

## Piedmont Stone Center, PLLC

**Clinical Office**  
(336) 765-6373  
Fax (336) 765-6436

PO Box 25866 • Winston Salem, NC 27114-5866

**Business Office**  
(336) 714-1258  
(888) 373-6328  
Fax (336) 714-2554

August 1, 2016

Tanya Rupp, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, North Carolina 27603

RE: Comments on Statewide Lithotripter CON Applications

Dear Ms. Rupp:

Enclosed please find comments prepared by Piedmont Stone Center, PLLC regarding the competing CON application for a mobile lithotripter by Eastern Carolina Lithotripsy, Inc. to meet the statewide lithotripsy need identified in the *2016 State Medical Facilities Plan*. We trust that you will take these comments into consideration during your review of the applications.

If you have any questions about the information presented here, please feel free to contact me at 336.714.2600. I look forward to seeing you at the public hearing.

Sincerely,

*Charles Hauser*

Charles H. Hauser  
Chief Executive Officer  
Piedmont Stone Center, PLLC

**COMMENTS ABOUT COMPETING CERTIFICATE OF NEED APPLICATION  
STATEWIDE MOBILE LITHOTRIPTER NEED DETERMINATION**

**Submitted by Piedmont Stone Center, PLLC  
August 1, 2016**

---

Two applicants submitted Certificate of Need (CON) applications in response to the need identified in the *2016 State Medical Facilities Plan (SMFP)* for one statewide lithotripter. In accordance with N.C.G.S. §131E-185(a.1)(1), this document includes Piedmont Stone Center, PLLC's (Piedmont Stone Center) comments relating to the representations made by the other applicant, Eastern Carolina Lithotripsy, Inc. (ECL), and a discussion about whether the materials in the ECL application comply with the relevant review criteria, plans, and standards. These comments also address the issue of which of the competing proposals objectively represents the most effective alternative for development of an additional mobile lithotripter in North Carolina.

Specifically, the Healthcare Planning and Certificate of Need Section (the Agency), in making the decision, should consider several key issues, including the extent to which the proposed projects:

- (1) demonstrate conformity with applicable review criteria and rules;
- (2) improve geographic access to shock wave lithotripsy (SWL) services in North Carolina;
- (3) represent the most effective alternative for developing a new mobile lithotripter program;
- (4) do not represent unnecessary duplication of existing services; and
- (5) demonstrate improved access for the medically underserved.

In reviewing these applications, it is evident that the Piedmont Stone Center proposal satisfies all five issues and that the ECL proposal does not. In addition, a comparative analysis shows that the Piedmont Stone Center proposal is far superior to the ECL proposal.

---

As the Agency reviews these applications, it is important to note the fundamental difference between the Piedmont Stone Center and ECL applications: Piedmont Stone Center is a clinically integrated delivery system and ECL's proposal is not. In Piedmont Stone Center's clinically integrated delivery system, Piedmont Stone Center manages the lithotripsy service, including providing all the support services associated with the lithotripsy procedure and billing the technical fee for the lithotripsy services for all private pay patients (only hospitals and surgery centers may legally bill the lithotripsy technical fee for public program patients). By contrast, under ECL's arrangement, ECL merely provides the equipment and a technician to the host facility, which is entirely responsible for managing the lithotripsy service and providing all necessary support services. See, e.g., ECL application, pages 20 and 25, and compare the Piedmont Stone Center application, page 14. The ECL fee does not include any clinical support, drug/medical supply costs, or utilities/facility costs. Most significantly, the host facility then bills for the services for both public and private pay patients. At first glance, an arrangement such as that proposed by ECL may appear to be less expensive, but it is Piedmont Stone Center's experience that such arrangements can actually be more expensive for patients than Piedmont Stone Center's comprehensive, clinically-integrated system. Ultimately, however, the comparison of ECL to Piedmont Stone Center based on cost is "apples to oranges" because the two programs are so different.

As stated in the Piedmont Stone Center application, the advantages of Piedmont Stone Center's clinically integrated approach are many, including:

- Billing of services for private patients at a fee structure which is typically lower than that of the host facility results in lower charges to the consumers and third-party payors.
- Comprehensive management and support structure incorporating all necessary resources, including accreditation, Medical Director, a clinical staff dedicated to and specifically trained for lithotripsy, and a quality improvement and patient safety process specific to lithotripsy. This results in a lithotripsy service that is operated by an organization dedicated to the specialty, with the corresponding expertise, technical expertise, and operational efficiencies. The end result is a high-quality clinical outcome, delivered cost-effectively.
- Piedmont Stone Center credentials every physician who performs lithotripsy procedures on its lithotripters. No other mobile lithotripsy provider in the state requires its physicians to be credentialed by the lithotripsy provider itself. Other lithotripsy providers rely on the

hospital/ASC host site to credential physicians on the hospital medical staff. ECL will not credential any physicians. See application, page 127. Piedmont Stone Center's approach is fundamentally different from other lithotripsy providers, in that credentialing physicians itself to use the Piedmont Stone Center lithotripters is Piedmont Stone Center's first step toward facilitation of a clinically integrated network.

Because the two applications are not "apples to apples," a comparative analysis for charges and costs between the applicants is not applicable. Specifically, the costs shown in the ECL proforma are not inclusive of every expense necessary to provide SWL services to patients. More significantly, the revenues shown in the ECL proforma do not reflect the ultimate charges to the patients and third-party payors. These are likely to be much higher than the Piedmont Stone Center patient charges, because the ECL patient charges will be set by the host hospital facilities. Strictly speaking, therefore, it is not possible to make conclusive comparisons of the two applications with regard to either gross revenue per SWL procedure, or to operating expense per SWL procedure.

The Agency typically performs a comparative analysis when evaluating competing applications in a need determination batch review. The purpose is to identify the applicant that would bring the greatest overall benefit to the community. The table on the following page summarizes several objective metrics that the Agency should use for comparing the two applications in this mobile lithotripter batch review.

### Mobile Lithotripter Applicant Comparative Analysis

Comparative Metric	Piedmont Stone Center	ECL
Conforming to all Review Criteria	Yes	No
Improve Geographic Access	Yes	No
Self-Pay/Charity Care %	4.4%	2.2%
Medicaid %	7.8%	6.7%
PY2 Rad Tech Salary	\$71,028	\$55,713
PY2 Charity Care/Bad Debt	\$245,932	\$41,749
AAAHC Accreditation	Yes	No
Clinical Integration	Yes	No
Largest Service Area	Yes	No
Largest Physician Support Network	Yes	No

Piedmont Stone Center is the most effective alternative for each comparative metric. In other words, the Agency will enable the greatest overall benefit to local residents by approving the Piedmont Stone Center application. Specifically:

- Piedmont Stone Center is the only applicant conforming to all applicable regulatory review criteria. ECL’s application is nonconforming to several regulatory review criteria, including Criteria (3), (4), (5), (6), (7), (13), and (18a).
- Piedmont Stone Center is the only applicant that proposes to serve facilities that do not currently have lithotripsy service.
- Piedmont Stone Center projects higher self-pay and Medicaid payor mixes than ECL, and also projects to provide much more charity care/bad debt

than ECL. Therefore, Piedmont Stone Center is the most effective alternative in this CON batch review.

- In recruitment and retention of personnel, salaries are a significant factor. Piedmont Stone Center projects the highest salary for Radiology Technicians. Therefore, Piedmont Stone Center is the most effective alternative with regard to clinical staff salaries.
- Piedmont Stone Center is the only applicant that is already accredited by AAAHC and will seek accreditation for the new lithotripter, and is the only applicant that will ensure the highest quality of care at each site via clinical integration. On page 28 of its application, ECL states that it intends to seek accreditation through AAAHC, but later states on page 105 that "[l]ithotripsy does not hold certifications." If by certifications, ECL means accreditation, that is not correct, as evidenced by Piedmont Stone Center's own AAAHC accreditation. See Exhibit 11 to Piedmont Stone Center's application. On page 105, ECL also states that three hospital host sites hold Joint Commission accreditation and that Rex Surgery Center maintains accreditation through AAAHC. Evidence in the application suggests that ECL is not going to obtain its own AAAHC accreditation and may rely on accreditations that the host sites possess. For example, the timetable in application Section XII **contains no reference to accreditation**. See ECL application, page 146. By contrast, the timetable in the Piedmont Stone Center application clearly states that accreditation will occur by 10/1/18. See Piedmont Stone Center application, page 134. Presumably, if ECL intended to seek AAAHC accreditation, this would be included in the project timetable, but it is not. In addition, ECL's pro formas **contain no expenses for accreditation**. This is in contrast to Piedmont Stone Center's pro formas, which do include a \$16,550 expense in PY 2 for accreditation.

## **Specific comments regarding the Eastern Carolina Lithotripsy, Inc. application**

### **Overview**

ECL claims to be a new entity. See application, page 17. While the entity itself may be newly formed, the application and its exhibits show that that ECL is a related entity to Triangle Lithotripsy Corporation (TLC), a mobile lithotripsy provider that has been in business in North Carolina for more than 25 years and already serves three of the four host sites that ECL proposes to serve. See, e.g., application, pages 17 and 18; see also *2016 SMFP*, page 127. Throughout the application, ECL refers to TLC as its "associate." See, e.g., application, pages 42, 62 and 79; see also physician letter of support in Exhibit 15; funding letter in Exhibit 19 (North State Bank and Park Sterling Bank base their willingness to assist ECL on the fact that these banks have relationships with TLC, and refer to ECL as an "associate" of TLC). ECL's status as a newly-formed offspring of TLC is not the equivalent of a new lithotripsy provider bringing new competition to North Carolina serving locations that do not already have access to lithotripsy services. There is nothing genuinely "new" about ECL; it is just an offshoot of TLC that provides urologists with an additional investment opportunity.

ECL emphasizes that it proposes to serve "underserved" areas in Eastern and Central North Carolina. See, e.g., application pages 13 and 35. This is not an accurate description of ECL's proposal. Two of ECL's proposed host sites are in Wake County, where there is abundant access to medical services of all kinds, including lithotripsy. Currently, there are two existing providers (with a total of three lithotripters) serving Wake County, including TLC. See Table 9A of the *Proposed 2017 SMFP; 2016 SMFP*, pages 124 and 127. In fact, ECL's two Wake County host sites, WakeMed Cary and Rex Surgery Center, already receive services from TLC. See Table 9A of the *Proposed 2017 SMFP; 2016 SMFP*, page 127.

The other two host sites proposed in the ECL application, Sampson Regional Medical Center (SRMC) in Clinton, North Carolina and CarolinaEast Medical Center (CarolinaEast) in New Bern, North Carolina, are also existing host sites for TLC and Carolina Lithotripsy, LTD (Carolina Lithotripsy), respectively. See Table 9A of the *Proposed 2017 SMFP; 2016 SMFP*, pages 124 and 127. By definition, sites that already receive services are not "underserved." As discussed in greater detail below in Criterion (3), there is no evidence to suggest that these already-served sites need more service.

Further, and as discussed in greater detail below regarding Criterion (3), it is evident that ECL not only proposes to duplicate the service that its "associate," TLC, already provides, but also proposes to duplicate the service that Carolina Lithotripsy already provides and has provided for many years to multiple counties in southeastern and eastern North Carolina. Compare application, page 21 (proposed "service clusters" for ECL) with Table 9A of the *Proposed 2017 SMFP* and page 124 of the 2016 SMFP. Among other locations, Carolina Lithotripsy already serves sites in Cumberland, Craven, Carteret, Johnston, Lenoir, Onslow and Beaufort counties. There is no evidence in the application that residents of these counties need more lithotripsy service. Contrary to ECL's representations, these counties are not "low access communities." See application, page 21. Access to SWL is not, contrary to ECL's statement, "limited at best" in eastern North Carolina. See application, page 35. Many communities in eastern North Carolina already have lithotripsy service, and have had it for many years. See attached page from the 2000 SMFP and compare with Table 9A of the *Proposed 2017 SMFP*, showing that many of Carolina Lithotripsy's sites in eastern North Carolina have not changed in 17 years. Moreover, as shown in Table 9A of the *Proposed 2017 SMFP*, Fayetteville Lithotripsy Limited Partnership - Virginia I provides service in several counties in the northeastern part of North Carolina. As shown in the SMFP, some sites do not have strong demand for the service. ECL does not propose to add any new host sites; rather, ECL proposes to provide service at two eastern North Carolina sites that already have service (CarolinaEast and SRMC) and that do not have strong historical demand for the service. For example, at CarolinaEast, the number of procedures went down approximately 14% between 2014 and 2015; at SRMC, the number of procedures went down approximately 53% between 2014 and 2015. Compare Table 9A in *Proposed 2017 SMFP* with 2016 SMFP, pages 124 and 127.

The application also misstates the lithotripsy services available in one of these so-called "underserved" counties. On page 43 of the application, ECL states that Cumberland County has "no service site." This is false. According to the 2016 SMFP, page 124, Carolina Lithotripsy performed a total of 177 procedures in FFY 2014 at Rainey Hospital in Fayetteville, North Carolina (Cumberland County). According to Table 9A of the *Proposed 2017 SMFP*, Carolina Lithotripsy performed a total of 143 procedures at Cape Fear Valley Medical Center in Fayetteville, North Carolina (Cumberland County).<sup>1</sup> There is indeed lithotripsy service in

---

<sup>1</sup> According to Cape Fear Valley's 2016 Hospital License Renewal Application, there was no lithotripsy service offered at that hospital in FFY 2015; however, there was lithotripsy service offered at Highsmith Rainey Hospital, which is part of the Cape Fear Valley System. Highsmith Rainey reported 155 lithotripsy procedures in FFY 2015. A copy of Highsmith Rainey's 2016 Hospital License Renewal Application is attached to these comments, and the lithotripsy procedures are reported on page 19.



Cumberland County. It is puzzling how ECL could have missed this, given that it cites the SMFPs from 2013 to the Proposed 2017 SMFP as a source for its table. See application, page 45. Even ECL's own Exhibit 10 recites 143 procedures performed at Cape Fear Valley in 2015. A review of past SMFPs shows that lithotripsy service has been available in Fayetteville since at least 1998. See attached page from the 2000 SMFP.<sup>2</sup>

On page 62 of the application, ECL reveals that the plan is for ECL "to take over certain TLC host sites, and add previously unserved sites." It is not entirely clear if the plan is for ECL to take over service at WakeMed Cary, Rex Surgery Center, and SRMC entirely, or whether TLC will maintain some service at any or all of these sites. If the plan is to "take over" these sites entirely, it is important to ask what happens to the TLC lithotripter? What sites will it serve? These questions are not answered, but they should have been because TLC is, admittedly, an "associate" of ECL. See application, page 42. ECL cannot, on the one hand, call TLC its "associate" and talk in glowing terms about TLC's experience, and then on the other hand neglect to state what will happen to the TLC lithotripter if ECL "takes over" certain TLC host sites. There is no way for the Agency to properly analyze the ECL application under Criteria (3) and (6) without this information. If the plan is for TLC to continue some level of service at any or all of these sites, then it is important to understand why two mobile lithotripsy providers are needed at these sites. As discussed elsewhere in these comments, historical volumes at SRMC do not support having two mobile lithotripsy providers serve that site. ECL actually projects that volumes at Rex Surgery Center will *decline* from present levels. Again, ECL provides no explanation, and the Agency cannot guess what the applicant intends.

With respect to ECL's reference to "previously unserved" sites, there are no sites identified in the ECL application that do not already receive service from either TLC or Carolina Lithotripsy. If it is ECL's plan to displace Carolina Lithotripsy after decades of service at CarolinaEast, one would expect to find some evidence in the application that CarolinaEast has decided to change service providers. But there is no such evidence. The letter from CarolinaEast does not say that if ECL receives a CON, CarolinaEast will cancel its contract with Carolina Lithotripsy. See letter from Mr. Leggett in Exhibit 5. The letter says that CarolinaEast will contract with ECL "to expand our Health System's ESWL capabilities. . . ." but given the declining volumes (approximately 14% 2014 v. 2015), there does not appear to be a need to expand the service at CarolinaEast.

---

<sup>2</sup> It is likely that service in Fayetteville actually began before 1998; the 2000 SMFP shows that Carolina Lithotripsy purchased its 2 machines in 1989 and 1992.

- The ECL application does not conform to Criterion (3) based on several critical omissions and deficiencies.

First, it is unclear which host sites ECL proposes to serve in its CON application. In response to Section I.7, ECL identifies WakeMed Cary, Rex Surgery Center, CarolinaEast, and SRMC. However, in response to Section II.1(a), ECL identifies WakeMed Cary, Rex Surgery Center, CarolinaEast, SRMC, and/or Harnett Health Betsy Johnson Hospital (Harnett Health). ECL states in a footnote on page 82 of its application, *"As of the application date ECL has identified two potential service sites in the Sampson/Harnett cluster, at Sampson Regional Medical Center in Clinton and at Harnett Health – Betsy Johnson Hospital in Dunn."* It is important to note ECL states it has identified "potential service sites." This language was used because ECL failed to adequately document the willingness of either SRMC or Harnett Health to serve as a host site for the proposed mobile lithotripsy service. Specifically, the ECL application included no letters of support or interest from either SRMC or Harnett Health.

There is an email in Exhibit 5 to the ECL application between Bill Pinna, an attorney, and Dr. Robert Reagan in which Dr. Reagan recites that Dr. Reagan "believe[s]" that Shawn Howerton, M.D., the CEO of SRMC, "is agreeable to this" but that Dr. Howerton's "'hands may be tied' regarding signing the letter on such short notice because he would need the hospital attorney to approve." This email should not be accepted as documentation that SRMC has agreed to be a host site for ECL. First, it is unclear what is meant by "agreeable to this." What exactly is "this"? Second, Dr. Reagan, a physician in private practice, has no authority to make any representations on behalf of Dr. Howerton, the hospital CEO. Based on information from the North Carolina Medical Board, Dr. Reagan is a urologist in private practice in Clinton, North Carolina. See <http://wwwapps.ncmedboard.org/Clients/NCBOM/Public/LicenseInformation/Details.aspx?&EntityID=14738&PublicFile=1>. See also application, page 97 (stating that Dr. Reagan is a local urologist and member of TLC). Third, Dr. Reagan's statement is pure hearsay about another person's state of mind. It is inherently unreliable. Fourth, it appears ECL may have waited until very late in the process to approach SRMC (the emails are dated June 9 and June 13, 2016, and the application due date was June 15, 2016); this does not excuse ECL from its duty to provide documentation. Nor does ECL's "Community Outreach Log" on

page 96 of the application demonstrate that SRMC has agreed to serve as a host site. This log merely indicates that ECL had phone contact with SRMC in May and June 2016. The identity of the ECL and SRMC representatives and the content of the discussions are unknown. Thus, ECL's representation on page 97 of the application that "Shawn Howerton, MD, the CEO is committed to developing a similar Stone Center" is unsubstantiated. There is no documentation in the application of Dr. Howerton's commitment to anything. ECL cannot come back now, under the guise of offering a letter of support from Dr. Howerton, asserting that SRMC has agreed to be a host site, because that constitutes an amendment to the application. See 10A NCAC 14C.0204.

