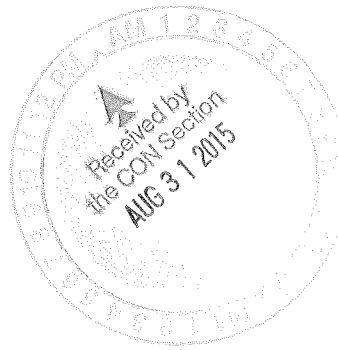


Frye Regional Medical Center

420 North Center Street
Hickory, NC 28601
tel: 828.315.5000
www.fryemedctr.com



August 31, 2015

VIA HAND DELIVERY

Martha Frisone
Assistant Section Chief
North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, North Carolina 27603

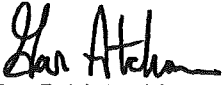
*Re: Certificate of Need Application Filed by Caldwell Memorial Hospital and SCSV,
LLC
Project ID. No. E-11054-15*

Dear Ms. Frisone:

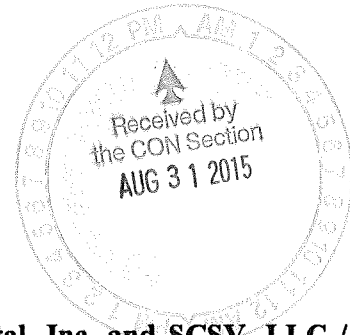
On behalf of Frye Regional Medical Center, please find enclosed for filing written comments opposing the July 15, 2015 Certificate of Need application filed by Caldwell Memorial Hospital and SCSV, LLC to develop a new ambulatory surgical facility in Granite Falls, NC, containing three (3) operating rooms and one (1) procedure room by relocating the three (3) existing operating rooms at the Hancock Surgery Center in Lenoir

Thank you for your consideration of these comments.

Very truly yours,

 8-31-15
Garfield Atchison
Chief Operating Officer
Frye Regional Medical Center

**Written Comments
Frye Regional Medical Center
August 31, 2015**



Project I.D. Number E-11054-15 / Caldwell Memorial Hospital, Inc. and SCSV, LLC / Develop a new ambulatory surgical facility (ASF) by relocating the 3 existing operating rooms (ORs) at the Hancock Surgery Center in Lenoir to Granite Falls where the new ASF would have 3 ORs and 1 procedure room / Caldwell County

OVERVIEW

Frye Regional Medical Center opposes the CON Application filed on July 15, 2015 by Caldwell Memorial Hospital ("CMH") and SCSV, LLC ("SCSV") (collectively, "Caldwell Memorial") proposing to move three (3) operating rooms from CMH's hospital based surgery center, Hancock Surgery Center ("HSC"), in Lenoir, North Carolina to Caldwell Surgery Center ("CSC"), a new freestanding ambulatory surgery center ("ASC") in Granite Falls, North Carolina (the "CSC Application"). This application is the third attempt by Caldwell to provide this service. Caldwell filed a similar application on March 17, 2014, Project I.D. Number E-10261-14, which was disapproved by the Agency by decision dated August 28, 2014 and Required State Agency Findings (the "Agency Findings") dated September 5, 2014. Caldwell filed a second application on October 15, 2014, Project I.D. Number E-10358-14, which was withdrawn on March 19, 2015, shortly before the CON Section's 150-day deadline for issuing a decision on the application.

Although this project seeks to correct multiple flaws found in the prior CSC Applications, it nevertheless fails to demonstrate conformity with the applicable statutory review criteria and rules and should be disapproved.

1. The proposed ASC will not significantly improve access for Caldwell County residents.

Based on the address provided in Exhibit 46 of the CSC Application, the proposed site of the Caldwell ASC is located on the Caldwell/Burke/Catawba County line, approximately 14 miles from CMH in central Caldwell County, and approximately 5 miles from Frye Regional Medical Center in Hickory, Catawba County. The proposed CSC site is also as close or closer to at least four other existing ASCs and hospitals than to Caldwell Memorial's main campus: Viewmont Surgery Center, Graystone Eye Surgery Center, Catawba Valley Medical Center, and Blue Ridge-Valdese General Hospital. These facilities, along with the other existing hospitals and ambulatory surgery centers in Caldwell's proposed service area, provide excellent outpatient surgery access to the residents of that area.

The CSC Application states that CSC is expected to reverse the historical trend of high outmigration for ambulatory surgery patients. However, a review of the Application shows that

Frye Regional Medical Center
Written Comments on Project I.D. No. E-11054-15
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CSC will *not* improve access to services for patients. If approved, the facility would, at best, improve *Caldwell Memorial's* access to outpatient surgery patients residing in surrounding counties, who are already more than adequately served by existing providers closer to their homes. The CSC Application essentially proposes a market share shift of those patients, without actually saying so.

