. They're going to take the notes. Everybody has great intentions. They're going to say, "We're going to do what we can." But what's going to happen in a for-profit hospital that is coming into the community and taking over and shutting things down? Do the math.

**Speaker 7 - Maureen Copoloff:**

I would just like to reemphasize some of the comments that I've heard tonight. I'm a member of Brevard City Council, one of the local elected officials, who went to a lot of meetings when this was happening. I sat there. I heard what you had on those slides which was we will not close facilities for 10 years. I would like to offer to go over to our hospital with you and take a look at our hospital. Have you physically walked through our facility today? Well, I would love to go with you over to our transitional care unit, which is closed. Now, they can use a different term. I don't think they say it's closed. They say it's been temporarily shut or something, but I don't believe in playing semantics. It is closed. I sat there in good faith representing people in this community and listened to them assure me that these services weren't going to get closed, and they are being closed. I will meet anyone and go over to that hospital and walk through it because I don't think you can get a good feel for what's happening in our facility without physically going over there and seeing for yourself what has really happened. My name is Maureen Copoloff. You're welcome to call me at any time because I really think we've got some compliance issues that need to be brought up to whatever that chain of command is. It's not just taking notes. These are real compliance issues that are impacting our community. I think you can really see the degree of frustration. I would ask that you go back, and you ask for HCA, the compliance, Dogwood Trust, whatever the right series of people are that we get them together. We actually try to get some answers and some solutions because a town hall doesn't do any good if we don't have that follow-on. I will be happy to help you organize any type of follow-on that you would like to have.

I understand the responsibility or role that you play to Dogwood. What Dogwood is doing is dealing with much broader-based issues and much more global issues than are the concerns of all the people here. I'd like to give you a chance to find out beyond those 15 obligations you have to Dogwood or ANC's contractual agreement. Do you have a role or what can you offer this group who is concerned about quality of care, proper staffing, charging? You can say you'll keep a facility open, but that doesn't mean you have to keep it properly staffed. With the concerns being the grass root level delivery of services, what do you, as an independent monitor, have to offer the people here?

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**Speaker 8 - Paige Lemel, County Commissioner:**

Paige Lemel: Number one, will your slides be available somewhere? I looked on the website, but I didn't see the slide deck. Okay. Is it possible to get the slide deck on the website at all or is there - Okay. I couldn't type that fast. I wanted to be able to present the presentation correctly in public forums. When you were talking about the individual advisory boards for the individual hospitals - The local advisory boards, and if I interpreted things correctly, and I could be wrong because I was typing at the same time, does the local advisory board have the ability to override the 10-year commitment if somebody wanted to buy the hospital or if HCA wanted to sell us for some reason before that 10 years? Okay. I'm just asking hypothetically. Just want to understand that. No. I appreciate that. Thank you. Then lastly, just from a public health perspective, I think right now, I know that our Public Health Department is struggling mightily on being able to finalize a contract for mammograms that fall within state funding guidelines and that has caused our Public Health Department to go to other hospital systems to try to provide that service for our citizens.

Additionally, because we have no birthing center here in Transylvania County, our babies in considerable percentage are born in Buncombe County at Mission proper. We are not able as a public health unit to get good records for follow up from labor and delivery on the mothers and babies who are delivering at Mission Hospital.

Additionally, we can't get charts on communicable diseases turned around within a workday. Now, my health director did want to communicate that she has a great working relationship with the staff there, but it's just the time in providing information on communicable diseases. As you can imagine, that's a very hot topic right now.

**Speaker 9:**

I was just wondering what is going to make HCA be compliant? Are they going to be fined for not being in compliance? What are those steps going to be? ... \$100,000 fine? Who does know that information? I believe the Attorney General will know. Yes, I'm certain. The Attorney General will know.

**Speaker 10:**

As a recent patient in the North Tower, thanks to good ER doctor in Transylvania and good trauma surgeons, my life was saved. However, when I landed in the North Tower, I was appalled by the lack of nursing help. The doctors were great. The nurses were overworked. There was

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no cleaning staff. We did not have time or access to the cleaning material so that my projectile vomiting from major GI issues stayed on the bathroom floor for three days. This was a surgery ward with people screaming and no help anywhere. I could not believe I was a patient and had to fight for getting transferred to rehab. I'll not go into the billing issues. Enough has been said about that, but the vomit remaining, granted it was my own vomit, but in the bathroom for three days with no cleaning help and no staff was pathetic. Thank you.