The application also fails to provide any documentation about Harnett Health's willingness to serve as a host site. All that appears is a brief reference on the "Community Outreach Log" indicating that unknown persons with ECL had unknown email and phone contact with unknown persons at Harnett Health in June 2016. See application, page 96. This is completely insufficient to show that Harnett Health will be a host site for ECL.

Thus, ECL provides no documentation to substantiate the feasibility of two of the potential service locations for ECL's mobile lithotripsy service, and ECL's projected procedures cannot be supported at either the SRMC or Harnett Health potential service sites. Consequently, the application does not conform to Criterion (3).

Second, ECL's projected lithotripsy procedures are based on unreasonable and unsupported assumptions regarding projected market share. ECL states on page 79 of its application, following "Step 4", "*Based on historical data from its associate TLC...the applicant projected reasonable market share that it could capture in each county...*". However, ECL failed to provide the historical market share for its related entity, TLC, in each county of the proposed target service area to substantiate the reasonableness of its market share projections. A review of information provided in ECL's application indicates its projected market shares are, in fact, not supported by TLC's historical data. For example, on page 81 of its application, ECL projects 55% market share in Sampson County and 37 annual procedures from Sampson County during each of the initial three project years. However, replication of the applicant's methodology proves this projected

market share is much higher compared to the historical experience of ECL's related entity, TLC.

**Triangle Lithotripsy Market Share, 2015**

A	B	C	D	E	F
Host Site County	Est. Patients Served 2015 <sup>1</sup>	Patients from Host Site County (64%) <sup>2</sup>	TLC Procedures 2015 <sup>3</sup>	TLC Patients from Host Site County (64%) <sup>4</sup>	TLC Market Share 2015 <sup>5</sup>
Sampson	27	17	7	4	<b>16.6%</b>

<sup>1</sup>Source: ECL application, page 78, Table IV.2

<sup>2</sup>Source: ECL application, pages 46-47, Step 2 (64% x Column B)

<sup>3</sup>Proposed 2017 SMFP, Chapter 9, Mobile Lithotripsy

<sup>4</sup> Source: ECL application, pages 46-47, Step 2 (64% x Column D)

<sup>5</sup>Column E ÷ Column C

According to ECL's own methodology, TLC had only 16.6% market share in Sampson County during 2015. In contrast, ECL projects it will achieve 55% market share in Sampson County during each of its initial three project years. It is not reasonable for ECL to project market share of 55% in Sampson County when its related entity has only 16.6% market share in Sampson County. Additionally, ECL provided no historical market share data for Wake County to support its projection of 45% market share, nor does it provide similar historical data for Craven County where it projects even greater market share (60%). These aggressive market share estimates result in projected utilization of over 1,000 procedures during the first project year. This is completely unrealistic for a new service. The table on the following page compares actual lithotripsy procedures at the proposed host sites compared to ECL's projected volumes in project year 1.

**Comparison of Actual FY2015 vs. ECL Projected Lithotripsy Procedures**

Host Site	Actual	PY1	%
	2015	2018	Difference
WakeMed Cary	154	430	179.2%
Rex Surgery Center	306	215	-29.7%
Sampson Regional Medical Center	7	212	2,928.6%
CarolinaEast Medical Center	89	208	133.7%
<b>Total</b>	<b>556</b>	<b>1,065</b>	<b>91.5%</b>

Source: ECL CON application, page 85; *Proposed 2017 SMFP*

On a consolidated basis, ECL projects it will nearly double the number of lithotripsy procedures at the proposed host sites in just 3 years. On an individual basis, the number of procedures at WakeMed Cary would nearly triple; at SRMC, they would increase thirtyfold, and at CarolinaEast, they would more than double. Oddly enough, the number of procedures at Rex Surgery Center goes down by approximately 30%, despite ECL's claims that Wake County needs more access to lithotripsy. See application, page 54. It is clear that ECL projects unreasonable volumes for each site. Therefore, the experience of the applicant's related entity at the proposed host sites, does not support the applicant's market share assumptions in the target counties, whose patients it proposes to service via the proposed new lithotripsy service. The applicant's projections are not supported by the historical experience of the host sites. The applicant does not explain what it will do differently to increase volumes at, for example, SRMC, by almost 3000% in three years. Consequently, the application does not conform to Criterion (3).

- For CON purposes, "related entity" means the parent company of the applicant, a subsidiary company of the applicant (i.e., the applicant owns 50 percent or more of another company), a joint venture in which the applicant is a member, or a company that shares common ownership with the applicant (i.e., the applicant and another company are owned by some

of the same persons)<sup>3</sup>. As described on page 16 of ECL's application, David Driggs holds more than five percent ownership in ECL. David Driggs is also the President of TLC, which operates a mobile lithotripter in North Carolina. See application, page 18. The application and the letters of support repeatedly refer to TLC as an "associate" of ECL. See e.g., application, pages 42, 62 and 79; see also physician letters of support in Exhibit 15; application, page 65 (referring to TLC as a "related company"). This is problematic because TLC currently serves three of the four host sites proposed in the ECL application (WakeMed Cary Rex Surgery Center and SRMC). On page 62 of the application, ECL states that it will "take over" certain TLC host sites. If the plan is for ECL to replace TLC entirely at WakeMed Cary, Rex Surgery Center and SRMC, ECL failed to describe the disposition of the TLC lithotripter at each location upon completion of ECL's proposed project. ECL is intentionally vague about whether TLC will continue to provide service at some or all of these three sites. If it is the case that TLC will maintain some presence at these sites, projections should have been provided showing that these sites need two mobile lithotripters, as well as documentation of the other sites TLC will serve. ECL failed to provide any rationale as to why TLC can no longer serve WakeMed Cary, Rex Surgery Center and SRMC and also failed to identify the new host sites TLC would serve, as well as the need the population would have for TLC's services. Fundamentally, it is unclear why ECL needs to replace its own sister company that is currently providing services to three of the proposed host sites, and why ECL would astonishingly increase the utilization of lithotripsy procedures at these host sites by nearly 100%.

Furthermore, ECL also proposes to serve CarolinaEast which is currently served by Carolina Lithotripsy. Mobile lithotripsy procedures at CarolinaEast decreased from 103 procedures during FY2014 to 89 procedures during FY2015, a decline of over 13%. Compare page 124 of the 2016 SMFP with Table 9A from the *Proposed 2016 SMFP*. However, ECL projects to perform 208 lithotripsy procedures at CarolinaEast during its first project year. See application, page 85. This unrealistic projection would necessitate a three-year compound annual growth rate of over 32% for lithotripsy procedures at CarolinaEast. As described previously, ECL projects 60% market share in Craven County during each of the initial

---

<sup>3</sup> See 10A NCAC 14C .2101 (9). The same concept applies to the ECL proposed project.

three project years. ECL failed to reconcile the declining utilization of lithotripsy procedures at CarolinaEast with the projected dramatic volume increase at the hospital, nor did ECL justify the reasonableness of its projected 32% annual increase in procedure volume for the established host site. ECL also does not explain whether it intends to replace Carolina Lithotripsy as the mobile lithotripsy provider at CarolinaEast or whether ECL will be the second mobile lithotripsy provider at that site. The CarolinaEast letter of support included in Exhibit 5 to the ECL application does not talk about terminating its relationship with Carolina Lithotripsy and does not express any dissatisfaction with the service that Carolina Lithotripsy provides.<sup>4</sup> In fact, Carolina Lithotripsy has been serving CarolinaEast (formerly known as Craven County Memorial Hospital) since at least 1998. See attached page from the 2000 SMFP. The CarolinaEast letter talks about CarolinaEast's desire to "expand" its lithotripsy capabilities, but with such a steep decline in volumes, it does not appear that this service needs to be expanded. The historical lithotripsy volumes at CarolinaEast certainly do not indicate a need for two mobile lithotripsy providers at that location, or 2 days a week of service from any one provider. See application, page 85. Neither the application nor the CarolinaEast letter of support provides any information explaining why Carolina Lithotripsy is unable to meet the need for lithotripsy services at CarolinaEast.

It should also be noted that ECL includes only one letter of support from a urologist on the staff of CarolinaEast. There is a total of seven urologists on the medical staff of CarolinaEast. See attached list of CarolinaEast physicians, page 4.

ECL has proposed an elaborate theory of "service clusters" where it proposes to attract patients from multiple counties outside the host site county. See application, page 21. At the same time, ECL states that it has

---

<sup>4</sup> On page 73 of the application. ECL states "[a]necdotal reports from urologists in Pitt and Craven Counties reflect frustration with this provider's [Carolina Lithotripsy] responsiveness to their accessibility concerns." No documentation was provided to substantiate these "anecdotal reports." The only physician from Craven County who gave a letter of support (Dr. Whitmore) does not reference Carolina Lithotripsy at all. No physician from Pitt County gave a letter of support for the ECL application. Piedmont Stone Center respectfully submits that important decisions about scarce resources (i.e., only one lithotripter available under the 2016 SMFP) should not be based on "anecdotal reports" from unidentified physicians.

no patient origin data. See application, page 46.<sup>5</sup> It is therefore unknown whether patients from counties outside the host site county would actually use the lithotripsy service in the host site county. The applicant states that it created an "algorithm," see application, page 42, but the underlying assumptions and results are unreasonable.<sup>6</sup>

For example, with regard to the Wake County "cluster," which is proposed to serve Wake, Durham, Johnston, Orange, Harnett and Nash Counties, the algorithm produced a result that 40 patients from each of Chatham, Durham, Franklin, Granville, Harnett, Johnston and Nash County, would seek service in Wake County. See application, pages 43 and 47. It is unreasonable to expect that 40 patients from each of these counties would seek service in Wake County. The algorithm also does not appear to factor in that there is lithotripsy service available in Durham, Johnston and Nash Counties. See Table 9A of the *Proposed 2017 SMFP*.

With regard to Orange County, where the algorithm produced a result that two patients from Orange County would seek service in Wake County, see application page 47, Piedmont Stone Center proposes to provide service at UNC Hillsborough. Moreover, there is no reason for an Orange County resident to drive past three existing host sites in Durham County in order to receive treatment at the ECL sites at WakeMed Cary and Rex Surgery Center. An Orange County resident could also easily reach the Piedmont Stone Center host site in adjacent Alamance County.

With regard to Harnett County, which is also "clustered" with Wake County (as well as being "clustered" with Sampson), see application, page 21, Lee County, Cumberland County, Moore County, Johnston County, and TLC in Sampson County all currently offer lithotripsy services. See Table 9A of the *Proposed 2017 SMFP*.

With regard to the Sampson "cluster," see application, page 21, there is no reason why a Cumberland resident would need to travel to SRMC to receive lithotripsy when the resident could receive service closer to home.

---

<sup>5</sup> By contrast, Piedmont Stone Center provided actual patient origin data and made reasonable assumptions based on its actual experience. See Piedmont Stone Center application, pages 77 and 79. Piedmont Stone Center did not need to manufacture an "algorithm."

<sup>6</sup> Interestingly, ECL did provide patient origin data for TLC, its "related company." See application, page 65.



The distance between Highsmith Rainey Hospital, where Carolina Lithotripsy currently provides service and SRMC is 35.3 miles and 51 minutes. See attached MapQuest map.

The Craven "cluster" is also puzzling. In addition to Craven County, the applicant proposes to serve Beaufort, Carteret, Jones, Onslow, Lenoir and Pamlico counties. See application, page 21. But Beaufort, Carteret, Onslow and Lenoir counties already have in-county service from Carolina Lithotripsy. See Table 9A of the *Proposed 2017 SMFP; 2016 SMFP*, page 124. The distance between Vidant Beaufort Hospital, where Carolina Lithotripsy provides service, and Carolina East is 36.6 miles and 48 minutes. See attached MapQuest map. The distance between Onslow Memorial Hospital, where Carolina Lithotripsy provides services, and CarolinaEast in New Bern is 35.2 miles and 48 minutes<sup>7</sup>. See attached MapQuest map. The distance between Carteret General Hospital, where Carolina Lithotripsy provides service and CarolinaEast is 35 miles and 50 minutes. See attached MapQuest map. The distance between Lenoir Memorial Hospital, where Carolina Lithotripsy provides service and CarolinaEast is 35.9 miles and 44 minutes. See attached MapQuest map. It does not make sense that patients would drive out of their way to receive a service they could receive closer to home, especially when there has been no demonstration by ECL that Carolina Lithotripsy cannot meet the needs of the population in these counties. Although Jones and Pamlico Counties do not offer in-county lithotripsy at the present time, each county is adjacent to a county that already receives service from Carolina Lithotripsy. Again, the applicant has entirely failed to demonstrate that Carolina Lithotripsy cannot meet the needs of the patients in these counties. As shown in the attached page from the 2000 SMFP, Carolina Lithotripsy's relationships with host sites in many of the counties that ECL proposes to serve are long-standing. For example, Carolina Lithotripsy has been serving Beaufort, Craven, Lenoir, Johnston, Cumberland, Carteret and Onslow counties since at least 1998.

---

<sup>7</sup> Dr. Whitmore, the only urologist at CarolinaEast who supports the ECL proposal, has an office in Jacksonville near Onslow Memorial Hospital. He also maintains an office in New Bern. See Dr. Whitmore's letter of support in Exhibit 15. But ECL does not propose to have a host site in Onslow County, so if Dr. Whitmore were to direct Onslow County patients whom he sees at his Jacksonville office to the ECL lithotripter, they would have to travel out of county nearly an hour away, when they could receive the service from Carolina Lithotripsy at Onslow Memorial Hospital.

Thus, the resulting patient origin tables shown on page 68 are not reasonable. Beaufort, Cumberland, Onslow, Durham, Craven, Johnston, Sampson, Carteret, Lenoir, and Nash counties all have existing lithotripsy services in those counties, either from Carolina Lithotripsy or TLC.<sup>8</sup>

Further, the number of procedures projected by county on page 68 are also unreasonable. Onslow County is just one pertinent example. Onslow County residents are projected to constitute ECL's third highest patient origin and 9.2% of its total procedures. See application, page 68. But ECL does not propose to have a host site in Onslow County. The closest ECL site would be at CarolinaEast, which is about 35 miles and 48 minutes away from Onslow Memorial Hospital. It is not clear how many Onslow County lithotripsy patients Dr. Whitmore sees. In PY 1, ECL claims that it will perform 97 procedures on Onslow residents. According to the *Proposed 2017 SMFP*, a total of 7 lithotripsy procedures was performed at Onslow Memorial Hospital. While the SMFP and the hospital license renewal applications do not provide the patient origin of these patients, it is reasonable to expect that the majority of patients who received lithotripsy at Onslow Memorial Hospital were from Onslow County. Using Onslow Memorial Hospital's patient origin for ambulatory surgical services as a proxy establishes that in FFY 2015, 87% percent of the outpatient surgical procedures performed at Onslow Memorial were performed on Onslow County residents. See the attached Onslow Memorial's 2016 Hospital License Renewal Application, page 27. Applying this percentage to the number of lithotripsy procedures establishes that of the 7 procedures, 6.1 procedures were performed on Onslow residents. Yet ECL proposes to grow the number of procedures

---

<sup>8</sup> On page 2 of the application, in the Executive Summary, ECL states that it will serve patients from Hyde County. The patient origin table on page 68 of the application does not indicate that ECL will serve patients from Hyde County, unless Hyde County falls under the "other" category, which is not explained. Hyde County is adjacent to Beaufort County, where Carolina Lithotripsy already provides service at Vidant Beaufort Hospital. On page 22 of the application, ECL optimistically states that "some patients in adjacent counties like Wayne, Franklin, and Granville, may also use the service as the program gains recognition." Wayne County already receives service from Carolina Lithotripsy and TLC. See Table 9A of the *Proposed 2017 SMFP*; *2016 SMFP*, pages 124 and 127, so there would be no reason for residents of Wayne County to travel to an ECL host site outside of Wayne County. As far as Franklin and Granville Counties are concerned, both are adjacent to Wake County and Vance County, where there is already existing service from three providers: TLC and Carolina Lithotripsy (Wake County) and Piedmont Stone Center (Vance County). Durham County, with three host sites, is also adjacent to Granville County.

performed on Onslow residents to 97 in the space of 3 years (FY 2015 to FY 2018). This is an increase of 1,490% and is unreasonable on its face. There is no information in the application to substantiate that vast numbers of Onslow residents are leaving Onslow County to have lithotripsy performed in locations outside Onslow County.

Cumberland County is another example demonstrating how unreasonable ECL's projections are. According to the *Proposed 2017 SMFP*, Carolina Lithotripsy performed 143 procedures in Cumberland County in FFY 2015. Yet by 2018, ECL projects that it will perform 114 procedures on Cumberland County residents. ECL does not propose a host site in Cumberland County and it does not have any letters of support from Cumberland County physicians or any physicians who state that they see patients from Cumberland County. The closest proposed ECL site is at SRMC, which is 51 minutes and 35.3 miles from Highsmith Rainey Hospital. See attached MapQuest map. On its face, it seems highly unlikely that large numbers of Cumberland County residents will leave Cumberland County to travel almost an hour to SRMC to receive lithotripsy when they could receive it closer to home. Similar to Onslow County, there is no information in the application showing that there are significant numbers of Cumberland County residents who now leave Cumberland County to go to SRMC or other places to receive lithotripsy. ECL's projected number of procedures on Cumberland County residents would only be possible if: (1) Carolina Lithotripsy exits Cumberland County; or (2) ECL captures most of Carolina Lithotripsy's market share in its first year of operation; or (3) there is exponential growth in the number of lithotripsy cases performed on Cumberland County residents in 3 years; or (4) some combination of (1) - (3). There is no information in the application to support any of these scenarios.

The letters of support from physicians further highlight how unreasonable the projected utilization is. According to the table provided in Exhibit 15, two physicians in Nash County project to direct patients to ECL and will order 72 lithotripsy procedures per year on ECL's lithotripter. ECL does not propose to have a host site in Nash County. The physicians do not indicate to which ECL host site they would direct these 72 procedures. Triangle Lithotripsy already has a site in Nash County. It seems highly unreasonable that these physicians would direct patients to Raleigh,

Clinton or New Bern, when the procedures could be performed by TLC in Nash County.<sup>9</sup> There is nothing in the application to indicate that TLC is going to stop serving Nash County or that it cannot handle the volume these two physicians say they would direct to ECL. Similarly, Dr. Sherman Hawkins in Wayne County indicates he will direct patients to the ECL lithotripter and will order 36 procedures annually on the ECL lithotripter. ECL does not propose a host site in Wayne County. TLC serves Wayne County as does Carolina Lithotripsy. There is nothing in the application to indicate that TLC and Carolina Lithotripsy are going to stop serving Wayne County. Dr. Hawkins does not indicate to which ECL host site he will send his patients, and the patient origin table projects no patients from Wayne County. It would not be reasonable for Dr. Hawkins to direct patients to Raleigh, Clinton or New Bern when the procedures could be performed in Wayne County on either the TLC or Carolina Lithotripsy lithotripter.