This fact is most obviously shown by a comparison of the change in the proposed facility's projected patient origin from both CMH/HSC's historical experience and from the applicants' previous CON application. The chart below shows that change:

	CMH/HSC Historical Outpatient Surgery %[‡]	Oct. 2014 Application %[*]	Current CSC Application %^φ
Caldwell	87.48%	89.3%	50.2%
Burke	3.23%	3.8%	8.7%
Catawba	2.78%	2.3%	19.0%
Wilkes	2.05%	1.0%	4.1%
Watauga	1.53%	1.5%	6.0%
Alexander	0.76%	0.84%	4.9%
Lincoln	0.35%	0.5%	2.5%
Ashe	0.45%	0.4%	0.5%
Avery	0.31%	0.2%	0.2%
McDowell	0.10%	0.09%	1.4%
Iredell	0.07%		0.8%
Gaston	0%		0.4%
Cleveland	0%		0.1%
Other Counties		1.27%	
TN and Other	0.8%		1.3%
Totals	100%	100%	100%

[‡] CSC Application, p. 126.

^{*} CON Application for Project I.D. Number E-10358-14, p. 61. The application states that "Other Counties" include Avery, Ashe, McDowell and Lincoln.

^φ CSC Application, p. 91

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The physician support data contained in the CSC Application makes this point even more clear. According to the CSC Application, pp. 89-91, the physicians¹ supporting the application project that a total of 3,377 cases will be referred to the new proposed ASC. The vast majority of those projected cases (78%) would be on residents of Caldwell, Catawba and Burke Counties. The physicians who already perform surgeries at CMH and HSC do not project to serve more Caldwell County residents than they presently serve. The physicians who do not currently perform surgeries at CMH and HSC project to serve very few additional Caldwell County residents.

In this regard, Frye has obtained data Truven Health Analytics (“Truven”), identifying all of the medical facilities where the physicians supporting the CSC Application performed outpatient surgeries (Exhibit 1 hereto), from April 1, 2014 through March 31, 2015. Truven is a national company that obtains healthcare data from various resources, and makes it available to its customers to analyze market trends, improve healthcare quality and access, and reduce costs. The data in Exhibit 1 is based on information submitted directly to Truven from licensed hospitals and ambulatory surgery centers in North Carolina. The State sets guidelines for the data submission and Truven collects and processes the data. Truven’s analytic software allows its customers to identify the type of service performed by the physician and the facility in which those procedures were performed.²

Based on the Truven data in Exhibit 1, the only physicians on the list who did not perform outpatient surgery at CMH or HSC in the year immediately preceding the CSC Application are Drs. Geissele, Norcross, Zook, O’Brien, Johnson and Maxy.³ According to the CSC Application, those six physicians project to perform a total of 124 surgical cases on Caldwell County residents in the second year of the project, out of 1,695 projected Caldwell County residents, or only 7.3% of the total. These 124 patients are the only Caldwell County residents who might have better geographic access to the proposed CSC facility, than they have to existing providers in Burke and Catawba Counties. The remaining 1,571 residents of Caldwell County already have excellent access to outpatient surgery services, either at CMH and HSC in Lenoir, or to the facilities in Catawba and Burke Counties which are as close or closer to their homes than CMH and HSC.

¹ For purposes of these comments, the term “physicians” includes the podiatrists who wrote letters of support for the CSC Application.

² The Cecil G. Sheps Center for Health Services Research, which is affiliated with UNC Hospitals (CMH’s owner), actually maintains a database of Truven ambulatory surgery discharge data. See web link at <https://www.shepscenter.unc.edu/data/nc-hospital-discharge-data/>. Therefore, this information clearly was available to CMH at the time its application was filed,

³ The Truven data included no information about Dr. Young or Dr. Hershman. According to page 73 of the CSC Application, both are newly recruited physicians who were projected to join the Medical Staff of Caldwell Memorial Hospital in the summer of 2015. According to the NC Medical Board’s web site, Dr. Young was first licensed to practice medicine in North Carolina on April 14, 2015, and Dr. Hershman was first licensed on July 27, 2015.

Frye Regional Medical Center
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Conversely, the physicians' projections of surgical cases performed on Burke and Catawba County residents show that those patients likely will have to drive further to the proposed CSC facility than to their existing facilities in Burke in Catawba Counties.

In this regard, the following physicians supporting the CSC Application have performed outpatient surgeries at Frye Regional Medical Center, Catawba Valley Medical Center and/or Viewmont Surgery Center in Catawba County between April 1, 2014 and March 31, 2015: Drs. Geissele, Stanislaw, Keverline, Hannibal, Norcross, O'Brien, Johnson and Maxy. They project to perform 488 outpatient surgical cases at CSC on Catawba County residents (78% of the total outpatient 642 cases projected in the CSC Application for Catawba County residents), despite the fact they currently can perform those surgeries in Catawba County.

Similarly, the following physicians who support the CSC Application performed outpatient surgeries at Blue Ridge Healthcare Hospitals operating rooms in Valdese and Morganton, in Burke County during the same time period: Drs. Geissele, Stanislaw, Keverline, Hannibal, Norcross, Zook, O'Brien, Purcell, Johnson, and Maxy. They project to perform 216 outpatient surgical cases at CSC on Burke County residents (73.7% of the total 293 cases projected for Burke County residents), despite the fact they currently can perform those surgeries in Burke County.