**Speaker 11:**

Just real quick: what the commissioner brought up a minute ago about the closures, I believe you said a little bit ago that the advisory board is made up of eight people. If there's a decision to be made about closure, what would they decide? Well, four of those people are appointed by HCA that leaves four people. Those other four people were appointed by these other, was it called Dogwood something? By original hospital. What do you think is going to happen?

**Speaker 12:**

Listening to you earlier, you keep talking about they have to be in compliance. Then, just briefly just a few minutes ago, you said that you didn't know what was on this list or whatever as far as what they have to comply with. Who monitors that? I mean who oversees that? Okay. What is their reason? Okay. Then, Dogwood is the one that would force those compliance, right? Still doesn't answer questions - ... as far as the compliance. Who's forcing them? I mean who's going to be behind it?

**Speaker 13:**

I've been listening to the conversation around the building. I'm really afraid that HCA has slow-motion train wreck going here with billing. We've been following this in the news for several weeks now. I just happened to get involved in it a couple of weeks ago and found myself arguing with them over a \$15 copay and find myself asking why. Why are they spending all of this money over a \$15 copay? Then, I found another one where they were billing for a day that didn't even exist. There's double billing that might be going on here. There's the possibility that if they're billing your insurance companies or could be Medicaid fraud, I'm really concerned where this is going. It doesn't seem to be addressed.

**Speaker 14:**

Hi. I understand a lot of what everybody's bringing up you can't solve. That's not your role or your company's role. In addition to having these town halls, how do you gather your information and do your job which is determining whether HCA is in compliance? Besides these town halls, is there anything else we can do as a community to help you do your job?

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**Speaker 15:**

You're saying [crosstalk 00:52:35] information from us, information - HCA and then you are going to visit ... facilities as you're determined that's useful.

**Speaker 16:**

Could you put up the slide for the 15 areas? The areas of compliance. Let me make sure I understand this. This meeting is for us to come to you and you to explain how you monitor the compliance. If you come to these meetings and what is discussed is not within the areas of compliance, does that move forward to our concerns that not necessarily in the area of compliance or do you just take from us what meets the criteria for compliance and move that on? Are you our voice in other things?

One other question. The part of the requirement that to keep TCU, the transitional care unit, open and when the girl said that it was closed and you said they told it was open, is compliance over the phone? Is the compliance asking someone? Is compliance going and physically seeing and meeting criteria?

**Speaker 17:**

I have something to add to that quickly that you are responsible for certain entire facilities or aspects of it, but the transitional care unit was not necessarily - That was specifically mentioned? Why does it take so long for this group to tell that it's closed? That's my concern. Like you have oversight on this. Why- How are you checking data [crosstalk 00:58:32] in making decisions-

**Speaker 18 - Ellie Bagwell:**

Hi. My name is Ellie Bagwell. I'm a native of the county and have had the same primary care physician for the last 45 or so years. He is here tonight. I'm not sure if this is going to work into your non-compliance or not. It is about billing, but we saw the primary care in November, paid the copay. Then, we received the bill for outpatient service in addition to another copay because we want to keep our primary care, [inaudible 00:59:31] the bill. Since then, we've been turned over to collections and they keep telling us that we have not paid the bill. I have witnessed [inaudible 00:59:42] is to pay the \$15 fee to retrieve the check that had cleared the bank. I have sent the cleared check also and I'm still being told that the bill has not been paid and that it's going to collections. Then, this is just a comment. You were talking about the birthing center being closed. Thank goodness for our volunteer fire department because they're delivering babies every week on the side of the road.