In summary, ECL did not adequately demonstrate that its projected mobile lithotripsy utilization is based on reasonable and supported assumptions. Therefore, ECL did not adequately demonstrate the need the population to be served has for the proposed mobile lithotripter. Consequently, the application is not conforming with Criterion (3).

- In Section II.5 of its application, ECL describes the alternatives it considered. However, the ECL proposal is not the most effective geographic alternative. The ECL application proposes to unnecessarily duplicate existing mobile lithotripsy services at WakeMed Cary, Rex Surgery Center, SRMC, and CarolinaEast. Additionally, ECL did not justify its projected mobile lithotripsy utilization, did not adequately demonstrate the need the population to be served has for the proposed mobile lithotripter, and is not conforming to other applicable statutory and regulatory review criteria. Therefore, ECL did not demonstrate that its proposal is the least costly or the most effective alternative, and is not conforming to Criterion (4).

---

<sup>9</sup> Interestingly, the patient origin table on page 68 shows 2 procedures on Nash County residents in PY 1 and PY 2.

- As described previously, ECL's related entity, TLC, currently serves three of the four host sites proposed in the ECL application (WakeMed Cary, Rex Surgery Center and SRMC). ECL failed to describe the disposition of the TLC lithotripter at WakeMed Cary, Rex Surgery Center and SRMC upon completion of ECL's proposed project. On page 62, ECL states that it will "take over" certain TLC host sites. It is unclear whether TLC will continue to serve these host sites or whether TLC will need to serve new host sites. Furthermore, ECL also proposes to serve CarolinaEast which is currently served by Carolina Lithotripsy. ECL does not propose to offer lithotripsy services to a single host facility that does not currently have lithotripsy services. Therefore, ECL's proposal will result in unnecessary duplication of existing mobile lithotripsy services at the proposed host sites, and the ECL application is non-conforming to Criterion (6).

Additionally, ECL did not adequately demonstrate the need the population it projects to serve has for the proposed services. See Criterion (3) for discussion. Therefore, the applicant did not adequately demonstrate that the proposed project would not result in the unnecessary duplication of existing or approved lithotripsy services, and is not conforming with Criterion (6).

- ECL's proposed lithotripsy program is a much less effective alternative from a quality of care standpoint. ECL's plan offers no clinical integration of the SWL service. As described throughout its application, ECL will play no role in identifying and scheduling patients, credentialing physicians, accrediting the program, standardizing the care protocol, tracking patient outcomes, and measuring and evaluating the quality of SWL care.

By stark contrast, as described in Section V.7 of its application, Piedmont Stone Center is truly a clinically integrated organization in that the organization has developed specific protocols with regards to quality, access, and cost. For many years, Piedmont Stone Center has set measurable objectives and used the data extracted from Piedmont Stone Center's EHR in order to maintain and improve high quality patient outcomes. Piedmont Stone Center itself credentials every physician who proposes to use Piedmont Stone Center's lithotripters. Physicians utilizing Piedmont Stone Center's lithotripters must commit to a specific treatment

protocol based upon Piedmont Stone Center's Medical Advisory Committee's refined improvement process, thereby standardizing the care delivered across Piedmont Stone Center's service area. Piedmont Stone Center also maintains lithotripsy-specific accreditation with the AAAHC. While ECL makes conflicting statements about AAAHC accreditation, key elements of the application (the timetable and the pro formas) show that ECL is not going to be AAAHC accredited.

- Investment in education is another important distinction between these two applicants. As discussed in Section V of the Piedmont Stone Center application, Piedmont Stone and Wake Forest University Health Sciences have a strong and unique clinical training relationship. Piedmont Stone Center's lithotripters are used for residency training. See Piedmont Stone Center application, page 86. There is nothing like this proposed in the ECL application.<sup>10</sup>
- ECL did not adequately demonstrate the availability of funds for the capital needs of the project. Specifically, ECL failed to include:
  - a quotation for a tractor to pull the lithotripsy equipment semi-trailer, and
  - a calculation of appropriate North Carolina sales tax and highway use tax on the capital equipment it proposes to purchase. The TRT quote for the lithotripter and the Medical Coaches quote in CON application Exhibit 18 specifically state that sales tax is excluded.

Exhibit 18 of the ECL application includes a quotation from Medical Coaches for the equipment trailer, but does not include a quotation for a tractor. By comparison, the Piedmont Stone Center application includes a quotation for a Mack Tractor for \$119,500. See page 118 of the Piedmont Stone Center application; see also Exhibit 3 to the Piedmont Stone Center application.

---

<sup>10</sup> The ECL application makes reference to a Kidney Stone Center. See application, page 97. It is not clear what role ECL would play in the Kidney Stone Center. It appears that WakeMed is offering a Kidney Stone Center now without ECL or TLC. See Exhibit 14 of the ECL application. The Kidney Stone Center does not appear to be a clinically integrated system of delivery such as Piedmont Stone Center offers and it is not part of a residency training program offered by an academic medical center.

With regard to taxes, as shown in the ownership table in Section I.10, Eastern Carolina Lithotripsy, Inc. is a proprietary company and is not exempt from paying taxes. Based on the equipment costs listed in the application, the sales tax should be approximately \$33,000, and the highway use tax should be approximately \$4,000. These taxes are included in the Piedmont Stone Center proposal. See Piedmont Stone Center application, page 117.

When the missing tractor expense of approximately \$120,000 and the missing taxes of approximately \$37,000 are added to the capital cost of \$973,049 listed by ECL on page 131, the total project capital cost should be approximately \$1,130,049. Thus, the project capital cost listed on page 131 does not include all necessary costs to acquire and make operational the proposed equipment, and therefore the application is non-conforming to Review Criterion (5).

- ECL further did not adequately demonstrate the availability of funds for the capital needs of the project. Specifically, the bank funding letters are insufficient given the higher than documented project capital cost. In Section IX of the application, page 135, ECL projects its working capital expense to be \$122,055. Combined with the project capital cost of \$1,130,049, the total project funding requirement is \$1,252,104. However, Exhibit 19 includes two bank funding letters, each of which is limited to \$1,150,000. Therefore, ECL's application does not demonstrate the availability of capital funds and is nonconforming to Review Criterion (5), and thus not approvable.<sup>11</sup>
- The ECL loan amortization table shown in Exhibit 21 is inaccurate, as it does not reflect the loan amount needed for the project. Per the discussion in the previous bullets, ECL needs a loan of \$1,252,104, but the amortization table reflects only a loan amount of \$1,100,000. This \$152,104 discrepancy would result in a higher loan principle, more loan interest, and therefore, higher monthly loan payments than ECL reflects in its

---

<sup>11</sup> In CON application Exhibit 19, ECL submitted two bank letters. One letter is from North State Bank and the other letter is from Park Sterling Bank. The two letters are substantially identical. It is unclear which bank ECL would use should it receive the CON. But it would not be reasonable to add the two bank letters to come up with a capital commitment \$2.3 million; page 133 of the application refers to "the" loan and "a" loan – singular, not plural, loans.

- application proforma income statement. Therefore, ECL did not demonstrate financial feasibility because it did not reasonably project the cost for providing the proposed health service, and should be found non-conforming to Review Criterion (5).
- ECL’s projected payor mix is not reasonable because it is based on unreasonable volume projections. As previously described, the projected volumes for the various locations are not reasonable when compared to the actual historical volumes at the prospective host sites, and considering the market share assumptions which form the basis for the volume projections. Therefore, ECL’s application is non-conforming to Review Criterion (13c) because ECL did not adequately identify the extent to which the elderly and the medically underserved groups are expected to utilize the applicant’s proposed service.
  - ECL projects lower charity care and Medicaid payor mixes than Piedmont Stone Center, as shown in the table below. In addition, Piedmont Stone Center projected charity care/bad debt of \$245,932 in Project Year 2, which is much larger than the ECL projection of \$41,749 for PY2. Therefore, ECL’s application is the least effective alternative for providing access to the medically indigent population of North Carolina.

**Projected Payor Mix**

	<b>Piedmont Stone Center</b>	<b>ECL</b>
<b>Charity Care</b>	<b>4.4%</b>	2.2%
<b>Medicaid</b>	<b>7.8%</b>	6.7%
<b>Combined</b>	<b>12.2%</b>	8.9%

Source: Piedmont Stone Center application, page108; ECL application, page 113

- ECL projects inadequate staff levels to cover the proposed service. Specifically, on pages 119-122, ECL’s staffing table VII.1b shows just two Radiology Technician positions. The staffing table does not show any other clinicians, such as a Registered Nurse, who would help to ensure proper



clinical oversight and quality. It is unclear whether the appropriate level of staffing necessary for SWL services will actually be at each site.

Further, ECL does not document any supporting staff such as an Administrative Assistant to handle scheduling or other details.

Therefore, ECL's application is nonconforming to Review Criterion (7) because ECL does not show evidence of the availability of health manpower for the provision of the services proposed. ECL's application is also nonconforming to Review Criterion (5) because ECL does not reasonably project the costs for providing services proposed.

- Because the ECL application is non-conforming with Criteria (1), (3), (4), (5), (6), (7) and (13c), it should also be found non-conforming with Criterion (18a). The proposed ECL project will not have a positive impact on competition. Contrary to ECL's argument on page 101 of its application, the ECL project will not "increase capacity in parts of the state where access to lithotripsy is limited." ECL merely proposes to "take over" some existing sites from its sister company, TLC, who may or may not continue to serve these same sites. The volumes at the two easternmost sites, SRMC and CarolinaEast, are low and declining. There is no evidence in the application that adding an ECL lithotripter to those sites will change anything. Since the applicant did not provide information about the disposition of the TLC lithotripter, there is no evidence showing how "freeing up" the TLC lithotripter will increase capacity or otherwise enhance competition. Thus, the argument that ECL program will improve access is unpersuasive. All four of the proposed host sites already receive lithotripsy service, either from TLC or Carolina Lithotripsy. Access will essentially be unchanged. Moreover, as discussed above, with regard to financial accessibility, Piedmont Stone Center is far superior to ECL.

With respect to quality, evidence in the application suggests that ECL does not plan to seek AAAHC accreditation. See previous discussion about ECL's timetable and pro formas. Moreover, the Kidney Stone Center program the applicant describes is, apparently, a program of the host sites, not ECL. See, e.g., Exhibit 14 (WakeMed advertisement for Kidney Stone Center); see also discussion on page 102 of the application, stating that such programs are under study or development at CarolinaEast and SRMC.<sup>12</sup>

---

<sup>12</sup> It is also not explained how, if at all, the presence of a Kidney Stone Center will contribute to utilization of the ECL lithotripter, especially at the levels ECL projects. The Kidney Stone Center

While the Agency does not compare applicants under Criterion (18a), it must be noted that the quality measures ECL proposes are not comparable to the long-standing, rigorous and documented clinical integration program of Piedmont Stone Center.

With regard to value, Piedmont Stone Center agrees with ECL that SWL is a cost effective option, especially when compared to surgery. However, as previously stated, the proposed ECL program is not a truly cost effective solution, as it omits many elements that contribute to the cost of the procedure.

- Piedmont Stone Center’s proposed project will serve a larger lithotripsy market compared to ECL’s proposed project. Piedmont Stone Center’s proposed mobile lithotripter will serve host sites in 12 counties compared to only three counties as proposed in the ECL proposal. The following table compares the host site county populations for the competing proposals.

**Comparison of Host Site County Populations**

	<b>Host Site County Total Population 2016</b>	<b>% Difference</b>
Piedmont Stone Center	1,891,712	36.8%
Eastern Carolina Lithotripsy	1,195,840	

Source: CON applications, North Carolina Office of State Budget and Management

- A comparison of the physician support network for the competing proposal indicates Piedmont Stone Center has a much larger support network for the proposed host sites. Specifically, Piedmont Stone Center has 72 urologists<sup>13</sup> serving the proposed host sites compared to only 23 urologists identified in Exhibit 15 of the ECL application<sup>14</sup>. As noted

---

program actually appears to be more preventive in nature. See discussion on page 87 of the application.

<sup>13</sup> 72 is specific to the number of urologists associated with the sites that will be served by proposed new lithotripter. Overall, Piedmont Stone Center’s support network includes 91 urologists. See Piedmont Stone Center application, page 115.

<sup>14</sup> One physician shown on the chart on Exhibit 15 to the ECL application, Dr. Robert Andrews, did not propose to order any procedures on the ECL lithotripter. See Dr. Andrews’ letter in Exhibit 15. Thus, the actual number of physicians who said they would order procedures on the ECL lithotripter is 22.

earlier, ECL will not be credentialing physicians to use its lithotripter, which is another difference between it and Piedmont Stone Center.

- Salaries are a significant contributing factor in recruitment and retention of quality clinical staff, and therefore, from a quality of care perspective, represent a significant comparative metric for this CON batch review. Please see the table below.

**Projected Radiology Technician Salaries  
Project Year 2**

Applicant	Salary
Piedmont Stone Center	\$71,028
Eastern Carolina Litho	\$55,713

Source: Piedmont Stone Center application, page 110; ECL application, page 120

Piedmont Stone Center projects the highest Radiology Technician salary per FTE. Therefore, ECL is the least effective alternative with regard to payments for Radiology Technicians.

- ECL budgets only \$5,464 for Medical Director, which represents much less than one hour per week for physician clinical oversight. See application, page 119. By comparison, Piedmont Stone Center budgets \$29,046 in PY2 for the Medical Director, or 430% more. See Piedmont Stone Center pro formas, Form C. Therefore, ECL is the least effective alternative vis-à-vis physician oversight for highest quality of care.
- As previously noted, the project capital cost does not reflect acquisition of a tractor to drive the mobile lithotripter semi-trailer. The financial proforma does not include any expense related to rental of a truck. Further comparison of the financial proformas of the two applications shows the following:
  - ECL does not include any expenses associated with drugs, medical supplies, laundry, housekeeping, utilities or other facility-related fees associated with offering mobile lithotripsy services. These are examples of the hidden costs that ECL is not showing. As a result,

a strict comparison of the total operating expenses projected by each applicant is not feasible or meaningful, because this is not an “apples-to-apples” comparison.

- ECL’s annual travel budget is just \$12,000. This is not reasonable for employee travel expenses associated with a mobile lithotripter, and is much less than the \$44,721 employee travel expense Piedmont Stone Center projects in PY2, which is based on its actual experience.
  - The management fees ECL projects are 20%, or \$504,505 in PY2, which is substantially higher than the 12% management fees, or \$264,046 Piedmont Stone Center projects in PY2.
  - ECL projects property taxes of only \$3,278 in PY2, compared to the more reasonable Piedmont Stone Center projection of \$15,532.
  - ECL projects just \$4,324 for miscellaneous expenses. This is inadequate to cover the various miscellaneous expenses associated with offering mobile lithotripsy services. By contrast, Piedmont Stone Center projected \$43,276 in PY2 to cover the various overhead and general and administrative expenses, including office and computer supplies, bank charges, recruiting and credentialing, postage, medical waste, telephone, and electronic medical records.
  - ECL does not include any expense associated with equipment accreditation, because it does not plan to accredit the mobile lithotripter. In fact, on page 105 of its application, ECL says “lithotripsy does not hold certifications.” By comparison, Piedmont Stone Center does actually obtain accreditation for its mobile lithotripters, and includes \$16,550 in PY2 for accreditation of the proposed additional lithotripter, which is an important component in demonstrating quality of care.
- Another issue to consider regarding the ECL application is the variability of its projected charges. As shown on Form D of ECL’s proformas, ECL projects to charge host sites \$2,900 for commercial insurance and managed care patients, which is 53% higher than the \$1,900 charge to host sites it projects for all other payor types. This higher projected charge will obviously have an impact on what ECL’s projected host sites will ultimately charge its patients and payors for the SWL services. The Piedmont Stone Center private patient procedure charge of \$4,500 documented in its CON application is likely to be much less than the undocumented charges that the ECL host facilities are

likely to charge patients and payors. In the current healthcare marketplace, where cost of care is a major concern with payers and the public, the projected procedure charge is an important measure of consumer value. In this metric, Piedmont Stone Center is the most effective alternative for providing value.

### CONCLUSION

For all of the foregoing reasons, the ECL application should be disapproved. It fails to satisfy multiple CON criteria, and it is also comparatively inferior to the Piedmont Stone Center application. The Piedmont Stone Center application should be approved because it satisfies all the applicable CON criteria and is comparatively superior to the ECL application.