Thus, based on the outpatient surgical cases the supporting physicians expect to perform at CSC on residents of Caldwell, Catawba and Burke Counties, the number of Caldwell County residents who would actually have improved access to outpatient surgery services is minimal, if at all. Conversely, residents of Catawba and Burke County, will have decreased access, if they are forced to travel to Caldwell County in order to satisfy their surgeon's desire to perform outpatient surgery in a facility in which the surgeon has a financial interest. The same is likely true of patients from every other county listed on the chart above, as the proposed CSC location is further from their home communities than other existing hospitals and ASCs.⁴

If Caldwell Memorial seriously desires to improve access to outpatient surgery services to Caldwell County residents, it should develop the ASC in Lenoir, in the central part of the County, so that all residents of the County will have adequate access.

⁴ In particular, the Truven data in Exhibit 1 shows that Drs. Geissele, Hannibal, Johnson, Nenow, Norcross, Pantiel, Purcell and Stansilaw perform outpatient surgery at Watauga Medical Center. Each of them projects that the percentage of the patients they would serve from Avery, Ashe, Watauga and Wilkes Counties at CSC would be similar to their historical patient mix. Thus, it appears that these physicians will cease or significantly curtail outpatient surgery at Watauga Medical Center if the CSC Application is approved. At the very least, residents of these counties will have less access to outpatient surgery services if they are required to travel past CMH and HSC to a facility in southern Caldwell County.

2. Demographic information does not support the proposed location.

Page 42 of the CSC Application states that the proposed location in southern Caldwell County is appropriate, contending that 51% of the total Caldwell County population lives in the southeastern portion of the County. The only basis for this assertion is a letter from Caldwell County Planning Technician Kim Carter, contained in Exhibit 42 to the Application. The map attached to her letter includes what appears to be an arbitrary line drawn across the southeastern portion of the County. No explanation is offered as to how she determined where to draw that line, or what data she relied upon to make her assertion.

Page 43 of the Application contains a separate map purportedly showing the Caldwell County municipalities, and arguing that the center of that Caldwell County municipality population is in southeastern Caldwell County. However, the Agency's Findings regarding Project I.D. No. E-10261-14, which extensively analyzed the municipality population of Caldwell County and found that the majority of the municipality population resides in Lenoir. All parts of Lenoir are closer to CMH are than to the proposed CSC site near the Catawba-Burke County line.

As further noted on the map on page 43, due to the nature of the highways in Caldwell County, Gamewell, Cedar Rock and at least parts of Cahah's Mountain are a closer drive to CMH than to the proposed CSC site. Thus, the CSC Application's demographic data in no way refutes the Agency's prior conclusion that the applicants did not adequately demonstrate that the needs of Caldwell County residents currently served at CMH and HSC would be adequately met by proposed ASC location in southern Caldwell County that map provides only the population of those municipalities within Caldwell County.

Further, what is obvious from the map on page 43 of the Application is that large portions of the County are not within a municipality, and therefore, those residents are not counted. Using Truven data, Frye conducted a zip code analysis, of Caldwell County, because zip codes identify all residents of the County. That analysis, contained in Exhibit 2 hereto, shows that 60% of the residents of Caldwell County live in the Lenoir and Collettesville zip codes. Because there are no major east-west roads south of U.S. 64, all of those Caldwell County residents have easier access to CMH than to the proposed CSC site.

Thus, whether municipality or zip code data is used, the CSC Application does not provide sufficient documentation of a need to relocate three ORs to southern Caldwell County, nor does it refute the Agency's Findings regarding Project I.D. No. E-10261-14, which extensively analyzed the population of Caldwell County and concluded that the applicants did not adequately demonstrate that the needs of Caldwell County residents currently served at CMH and HSC would be adequately met by proposed ASC location in southern Caldwell County.

3. The proposed CSC ASC would reduce access to the medically underserved.

As shown in the chart below, the CSC Application proposes a payor mix which is the same as CMH's current outpatient surgery payor mix.

PAYOR	Current Number of Ambulatory Cases as a Percent of Total Cases
Self Pay / Indigent	3.58%
Medicare / Medicare Managed Care	48.43%
Medicaid	14.68%
Commercial and Managed Care	31.85%
Other (Worker's Comp., Tricare)	1.46%
TOTAL	100.00%

* Application, p. 154

This proposed payor mix, however, fails to account for the fact that payor mix is based largely upon the types of cases that are performed in a facility. As shown by the following chart, CMH's historical case mix is significantly different from the proposed case mix of CSC:

	Ambulatory Surgery Cases Performed in the CMH and HSC Licensed Operating Rooms, 10/01/13 to 09/30/14*		Ambulatory Surgery Cases Proposed at CSC in 3rd year**	
	Number	Percentage	Number	Percentage
Gastroenterology			240	6.4%
General/Vascular Surgery	1,509	52.5%	1,185	31.7%
Neurosurgery	90	3.1%		
Obstetrics and GYN	143	5.0%		
Orthopedics	667	23.2%	1,790	47.8%
Otolaryngology	99	3.4%	75	2.0%
Other (Podiatry)	368	12.7%	450	12.0%
TOTAL CASES	2,876	100%	3,740	100%