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**Speaker 19 - Pinky:**

My name is Pinky. I lived in this town since 2001. My husband was born and raised here. I've had the same primary care physician. After Mission took over and after HCA took over, I called for an appointment one day, and I got the young lady on the phone from Asheville. Can I help you? Yes, I have, I think, an asthma attack. Are you short of breath? Those were her next words. I said, "Yes." She said, "You need to hang up and go to the emergency room." Period. I said, "Young lady. I've been a nurse for 45 years. I don't need an emergency room. I need to see my doctor." This went on for 15 minutes. I finally said, "Listen to me, young lady. I need to see him." She says, "Oh, well. He's got an appointment later this afternoon at 4:15. Would that be all right?" When I saw him, he said, "What did you say to her?" I said, "I told her I'd been a critical care nurse for 44 years. I knew what I needed." The other thing is the billing part. I got a charge for anesthesia from a doctor's office on my Medicare bill the other day. It jumped right out because there was nothing, had anything to do with anesthesia on a doctor's visit.

**Speaker 20:**

Mine is easy this time. They have a commitment for facilities. They've purchased all the doctors' offices in our county. There are two practitioners left in the county that are accepting new patients. Two doctors accepting new patients. Four doctors to accept new patients, I've researched. They've purchased all the other practices. Are they responsible maintaining those facilities as well or merely the facilities? In the offices or are they only responsible maintaining the facilities in the hospital?

**Speaker 21 - Alan McGregor:**

Alan McGregor with the Health Equity Coalition in Western North Carolina. We're building a regional movement to try and work on quality of care, things like the ones being raised here today. I understand you have a very discreet role in enforcing the agreement, but there's all this other stuff that's not going to fall within the agreement that we're hearing tonight. I've heard, you've heard every night I think you've been on this.

This is happening much faster. Degrading of the health care is happening much faster than we even imagined it would. What's still the role of the Attorney General? What's the role of Dogwood Health Trust? What's the role of citizen groups like these folks to come and make something change about the situation fairly quickly? What would your perspective be particularly about the Attorney General? The Dogwood Health Trust is a beneficiary of the sale of the hospital. They have the obligation to keep the quality of care where it is. Right. We have a moral thing with them too that they have a broader thing to make sure that we're not left alone here in this situation where we're having integrated care. Can you address the other way citizens can be involved other than you, the Attorney General, others who are doing it? Then, I think it's

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very important that you've described a limited role that you have and that you don't have the authority to deal with everything here. We've got to find different ways of dealing with this in getting input and putting accountability somewhere else. Not that you're off the hook.

**Speaker 22 - Sam Edney:**

I'm Sam Edney. I have two two-part question. One, what is the size of your staff? Two, the items that come up tonight that aren't within your purview, are they going into the circular file to disappear forever or is there going to be some transparency provided for all these complaints which affect real people?

**Speaker 23 - Clifford Johnson:**

Clifford Johnson. I'm the western region rep for SEANC, State Employees Association, representing state employees and retirees in the western part of the state. A two-part question.

First, is there a way to compel HCA to come forward and do a town hall like this where the public can get some answer to some of these questions rather than we don't know, or is HCA afraid to come forward because they don't have answers or they're not going to be able to provide the answers? That's the first part. Second part, I retired as a superintendent of a state prison, 15 years at a prison. You are the compliance monitor, correct?

Okay. As the compliance monitor, if I am the superintendent of a prison and I know my boss calls me and says, "I'm coming up, I'm going to have extra staff, the place is going to be spotless, everything is going to be in order when they get there." Do you announce or tell HCA when you're coming or do you do surprise walkthroughs like the commissioner over there or the town alderman asked? Do you do surprise inspections where you just show up or one of your members shows up and looks at these things, because if you're telling them every time you're coming, I guarantee it's going to be right or it's going to be close to right when you get there. There's no other way of [inaudible 01:08:33] about it on that issue.

**Speaker 24:**

The question is do you as the compliance monitor, do you evaluate the emergency services [crosstalk 01:09:37]. Audience: [inaudible 01:09:50] whatever you're looking at [inaudible 01:10:01].

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Okay. You've heard that the transitional care unit from several members here has been closed. If you go and it's open, what prevents HCA knowing this after it's been brought up at this meeting now knowing that you may be showing up to reopen or make sure it's open on a part-time basis so that they are in compliance? That's what I'm saying. If you don't visit unannounced occasionally, then do you ensure compliance?