**Attachment 1**  
**CarolinaEast Physician Roster**

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>Group</b>	<b>Phone</b>	<b>Fax</b>	<b>Name</b>
<b>Allergy &amp; Asthma Clinic</b> 2417 Neuse Blvd, New Bern, NC 28562	(252) 636-2625	(252) 635-1530	Zechman, James M, MD
<b>Care 2 You Medical Services</b> 1230 US Hwy 70 East, Suite One New Bern, NC 28560	252-514-6594	252-639-2005	Lynch, Richard O, MD
<b>Carolina Craniospinal Neurosurgery</b> 2111 Neuse Blvd, Suite A, New Bern, NC 28560	(252) 638-4500	(252) 637-6797	Dalrymple, Stephen J, MD Held, Mark C, MD
<b>Carolina Orthopedics &amp; Sports Medicine, Inc.</b> 738 Newnan Rd, New Bern, NC 28562	(252) 634-2676	(252) 633-1741	Arthur, Barton S, MD Bradley, Raymond J, MD Greenlaw, Paul R, MD Hedge, Kristin W, MD Wertman, Mark G, MD Wheatley, William B, MD Woodcock, Jessica, MD  Barnes, Judy K, RN Guy, E Jane, ST Carroll, P Sean, PAC Hamlett, Kelly N, LPN Haworth, Laura R, LPN Lopez, Guy E, RN Mercer, Rebecca J, PAC Venable, Donna L, CST
<b>CarolinaEast - RAC Dept</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	252-634-6119	252-634-6251	Banker, Lisa E, MD Semple, Shannon, PA
<b>CarolinaEast Cardiac, Thoracic and Vascular Surgeons</b> 960 Newnan Rd, New Bern, NC 28562	(252) 633-6730	(252) 633-6740	Dumicz, Piotr, MD Halligan, Michael E, MD
<b>CarolinaEast - Critical Care (Inpatient only)</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	(252) 633-8065	252-633-8340	Newton, Regina M, NP Bell, Edwin L, MD Everett, Roy N, MD (Maybee, David, MD) (Nestor, Jennings, MD) Ohrum-Bergmueller, Patty, MD

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<p><b>CarolinaEast Ear, Nose &amp; Throat Associates</b> 3110 Wellons Blvd, New Bern, NC 28562</p> <p>weekend coverage</p>	<p>(252) 638-2515 (252) 638-8538</p>	<p>Arrowood, Jr, John P, DDS, MD Grady, Richard D, MD Loveless, Howard W, MD Grant, Thomas, MD McNabb, Gregory, MD</p> <p>Burggraaff, Barbara A, MD Caldwell, William M, MD Campanelli, Joseph, MD Grafenberg, Matthew R, MD Hawk, Rodney J, MD Hueman, Kevin G, MD Newberry, Travis R, MD Rose, Austin S, MD Sprehe, Samuel E, MD Warner, Danielle C, MD</p>
<p><b>CarolinaEast Heart Center</b> 4252 Arendell St., Suite E, Morehead City, NC 28557</p>	<p>(252) 808-0145 (252) 808-2770</p>	<p>Ard, Scott W, MD Cohen, Joseph, MD Gould, John J, MD Mehurg, Shannon M, MD</p>
<p><b>CarolinaEast Heart Center</b> 1001 Newman Rd, New Bern, NC 28562</p>	<p>(252) 635-6777 (252) 634-3183</p>	<p>Farmer, Laurance D, MD Grove, Matthew M, DO Hudson, Christopher J, MD Jessup, David B, MD Kirby, Alex R, MD Levine, Matthew A, MD Park, Angela M, MD Williams II, John A, MD</p> <p>Koson, Terri L, NP Salter, Mallory G, FNP Scott, Dusty L, PA Sheaffer, Matthew J, ANPC Zawodniak, Susan K, FNPC</p>



**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<p><b>CarolinaEast Internal Medicine</b> 532 Webb Blvd, Havelock, NC 28532</p>	<p>(252) 447-7088 (252) 447-2752</p>	<p>DeSantis, Douglas H, MD Gintautiene, Kristina Z, MD Moeller, G Radford, MD Rowe, Kristina J, MD Wardell, Walter J, MD  Curry, Rosemary, NP Ayers, Jr, John C, MD Cimis, Robert J, MD Cohen, Dean S, DO Creta, Michael, DO Healy, Paul J, MD Lorio, William P, MD Moore, George, MD Paul, Daniel E, MD Salamon, Barbara E, MD Smith, J Matthew, MD Tourigny, Paul R, MD</p>
<p><b>CarolinaEast Internal Medicine</b> 2604 Dr Martin L King Jr Blvd, PO Box 13187, New Bern, NC 28561-3187</p>	<p>(252) 638-4023 (252) 633-2833</p>	<p>Atkinson, Christopher R, DO Bender, Neil C, MD Davis, Michael E, MD Farina, Nicholas, MD Goodwin, Bonnie J, MD Holmes, Robert O, DO Marks, Kathy A, MD Moeller, Mark B, MD Moeller, Wendy P, MD Restelli, Evan R, DO Towarniecky, Michael R, MD Underhill, J Graham, DPM Williams, Jack H, MD Check, Nicole, MD Evans, Colin M, MD Gordin, Kristi D, MD Mangun, Jennie C, MD Riley, Rebecca C, MD Whaley, Marcus C, MD</p>
<p><b>CarolinaEast Internal Medicine</b> 137 Medical Lane, PO Box 68, Pollocksville, NC 28573</p>	<p>(252) 633-1010 (252) 224-3071</p>	<p>Atkinson, Christopher R, DO Bender, Neil C, MD Davis, Michael E, MD Farina, Nicholas, MD Goodwin, Bonnie J, MD Holmes, Robert O, DO Marks, Kathy A, MD Moeller, Mark B, MD Moeller, Wendy P, MD Restelli, Evan R, DO Towarniecky, Michael R, MD Underhill, J Graham, DPM Williams, Jack H, MD Check, Nicole, MD Evans, Colin M, MD Gordin, Kristi D, MD Mangun, Jennie C, MD Riley, Rebecca C, MD Whaley, Marcus C, MD</p>
<p><b>CarolinaEast Pediatrics</b> 2604 Dr Martin L King Jr Blvd, PO Box 13187, New Bern, NC 28561</p>	<p>(252) 636-1919 (252) 636-2656</p>	<p>Atkinson, Christopher R, DO Bender, Neil C, MD Davis, Michael E, MD Farina, Nicholas, MD Goodwin, Bonnie J, MD Holmes, Robert O, DO Marks, Kathy A, MD Moeller, Mark B, MD Moeller, Wendy P, MD Restelli, Evan R, DO Towarniecky, Michael R, MD Underhill, J Graham, DPM Williams, Jack H, MD Check, Nicole, MD Evans, Colin M, MD Gordin, Kristi D, MD Mangun, Jennie C, MD Riley, Rebecca C, MD Whaley, Marcus C, MD</p>

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>CarolinaEast Physical Medicine &amp; Pain Management Specialists</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	(252) 633-8024	(252) 633-8994	Delaney, Christopher S, MD Terry, Andrea L, DO
<b>CarolinaEast Primary Care</b> 620 Farm Life Ave, Vanceboro, NC 28586	(252) 244-1785	(252) 244-2876	Moore, Daniel P, MD (ECU) Norbury, John W, MD (ECU) Babb, Tamara L, MD
<b>CarolinaEast Radiation Oncology</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	(252) 633-8730	(252) 633-8736	Kats, Svetlana S, MD Miller, Seth M, MD Rusthoven, Kyle E, MD Watkins Jr, Edwin B, MD
<b>CarolinaEast Rehabilitation Hospital</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	(252) 633-8020	(252) 633-8954	Breda, Malinda L, PhD
<b>CarolinaEast Urology Clinic</b> 705 Newman Rd, New Bern, NC 28562	(252) 633-2712	(252) 633-5418	Doak, Hoyt B, MD Doyle, G Mark, MD Holland, Ryan T, MD Stewart, Thomas S, MD Underhill, T Reed, MD Walsh, Patrick J, MD Whitmore, III, Robert B, MD
445 Western Blvd Jacksonville, NC 28546	(910) 938-3099	(910) 938-3243	
<b>CarolinaEast Wound Healing &amp; Hyperbaric Services</b> 2000 Neuse Blvd, New Bern, NC 28560	252-634-6365	252-634-6364	Ballard, Harry, MD Phillips, Michael J, MD (Halligan, Michael E, MD) (Whitmore, III, Robert B, MD)
<b>Carolinas Center for Surgery</b> 3714 Guardian Avenue, Morehead City, NC 28557	252-247-2101	252-247-4675	Choe, Charles, PA Guirgues, Ashraf, MD Kreymerman, Peter A, MD
<b>Carteret Medical Group</b> 306 Medical Park Court	252-247-2013	252-727-9557	Ohman, Cecilia, NP Rave, Michael, MD
<b>CCHC Atlantic Internal Medicine</b> 750 Newman Rd, New Bern, NC 28562	(252) 634-9090	(252) 634-9915	Bounous, Christine G, MD Bounous, Jr, E P, MD Healy, Anne V, MD
<b>CCHC Neurology</b> 2861 Trent Rd, New Bern, NC 28562	(252) 637-7860	(252) 638-7865	VanDyke, Leslie B, PAC Hagerty, Catherine M, MD Steel, John G, MD

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>CCHC Coastal Internal Medicine &amp; Cardiology</b> 670 Cardinal Place, New Bern, NC 28561	(252) 636-6222	(252) 636-5385	<p>Davis, Michael L, MD                  French, Kevin M, MD                  Fujimigari, Michael M, MD                  McQuade, III, John F, MD                  Zavolo, Craig M, MD</p>
<b>CCHC Creekside Primary Care</b> 108 Market St, New Bern, NC 28560-6704	252-672-0224	252-672-0227	Lather, Ronald M, MD
<b>CCHC Heart &amp; Vascular Specialists</b> 941 Newman Rd, New Bern, NC 28560	252-634-3278	252-633-3312	<p>Casciello, Michael C, MD                  Dressler, Frederick A, MD                  Gregory, Christopher P, MD                  Nekkanti, Rajasekhar, MD (weekend coverage)                  Oliver, David C, MD                  Win, Andrew A, MD</p>
<b>CCHC New Bern Cancer Care</b> 1010 Medical Park Ave, PO Box 12248, New Bern, NC 28561	(252) 636-5135	(252) 636-5395	<p>Brydge, Aleta L, PAC                  Curlee, Jimsey A, RN                  Cho, John M, MD                  Gorman, Jr, Richard F, MD                  Taylor, W Chris, MD</p>
<b>CCHC New Bern Family Practice &amp; Urgent Care Center</b> 1040 Medical Park Ave, PO Box 12248, New Bern, NC 28561	(252) 633-1678	(252) 633-1403	<p>Hess, Kimberly S, ANPC                  Burnett, Jr, John W, MD                  DeGraw, Martin C, MD                  Kirby, Mary J, MD                  Overby, Jr, Joseph R, MD</p>
<b>CCHC New Bern Internal Medicine Specialists</b> 702 Newman Rd, New Bern, NC 28562	(252) 633-5333	(252) 633-9443	<p>Lucas, Kent V, MD                  Maybee, David B, MD                  Murray, Jr, Warren E, MD                  Nestor, Jennings E, MD                  Perruquet, James J, MD                  Shields, Wright D, MD                  Wilkins, Jr, Kenneth W, MD</p> <p>Dzwanowski, Jennifer S, NP                  Parrish, Danielle E, PAC                  Sanborn, Michelle A, RN                  Siegel, Kaitlin, PA</p>

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>CCHC Southern Gastroenterology Associates</b> 3100 Wellons Blvd, New Bern, NC 28562	(252) 634-9000	(252) 634-9001	Byrd, David E, MD Gibbs, Wood B, MD Healy, Joseph S, MD  Cottrell, Deanna L PAC Lewis, Patricia G, FNP Scott, Jennifer B, PAC
<b>CCHC Twin Rivers Family Practice</b> 3252 Wellons Blvd, New Bern, NC 28562	(252) 636-2664	(252) 636-8305	Moore, Leann D, MD Moore, Staley C, MD
<b>Coastal Carolina Foot &amp; Ankle Care</b> 612-A McCarthy Blvd, New Bern, NC 28562	(252) 633-3400	(252) 633-9338	Hagan, Thomas J, DPM Hagan, Tyler K, DPM
<b>Coastal Carolina Neuropsychiatric Center</b> 200 Tarpon Trail, Jacksonville, NC 28546	(910) 577-3030	(910) 577-3045	Cusi, Antonio, MD Illa-Sanchez, Lourdes T, MD Kahler, Sharon M, MD Mikhail, Ashraf G, MD Veeragandham, Ajay K, MD  Dew, Dorinda D, NP Hardin, Jessica L, PA James, Melvin W II, PA Lyfton, Andrew R, PA
<b>Coastal Children's Clinic</b> 703 Newman Rd, New Bern, NC 28562	(252) 633-2900	(252) 633-9609	Barden, III, Graham A, MD Copeland, Benjamin J, MD Crawford, C Marston, MD Gunsten, Gregory G, MD Kafer, Lisa M, MD Skladan, Lee Ann B, MD Tayloe, III, David T, MD Warren, Jr, Calvin G, MD
<b>Coastal Eye Clinic, PA</b> 802 McCarthy Blvd, New Bern, NC 28562	(252) 633-4183	(252) 636-1674	Cameron, Harold H, MD Chance, James K, MD Onano, Dean P, MD Scott, Michele L, MD

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<p><b>Coastal Oral &amp; Maxillofacial Surgery</b> 604 McCarthy Blvd, New Bern NC 28562</p>	<p>(252) 638-6177 (252) 638-5269</p>	<p>Foley, William L, DMD, MS Johnson, Mark W, DDS  Vallejo, Michele L Sevenski, Christa M Wyatt, Jamie L</p>
<p><b>Coastal Orthopedic &amp; Spinal Surgery, PA</b> 612-B McCarthy Blvd, New Bern NC 28562</p>	<p>(252) 635-1788 (252) 635-3053</p>	<p>Battersby, Brian J, MD</p>
<p><b>Coastal Pediatric Dentistry</b> 700 McCarthy Blvd, New Bern, NC 28562</p>	<p>(252) 633-0424 (252) 638-6662</p>	<p>Sanchez, Angela G, LPN Congleton, III, James B, DDS Harrison, Robert B, DMD  Bender, Crystal L DuPre, Andrea C Toler, Lori S</p>
<p><b>Coastal Radiology Associates</b> 720 Newman Rd, PO Box 12065, New Bern NC 28561</p>	<p>(252) 633-5057 (252) 633-0084</p>	<p>Adams, Larry L, MD Antonescu, Elena, MD Baigori, Brian, MD Beyer, III, Alfred J, MD Buff, S Joseph, MD Champion, Vincent G, MD D'Angelo, Elizabeth G, MD Drake, James E, MD Everett, Catherine J, MD Flye, Christopher W, MD Hall, Gregory J, MD Khatani, Vishal, MD Lorenzen, James C, MD MacGilvray, Marcel A, MD Said, Nicholas, MD Sides, II, Stephen N, MD Sloan, Timothy C, MD Trotta, Brian M, MD  Leymeister, Jason P, RT Marcello, Jason S, RT Templin, R Lance, RT Wells, Wayne E, RT</p>

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>Coastal Vein &amp; Vascular</b> 2203 Neuse Blvd, New Bern, NC 28560	(252) 638-8118	(252) 638-5192	Bell, III, William H, MD Sinning, Mark A, MD
<b>Craven Pathology Associates</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28561	(252) 633-8058	(252) 633-8941	Adams, H Eddie, RT Simmons, Kecia R, NP Bennert, Keith W, MD Newell, Jr, Robert B, MD Ward, Richard M, MD
<b>Craven Podiatry, LLP</b> 1421 S Glenburnie Rd, Suite D, New Bern, NC 28562	(252) 637-3988	(252) 637-0553	Curd, Thomas E, DPM
<b>Crystal Coast Oral &amp; Facial Surgery</b> 2129 S Glenburnie Rd, Suite 10, New Bern, NC 28562	(252) 288-5713	(252) 288-5612	Hagan, Ryan T, DMD
<b>Crystal Coast Pain Management Center</b> 2111 Neuse Blvd, Suite J, New Bern, NC 28561	(252) 636-0300	(252) 636-0335	Auman, Courtney M, MD Harum, Kirk E, MD Kitchen, Zachary J, MD McCutcheon, Debra R, MD Tellis, Angelo A, MD
<b>Crystal Coast Podiatry, PLLC</b> 3109 Trent Rd, New Bern, NC 28562	(252) 638-4700	(252) 638-5766	Bobrowski, Thomas J, DPM
<b>Eagle Hospital Physicians</b> 2000 Neuse Blvd, PO Box 12157, New Bern, NC 28560 Doreen Rhin - Office Manager	(252) 634-6504	(252) 634-6015	Abulatafa, Khalil T, MD Abumostafa, Yousef S, MD Aviles, Juan, MD Banker, IV, Millard F, MD Bauer, Daniel R, MD Bindewald, Eric S, MD Bobbitt, III, William H, MD Busteed, Timothy A, MD Cunningham, Samantha, DO Despres, Maureen, MD Dorlon, Jr, Robert E, MD Elsanjak, Abdelaziz A, MD Eze-Nliam, Chete M, MD Fisher, Robert J, MD Frederick, Andre' D, MD Hernandez, Marie M, MD Ikalowych, Sherry Z, MD Irvin, Stephen B, MD Ivanova, Daniela T, MD Kent, Carrie S, MD Kreps, Matthew M, MD Le, Phuong D, MD

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

**Eagle Hospital Physicians cont'd**

(252) 634-6504

(252) 634-6015

Le, Tram, MD  
 Manne, Presad P, MD  
 Mansy, Jan A, MD  
 Miao, Kai, MD  
 Milkowski, Deborah, MD  
 Mokbelpur, May C, MD  
 Obayomi, Olatokumbo, O, MD  
 Ohrum-Bergmueller, Patty S, MD  
 Oyetunde, Olasunkanmi K, MD  
 Peterson, Vivian M, MD  
 Rahman, Khawaja K, MD  
 Stahl, Simonne, MD  
 Stinson, Alan C, MD  
 Taylor, Ryan W, MD  
 Yarbrough, Demetria L, MD  
 Zawodniak, Mark J, MD

Bach, Cynthia A, NP  
 Frost, Nicole, FNP  
 Futh, Steven B, PAC  
 Metis, Jo Lin, NP  
 Midgette, Kimberley O, NP  
 Sparks, Shannon, PAC  
 Stevens, Stanley, PA

**Eastern Carolina Psychiatric Services**

2800 Village Way, New Bern, NC 28562

(252) 637-7300

(252) 637-1772

Godwin, Charles D, MD

Clayson, Barbara A, NP  
 Honeycutt, Sheila J, FNP  
 King, Jody L, PA-C

**Eastern Carolina Women's Center**

801 McCarthy Blvd, New Bern, NC 28562

(252) 633-3942

(252) 633-4788

English Brown, Kristi L, MD  
 Martin, Dennis K, MD  
 Michelson, Jeffrey A, MD  
 Michelson, Melinda B, MD  
 Moye, Paige D, MD  
 Parker, Charles L, MD  
 Patterson, Rolvix H, MD  
 Tinga, John H, MD

Marshburn, Mandy J, CNM

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

**Eastern Nephrology Associates**  
970 Newman Rd, New Bern, NC 28562

(252) 633-9262 (252) 633-4080

Blair, Richard D, MD  
Burkart, Thomas E, MD  
Jennings, Stuart C, MD  
Montero, Manuel, MD  
Newman, W Joseph, MD  
Saucier, Nathan A, MD

Holton, Suzanne A, NP  
Wishon (Shustring), Candace C, NP

**ECU - Infectious Diseases**  
Doctor's Park 6A, Greenville, NC 27834

(252) 383-2025  
(252) 561-3648  
(252) 561-9297

Ashraf, Muhammad S, MD  
Fadul, Nada, MD  
Markham, Dean, MD  
Siraj, Dawd S, MD  
Ramsey, Keith M, MD  
(4) ID Fellows