* Application, p. 81

** Application, pp. 75-76

Frye Regional Medical Center
Written Comments on Project I.D. No. E-11054-15
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As shown above, CSC proposes to significantly increase the number of orthopaedic surgeries performed. The payor mix of ASCs which have a high orthopaedic surgery component, as CSC has proposed, have a significantly different payor mix than CSC projects. The applicants offer no explanation why the payor mix for an ambulatory surgery center which *significantly increases* the percentage of orthopaedic cases and *eliminates* neurosurgery, obstetrics and GYN would be the same as all outpatient surgery for a hospital with a combination of shared and dedicated outpatient surgery operating rooms. CMH clearly has historical information for the payor source of all outpatient surgeries performed at CMH and HSC, and could have used that information to calculate a payor mix which excludes surgeries that are not projected to be performed at CSC.

In order for the Agency to determine whether the CSC Application's projected payor mix accurately reflects its projected case mix, Frye attaches hereto as Exhibit 3 Truven data which contains the *actual* payor mix of the physicians who propose to perform surgical procedures at CSC. This data shows that these physicians historically have provided significantly less access to the medically underserved than CMH has done in the past, or that CSC proposes in the future.

PAYOR	Supporting Physicians' Historical Payor Mix
Self Pay / Indigent	2.7%
Medicare / Medicare Managed Care	29.6%
Medicaid	12.6%
Commercial and Other 3 rd Party	55.1%
TOTAL	100.00%

The CSC Application attempts to justify its proposed payor mix based on a sentence (which someone representing Caldwell Memorial wrote) in support letters attached to the Application, stating that the physicians are committed to "participating in marketing and outreach efforts ... to ensure it meets its projections in terms of serving low income and medically underserved residents." See e.g., CSC Application, Ex. 10, p. 97. However, given the fact that the CSC Application projects to serve patients from the same counties and with the same case mix as those supporting physicians historically have served, it is unrealistic to assume that the payor mix will increase the number of medically underserved cases by approximately 20% and decrease the number of commercial, managed care and other insured cases by the same amount.

It is significant to note that the historical cases performed by all of these physicians include hospital outpatient surgical cases, where the payor mix tends to have a higher percentage of medically underserved patients. Conversely, all of the surgeries at CSC will be elective, making it likely that more cases will be commercial and managed care.⁵ This is especially the case where the supporting physicians will have a financial incentive to refer those cases to the ASC.

⁵ Given the results of the 2012 Western North Carolina Community Health Assessment cited on page 58 of the CSC Application, showing that 25% of survey respondents 18-64 years old living in Caldwell County reported that

At any rate, the CSC Application provides no documentation to demonstrate why the payor mix of the proposed ASC would be different from the historical experience of the physicians performing surgeries there. Therefore, the Application fails to document that medically underserved population will have adequate access to the proposed service.

4. Caldwell County population age, health condition and ambulatory surgery use rates do not support development of the proposed ASC.

Reasons cited in the CSC Application for the need for the proposed ASC include the relative age (pp. 49-51), health condition (pp. 52-55) and ambulatory surgery use rate (p. 68) of the Caldwell County population. However, none of these support the proposal.

The Caldwell County ambulatory surgery use rate of 85.4 per 1,000, which is higher than the statewide average, does not justify the need for an ASC in southern Caldwell County. As noted in the Agency Findings disapproving the first CSC Application, that use rate could be seen to demonstrate that the residents have greater access to ambulatory surgery services than residents of other counties. Further, this use rate includes ophthalmic outpatient surgical cases, which the CSC Application does not propose to provide at either CSC, CMH or HSC. Thus, the use rate of all Caldwell County residents for outpatient surgical services does not support Caldwell's need for more surgical services in the County, or for a new ASC in southern Caldwell County.

The same can be said of the age and condition of Caldwell County residents. As noted in the chart on page 70 of the CSC Application, 74% of surgical cases performed on Caldwell County residents in licensed ASCs were in Graystone Surgery Center and Surgery Center Morganton Eye, both of which are single specialty ASCs serving ophthalmology patients. A review of those facilities' most recent License Renewal Applications shows that 4541 of 5924 (76.6%) of cases at Graystone and 2,278 of 2,797 (81.4%) cases at Surgery Center Morganton Eye were performed on Medicare patients. An ASC which proposes to serve no ophthalmic patients will not improve access to those patients. As noted in the data in Section 3 above, the historical experience of the supporting physicians also does not support the notion that the facility will serve a high percentage of elderly Medicare patients.

The CSC Application fails to document a connection between the aging and health condition of the Caldwell County population and the need for an ASC in southern Caldwell County which does not propose to serve ophthalmic patients.

they lack health insurance, it is unlikely that CSC's proposal to locate an ASC in southern Caldwell County will improve that situation to any degree.

5. Projected annual outpatient surgery growth at CMH and HSC is unsupported and overstated.

Projected annual growth in cases at CMH and HSC (Application, pages 81-84, 96-99) is based only less than one year's worth of data. Growth projections for inpatient and outpatient general surgery and endoscopy, orthopaedics, otolaryngology, vascular and podiatry are unreasonably high, ranging from 4.5% to 12% annually. The only basis for this growth is the recruitment of physicians in the past year and expected future recruitment. This growth estimate is speculative and unreasonable. The Agency historically has found it unreasonable to base growth rates on only a one year volume trend, much less a mere eight months. If more reasonable growth rates had been used, the CMH and HSC operating rooms would be severely underutilized following completion of the project.