**Speaker 25:**

I'm actually a practice manager of a medical office here in town, community health care center. I think we all came here tonight expecting that we were going to be able to ask questions to get an answer. Obviously, that's not the case. I do agree with a lot of the people here there's billing issues. They're scheduling issues. We call for stat CT, stat ultrasounds takes 10 days if they're uninsured. They're asking patients, "Oh, do you have \$5,000 to pay upfront?" No, they don't.

We are sending all of our services pretty much to Pardee, Park Ridge for any of those outpatient radiology services just to avoid the hassle. We have patients who visit the ER, follow up with your PCP within five to seven days, we get no reports. We have no idea why they were in the ER. You have no idea what medicines were changed. We have no idea what medicines were given, what they were treated with, nothing. You call for medical records, forget it. 10 to 20 days at max or at minimum that it's going to take you to get those reports.

I have spent hours on the phone with Mission and Transylvania trying to get access to what we have with Pardee and Park Ridge. We have a read-only access to their EMR so that we can get that data and those records in a timely manner so that the provider can actually do a hospital follow-up which we can't do right now without records. Nobody calls you back. If you do get a hold of somebody, we don't know how to help you. We're just going to transfer you to somebody else.

**Speaker 26:**

Billing issues are out the door obviously. I just wanted to let the lady over there know who said that there was only a two providers in this town taking new patients. We are not affiliated with Mission or HCA. We are taking new patients every day. We also have a same-day acute service. You can do a walk-in. Come in if you wake up sick not feeling well. We'll see you same day.

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**Speaker 27:**

I understand your role here and what your obligations are and what your limitations are. I just like to state that it's pretty cowardly of HCA to not have a representative come along with you to be able to respond to this, but as far as alternatives and maybe our county and city elected officials might help us take and run with this, but our Attorney General is running for re-election. I do think that in some way, there should be some kind of petition because the [inaudible 01:14:42] meeting has been exactly like this meeting. I think that Josh needs to hear what the results of this is with a whole lot of signatures on it. But you also don't answer to us. You answer to Dogwood. That's who contracts you. It was your choice to choose who was here and who wasn't speaking to us?

**Speaker 28:**

After your meeting with Asheville, and I don't know what the other meetings went, but after your meeting last night and after your meeting tonight as an independent monitor, do you feel you might want to put together another meeting and request that HCA representatives?

**Speaker 29:**

I make a request, you too and possibly you sir, to help us put something together to present to the Attorney General.

**Speaker 30:**

I told you that we're accepting new patients and that we take same-day acute services as well, but I did not tell you who we were. That might be helpful. We are Blue Ridge Community Health Services for the Brevard Health Center. We are located in the new French Broad Building on the second floor. We do have a live person who answers the phone.

**Speaker 31:**

Hello. Thank you for thick skin and dealing with us here. We do appreciate that. I guess it's just bare threads out there and you can see what everybody's upset about its billing. If you were to look at an action plan with this group of people with really authentic concerns, I would say the first thing that I would advise is saying we're going to do a forensic audit. We're going to look at the billing department at Mission and we're going to see why we closed the billing department at Transylvania Hospital with a handwritten sign that you go into outpatient to pay the bill now because that's the problem right here. There's no humans to talk to anymore.

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Secondly, I would say we're going to look back a year ago at our staffing levels because I concur with going in and not seeing all the faces that we saw before in the past. Unfortunately, I'm in the hospital about every day. I've seen that change come around. I've been a beneficiary of having some CNAs come to work at our retirement community here in Brevard.

We're leaving this hanging. It's just not we're not getting the answers and certainly you can't provide them all. I understand that, but I would say here's how you're going to start it. We're going to look at billing. Let's fix that. These people are getting audited. They're getting collection agencies coming after them. Then, we're going to look at where our staffing levels were a year ago, six months ago because we are closing things down. We have to leave here in my opinion, certainly think whatever you may but there has to be a plan in place because I think you're going to go through this a lot. I think it's a way to start this. Certainly, we're here to help. We want it to be fixed.