**Emergency Medicine Physicians**  
800 Hospital Dr, Suite 1, New Bern, NC 28560

(252) 707-8184  
(252) 633-8119 (252) 633-8288

Adolph, Randall H, DO  
Agnilar (Jackson), Celia M, MD  
Bentley, Karen B, MD  
Cole, Ian, MD  
Coomes, Justin D, MD  
Davis, Kayleigh, PA  
Guffrey, Kathryn M, MD  
Hawley, Stephanie K, MD  
Holt, Daniel E, MD  
Kelley, Brian M, DO  
Kendall, Jayne M, MD  
Kessler, Christopher K, MD  
Kiger, Tara L, MD  
Koonz, Stanley E, MD  
Lancaster, David S, MD  
Lavine, Gary, MD  
Misra, Swarup, MD  
Mynster, Christopher J., MD  
Naradzay, Jerome F, MD  
Patten, Jason R, MD  
Percy, Carmella F, DO  
Rimmer, Gregory A, DO  
Risk, Gregory C, MD  
Rose, Mathew J, DO  
Rowe, Sean A, MD  
Saad, Michael, MD  
Saenz, Rebecca L, MD  
Savko, Elizabeth A, DO  
Selley, Jeremy K, DO  
Shields, Brian P, MD  
Simonsen, Jeremy W, MD



**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>Emergency Medicine Physicians - cont'd</b>	(252) 633-8119	(252) 633-8288	Ta, Dat, MD	Bridges, Megan J, PAC Cargill, Laura K, PA Carlson, Samantha R, PAC Creel, Gregory W, PA Durning, April D, NP Graham, Jamie R, FNP Miller, Bruce, PA O'Kane, Richard J, PAC Owens, II, Edward H, PAC Peters, Douglas, PA Schulhof, Erin N, PA Smith, Natalie B, PAC Steel, Cleatus M, PA Thornberg, Audrey M, PAC van Althuis, Karis A, PAC Vis, Christopher A, PA Wharton, Lisa V, PAC Hancock, Morgan A, PA
<b>Moore Orthopedics &amp; Sports Medicine PA</b> 4251-B Arendell St, Morehead City, NC 28557	(252) 808-3100	(252) 808-3120	Moore, Jeffrey K, MD	
<b>Southeast Anesthesiology Consultants</b> 2719 B & C Neuse Blvd, PO Box 15007, New Bern, NC 28561	(252) 633-6117	(252) 633-2644	Pfaff, Charles A, PAC Amsler, Thomas F, DO Brayton, Michelle E, MD Clark, William S, MD Falk, Steven M, MD Garcia-Piedra, Orlando, MD Krukowski, James A, MD Long, John J, DO Panza, William S, MD Robertson, John P, MD	
<b>New Bern Professional Health Services</b> 3282 Wellons Blvd, New Bern, NC 28562	(252) 633-4700	(888) 217-3652	Salinas, Ruben R, MD	
<b>New Bern Surgical Associates</b> 701 Newman Rd, New Bern, NC 28562	(252) 633-2081	(252) 633-3446	Harshman, David L, MD Morgan, Richard E, MD Mostellar, III, H Curtis, MD Paul, Caroline A, MD Engel, Steven M, MD	
<b>Office of Dr Steven Engel</b> 1700 Neuse Blvd, New Bern, NC 28560	(252) 637-3799	(252) 633-0944	Engel, Steven M, MD	
<b>Office of Dr James Manley</b> 4110 Dr Martin L King Jr Blvd, Suite F, New Bern, NC 28561	(252) 633-5156		Manley, James J, MD	

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

<b>Office of Dr. Alan D Russakov</b> 612-B McCarthy Blvd, New Bern, NC 28562	(252) 635-1788	(252) 635-3053	Russakov, Alan D, MD
<b>Oriental Medical Clinic</b> 901 BRd St, PO Box 1058, Oriental NC 28571	(252) 249-2888	(252) 249-3166	Willi, Marc A, MD
<b>Orthopedic Hospitalists of New Bern</b> 2007 Neuse Blvd, New Bern, NC 28561	(252) 633-8005	(252) 633-8004	Caudle, Robert J, MD Ehlert, Kurt J, MD Kuhn, Michael A, MD Norris, Russell J, MD Purvis, Stephen A, DO Vining, Neil C, MD
<b>Pamlico Medical Center</b> 606 Main St, PO Box 729, Bayboro NC 28515	(252) 745-3191	(252) 745-7385	Stadelman, Jolie A, PAC Lamsal, Suman, MD
<b>Singleton Vision Center</b> 3515 Trent Rd, Suite 9, New Bern NC 28561-2665	(252) 514-2155	(252) 514-0303	Davidson, Andrew, MD Singleton, Jay A, DO Vega, Amanda J, ST

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

**Specialists On Call (Teleneurology)**

(866) 483-9690

(866) 445-6820

1503 Edwards Ferry Rd NE, Suite 310, Leesburg, VA 20176

Acosta, Indrani, MD  
Allen, Evan D, MD  
Asad, Syed A, MD  
Barbash, Andrew J, MD  
Eshraghi, Shervin, MD  
Gasper, Mason C, DO  
Gianakakos, Georgia, MD  
Janoff, Larry S, DO  
Kachroo, Arun, MD  
Kalanithi, Suman A, MD  
Linn, Heather M, MD  
Lipsius, Bruce D, MD  
Mehlman, Karyl N, MD  
Mrelashvili, Davit, MD  
Munit, Muhammad, MD  
Nguyen, Khanh, L, MD  
Orwitz, Jonathan I, MD  
Pearlman, Scott M, DO  
Reynolds, Leslie D, MD  
Rubin, Mitchell J, MD  
Samuels, Todd L, MD  
Schneider, Jean-Raphael, MD  
Sharf, Hillard C, MD  
Villar, Carlos E, MD  
Yapundich, Robert A, MD  
Zechow, Allen C, MD

**CarolinaEast Health System  
Group Practice Listing for those Physicians & AHPs with Clinical Privileges**

**Surgical Hospitalists**

2007 Neuse Blvd, New Bern, NC 28561

(252) 633-8005 (252) 633-8004

Davis, Thomas P, MD  
 Isaacs, George C, MD  
 Jenkins, Joseph T, MD  
 Phillips, Michael Jay, MD  
 Richardson, Daniel D, MD  
 Vire, Robert W, MD  
 Zeiler, David Z, MD

Choe, Charles B, PA  
 Pardue, Lori, PA

**Taylor Retina Center**

1403 McCarthy Blvd, New Bern, NC 28562

(252) 633-5100 (252) 633-5150

Taylor, Jeffrey S, MD  
 Pate, James C, MD  
 Patel, Shil K, MD  
 Zannis, John, MD

**Zannis Center for Plastic Surgery**

2021 Neuse Blvd, New Bern, NC 28560

(252) 633-1197 (252) 633-1720

**Attachment 2**  
**2000 SMFP Excerpt**

# 2000 State Medical Facilities Plan



North Carolina State Health Coordinating Council  
Medical Facilities Planning Section  
Division of Facility Services  
North Carolina Department of Health and Human Services

## **Lithotripsy**

### **Introduction**

Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. Extracorporeal lithotripsy is lithotripsy that occurs outside the body. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure that this section will concern itself with.

A lithotripter is a device that uses shock waves to pulverize urinary stones, which can then be expelled in the urine. An emitter is placed in contact with the patient's abdomen and the shock waves are focused on the stone which is shattered by the force.

### **Lithotripter Utilization**

Lithotripter utilization can be reasonably estimated by the incidence of urinary stone disease. Urinary stone disease or urolithiasis is a disease in which urinary tract stones or calculi are formed. The annual incidence of urinary stone disease or urolithiasis is approximately 16 per 10,000 population. The annual incidence would translate into 12,247 urinary stone disease cases per year in North Carolina based on the estimated population of the state as of July 1, 1999.

Not all cases of urinary stone disease would be appropriately treated by lithotripsy; thus, the cases that could be treated by this technology would be less than the 12,247 cases that occur annually. It has been estimated that 85% to 90% of kidney stone patients, when surgery is indicated, can be treated successfully by ESWL treatment. The above estimate translates to 11,022 cases based on 90% that could be treated by ESWL; thus, approximately 11,000 patients have the potential to be treated by lithotripsy per year.

The annual treatment capacity of a lithotripter has been estimated at between 1,000 and 1,500 cases.

### **North Carolina Utilization**

The number of lithotripsy procedures reported in North Carolina for the period of 1997-98 was 7,273 procedures. There were 14 lithotripsy units operated by 10 providers.

Procedures were provided by fixed units at three hospitals, and by 11 mobile units operated by 7 providers. The average number of procedures per lithotripter for the 1997-98 year is 520.

### **Access**

Because of the mobility of lithotripter services, and the subsequent number of sites from which the service is provided, it may be concluded that geographic access is available to the maximum economically feasible extent.

### **Other States' Need Determination Methodology**

In the December, 1992 State of Tennessee's Health Guidelines for Growth, the methodology for determining need for extracorporeal shock wave lithotripsy services (ESWL) was the following:

ESWL Need = 1 ESWL Unit per 1,000,000 Population

The need shall be based upon the current year's population projected four (4) years forward.

If North Carolina used the above methodology and projected population to July, 2003, the need for lithotripters would be a maximum of 8 lithotripters providing service in the state.

In the 1992-1995 Kentucky State Health Plan, the methodology was stated as follows:

No additional renal ESWLs shall be approved, unless every existing renal ESWL in the state performed at least 1,000 procedures in the previous year. One thousand procedures represents 50 percent utilization of 50 weeks of operation at 40 hours per week allowing an average of one hour per procedure.

If North Carolina used the above methodology, the need for lithotripters would be held to the present number of 14 lithotripters providing service in the state. In North Carolina none of the 14 lithotripters meet the threshold of 1,000 procedures per year.

### **North Carolina's Proposed Need Determination Methodology**

North Carolina uses a methodology based on the incidence of urinary stone disease. The need is linked to the above estimate of 12,247 cases and based on the assumption that 90% could be treated by ESWL; thus, approximately 11,000 patients in the state have the potential to be treated by lithotripsy per year.

With an annual treatment capacity of a lithotripter being estimated at between 1,000 and 1,500 cases, the maximum number of lithotripters needed in the state would be 11, based on the 11,000 cases and 1,000 procedures per lithotripter.

### **North Carolina's Need**

There are 14 lithotripters in the state and the proposed methodology indicates a maximum need of 11 lithotripters in the state. As a result, it is determined that there is no need for additional lithotripters in the state.

### **Lithotripsy Services in North Carolina**

The ten providers which offer lithotripsy services in North Carolina are listed on the following pages.



**Table 8U: Mobile Lithotripsy Providers and Locations Served**  
*(From 1998 data as reported in the 1999 Registration and Inventory of Mobile Equipment)*

<b>provider:</b> Carolina Lithotripsy, L.P. <b>address:</b> 2008 Litho Place <b>city/zip:</b> Fayetteville, NC 28304 <b>machines:</b> 2 <b>purchased:</b> 7/89, 1/92		<i>Area Served: Eastern NC</i>		
		<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
Raleigh Community Hospital	Raleigh, NC	78		
Southeast General Hospital	Lumberton, NC	110		
Beaufort County Hospital	Washington, NC	44		
Pitt Co. Memorial Hospital	Greenville, NC	165		
Craven Co. Memorial Hospital	New Bern, NC	87		
Wayne County Hospital	Goldsboro, NC	95		
Heritage Hospital	Tarboro, NC	27		
Lenoir Memorial Hospital	Kinston, NC	80		
Moore Regional Hospital	Pinehurst, NC	110		
Wilson Surgical Center	Wilson, NC	15		
Sampson Co. Memorial Hos.	Clinton, NC	31		
New Hanover Memorial Hos.	Wilmington, NC	204		
Johnston County Hospital	Smithfield, NC	45		
Halifax Memorial Hospital	Roanoke Rapids, NC	3		
Columbus County Hospital	Whiteville, NC	88		
Richmond Memorial Hospital	Rockingham, NC	41		
Fayetteville Ambulatory Cen.	Fayetteville, NC	29		
Cape Fear Valley Medical Cen.	Fayetteville, NC	190		
Carteret General Hospital	Morehead City, NC	45		
Wilson Memorial Hospital	Wilson, NC	65		
Columbia Brunswick Hospital	Supply, NC	40		
Onslow Memorial	Jacksonville, NC	28		
<b>Total Number of Procedures</b>		<b>1620</b>		
Average Number of Procedures per Lithotripter		810		
<b>provider:</b> Catawba Memorial Hospital <b>address:</b> 810 Fairgrove Church Road <b>city/zip:</b> Hickory, NC 28602 <b>machines:</b> 2 <b>purchased:</b> 6/90, 1/92		<i>Area Served: Western and Central NC</i>		
		<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
Catawba Memorial Hospital	Hickory, NC	91		
Frye Regional Medical Cen.	Hickory, NC	121		
Grace Hospital	Morganton, NC	57		
Haywood Regional Hospital	Clyde, NC	85		
McDowell Hospital	Marion, NC	28		
Rutherford Hospital	Rutherfordton, NC	55		
Scotland Memorial Hospital	Laurinburg, NC	78		
Harris Regional Hospital	Sylva, NC	68		
<b>Total Number of Procedures</b>		<b>583</b>		
Average Number of Procedures per Lithotripter		291.5		

*All data is self reported. NC DHHS-DFS-Planning has not independently verified this data.*

*provider:* Fayetteville Lithotripters, L.P.  
 South Carolina II  
*address:* 2008 Litho Place  
*city/zip:* Fayetteville, NC 28304  
*machines:* 1  
*purchased:* 8/89

*Area Served: Western NC*

<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
Pardee Memorial Hospital	Hendersonville, NC	87
Angel Community Hospital	Franklin, NC	27
Park Ridge Hospital	Fletcher, NC	10
St. Lukes Hospital	Columbus, NC	3
Transylvania Comm. Hospital	Brevard, NC	8
<b>Total Number of Procedures</b>		<b>135</b>
Average Number of Procedures per Lithotripter		135

*provider:* Fayetteville Lithotripters, L.P.  
 Virginia I  
*address:* 2008 Litho Place  
*city/zip:* Fayetteville, NC 28304  
*machines:* 1  
*purchased:* 7/90

*Area Served: Eastern NC*

<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
Albemarle Hospital	Elizabeth City, NC	53
<b>Total Number of Procedures</b>		<b>53</b>
Average Number of Procedures per Lithotripter		53

*provider:* Piedmont Stone Center  
*address:* 1901 S. Hawthorne Road  
*city/zip:* Winston Salem, NC 27103  
*machines:* 3  
*purchased:* 9/89, 4/90, 2/95

*Area Served: Western and Central NC*

<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
Randolph Hospital	Asheboro, NC	75
Watauga Hospital	Boone, NC	154
Alamance Regional Med. Cen.	Burlington, NC	105
Columbia Davis Hospital	Statesville, NC	149
Morehead Memorial Hospital	Eden, NC	48
Moses Cone Health System	Greensboro, NC	329
Maria Parham Hospital	Henderson, NC	68
Iredell Memorial Hospital	Statesville, NC	78
Franklin Regional Med. Cen.	Louisburg, NC	4
Wilkes Regional Medical Cen.	N. Wilkesboro, NC	32
Annie Penn Memorial Hos.	Reidsville, NC	26
Rowan Memorial Hospital	Salisbury, NC	105
Alleghany Memorial Hospital	Sparta, NC	60
Valdese General Hospital	Valdese, NC	22
High Point Surgery	High Point, NC	271
Piedmont Stone Center	Winston Salem, NC	688
<b>Total Number of Procedures</b>		<b>2214</b>
Average Number of Procedures per Lithotripter		737

		<i>Area Served: Western and Central NC</i>		
		<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
<i>provider:</i>	The Stone Institute, L.P.	Carolinas Medical Center	Charlotte, NC	289
<i>address:</i>	P.O. Box 2400	Cleveland Regional Med. Cen.	Shelby, NC	130
<i>city/zip:</i>	Cornelius, NC 28031	Gaston Memorial Hospital	Gastonia, NC	190
<i>machines:</i>	1	Lake Norman Reg. Med. Cen.	Mooresville, NC	18
<i>purchased:</i>	1991	Lincoln Medical Center	Lincolnton, NC	40
		Northeast Medical Center	Concord, NC	162
		Presbyterian Specialty Hos.	Charlotte, NC	298
		Stanly Memorial Hospital	Albemarle, NC	11
		Union Regional Medical Cen.	Monroe, NC	51
<b>Total Number of Procedures</b>				<b>1189</b>
Average Number of Procedures per Lithotripter				1189
		<i>Area Served: East Central NC</i>		
		<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
<i>provider:</i>	Triangle Lithotripsy Corp.	Rex Hospital	Raleigh, NC	288
<i>address:</i>	7003 Chadwick Dr. Suite 321	Central Carolina Medical Cen.	Sanford, NC	115
<i>city/zip:</i>	Brentwood, TN 37027	Nash Day Hospital	Rocky Mount, NC	182
<i>machines:</i>	1	WakeMed / W. WakeMed	Raleigh, NC	123
<i>purchased:</i>	6/90	Good Hope Hospital	Erwin, NC	11
		Durham Ambulatory Surgery	Durham, NC	177
<b>Total Number of Procedures</b>				<b>896</b>
Average Number of Procedures per Lithotripter				896

**Table 8V: Fixed Lithotripsy Providers and Locations Served**  
 (From 1998 data as reported in the 1999 Registration and Inventory of Medical Equipment)

<i>provider:</i> The NC Baptist Hospitals, Inc.	<i>Area Served:</i> Western and Central NC		
<i>address:</i> Medical Center Boulevard	<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
<i>city/zip:</i> Winston Salem, NC 27157	North Carolina Baptist Hos.	Winston Salem, NC	126
<i>machines:</i> 1	<b>Total Number of Procedures</b>		<b>126</b>
<i>purchased:</i> 8/15/85	Average Number of Procedures per Lithotripter		126
<i>provider:</i> Mission-St. Joseph's Health	<i>Area Served:</i> Western NC		
<i>address:</i> 428 Biltmore Avenue	<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
<i>city/zip:</i> Asheville, NC 28801	St. Joseph's Hospital	Asheville, NC	320
<i>machines:</i> 1	<b>Total Number of Procedures</b>		<b>320</b>
<i>purchased:</i> 4/87	Average Number of Procedures per Lithotripter		320
<i>provider:</i> Duke-UNC Lithotripsy Center Chapel Hill/Durham L.P.	<i>Area Served:</i> East Central NC		
<i>address:</i> 6301 Herndon Road	<i>Facility</i>	<i>Location</i>	<i>Procedures</i>
<i>city/zip:</i> Durham, NC 27710	Duke University Hospital	Durham, NC	137
<i>machines:</i> 1	<b>Total Number of Procedures</b>		<b>137</b>
<i>purchased:</i> 10/94	Average Number of Procedures per Lithotripter		137

**Table 8W: Mobile and Fixed Lithotripsy**  
 (Total Procedures/Units Reported)

Total Procedures Reported	Units Reported	Average Procedures per Unit
7,273	14	520

All data is self-reported. NC DHHS-DFS Planning has not independently verified this data.