CONCLUSION

The above inconsistencies and flaws in the CSC Application render the Application non-conforming with multiple statutory review criteria and rules, including Criterion 3 (population to be served and need for the project); Criterion 3a (needs of the population presently served will be adequately met by the proposal); Criterion 4 (Least costly or most effective alternative); Criterion 5 (financial feasibility of the proposal); Criterion 6 (unnecessary duplication of existing and approved services); Criterion 13(c) (meeting the needs of the underserved); Criterion 18a (positive competitive impact on cost effectiveness, quality and access); and 10A N.C.A.C. 14C.2103 (Performance Standards). For these reasons, the project should be denied.

Frye Regional Medical Center requests that a public hearing be conducted, so that the Agency has the opportunity to hear additional comments from the public regarding the CSC Application.

Physician Analysis
 Area: All NC Counties
 Source of Market Outpatient Data: Outpatient NC 04/01/2014-03/31/2015
 Selected Physician Type: Operating Physician
 Selected Physician Group: Caldwell ASC Supporting MDs
 Source of ICD Diagnosis Data: JB Cancer -Market Expert Diagnosis 3 Digit Product
 ** Report Includes Invalid Diagnosis Codes

State Data Analyst 2.13
 SDAT1102.SQP
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Diagnosis Product Line	(All)
Specialty	(All)
Age Group	(All)
Payor	(All)

Mkt Visits				
Physician	Phys Code	Facility Code	Facility	Total
Bast, Randal P	1245335090	101373120	Caldwell Memorial Hospital	784
Bast, Randal P Total				784
Geissele, Alfred E	1902858863	101373480	Catawba Valley Medical Center	84
		101371560	Frye Regional Medical Center	29
		101373720	Carolinas Medical Center - Lincoln	13
		101371200	Blue Ridge HealthCare Hospitals Inc	13
		101371170	Watauga Medical Center	9
		101370690	Transylvania Regional Hospital	2
		101372310	Cleveland Regional Medical Center	2
Geissele, Alfred E Total				153
Hannibal, Matthew D	1811059470	101373120	Caldwell Memorial Hospital	162
		101371170	Watauga Medical Center	151
		101370510	Charles A. Cannon Jr. Memorial Hospital	22
		101371200	Blue Ridge HealthCare Hospitals Inc	10
		101372640	The McDowell Hospital	3
		101371560	Frye Regional Medical Center	3
		101373720	Carolinas Medical Center - Lincoln	1
Hannibal, Matthew D Total				352
Jaggers, Terri L	1336158658	101373120	Caldwell Memorial Hospital	787
Jaggers, Terri L Total				787
Johnson, Jeremy C	1700823085	101371560	Frye Regional Medical Center	155
		101373720	Carolinas Medical Center - Lincoln	19
		101371200	Blue Ridge HealthCare Hospitals Inc	15
		101371170	Watauga Medical Center	8
		101373480	Catawba Valley Medical Center	7
		101372640	The McDowell Hospital	2
Johnson, Jeremy C Total				206
Keverline, Jeffrey P	1328092271	101373120	Caldwell Memorial Hospital	234
		101371170	Watauga Medical Center	3
		101371200	Blue Ridge HealthCare Hospitals Inc	2
		101373480	Catawba Valley Medical Center	1
Keverline, Jeffrey P Total				240
Maxy, Ralph J	1568415057	101373480	Catawba Valley Medical Center	85
		101371200	Blue Ridge HealthCare Hospitals Inc	80
		101371560	Frye Regional Medical Center	34
		101373720	Carolinas Medical Center - Lincoln	1
		101370510	Charles A. Cannon Jr. Memorial Hospital	1
		101372340	Park Ridge Health	1
		101371170	Watauga Medical Center	1
		101372310	Cleveland Regional Medical Center	1
Maxy, Ralph J Total				204
Nenow, Mark C	1942247085	101373120	Caldwell Memorial Hospital	116
		101371170	Watauga Medical Center	3
Nenow, Mark C Total				119
Norcross, Jason P	1104873454	101371560	Frye Regional Medical Center	47
		101373480	Catawba Valley Medical Center	27
		101371200	Blue Ridge HealthCare Hospitals Inc	25
		101373720	Carolinas Medical Center - Lincoln	24
		101371170	Watauga Medical Center	3
		107370060	Carolinas HealthCare System Charlotte Institute of Rehab	2
Norcross, Jason P Total				128
O'Brien, Patrick M	1861615155	101373480	Catawba Valley Medical Center	25
		101371560	Frye Regional Medical Center	17
		209710	Viewmont Surgery Center	15
		101372220	Carolinas Medical Center Northeast	1
		101373720	Carolinas Medical Center - Lincoln	1