**Speaker 32:**

Right now, you're telling you don't know whether you're responsible for standard service? It appears that we've established something that's going to be pretty critical to your work moving forward. That is that you probably can't trust all the information that you're being given by HCA. Then, also, I feel a little bit like we're being set up because we're pulling away services. We're giving poor service. We, the consumers, are going to go to Pardee. If we the consumers go to Pardee, then we leave our doctors without patients. We leave our hospital without the data that you're looking for, and they will close the hospital. But the other part of my statement is that I think it's also really important for us to understand - I know you can't give them to us now - but understand what those penalties are because it's a multi-billion-dollar corporation. They're simply going to look at whether or not they can afford to just pay the penalty.

**Speaker 33:**

I would just like to ask now you've heard a lot of our concerns, you've told us the process, you've told us you'll figure out which within the compliance that you monitor, how do we get feedback? You're going to go back. You're going to get data. You're going to analyze the data. You're going to see whether or not like the TCU is really open or closed. How does this community find out where you are in the process? How do I as an elected official get feedback as to what your findings are that you are submitting to Dogwood or to ACA? ANC, yeah. ANC. How do I get information? How do the people in this community get information back? Is there transparency when you... I mean you will make a determination after this? I trust that you're going to look into specifically. I'll talk about the transitional care unit because it's right on the slide. It's clearly within the compliance.

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**Speaker 34:**

How do we find out what you discover, and how do we find out any response that comes back from Dogwood or HCA? How does the community get looped into this? I would certainly agree with that, but also, I highly encourage you to keep in mind that feedback. You're here getting information. Well, we want information back. [crosstalk 01:23:56] interest of HCA, of Dogwood, of your company and everybody. Whatever feedback mechanism you can determine or work out, there needs to be some feedback to the community.

**Speaker 35:**

Specifically, to address that issue she just raised, for you to look into the transitional care unit and the closing of that and to post the results of that on We Are Brevard, the Facebook page, there seems to be a pretty wide following there about a lot of these issues. Anyway, changing the subject ... No, but I'm just saying that'd be a good place to post the answer that- I mean that's going to be pretty cut-and-dry. It's either open or it's not open. If it's not open, you've got a compliance issue. That's pretty cut and dry. I heard you.

**Speaker 36:**

Folks, I'm going to be an unpopular guy here tonight. I'm just telling you. I hope you don't have rocks in your pocket to throw at me. I'm an HCA retiree. I retired to Brevard in 2018. The horror stories, especially the vomit, I'm absolutely mortified, that is not the company that I worked for, for 10 years and that I absolutely love. Let me just tell you I know you all don't feel it. I know you don't believe it, but HCA is an incredible corporation.

You're in the middle of a transition, and you don't feel it. Listen, I'm here because I had a billing issue. Exactly the same billing issue. I went in there to Transylvania Medical Center for a physical in October, my annual physical, which should have been free under the ACA. It should have been free. I ended up getting bills for over \$200 for outpatient services. I have a question for the billing people, we'll come back to that, but I just want to tell you that they really are an outstanding organization. They're going through some transitional stuff right now.

The plain and simple truth is if Mission Health, if Transylvania Regional Hospital, if they weren't struggling in some sort of way and looking for suitors to be acquired, this never would have happened. HCA's long-term obligation here is to stabilize Mission and to stabilize Transylvania and make them, make them permanently viable in this community. [crosstalk 01:27:40] Well, what history are you talking about? [crosstalk

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01:27:49]. You don't know the history of why it happened. You don't know the history. I don't know some of it. I do know some of it. Audience: [crosstalk 01:27:56].

I know that. Mission Health was... Let me just say I am not employed by HCA. I don't have any inside information about that at all. I don't, but I do know that Mission Health was looking for suitors. You had the largest hospital corporation in America step in and make a deal that [crosstalk 01:28:27]

Audience: That's not healthcare. You haven't mentioned healthcare. Organizations [inaudible 01:28:36]. Healthcare needs to be in there. That's what we need. Healthcare, not the [crosstalk 01:28:41].

You know what? I hear you loud and clear. I can tell you absolutely that their commitment that you would be hard-pressed long-term to find an organization that's more committed to-

Audience: Making money. Well, [crosstalk 01:28:59]. Tell your own boss and ask them to leave all of his bills he should be charging. [crosstalk 01:29:10] Tell your own boss. [crosstalk 01:29:10].

You know what? There's going to be pain with the acquisition. There's going to be lines of service that don't make sense that they're going to end up... [crosstalk 01:29:29].