**Table 8X: Lithotripter Need Determination**  
*(Scheduled for Certificate of Need Review during 2000)*

Lithotripters	Lithotripter Need Determination *	CON Application Due Date	CON Beginning Review Date
It is determined that no need exists for additional lithotripters in the State.			

\* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

**Attachment 3**  
**Highsmith Rainey Hospital**  
**2016 License Renewal Application**

REC'D JAN 13 2016

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
1205 Umstead Drive, 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**  
License # H0275 Medicare # 342014  
FID #: 010375  
PC 73 Date 1/14/16  
License Fee: \$1,505.00

**2016  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Cumberland County Hospital System, Inc.  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Highsmith-Rainey Specialty Hospital  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

Facility Mailing Address: 150 Robeson Street  
Fayetteville, NC 28301-5570


Facility Site Address: 150 Robeson Street  
Fayetteville, NC 28301-5570  
County: Cumberland  
Telephone: (910)609-4000  
Fax: (910)609-1456

Administrator/Director: Michael Nagowski  
Title: CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Michael Nagowski Title: CEO  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Sandy Godwin Telephone: 910-615-6852  
E-Mail: stgodwin@capefearvalley.com

**PAID**  
TRK NO. 891489  
DATE 1-13-16   
\$1,505



All responses should pertain to October 1, 2014 through September 30, 2015.

*For questions regarding this page, please contact Azzie Conley at (919) 855-4646.*

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

- 1) Please provide the main website address for the facility:

www.capefearvalley.com/hospitals/wish.html

- 2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

- A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

www.capefearvalley.com/patients/charity.html

- B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:  
Feel free to email the copy of the facility's charity care policy to:  
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

- 3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H. *\* All figures are for Cape Fear Valley Health System*

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
1,558,425	31,181,384	88,626,000	0

**AUTHENTICATING SIGNATURE:** this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Michael Nagowski Date: Jan. 11, 2016

PRINT NAME  
OF APPROVING OFFICIAL

Michael Nagowski

2016 Renewal Application for Hospital:  
**Highsmith-Rainey Specialty Hospital**

License No: **H0275**  
Facility ID: **010375**

All responses should pertain to October 1, 2014 through September 30, 2015.

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Primary National Provider Identifier (NPI) registered at NPPES 1982607115

If facility has more than one "Primary" NPI, please provide \_\_\_\_\_

**Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)**

List Name(s) of facilities:	Address:	Type of Business / Service:
Highsmith Rainey Specialty Hospital	150 Robeson St. Fayetteville, NC 28301	Long Term Acute Care Hospital IP + OP Services

Please attach a separate sheet for additional listings

**ITEMIZED CHARGES:** Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2014 through September 30, 2015.

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Cumberland County Hospital System Inc  
Street/Box: 1638 Owen Drive  
City: Fayetteville State: NC Zip: 28304  
Telephone: (910) 615-6700 Fax: (910) 615-6160  
CEO: Michael Nagowski, CEO

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?]  Yes  No

If 'Yes', name of Health System\*: Cape Fear Valley Health System

*\* (please attach a list of NC facilities that are part of your Health System)*

If 'Yes', name of CEO: Michael Nagowski

- a. Legal entity is:  For Profit  Not For Profit  
b. Legal entity is:  Corporation  LLP  Partnership  
 Proprietorship  LLC  Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered?  Yes  No

If "YES", name of building owner:

\_\_\_\_\_

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company.

Name: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

3. Vice President of Nursing and Patient Care Services:

Debbie Marshburn

4. Director of Planning:

Sandy Godwin

\* Cape Fear Valley Medical Center

\* CFV - Bladen County Hospital

\* CFV - Hoke Hospital



All responses should pertain to October 1, 2014 through September 30, 2015.

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1,390
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	58	52	***16,290
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>66</b>	<b>60</b>	<b>17,680</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>66</b>	<b>60</b>	<b>17,680</b>

\* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

\*\* Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

\*\*\* Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2014 through September 30, 2015.

**D. Beds by Service (Inpatient) continued**

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	7

\* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

**E. Reimbursement Source** (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	744		1,522	7	137
Medicare & Medicare Managed Care	10,470		18,519	88	455
Medicaid	4,100		5,226	35	1,485
Commercial Insurance	368		902	2	30
Managed Care	1,508		6,500	15	380
Other (Specify)*	490		3,199	5	254
<b>TOTAL</b>	<b>17,680</b>		<b>35,668</b>	<b>152</b>	<b>2,741</b>

\* Tricare / Workers Comp

**F. Services and Facilities**

N/A

**1. Obstetrics**

Enter Number of Infants

a. Live births (Vaginal Deliveries)	
b. Live births (Cesarean Section)	
c. Stillbirths	

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 6)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	

**2. Abortion Services**

Number of procedures per Year \_\_\_\_\_  
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 through September 30, 2015.

**3. Emergency Department Services** (cases equal visits to ED)

- a. Total Number of ED Exam Rooms:   0  . Of this total, how many are:
- a.1. # Trauma Rooms \_\_\_\_\_
- a.2 # Fast Track Rooms \_\_\_\_\_
- a.3 # Urgent Care Rooms   9
- b. Total Number of ED visits for reporting period: \_\_\_\_\_
- c. Total Number of admits from the ED for reporting period: \_\_\_\_\_
- d. Total Number of Urgent Care visits for reporting period:   17,376
- e. Does your ED provide services 24 hours a day 7 days per week?   Yes     No    
 If no, specify days/hours of operation: \_\_\_\_\_
- f. Is a physician on duty in your ED 24 hours a day 7 days per week?   Yes     No    
 If no, specify days/hours physician is on duty: \_\_\_\_\_

**4. Medical Air Transport:** Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service?   Yes      No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

**5. Pathology and Medical Lab** (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services   Yes     No
- b. Histopathology Laboratory   Yes     No
- c. HIV Laboratory Testing   Yes     No    
 Number during reporting period  
     HIV Serology \_\_\_\_\_  
     HIV Culture \_\_\_\_\_
- d. Organ Bank   Yes      No
- e. Pap Smear Screening   Yes      No

**6. Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants?   Yes      No  .

All responses should pertain to October 1, 2014 through September 30, 2015.

7. Specialized Cardiac Services (for questions, call 855-3865 [Healthcare Planning]) **N/A**

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment		
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger		
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older		
4. Number of Procedures* Performed in Mobile Units		
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

\*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: \_\_\_\_\_

Number of 8-hour days per week the mobile unit is onsite: \_\_\_\_\_ 8-hour days per week.

(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
<b>Procedures on Patients Age 14 and younger</b>	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	

**N/A**



All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: \_\_\_\_\_)

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	3
<b>Total of Surgical Operating Rooms</b>	<b>3</b>

Number of Additional CON approved surgical operating rooms pending development: \_\_\_\_\_  
 CON Project ID Number(s) \_\_\_\_\_

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

All Cases Performed in Operating Rooms	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
<b>Totals</b>				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: \_\_\_\_\_)

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	3
42830	Adenoidectomy, primary; younger than age 12	1
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	35
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	658
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	5

All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus – If multiple sites: \_\_\_\_\_)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	80	154
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		5
Ophthalmology		880
Oral Surgery		1,153
Orthopedics	2	
Otolaryngology	3	76
Plastic Surgery	6	135
Urology	3	327
Vascular	38	6
Other Surgeries (specify) <i>Gastroenterology</i>	12	1
Other Surgeries (specify) <i>Podiatry</i>	8	4
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>152</b>	<b>2,741</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy	3	186
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>3</b>	<b>186</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**Imaging Procedures**

(Campus – If multiple sites: \_\_\_\_\_)

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	199
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	Ø
71010	Radiologic examination, chest; single view, frontal	61
71020	Radiologic examination, chest; two views, frontal and lateral	1,259
71260	Computed tomography, thorax; with contrast material(s)	165
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	52
72100	Radiologic examination, spine, lumbosacral; two or three views	486
72110	Radiologic examination, spine, lumbosacral; minimum of four views	22
72125	Computed tomography, cervical spine; without contrast material	20
73030	Radiologic examination, shoulder; complete, minimum of two views	308
73110	Radiologic examination, wrist; complete, minimum of three views	178
73130	Radiologic examination, hand; minimum of three views	209
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	189
73564	Radiologic examination, knee; complete, four or more views	Ø
73610	Radiologic examination, ankle; complete, minimum of three views	255
73630	Radiologic examination, foot; complete, minimum of three views	337
74000	Radiologic examination, abdomen; single anteroposterior view	155
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	548
74176	Computed tomography, abdomen and pelvis; without contrast material	218
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	209

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: \_\_\_\_\_)

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
7.5	247	73	100

\* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2014 through September 30, 2015.

**10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes**

N/A

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with			
70544	MRA Head w/o			
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o			
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with			
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o			
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with			
72146	MRI Thoracic Spine w/o			
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with			
72148	MRI Lumbar Spine w/o			
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with			
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o			
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with			
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o			
73219	MRI Upper Ext, other than joint with contrast			
<b>Subtotals for this page</b>				



All responses should pertain to October 1, 2014 through September 30, 2015.

**10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)**

N/A

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

\*\* Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

**10c. Fixed MRI**

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

N/A

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
Total Fixed MRI Scanners	

**10d. Mobile MRI**

N/A

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed <b>only</b> at this site							

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.



All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider: \_\_\_\_\_

**10e. Other MRI**

*N/A*

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10f. Computed Tomography (CT)**

How many fixed CT scanners does the hospital have? 1  
 Does the hospital contract for mobile CT scanner services? \_\_\_ Yes  No  
 If yes, identify the mobile CT vendor \_\_\_\_\_

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	316	X	1.00	=	316
2	Head with contrast	19	X	1.25	=	23.75
3	Head without and with contrast	18	X	1.75	=	31.5
4	Body without contrast	888	X	1.50	=	1,329
5	Body with contrast	566	X	1.75	=	990.5
6	Body without contrast and with contrast	180	X	2.75	=	495
7	Biopsy in addition to body scan with or without contrast	∅	X	2.75	=	∅
8	Abscess drainage in addition to body scan with or without contrast	∅	X	4.00	=	∅

All responses should pertain to October 1, 2014 through September 30, 2015.

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

N/A

**10g. Other Imaging Equipment**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	1	292	1,484	1,776
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	3	2,588	8,575	11,163
Fixed Fluoroscopic X-ray Equipment	2	53	676	729
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.

**10h. Lithotripsy**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	155	155

Lithotripsy Vendor/Owner:  
*Carolina Lithotripsy LTD*

All responses should pertain to October 1, 2014 through September 30, 2015.

**11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment) N/A**

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
<b>Total Procedures – Linear Accelerators</b>		
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
<b>Total Procedures – Gamma Knife®</b>		

All responses should pertain to October 1, 2014 through September 30, 2015.

**11. Linear Accelerator Treatment Data continued**

*N/A*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)
b. Linear Accelerators 1. TOTAL number of Linear Accelerator(s) _____ 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____ 3. Of the TOTAL number above, Number of CyberKnife® Systems: _____ Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____
c. Number of Gamma Knife® units _____
d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) _____

**12. Telemedicine**

- a. Does your facility utilize telemedicine to have images read at another facility? Yes
- b. Does your facility read telemedicine images? No

**13. Additional Services:**

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services	✓	8. Number of Acute Dialysis Stations	<i>Bedside</i>



All responses should pertain to October 1, 2014 through September 30, 2015.

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

**Service Categories:** All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services  N/A	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals  N/A	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to October 1, 2014 through September 30, 2015.

13. Additional Services: *continued*

N/A

c) **Mental Health and Substance Abuse** *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type)  # of Treatment beds _____ # of Medical Detox beds _____	N/A						

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - General Acute Care Inpatient Services**

Facility County: Cumberland

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	3
6. Avery		42. Halifax		78. Robeson	43
7. Beaufort		43. Harnett	13	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	14	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	11
11. Buncombe		47. Hoke	5	83. Scotland	2
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	5	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	220	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	1	67. Onslow	5	102. South Carolina	1
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>336</b>



All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Inpatient Surgical Cases**

**Facility County: Cumberland**

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	5
6. Avery		42. Halifax		78. Robeson	37
7. Beaufort		43. Harnett	7	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	10	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	3
11. Buncombe		47. Hoke	2	83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	76	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	2	67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>152</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: Cumberland**

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	23
6. Avery		42. Halifax		78. Robeson	464
7. Beaufort		43. Harnett	128	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	66	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	218
11. Buncombe		47. Hoke	155	83. Scotland	66
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	19	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	38	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	16	60. Mecklenburg		96. Wayne	7
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1,487	62. Montgomery	3	98. Wilson	
27. Currituck		63. Moore	20	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	11	67. Onslow	1	102. South Carolina	5
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	2,741

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

Facility County: **Cumberland**

*N/A*

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - Psychiatric and Substance Abuse**

N/A

Facility County: **Cumberland**

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

2016 Renewal Application for Hospital:  
**Highsmith-Rainey Specialty Hospital**

License No: **H0275**  
 Facility ID: **010375**

All responses should pertain to October 1, 2014 through September 30, 2015.

N/A

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

N/A

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Out of State										
<b>TOTAL</b>										

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

N/A

Continued on next page

2016 Renewal Application for Hospital:  
**Highsmith-Rainey Specialty Hospital**

License No: H0275  
 Facility ID: 010375

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

N/A

Continued on next page

2016 Renewal Application for Hospital:  
Highsmith-Rainey Specialty Hospital

License No: H0275  
 Facility ID: 010375

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
<b>TOTAL</b>					

N/A



All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - MRI Services**

Facility County: Cumberland **N/A**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

Are mobile MRI services currently provided at your hospital? Yes \_\_\_\_\_ No

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Linear Accelerator Treatment**

Facility County: Cumberland

N/A

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – PET Scanner**

N/A

Facility County: **Cumberland**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Emergency Department Services**

N/A

**Facility County: Cumberland**

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	

2016 Renewal Application for Hospital:  
Highsmith-Rainey Specialty Hospital

License No: H0275  
Facility ID: 010375

All responses should pertain to October 1, 2014 through September 30, 2015.

---

This application must be completed and submitted with **ONE COPY** to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Michael Nagowski Date: 1/14/16

PRINT NAME  
OF APPROVING OFFICIAL Michael Nagowski

**Please be advised**, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

**Attachment 4**

**Onslow Memorial Hospital**

**2016 License Renewal Application**

DEC 14 2015

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
1205 Umstead Drive, 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

License # H0048 Medicare # 340042  
FID #: 923383  
PC    Date 12/15/15

License Fee:                     \$3,285.00

**2016  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Onslow Memorial Hospital, Inc.  
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)


Doing Business As  
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Onslow Memorial Hospital, Inc.  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

Facility Mailing Address: P O Box 1358  
Jacksonville, NC 28541-1358

Facility Site Address: 317 Western Blvd  
Jacksonville, NC 28546

County: Onslow  
Telephone: (910)577-2345  
Fax: (910)577-4741

**PAID**  
CK NO. 250488  
DATE 12-14-15   
\$3,285

Administrator/Director: Ed Piper  
Title: Chief Executive Officer  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Ed Piper, Ph.D. Title: Chief Executive Officer  
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Valerie Russell Telephone: 910-577-2374

E-Mail: valerie.russell@onslow.org

All responses should pertain to October 1, 2014 through September 30, 2015.

*For questions regarding this page, please contact Azzie Conley at (919) 855-4646.*

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

www.onslow.org

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

www.onslow.org/patient-assistance-program

B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:  
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
\$233,639	\$12,827,315	\$35,268,620	\$12,827,315

**AUTHENTICATING SIGNATURE:** this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: \_\_\_\_\_



Date: 12-11-15

PRINT NAME OF APPROVING OFFICIAL ED PIPER



All responses should pertain to October 1, 2014 through September 30, 2015.

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Primary National Provider Identifier (NPI) registered at NPPES 1679535496

If facility has more than one "Primary" NPI, please provide Medicare Anesthesia- 168985590

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
<u>Onslow Memorial Hospital</u>	<u>317 Western Blvd.</u> <u>Jacksonville, NC 28546</u>	<u>General / Acute</u>

Please attach a separate sheet for additional listings

**ITEMIZED CHARGES:** Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2014 through September 30, 2015.

**Ownership Disclosure** (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Jacksonville Hospital Inc  
Street/Box: 317 Western Blvd PO Box 1358  
City: Jacksonville State: NC Zip: 28541-1358  
Telephone: (910)577-4767 Fax: (910)577-4741  
CEO: Ed Piper, PhD / CEO

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] \_\_\_\_\_ Yes  No

If 'Yes', name of Health System\*: \_\_\_\_\_

\* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: \_\_\_\_\_

- a. Legal entity is:  For Profit  Not For Profit  
b. Legal entity is:  Corporation  LLP  Partnership  
 Proprietorship  LLC  Government Unit  
c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered?  Yes  No

If "YES", name of building owner:

Onslow County

2. Is the business operated under a management contract?  Yes  No

If 'Yes', name and address of the management company.

Name: \_\_\_\_\_

Street/Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

3. Vice President of Nursing and Patient Care Services:

Crystal Hayden, MSN, RN

4. Director of Planning: Daniel Waller, Sr. VP of Support Services



All responses should pertain to October 1, 2014 through September 30, 2015.

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) <i>Campus</i> _____	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical			
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)	12	12	1,044
<i>Other Units</i>			
i. Gynecology	19	18	3,868
j. Medical/Surgical ***	87	83	*** 21,655
k. Neonatal Level III ** (Not Normal Newborn)	4	4	** 55
l. Neonatal Level II ** (Not Normal Newborn)	14	14	** 2,029
m. Obstetric (including LDRP)	10	10	36
n. Oncology			
o. Orthopedics			
p. Pediatric	16	8	1,086
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>162</b>	<b>149</b>	<b>29,773</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>162</b>	<b>149</b>	<b>29,773</b>

\* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

\*\* Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

\*\*\* Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2014 through September 30, 2015.

**D. Beds by Service (Inpatient) continued**

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	
Number of unlicensed observation beds	

\* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

**E. Reimbursement Source** (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	1,144	12,861	2,561	64	431
Medicare & Medicare Managed Care	15,491	11,330	25,189	452	1,351
Medicaid	6,513	17,124	12,766	328	605
Commercial Insurance	4,086	11,870	17,625	285	720
Managed Care	0	0	0	0	0
Other (Specify)	2,539	8,303	13,843	209	842
<b>TOTAL</b>	<b>29,773</b>	<b>61,488</b>	<b>71,984</b>	<b>1,338</b>	<b>3,949</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1,147
b. Live births (Cesarean Section)	569
c. Stillbirths	12

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 6)	10
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	23

**2. Abortion Services**

Number of procedures per Year 189  
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 through September 30, 2015.