EXHIBIT

1

Physician Analysis**Area: All NC Counties****Source of Market Outpatient Data: Outpatient NC 04/01/2014-03/31/2015****Selected Physician Type: Operating Physician****Selected Physician Group: Caldwell ASC Supporting MDs****Source of ICD Diagnosis Data: JB Cancer -Market Expert Diagnosis 3 Digit Product****** Report Includes Invalid Diagnosis Codes****State Data Analyst 2.13****SDAT1102.SQP****© 2015 The Nielsen Company****© 2015 Truven Health Analytics**

Diagnosis Product Line	(All)
Specialty	(All)
Age Group	(All)
Payor	(All)

Mkt Visits				
Physician	Phys Code	Facility Code	Facility	Total
O'Brien, Patrick M	1881615155	101371200	Blue Ridge HealthCare Hospitals Inc	1
		101372310	Cleveland Regional Medical Center	1
O'Brien, Patrick M Total				61
Pantiel, Derek T	1528353638	101373120	Caldwell Memorial Hospital	222
		101371170	Watauga Medical Center	6
Pantiel, Derek T Total				228
Pezzi, Thomas A	1730269002	101373120	Caldwell Memorial Hospital	388
Pezzi, Thomas A Total				388
Purcell, Peter N	1932133170	101371170	Watauga Medical Center	209
		101373120	Caldwell Memorial Hospital	93
		101370510	Charles A. Cannon Jr. Memorial Hospital	6
		101371200	Blue Ridge HealthCare Hospitals Inc	6
		107370060	Carolinas HealthCare System Charlotte Institute of Rehab	1
Purcell, Peter N Total				315
Stanislaw, James E	1457307274	101373120	Caldwell Memorial Hospital	262
		101371170	Watauga Medical Center	10
		101370510	Charles A. Cannon Jr. Memorial Hospital	2
		101371200	Blue Ridge HealthCare Hospitals Inc	1
Stanislaw, James E Total				275
Zook, Jason D	1114131786	101371200	Blue Ridge HealthCare Hospitals Inc	646
		101372640	The McDowell Hospital	12
		101373870	Blue Ridge Regional Hospital	2
		101372310	Cleveland Regional Medical Center	1
		101370570	Carolinas HealthCare System Carolinas Medical Center	1
		101370510	Charles A. Cannon Jr. Memorial Hospital	1
Zook, Jason D Total				663
Grand Total				4,903

Physician Analysis

Area: All NC Counties

Source of Market Outpatient Data: Outpatient NC 04/01/2014-03/31/2015

Selected Physician Type: Operating Physician

Selected Physician Group: Caldwell ASC Supporting MDs

Source of ICD Diagnosis Data: JB Cancer -Market Expert Diagnosis 3 Digit Product

** Report Includes Invalid Diagnosis Codes

State Data Analyst 2.13

SDAT1102.SQP

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Diagnosis Product Line	(All)
Specialty	(All)
Age Group	(All)
Payor	(All)

Physician	Phys Code	Facility Code	Facility	Data	
				Mkt Visits	Facility %
Bast, Randal P	1245335090	101373120	Caldwell Memorial Hospital	784	100.0%
Bast, Randal P Total				784	100.0%
Geissele, Alfred E	1902858863	101373480	Catawba Valley Medical Center	84	54.9%
		101371560	Frye Regional Medical Center	29	19.0%
		101373720	Carolinas Medical Center - Lincoln	13	8.5%
		101371200	Blue Ridge HealthCare Hospitals Inc	13	8.5%
		101371170	Watauga Medical Center	9	5.9%
		101370690	Transylvania Regional Hospital	2	1.3%
		101372310	Cleveland Regional Medical Center	2	1.3%
Geissele, Alfred E Total				153	100.0%
Hannibal, Matthew D	1811059470	101373120	Caldwell Memorial Hospital	162	46.0%
		101371170	Watauga Medical Center	151	42.9%
		101370510	Charles A. Cannon Jr. Memorial Hospital	22	6.3%
		101371200	Blue Ridge HealthCare Hospitals Inc	10	2.8%
		101372640	The McDowell Hospital	3	0.9%
		101371560	Frye Regional Medical Center	3	0.9%
Hannibal, Matthew D Total				352	100.0%
Jagers, Terri L	1336158658	101373120	Caldwell Memorial Hospital	787	100.0%
Jagers, Terri L Total				787	100.0%
Johnson, Jeremy C	1700823085	101371560	Frye Regional Medical Center	155	75.2%
		101373720	Carolinas Medical Center - Lincoln	19	9.2%
		101371200	Blue Ridge HealthCare Hospitals Inc	15	7.3%
		101371170	Watauga Medical Center	8	3.9%
		101373480	Catawba Valley Medical Center	7	3.4%
Johnson, Jeremy C Total				206	100.0%
Keverline, Jeffrey P	1326092271	101373120	Caldwell Memorial Hospital	234	97.5%
		101371170	Watauga Medical Center	3	1.3%
		101371200	Blue Ridge HealthCare Hospitals Inc	2	0.8%
		101373480	Catawba Valley Medical Center	1	0.4%
Keverline, Jeffrey P Total				240	100.0%
Maxy, Ralph J	1568415057	101373480	Catawba Valley Medical Center	85	41.7%
		101371200	Blue Ridge HealthCare Hospitals Inc	80	39.2%
		101371560	Frye Regional Medical Center	34	16.7%
		101373720	Carolinas Medical Center - Lincoln	1	0.5%
		101370510	Charles A. Cannon Jr. Memorial Hospital	1	0.5%
		101372340	Park Ridge Health	1	0.5%
		101371170	Watauga Medical Center	1	0.5%
Maxy, Ralph J Total				204	100.0%
Nenow, Mark C	1942247085	101373120	Caldwell Memorial Hospital	116	97.5%
		101371170	Watauga Medical Center	3	2.5%
Nenow, Mark C Total				119	100.0%
Norcross, Jason P	1104873454	101371560	Frye Regional Medical Center	47	36.7%
		101373480	Catawba Valley Medical Center	27	21.1%
		101371200	Blue Ridge HealthCare Hospitals Inc	25	19.5%
		101373720	Carolinas Medical Center - Lincoln	24	18.8%
		101371170	Watauga Medical Center	3	2.3%
Norcross, Jason P Total				128	100.0%
O'Brien, Patrick M	1861615155	101373480	Catawba Valley Medical Center	25	41.0%
		101371560	Frye Regional Medical Center	17	27.9%
		209710	Viewmont Surgery Center	15	24.6%
		101372220	Carolinas Medical Center Northeast	1	1.6%
		101373720	Carolinas Medical Center - Lincoln	1	1.6%
		101371200	Blue Ridge HealthCare Hospitals Inc	1	1.6%
		101372310	Cleveland Regional Medical Center	1	1.6%
O'Brien, Patrick M Total				61	100.0%
Pantiel, Derek T	1528353638	101373120	Caldwell Memorial Hospital	222	97.4%
		101371170	Watauga Medical Center	6	2.6%
Pantiel, Derek T Total				228	100.0%