**Speaker 37:**

Hello. I think it's appropriate. Thank you for doing a good job. Our practitioners, our doctors and their staffs have been seeing the media, have been seeing the publicity. They are so demoralized by what they're seeing. I think we ought to make it clearer for the press whoever else is here tonight that wants to report out. We generally are happy with our medical services, our practitioners, our nurses. They are unhappy. There seems to be no emphasis, no discussion tonight. Have they been asked what they see is wrong? They're in the field. They know what's going on. Quite frankly, I've spent hours with them when Blue Cross Blue Shield couldn't make an agreement with Mission to have a contract. I encouraged them let's go private. Let's get away from Mission. I mean that's the job I play in terms of [inaudible 01:31:13]. They all said, "We can't do that because the Blues will really take advantage of us as a smaller entity." We understand that they couldn't do it, but let me

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tell you they weren't happy then. Talking to them more recently, they are appalled. They are demoralized. They feel that they are part of the problem when, in fact, they are not part of the problem, but they are powerless. One practitioner told me that he had a monitor who went in to check that he didn't spend more than 10 minutes with any one patient. If he spent 12 minutes with that same patient, he was written up. There's two sides to the story where the clients were confused or unhappy. So are the practitioners.

**Speaker 38:**

In one of the slides you put up there, and it had wellness and healthcare of the four- Go the other way. Yeah, the four blocks. Invest in community health and wellness. That should be number one. That should be number one. When you have numbers that come out with HCA that have 186 facilities, I believe- ... closed. Transylvania Hospital, Regional Hospital, HCA, whatever it is, their emergency room rated number eight. That should tell you something that our emergency room is fantastic. Our med-surg and our ICU are the lowest ratings that have ever been with Transylvania Regional Hospital. That has been under the care and management of HCA. You better look at it. You better look at your healthcare. You better be aware of what's going on. Know that your staff down there are fantastic. I can testify. They are dedicated. They are caregivers. They mean for us to get healthy, but HCA does not have their back.

**Speaker 39:**

[inaudible 01:34:10]. Excuse me. I'm not a public speaker. I don't know how many of you people were raised in Transylvania County. [inaudible 01:34:21]. If you go back out here and you look at the old hospital where we went from there to where we're at now, I worked 15 years with the Volunteers Hospital Foundation to help raise money for this hospital we got now [inaudible 01:34:40] donated money out of their salaries every week, every month to help build this hospital we got. As far as I'm concerned, HCA has gone downhill. They're going on downhill. They could care less or they would have been here tonight representing themselves instead of having people to represent them and then feedback. I'm sorry. I think one thing we need to do is petition the whole county. I think petitions will stand out. These numbers here, not sure. They will stand out, but when people sign a petition against HCA and the way they are handling this hospital and the other places around, just like you said, I got a bill. I paid my copay. Then, I got another one, \$13. I go down. We don't know what to do about it. Why was the extra \$3 added on there? Is that facility charge? All I got to say is I think HCA is taking Transylvania downhill. I don't think we're going to get no better out of what we're going through. I'm sorry. I hate to just put that out there. That's just the way I feel about it. The way it's going, you can see it every day. Just go down there and look at your facilities. Like I said, I was raised in this county. I've been associated with the hospital, associated 25 years with the fire department and now with the hospital. I know what I'm saying. It's going downhill.

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**Speaker 40 - Gil Newbury:**

My name is Gil Newbury. Could somebody here check and tell me is it really 2020 because the stories we're hearing tonight are straight out of the Middle Ages. I've built projects, multi-million dollar projects, all over this nation, been overseas. I would be ashamed to have a project like this with my name on it. I know my company would have been ashamed to have something like this, but look at the deal here. You can buy out all your competition. You can run the car out of oil. Then, when the motor stops running, you can say, "Hey, this thing's a piece of junk, and you can abandon it." As far as, oh, we have to worry about the watchdog, well, all we have to do, we're a multi-billion-dollar corporation, we'll tie this up in court. We only have to wait eight more years and a few days. According to the slides, we get a choice whether we want to keep doing Medicaid or Medicare. How does that make you feel? I spent all this time waiting to get there, and you're going to be one step ahead of me.