**3. Emergency Department Services** (cases equal visits to ED)

- a. Total Number of ED Exam Rooms: 41. Of this total, how many are:
- a.1. # Trauma Rooms 2
  - a.2 # Fast Track Rooms 5
  - a.3 # Urgent Care Rooms N/A
- b. Total Number of ED visits for reporting period: 61,488
- c. Total Number of admits from the ED for reporting period: 6,308
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours physician is on duty:

**4. Medical Air Transport:** Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service?  Yes  No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

**5. Pathology and Medical Lab** (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services  Yes  No
  - b. Histopathology Laboratory  Yes  No
  - c. HIV Laboratory Testing  Yes  No
- Number during reporting period
- HIV Serology 449
  - HIV Culture 0
- d. Organ Bank  Yes  No
  - e. Pap Smear Screening  Yes  No

**6. Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants?  Yes  No.

All responses should pertain to October 1, 2014 through September 30, 2015.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Healthcare Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	0	0
4. Number of Procedures* Performed in Mobile Units	0	0
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	0	
6. Number of Procedures on Dedicated EP Equipment	0	

\*A procedure is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor:           N/A          

Number of 8-hour days per week the mobile unit is onsite:           N/A           8-hour days per week.  
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	0
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	0
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	0
<b>Procedures on Patients Age 14 and younger</b>	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	0
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	0

All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: Cumulative Totals)

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	5
<b>Total of Surgical Operating Rooms</b>	<b>10</b>

Number of Additional CON approved surgical operating rooms pending development: \_\_\_\_\_  
 CON Project ID Number(s) \_\_\_\_\_

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1 (Cysto)

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: \_\_\_\_\_

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	373	1,878	522	2,263
Non-GI Endoscopy	16	15	30	21
<b>Totals</b>	<b>389</b>	<b>1,893</b>	<b>552</b>	<b>2,284</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.



All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: Cumulative Totals)

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	9
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	17
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	33
42820	Tonsillectomy and adenoidectomy; younger than age 12	105
42830	Adenoidectomy, primary; younger than age 12	51
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	2
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	119
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	52
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	185
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	62
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	27
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	11
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	996
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	159

All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus – If multiple sites: Cumulative Totals )

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	319	871
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	117	628
Ophthalmology	0	1,046
Oral Surgery	1	55
Orthopedics	321	369
Otolaryngology	5	505
Plastic Surgery	1	136
Urology	5	36
Vascular	0	0
Other Surgeries (specify) <u>Podiatry</u>	0	297
Other Surgeries (specify) <u>Organ</u>	0	6
Number of C-Section's Performed in Dedicated C-Section ORs	238	
Number of C-Section's Performed in Other ORs	881	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1,838</b>	<b>3,949</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	2	25
Cystoscopy	22	70
Non-GI Endoscopies (not reported in 8. c)	11	8
GI Endoscopies (not reported in 8. c)	40	402
YAG Laser		
Other (specify) <u>Pediatric Dentistry with Anesthesia</u>	0	85
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>75</b>	<b>590</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

Imaging Procedures

(Campus – If multiple sites: Cumulative Totals)

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	4
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	186
71020	Radiologic examination, chest; two views, frontal and lateral	205
71260	Computed tomography, thorax; with contrast material(s)	1
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	3
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	4
73030	Radiologic examination, shoulder; complete, minimum of two views	7
73110	Radiologic examination, wrist; complete, minimum of three views	3
73130	Radiologic examination, hand; minimum of three views	2
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	1
73564	Radiologic examination, knee; complete, four or more views	.
73610	Radiologic examination, ankle; complete, minimum of three views	9
73630	Radiologic examination, foot; complete, minimum of three views	9
74000	Radiologic examination, abdomen; single anteroposterior view	18
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	1
74176	Computed tomography, abdomen and pelvis; without contrast material	5
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	13

All responses should pertain to October 1, 2014 through September 30, 2015

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

**NOTE:** If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: Surgicare of Jacksonville )

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	0
<b>Total of Surgical Operating Rooms</b>	<b>4</b>

Number of Additional CON approved surgical operating rooms pending development: 0  
 CON Project ID Number(s) 0

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 0

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
<b>Totals</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: Surgicare of Jacksonville)

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	103
42830	Adenoidectomy, primary; younger than age 12	49
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	1
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	11
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	996
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	155

All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus – If multiple sites: Surgicare of Jacksonville)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		45
Neurosurgery		0
Obstetrics and GYN (excluding C-Sections)		23
Ophthalmology		1,046
Oral Surgery		0
Orthopedics		1
Otolaryngology		462
Plastic Surgery		0
Urology		5
Vascular		0
Other Surgeries (specify) <u>Podiatry</u>		293
Other Surgeries (specify)		0
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>		<b>1,875</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) <u>Pediatric Dentistry with Anesthesia</u>		85
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>		<b>85</b>



All responses should pertain to October 1, 2014 through September 30, 2015.

**Imaging Procedures**

(Campus – If multiple sites: Surgicare of Jacksonville)

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	
71020	Radiologic examination, chest; two views, frontal and lateral	2
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
73030	Radiologic examination, shoulder; complete, minimum of two views	
73110	Radiologic examination, wrist; complete, minimum of three views	
73130	Radiologic examination, hand; minimum of three views	
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	
73564	Radiologic examination, knee; complete, four or more views	
73610	Radiologic examination, ankle; complete, minimum of three views	
73630	Radiologic examination, foot; complete, minimum of three views	3
74000	Radiologic examination, abdomen; single anteroposterior view	2
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: Surgicare of Jacksonville )

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital’s experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average “Case Time” ** in Minutes for Inpatient Cases	Average “Case Time” ** in Minutes for Ambulatory Cases
24	208	0	59.5

\* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &\underline{2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day}} \\
 &\text{equals} \quad 36 \text{ hours per day total}
 \end{aligned}$$

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* “Case Time” = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the “Procedural Times Glossary” of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*



All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures**

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: Operating Room)

**a) Surgical Operating Rooms**

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	5
<b>Total of Surgical Operating Rooms</b>	<b>6</b>

Number of Additional CON approved surgical operating rooms pending development: 0  
 CON Project ID Number(s) 0

**b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)**

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1 (Cysto)

**c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:**

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: 0

CON Project ID Number(s) 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	373	1,878	522	2,263
Non-GI Endoscopy	16	15	30	21
<b>Totals</b>	<b>389</b>	<b>1,893</b>	<b>552</b>	<b>2,284</b>

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

\*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: Operating Room )

**20 Most Common Outpatient Surgical Cases Table** - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	9
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	17
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	83
42820	Tonsillectomy and adenoidectomy; younger than age 12	2
42830	Adenoidectomy, primary; younger than age 12	2
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	2
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	119
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	52
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	185
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	62
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	26
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG-laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	4

All responses should pertain to October 1, 2014 through September 30, 2015.

**8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)**

(Campus – If multiple sites: Operating Room)

**d) Surgical Cases by Specialty Area Table**

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	319	826
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	117	605
Ophthalmology		
Oral Surgery	1	55
Orthopedics	321	368
Otolaryngology	5	43
Plastic Surgery	1	136
Urology	5	31
Vascular		
Other Surgeries (specify) <u>Podiatry</u>	0	4
Other Surgeries (specify) <u>Organ</u>	0	6
Number of C-Section's Performed in Dedicated C-Section ORs	238	
Number of C-Section's Performed in Other ORs	331	
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>1,338</b>	<b>2,074</b>

**e) Non-Surgical Cases by Category Table**

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	2	25
Cystoscopy	22	70
Non-GI Endoscopies (not reported in 8. c)	11	8
GI Endoscopies (not reported in 8. c)	40	402
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>75</b>	<b>505</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**Imaging Procedures**

(Campus – If multiple sites: Operating Room)

**20 Most Common Outpatient Imaging Procedures Table** - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	4
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	186
71020	Radiologic examination, chest; two views, frontal and lateral	203
71260	Computed tomography, thorax; with contrast material(s)	1
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	3
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	4
73030	Radiologic examination, shoulder; complete, minimum of two views	7
73110	Radiologic examination, wrist; complete, minimum of three views	3
73130	Radiologic examination, hand; minimum of three views	2
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	1
73564	Radiologic examination, knee; complete, four or more views	
73610	Radiologic examination, ankle; complete, minimum of three views	9
73630	Radiologic examination, foot; complete, minimum of three views	6
74000	Radiologic examination, abdomen; single anteroposterior view	16
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	1
74176	Computed tomography, abdomen and pelvis; without contrast material	5
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	13

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: Operating Room)

**9. Average Operating Room Availability and Average Case Times:**

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
4.5	253	119	106

\* Use only Hours per Day routinely scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

$$\begin{array}{l}
 2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 \text{plus} \\
 2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day} \\
 \hline
 \text{equals} \quad 36 \text{ hours per day total}
 \end{array}$$

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

\*\* "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2014 through September 30, 2015.

**10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes**

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)		2	2
70540	MRI Orbit/Face/Neck w/o		2	2
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		5	5
70544	MRA Head w/o	75	98	173
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o	28	18	46
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	10	10	20
70551	MRI Brain w/o	236	336	572
70552	MRI Brain with contrast	1	2	3
70553	MRI Brain w/o & with	86	309	395
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		1	1
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		1	1
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	14	215	229
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with	10	35	45
72146	MRI Thoracic Spine w/o	14	55	69
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	7	25	32
72148	MRI Lumbar Spine w/o	34	468	502
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	11	75	86
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	1	16	17
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		27	27
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o	3	16	19
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		530	1,716	2,246





All responses should pertain to October 1, 2014 through September 30, 2015.

**10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)**

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
178	467	645	942	2,036	2,978	3,623

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

\*\* Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

**10c. Fixed MRI**

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites*: \_\_\_\_\_

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	1
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

**10d. Mobile MRI**

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites*: \_\_\_\_\_

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed <b>only at this site</b>	0	0	0	0	270	270	270

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.



All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider: Alliance Radiology

**10e. Other MRI**

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* \_\_\_\_\_

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

\* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

**10f. Computed Tomography (CT)**

How many fixed CT scanners does the hospital have? 2  
 Does the hospital contract for mobile CT scanner services? Yes  No  
 If yes, identify the mobile CT vendor \_\_\_\_\_

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	5,514	X	1.00	=	5,514
2	Head with contrast	86	X	1.25	=	107.50
3	Head without and with contrast	45	X	1.75	=	78.75
4	Body without contrast	5,713	X	1.50	=	8,569.50
5	Body with contrast	5,499	X	1.75	=	9,623.25
6	Body without contrast and with contrast	262	X	2.75	=	720.50
7	Biopsy in addition to body scan with or without contrast	92	X	2.75	=	253
8	Abscess drainage in addition to body scan with or without contrast	22	X	4.00	=	88

All responses should pertain to October 1, 2014 through September 30, 2015.

Scans Performed on Mobile CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

**10g. Other Imaging Equipment**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0			
Mobile PET Scanner	1		363	363
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	6	2,298	10,510	12,808
Mammography equipment	2	1	5,513	5,514
Bone Density Equipment	1		789	789
Fixed X-ray Equipment (excluding fluoroscopic)	5	6,576	39,998	46,574
Fixed Fluoroscopic X-ray Equipment	2	837	1,480	1,817
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	84	167	251
Coincidence Camera	0			
Mobile Coincidence Camera Vendor:	0			
SPECT	2	311	1,135	1,446
Mobile SPECT Vendor:	0			
Gamma Camera	0			
Mobile Gamma Camera Vendor:	0			

\* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.

**10h. Lithotripsy**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	7	7

Lithotripsy Vendor/Owner:  
**Carolina Lithotripsy**

All responses should pertain to October 1, 2014 through September 30, 2015.

**11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)**

CPT Code	Description	# of Procedures
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
<b>Complex Treatment Delivery</b>		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
<b>Imaging Procedures Not Included Above</b>		
77417	Additional field check radiographs	
<b>Total Procedures – Linear Accelerators</b>		
<b>Gamma Knife® Procedures</b>		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
<b>Total Procedures – Gamma Knife®</b>		

All responses should pertain to October 1, 2014 through September 30, 2015.

**11. Linear Accelerator Treatment Data *continued***

<p>a. Number of <u>patients</u> who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three.                  # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)</p>
<p>b. Linear Accelerators</p> <p>1. TOTAL number of Linear Accelerator(s) _____</p> <p>2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery _____</p> <p>3. Of the TOTAL number above, Number of CyberKnife® Systems: _____                  Other specialized linear accelerators _____ Identify Manufacturer of Equipment _____</p>
<p>c. Number of Gamma Knife® units _____</p>
<p>d. Number of <u>treatment</u> simulators (“machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.”(GS 131E-176(24b))) _____</p>

**12. Telemedicine**

- a. Does your facility utilize telemedicine to have images read at another facility? \_\_\_\_\_
- b. Does your facility read telemedicine images? \_\_\_\_\_

**13. Additional Services:**

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)		5. Rehabilitation Outpatient Unit	
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. Number of Acute Dialysis Stations	



All responses should pertain to October 1, 2014 through September 30, 2015.

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

**Service Categories:** All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to October 1, 2014 through September 30, 2015.

**13. Additional Services: continued**

**c) Mental Health and Substance Abuse continued**

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type)  # of Treatment beds _____ # of Medical Detox beds _____							

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - General Acute Care Inpatient Services**

Facility County: **Onslow**

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	3
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	2	41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort	1	43. Harnett	2	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	3
15. Camden		51. Johnston		87. Swain	
16. Carteret	64	52. Jones	186	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	1
18. Catawba		54. Lenoir	24	90. Union	2
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	12
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	4	60. Mecklenburg	3	96. Wayne	7
25. Craven	32	61. Mitchell		97. Wilkes	
26. Cumberland	3	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	8		
30. Davie		66. Northampton		101. Georgia	8
31. Duplin	165	67. Onslow	6,273	102. South Carolina	10
32. Durham	2	68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico	1	104. Virginia	5
34. Forsyth	3	70. Pasquotank		105. Other States	100
35. Franklin		71. Pender	152	106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>7,093</b>



All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Inpatient Surgical Cases**

**Facility County: Onslow**

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret	21	52. Jones	38	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	3	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	21	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	35	67. Onslow	1,164	102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	3	70. Pasquotank		105. Other States	14
35. Franklin		71. Pender	34	106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>1,338</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: Onslow**

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville	1	75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	1	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	2
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	1	51. Johnston		87. Swain	
16. Carteret	68	52. Jones	110	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	11	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	5
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	1	96. Wayne	1
25. Craven	36	61. Mitchell		97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	4
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	1	65. New Hanover	8		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	98	67. Onslow	3,426	102. South Carolina	6
32. Durham	1	68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico	2	104. Virginia	8
34. Forsyth		70. Pasquotank		105. Other States	62
35. Franklin	1	71. Pender	72	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	3,949

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

**Facility County: Onslow**

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	3
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	1	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	3
15. Camden		51. Johnston		87. Swain	
16. Carteret	53	52. Jones	86	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	12	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	1
25. Craven	9	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	3		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	58	67. Onslow	2,401	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	11
35. Franklin		71. Pender	44	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	2,693

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - Psychiatric and Substance Abuse**

Facility County: **Onslow**

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Out of State										
<b>TOTAL</b>										

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
<i>Example: Wake</i>		5	8	30	43
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page

2016 Renewal Application for Hospital:  
**Onslow Memorial Hospital, Inc.**

License No: **H0048**  
 Facility ID: **923383**

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
<b>TOTAL</b>					



All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin - MRI Services**

Facility County: **Onslow**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	
10. Brunswick	8	46. Hertford		82. Sampson	4
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	3
15. Camden		51. Johnston		87. Swain	
16. Carteret	47	52. Jones	97	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	19	90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg	1	96. Wayne	8
25. Craven	21	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	2
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	22		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	90	67. Onslow	3,144	102. South Carolina	1
32. Durham		68. Orange	2	103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth	1	70. Pasquotank		105. Other States	42
35. Franklin		71. Pender	95	106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>3,623</b>

Are mobile MRI services currently provided at your hospital? Yes X No

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Linear Accelerator Treatment**

**Facility County: Onslow**

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – PET Scanner**

**Facility County: Onslow**

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	2
15. Camden		51. Johnston		87. Swain	
16. Carteret	4	52. Jones	8	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	7	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	
25. Craven	2	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	6	67. Onslow	324	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender	5	106. Other	
36. Gaston		72. Perquimans		<b>Total No. of Patients</b>	<b>343</b>

All responses should pertain to October 1, 2014 through September 30, 2015.

**Patient Origin – Emergency Department Services**

**Facility County: Onslow**

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	13	37. Gates		73. Person	4
2. Alexander	3	38. Graham	1	74. Pitt	54
3. Alleghany	1	39. Granville	2	75. Polk	
4. Anson		40. Greene	6	76. Randolph	7
5. Ashe	9	41. Guilford	67	77. Richmond	2
6. Avery		42. Halifax	4	78. Robeson	13
7. Beaufort	4	43. Harnett	32	79. Rockingham	13
8. Bertie	1	44. Haywood	3	80. Rowan	2
9. Bladen	6	45. Henderson	8	81. Rutherford	
10. Brunswick	29	46. Hertford	1	82. Sampson	16
11. Buncombe	6	47. Hoke	2	83. Scotland	3
12. Burke	2	48. Hyde	1	84. Stanly	5
13. Cabarrus	4	49. Iredell	8	85. Stokes	1
14. Caldwell		50. Jackson	2	86. Surry	13
15. Camden	3	51. Johnston	16	87. Swain	
16. Carteret	469	52. Jones	1,586	88. Transylvania	
17. Caswell	1	53. Lee	12	89. Tyrrell	1
18. Catawba	9	54. Lenoir	189	90. Union	4
19. Chatham	5	55. Lincoln	3	91. Vance	3
20. Cherokee	3	56. Macon	1	92. Wake	138
21. Chowan	2	57. Madison	1	93. Warren	
22. Clay		58. Martin	4	94. Washington	1
23. Cleveland	4	59. McDowell	5	95. Watauga	
24. Columbus	19	60. Mecklenburg	39	96. Wayne	53
25. Craven	224	61. Mitchell	1	97. Wilkes	3
26. Cumberland	57	62. Montgomery	4	98. Wilson	16
27. Currituck	2	63. Moore	5	99. Yadkin	
28. Dare	2	64. Nash	16	100. Yancey	
29. Davidson	8	65. New Hanover	139		
30. Davie	2	66. Northampton	2	101. Georgia	106
31. Duplin	1,248	67. Onslow	53,391	102. South Carolina	146
32. Durham	28	68. Orange	6	103. Tennessee	51
33. Edgecombe	5	69. Pamlico	23	104. Virginia	205
34. Forsyth	26	70. Pasquotank	5	105. Other States	1,617
35. Franklin	5	71. Pender	1,216	106. Other	
36. Gaston	8	72. Perquimans	2	<b>Total No. of Patients</b>	<b>61,488</b>

2016 Renewal Application for Hospital:  
Onslow Memorial Hospital, Inc.

License No: H0048  
Facility ID: 923383

All responses should pertain to October 1, 2014 through September 30, 2015.