Physician Analysis

Area: All NC Counties

Source of Market Outpatient Data: Outpatient NC 04/01/2014-03/31/2015

Selected Physician Type: Operating Physician

Selected Physician Group: Caldwell ASC Supporting MDs

Source of ICD Diagnosis Data: JB Cancer -Market Expert Diagnosis 3 Digit Product

** Report Includes Invalid Diagnosis Codes

State Data Analyst 2.13

SDAT1102.SQP

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Diagnosis Product Line	(All)
Specialty	(All)
Age Group	(All)
Payor	(All)

Physician	Phys Code	Facility Code	Facility	Data	
				Mkt Visits	Facility %
Pezzi, Thomas A	1730289002	101373120	Caldwell Memorial Hospital	388	100.0%
Pezzi, Thomas A Total				388	100.0%
Purcell, Peter N	1932133170	101371170	Watauga Medical Center	209	66.3%
		101373120	Caldwell Memorial Hospital	93	29.5%
		101370510	Charles A. Cannon Jr. Memorial Hospital	6	1.9%
		101371200	Blue Ridge HealthCare Hospitals Inc	6	1.9%
		107370060	Carolinas HealthCare System Charlotte Institute of Rehab	1	0.3%
Purcell, Peter N Total				315	100.0%
Stanislaw, James E	1457307274	101373120	Caldwell Memorial Hospital	262	95.3%
		101371170	Watauga Medical Center	10	3.6%
		101370510	Charles A. Cannon Jr. Memorial Hospital	2	0.7%
		101371200	Blue Ridge HealthCare Hospitals Inc	1	0.4%
Stanislaw, James E Total				275	100.0%
Zook, Jason D	1114131786	101371200	Blue Ridge HealthCare Hospitals Inc	646	97.4%
		101372840	The McDowell Hospital	12	1.8%
		101373870	Blue Ridge Regional Hospital	2	0.3%
		101372310	Cleveland Regional Medical Center	1	0.2%
		101370570	Carolinas HealthCare System Carolinas Medical Center	1	0.2%
		101370510	Charles A. Cannon Jr. Memorial Hospital	1	0.2%
Zook, Jason D Total				663	100.0%
Grand Total				4,903	

Demographic Analysis for a Selected Variable

Area: Caldwell County

2015 ZIP Code Report

Type of Report: Summable

Ranked on Tot (Desc)