This whole system, what do you expect when you put the words for profit and healthcare in the same sentence? Wait. Wait. I'm still going here. I have friends who are expats that I used to work with. They retire to Central America, and they laugh at me. They don't deal with this down there. Their health care costs are one-third ours. I worked for many, many years on the Canadian border. Up there those with dual citizenship, they don't walk to the border. They ran to the border and crossed it to get their healthcare. We are always afraid of what we don't know, and yet there's others out there saying there's a better way. We've heard several times what can we as a community do? Forget the Attorney General. Forget the petitions. You have presidential candidates out there right now that are touting different ways of handling healthcare. Pay attention, educate yourself, and vote because if you don't, you're going to keep getting what you always got.

**Speaker 41 - Bob Carr:**

Hello. My name is Bob Carr. I would like to, just as an overview, about the concern that everybody has. People here are really concerned obviously in every place about the predatory billing. There is no price discovery to that gentleman's point. People here are, frankly, terrorized. They don't know what they're going to get done the future. They're getting these bills. As an example, anecdotally, we've had just regular routine visits through our doctor. We paid and have insurance. We're paying premiums to have lab coverage. Then, we're told, "Well, here's the card for the lab to take care of it for the blood test." Oh, no we're not using that lab anymore. We have our own now. Now, we're paying for our insurance. We don't know if we're going to get a bill down the road for another lab that this thing was sent to. It's just the total confusion, and everybody has all this anxiety. We're frankly afraid to go to our doctor because we don't know if we're going to get bankrupted. There's no price discovery. It's by design.

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I think that a for-profit hospital is an oxymoron. Hospital should never be for profit. They should be for health and for people. I worked for the VA for decades. Could you imagine if the VA was for profit how that would be? Terrible. I just wanted to bring up this point here that everybody here has anxiety that frankly people in other countries don't have. They look with horror. They can't even understand or comprehend that you could be medically bankrupted. That's the number one cause for bankruptcy is medical illness that you can lose your home because you got sick. Then, then you have collection agencies coming after you when you're already sick. I think that goes beyond the pale. It's a real moral issue. HCA has a lot to account for and has a lot to address.

**Speaker 42:**

I had a billing experience that tells the whole story. It's not the bill. I could have paid the bill but it's principal of the thing - good, bad or in different. Thank God for Medicare because I had somebody standing behind me. In that, I get the bill. I can go online and see how Medicare adjudicated the bill with all that. They're skinflints when they pay, let me tell you. Anyway, I call them on the phone, make a long story short. They didn't have the submission by Mission which is really HCA.

Well, by the way, I'm talking about 10 months ago. They said they haven't submitted that to us yet. Why are they submitting it to you? I said, "Funny you should say that. That's why I'm calling." I was told they know better than that. Parenthetically, let me say, Mission just did come to town and set up shop a week ago. Those of you that have been around here for a while perhaps remember a year or so ago letters to the [inaudible 01:43:13] talking about a company that runs hospitals that has less than honest practices. The things I remember in those letters we're talking about tonight.

A few months later, I get another bill, a different bill, that it appears the first one was forgotten about. Second bill for a different amount. I called Medicare again. They tell me the same thing. They said we sent them a letter explaining that what we pay them, they have agreed to beforehand. That's the way the system works. There's no surprises except for people at our level. I called them again. By the way, the person I spoke to each time was extremely rude. What's your name? I don't have to tell you that with that kind of tenor in their voice. What am I getting at? We are not dealing with medical people with these problems. We are dealing with accountants and lawyers. You're not a medical person, are you? You're not a medical person that's [crosstalk 01:44:42]. No. He was a medical administrator. What I'm saying is they know exactly what they're doing. They've done it before. They'll probably do it again. It's not by accident they send out bills to people that are incorrect. When I finally get HCA on the phone, the woman said to me, "Honey, they're [inaudible 01:45:12] across the country." I said, "Don't honey me." [crosstalk 01:45:15] that's rude. That's the same thing as your eight-year-old telling you, "Mom, everybody's doing it. Ergo, it's okay." It's not by accident that the transitional care unit is not operating. Probably, if you spoke to a lawyer from them, they tell you it's not closed. There's