---

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  Date: 12-11-15

PRINT NAME  
OF APPROVING OFFICIAL Ed PIPER

**Please be advised,** the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

**Attachment 5**  
**MapQuest Maps**

YOUR TRIP TO:





607 Beaman St, Clinton, NC 28328-2601


51 MIN | 35.3 MI


Trip time based on traffic conditions as of 3:52 PM on July 29, 2016. Current Traffic: Moderate


Distance from Highsmith Rainey Hospital to Sampson Regional Hospital


- 


1. Start out going northeast on Robeson St toward Franklin St.  
 Then 0.11 miles ..... 0.11 total miles
- 


2. Robeson St becomes Bragg Blvd.  
 Then 0.26 miles ..... 0.37 total miles
- 


3. Turn right onto Rowan St/NC-210/NC-24. Continue to follow NC-24.  
 NC-24 is just past Walter St.  
 If you reach W Rowan St you've gone about 0.1 miles too far.  
 Then 33.70 miles ..... 34.07 total miles
- 

4. Stay straight to go onto Sunset Ave.  
 Then 0.44 miles ..... 34.51 total miles
- 

5. Sunset Ave becomes Fayetteville St.  
 Then 0.05 miles ..... 34.56 total miles
- 

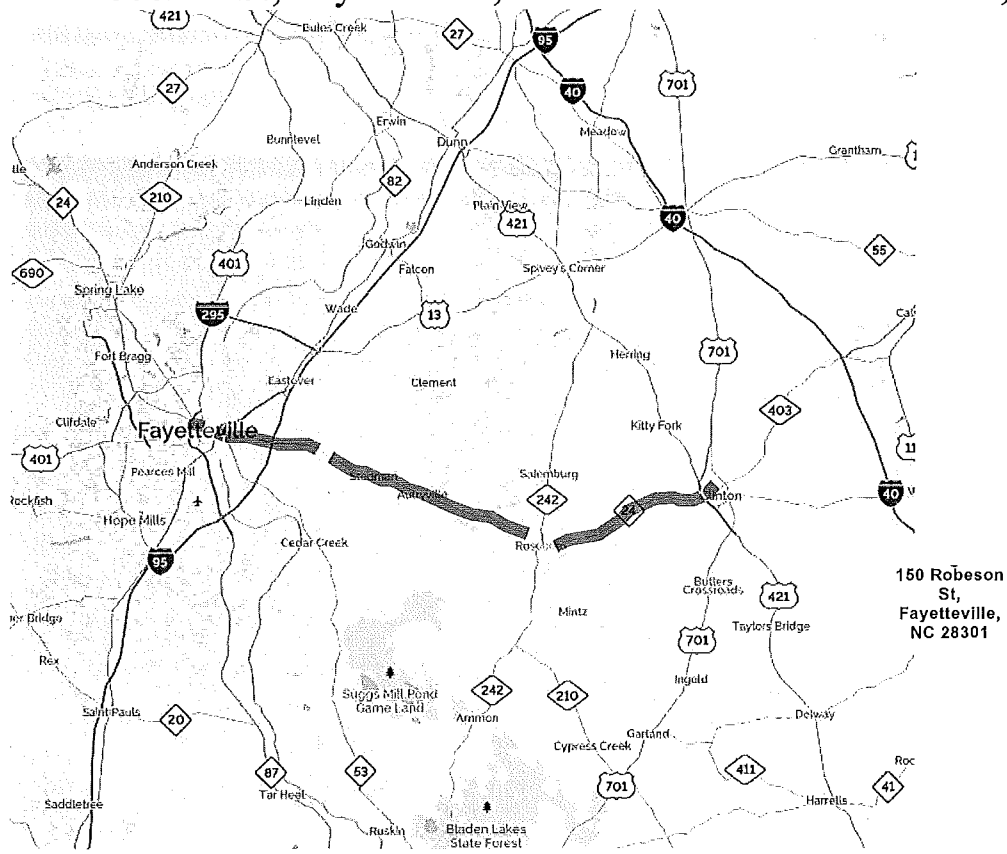
6. Turn left onto Williams St.  
 If you reach N Chestnut St you've gone a little too far.  
 Then 0.08 miles ..... 34.63 total miles
- 

7. Take the 1st right onto W Johnson St.  
 If you reach Margaret St you've gone a little too far.  
 Then 0.54 miles ..... 35.18 total miles
- 

8. Turn left onto Beaman St.  
 Beaman St is 0.1 miles past Butler Dr.  
 If you are on Balsey St and reach Stewart Ave you've gone about 0.1 miles too far.  
 Then 0.09 miles ..... 35.27 total miles
- 

9. 607 BEAMAN ST.  
 Your destination is just past Nicholson St.  
 If you reach Cooper Dr you've gone about 0.1 miles too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



150 Robeson St,  
Fayetteville,  
NC 28301

607 Beaman St,  
Clinton, NC  
28328-2601



YOUR TRIP TO:



2000 Neuse Blvd, New Bern, NC 28560-3449

48 MIN | 36.6 MI

Trip time based on traffic conditions as of 4:07 PM on July 29, 2016. Current Traffic: Moderate

Distance from Vidant Beaufort to CarolinaEast

1. Start out going southeast on E 12th St toward Highland Dr.  
Then 0.10 miles ..... 0.10 total miles

2. Turn right onto Highland Dr.  
If you reach Pamlico St you've gone a little too far.  
Then 0.10 miles ..... 0.20 total miles

3. Take the 2nd right onto John Small Ave/US-264 W. Continue to follow US-264 W.  
US-264 W is just past E 11th St.  
If you are on Pennsylvania Ave and reach Pamlico St you've gone a little too far.  
Then 1.16 miles ..... 1.35 total miles

4. Turn left onto N Bridge St/US-17 Bus S. Continue to follow US-17 Bus S.  
US-17 Bus S is just past N Bridge St.  
If you reach N Pierce St you've gone a little too far.  
Then 4.45 miles ..... 5.80 total miles

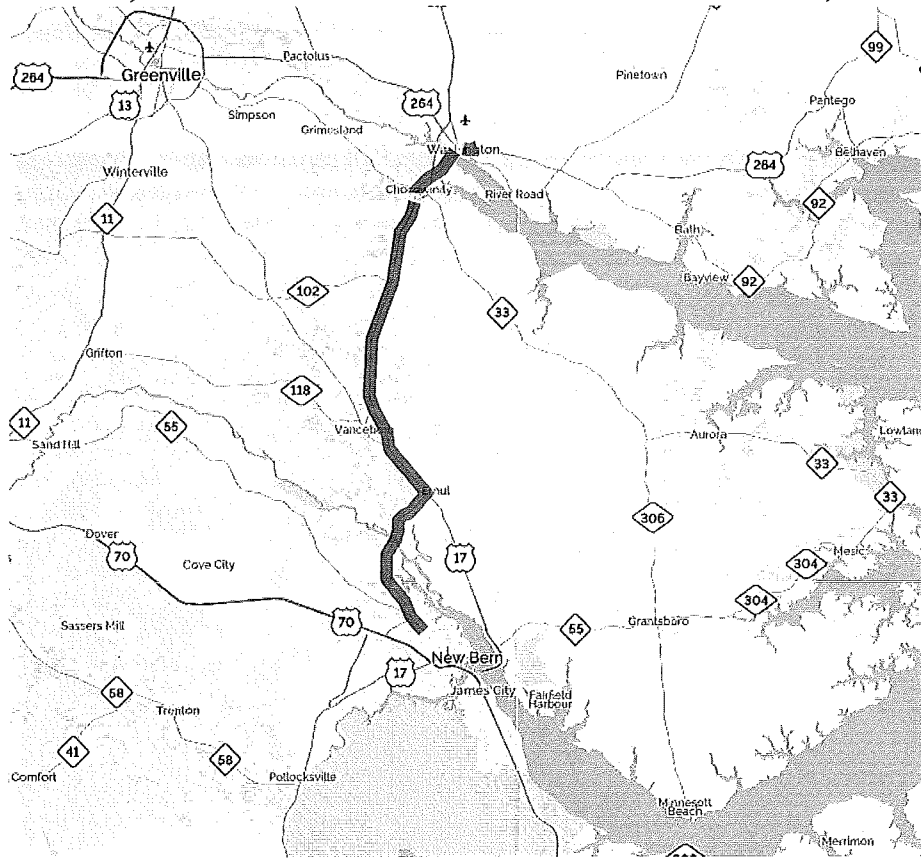
5. Stay straight to go onto US Highway 17 S/US-17 S.  
Then 18.84 miles ..... 24.64 total miles

6. Turn right onto Weyerhaeuser Rd/NC-43. Continue to follow NC-43.  
NC-43 is 0.2 miles past Shannons Way.  
If you reach Macedonia Church Rd you've gone a little too far.  
Then 8.74 miles ..... 33.38 total miles

7. Turn left onto NC Highway 55 W/NC-43/NC-55. Continue to follow NC-55.  
NC-55 is 0.2 miles past Spring Way.  
Then 3.22 miles ..... 36.59 total miles

8. 2000 NEUSE BLVD is on the left.  
Your destination is just past Professional Dr.  
If you reach Degrafenreid Ave you've gone a little too far.

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



628 E 12th St,  
Washington,  
NC 27889-3401

2000 Neuse  
Blvd, New  
Bern, NC  
28560-3449

YOUR TRIP TO:













2000 Neuse Blvd

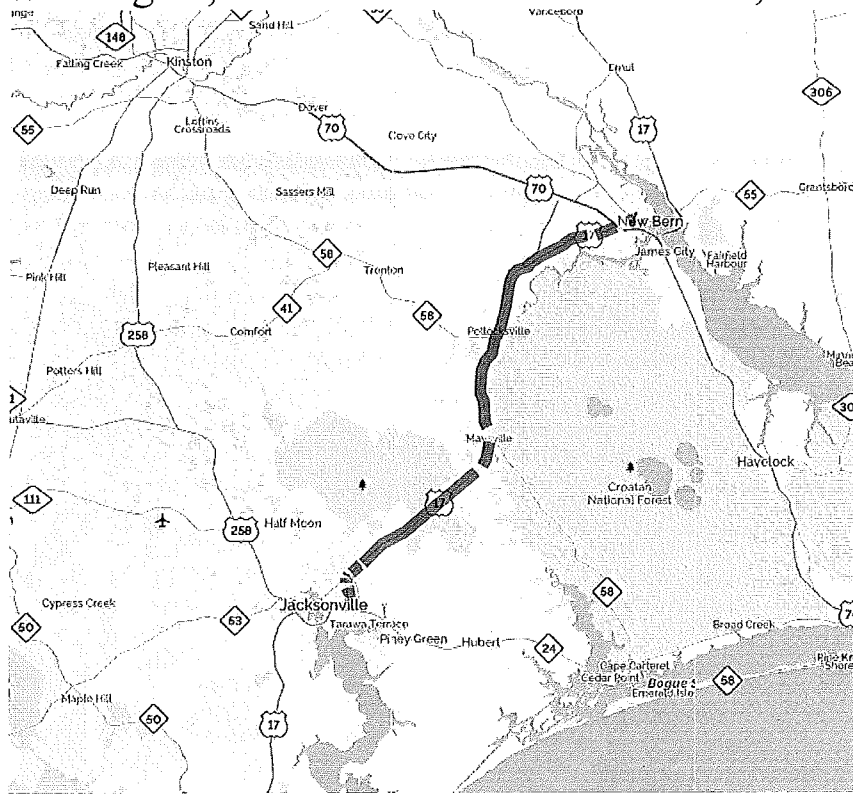
48 MIN | 35.2 MI

Trip time based on traffic conditions as of 4:00 PM on July 29, 2016. Current Traffic: Moderate

Distance from Onslow Memorial to CarolinaEast

- 
 1. Start out going south.  
 -----Then 0.02 miles -----0.02 total miles
- 
 2. Turn right.  
 -----Then 0.04 miles -----0.07 total miles
- 
 3. Turn left.  
 -----Then 0.04 miles -----0.11 total miles
- 
 4. Take the 1st right onto Huff Dr.  
*If you are on White St and reach Center St you've gone about 0.2 miles too far.*  
 -----Then 0.39 miles -----0.49 total miles
- 
 5. Turn left toward US-17 N/New Bern.  
*If you reach Bell Fork Rd you've gone about 0.3 miles too far.*  
 -----Then 0.01 miles -----0.50 total miles
- 
 6. Merge onto US-17 N.  
 -----Then 26.53 miles -----27.03 total miles
- 
 7. US-17 N becomes US-17 Bus N.  
 -----Then 6.67 miles -----33.70 total miles
- 
 8. Stay straight to go onto US-17 N/US-70 Bus E/Dr M L King Jr Blvd. Continue to follow US-17 N/US-70 Bus E.  
 -----Then 1.31 miles -----35.02 total miles
- 
 9. Turn left onto Neuse Blvd/NC-55.  
*If you reach Chattawka Ln you've gone a little too far.*  
 -----Then 0.18 miles -----35.20 total miles
- 
 10. 2000 NEUSE BLVD is on the right.  
*Your destination is just past Kennedy Ave.*  
*If you reach Professional Dr you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



2000 Neuse Blvd

317 Western Blvd,  
Jacksonville,  
NC 28546

YOUR TRIP TO:



2000 Neuse Blvd

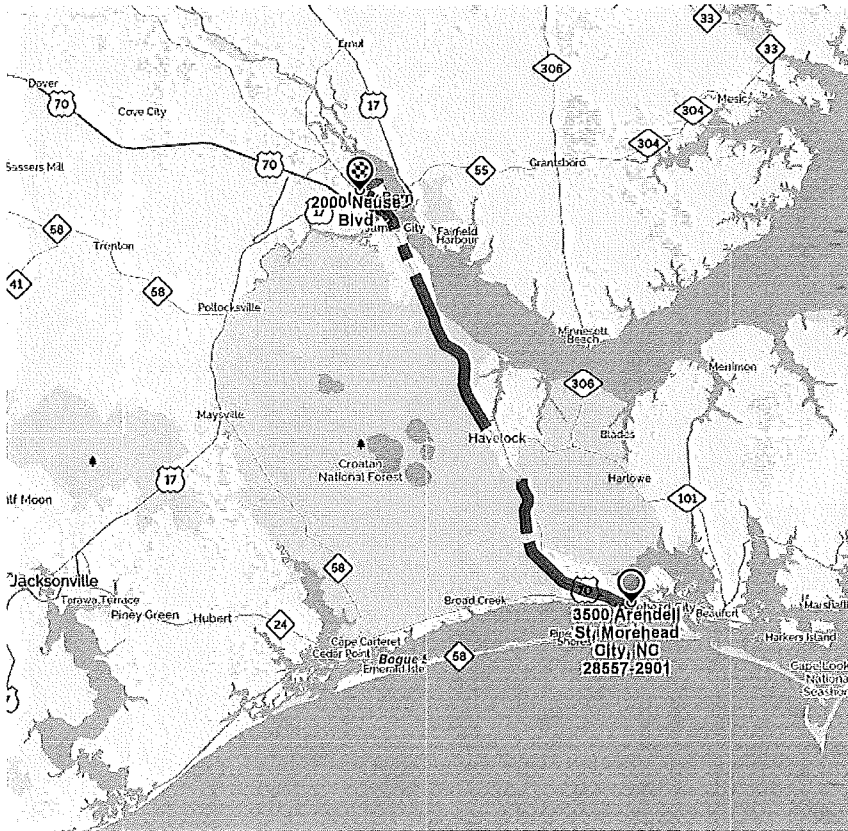
50 MIN | 35.0 MI

Trip time based on traffic conditions as of 3:59 PM on July 29, 2016. Current Traffic: Moderate

Distance from Carteret General to CarolinaEast

1. Start out going west on Arendell St/US-70 W. Continue to follow US-70 W.  
..... Then 33.53 miles ..... 33.53 total miles
2. Take the Pembroke Rd exit, EXIT 416, toward NC-55 W/Trent Woods.  
..... Then 0.24 miles ..... 33.77 total miles
3. Turn right onto Pembroke Rd.  
*If you reach US-70 W you've gone about 0.3 miles too far.*  
..... Then 0.07 miles ..... 33.85 total miles
4. Pembroke Rd becomes 1st St.  
..... Then 0.48 miles ..... 34.32 total miles
5. Turn left onto Neuse Blvd/US-17 S/US-70 Bus W/NC-55.  
..... Then 0.47 miles ..... 34.79 total miles
6. Turn slight right onto Neuse Blvd/NC-55.  
*Neuse Blvd is just past Chattawka Ln.*  
..... Then 0.19 miles ..... 34.98 total miles
7. 2000 NEUSE BLVD is on the right.  
*Your destination is just past Kennedy Ave.*  
  
*If you reach Professional Dr you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.





YOUR TRIP TO:



2000 Neuse Blvd, New Bern, NC 28560-3449

44 MIN | 35.9 MI

Trip time based on traffic conditions as of 4:01 PM on July 29, 2016. Current Traffic: Moderate

Distance from Lenoir Memorial to CarolinaEast

1. Start out going southeast on Airport Rd toward N Queen St/NC-58.  
Then 0.00 miles ..... 0.00 total miles

2. Take the 1st right onto N Queen St/NC-58. Continue to follow NC-58.  
*If you are on Old Snow Hill Rd and reach Greenmeade Dr you've gone about 0.1 miles too far.*  
Then 3.22 miles ..... 3.22 total miles

3. Turn left onto New Bern Rd/US-70 Byp E/NC-58. Continue to follow New Bern Rd.  
*New Bern Rd is 0.7 miles past Springhill St.*  
*If you are on US Highway 258 S and reach Measley Rd you've gone about 0.2 miles too far.*  
Then 2.00 miles ..... 5.22 total miles

4. New Bern Rd becomes US-70 E.  
Then 28.90 miles ..... 34.12 total miles

5. Take the US-17 exit toward New Bern/Jacksonville.  
Then 0.27 miles ..... 34.39 total miles

6. Turn left onto US-17 N/US-70 Bus E/Dr M L King Jr Blvd. Continue to follow US-17 N/US-70 Bus E.  
Then 1.32 miles ..... 35.72 total miles

7. Turn left onto Neuse Blvd/NC-55.  
*If you reach Chattawka Ln you've gone a little too far.*  
Then 0.18 miles ..... 35.90 total miles

8. 2000 NEUSE BLVD is on the right.  
*Your destination is just past Kennedy Ave.*  
*If you reach Professional Dr you've gone a little too far.*

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