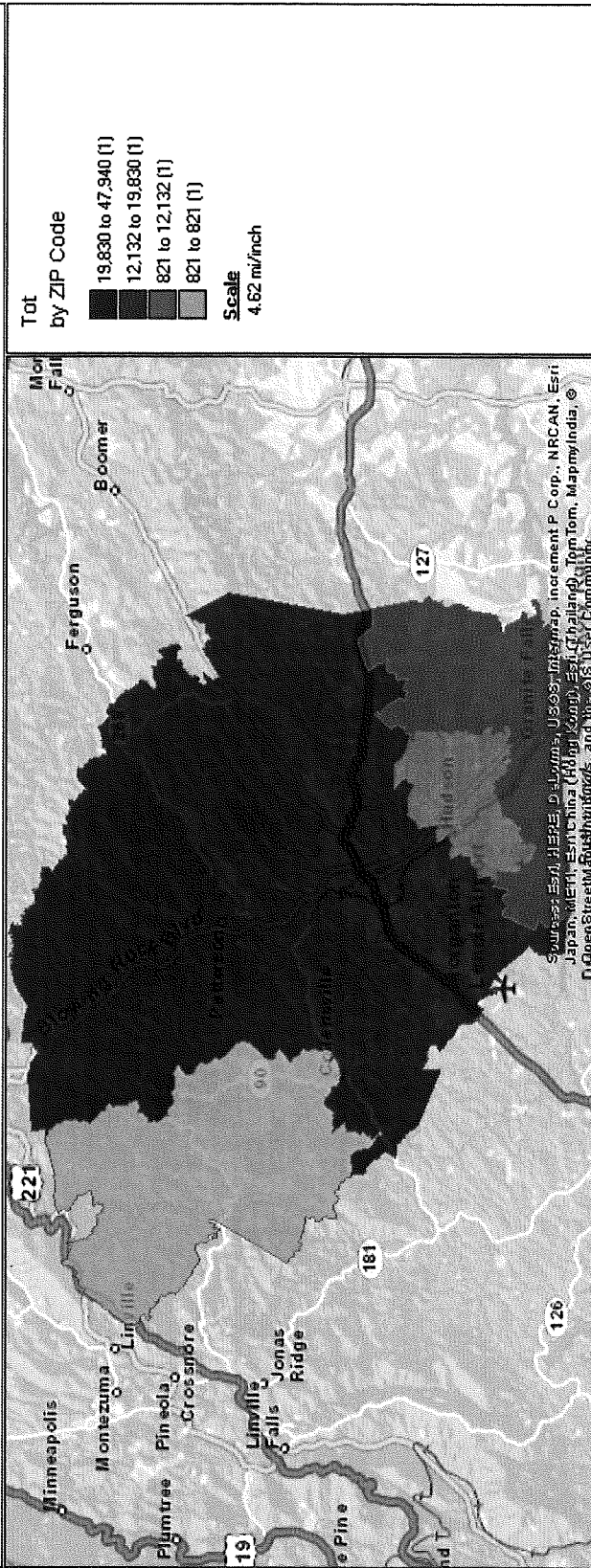
ZIP Code	ZIP City Name	Current Census Population		ZIP Current Census Population			
		Count	%Down	Count	%Down	%Across	IOC
28645	Lenoir	47,940	59.4%	47,940	59.4%	100.0%	100
28630	Granite Falls	19,830	24.6%	19,830	24.6%	100.0%	100
28638	Hudson	12,132	15.0%	12,132	15.0%	100.0%	100
28611	Collettsville	821	1.0%	821	1.0%	100.0%	100
Total		80,723	100.0%	80,723	100.0%	100.0%	100

Demographics Expert 2.7

DEMO0033.SQP

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Demographic Analysis for a Selected Variable
Area: Caldwell County
2015 ZIP Code Report



Payor Grouper Values

PhysicianName	1. Medicare A & B		2. Medicaid		3. Commercial & 3rd Party		4. Self Pay & POS		Total MktVisits	Total Payor Mix
	MktVisits	Payor Mix	MktVisits	Payor Mix	MktVisits	Payor Mix	MktVisits	Payor Mix		
Bast, Randal P	499	38.8%	58	13.0%	211	44.0%	16	4.2%	784	100.0%
Geissele, Alfred E	46	29.7%	23	14.5%	82	54.5%	2	1.4%	153	100.0%
Hannibal, Matthew D	121	30.1%	24	8.2%	201	59.5%	6	2.2%	352	100.0%
Jaggers, Terri L	253	25.6%	80	12.8%	437	58.3%	17	3.4%	787	100.0%
Johnson, Jeremy C	33	14.7%	19	11.2%	153	73.5%	1	0.6%	206	100.0%
Keverline, Jeffrey P	58	22.2%	27	12.1%	153	64.7%	2	1.0%	240	100.0%
Maxy, Ralph J	62	28.8%	15	7.6%	121	60.3%	6	3.3%	204	100.0%
Nenow, Mark C	17	16.5%	62	44.7%	38	36.9%	2	1.9%	119	100.0%
Norcross, Jason P	52	38.1%	8	5.7%	68	56.2%		0.0%	128	100.0%
O'Brien, Patrick M	11	17.2%	13	19.0%	36	62.1%	1	1.7%	61	100.0%
Pantiel, Derek T	121	44.8%	33	17.4%	71	36.0%	3	1.7%	228	100.0%
Pezzi, Thomas A	92	23.4%	45	12.7%	230	57.5%	21	6.5%	388	100.0%
Purcell, Peter N	190	50.9%	12	5.1%	108	41.7%	5	2.3%	315	100.0%
Stanislaw, James E	53	18.8%	41	15.2%	179	65.2%	2	0.8%	275	100.0%
Zook, Jason D	259	33.0%	78	10.7%	314	53.6%	12	2.7%	663	100.0%
Grand Total	1,867	29.6%	538	12.6%	2,402	55.1%	96	2.7%	4,903	100.0%