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just no patients in it now, but it's not closed. I think the semantics game will continue. This gentleman in the back, he didn't fall off the turnip truck either. In eight years of playing around, game over. Game over. The system of, I don't want to sound negative, but they're going to tie us up and you and a lot of papers going to move, and a lot of time is going to elapse. If there's no enforcement rule or no heavy-duty lever, it's like a lawyer told me about a fire in his apartment and you wouldn't let the Fire Department in. They said, "Sir, you're not cooperating." He said, "Oh, yes. I am. I just don't want to let you in" because he told me with their air packs and everything, they move around [inaudible 01:46:50] things and whatever. What I'm saying is this is not a medical problem. This is a lawyer and an accountant problem. It's been done before.

**Speaker 43:**

I have a question about one of your points up there. I don't remember the number, but it's about the charity care. There it is, for these 10 years maintained the improved uninsured charity care policy. Wow. I have been involved with the charity care. I was told this is all of 2019, five times called the office, the numbers. They told me that during the transition, it is no longer the way it used to be where all the bills are under just your name. You have to do each one individual. I was also told that it takes up to six months for them to get the information from Blue, my policy was Blue Cross, Blue Cross to give them and that I had to wait for them to get Blue Cross... even though I already got it, the information of what they paid. Then, they would mail it to me. The first three phone calls I had made to them, they had the wrong address. I had it corrected for three times, but that's not why I didn't get it. Finally, they told me they're way behind with all this transition. Just wait six months. Okay. I've been waiting six months. In the meantime, I had to have x-rays and MRIs and a doctor to look over all that. I have \$6700 deductible that I am now getting collection people setting me that I owe this money, and charity care just wants me to sit around and wait for them to mail me a form. They had to fill out one for each bill when they finally hear from Blue Cross. This all started last year in the spring. I've got not one from them. Not one. I don't call them anymore. I just don't know what to do.

Around the 1st of January, I got a bill for \$90, I think it is. Anyway, it was on a piece of white typing paper, no hospital letterhead. It had my name and address across from that. It had Transylvania Hospital, their name and address. Then, it had my ID number for this procedure. It took place in 2018. This is the first bill I ever saw. It was on a plain piece of type paper. I was already paying some medical bills for my husband because I paid the bills. I paid it. This month, I got on hospital stationery with a Mission Healthcare on it and a telephone number to call and all the same information on the plain piece of typing paper that came a month before. I called the number I was supposed to call. I found out after two hours from my bank that that hospital number that was on the bill was the one I was supposed to call. I called that number. It said this number is a non-working number. I called Mission Health. They gave me two numbers to call which also rang, but one said they weren't responsible for taking my payment and another one just never answered. I ended up with eight telephone numbers after two hours without

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that bill which was due that day without it being paid. After I got off the phone, and some of them I called more than once, after I got off the phone, I called my bank and said, "This is the amount I'm looking for, this is the date it was taken care of. Will you find that for me and tell me any information you can give me on where that bill got paid, who took that money?" I called Transylvania Hospital the next morning because they were the ones that took my payment. She said, "We don't see anything on it, but she did take my payment," which concludes the way I feel about the hospital. They're not interested in the patient. They're not interested in their staff.

As a matter of fact, I took my husband to the emergency room last year because he has a heart condition, and the family has a history of early deaths from heart attack. Our son has had a silent heart attack and was on the way to the second one. I take him to the hospital five years ago. He had no pain, wouldn't take his nitro, but I got him there. He was on his way to the hospital. Last time, I took him to the emergency room, he was fine. I was grateful for that, but the person on staff said, "You need to stop bringing him in for this stuff. He's not having a heart attack."

I feel like the doctor we have is a wonderful doctor. He's very caring. He's also highly nervous and upset most of the time. The staff, I don't know any of them. To have somebody say, "I don't want you to bring him back here, you're wasting our time," is bad. All they're really interested in is the money, not our health. It's just in the money.

**Speaker 44 - Dr. Benton:**

Been a long evening. I'm Dr. Benton. I've been here for 44 years almost. I'm embarrassed. I'm ashamed. I'm on the board. I'll take the concerns to the board. We'll talk about how to deal with the issues. That's all.