Strategic Healthcare Consultants

December 30, 2016

Ms. Martha Frisone, Assistant Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Comments Regarding Surgery Center of Wilmington CON Project No. O-011277-16

Dear Ms. Frisone:

I am writing on behalf of Wilmington Surgery Center d/b/a Wilmington SurgCare to submit comments regarding Surgery Center of Wilmington CON Project No. O-011277-16. These comments are submitted in accordance with N.C. GEN. STAT. § 131E-185(a1)(1).

Thank you for your consideration of this information.

Sincerely,

David J. French
Consultant to Wilmington SurgCare

Comments by Wilmington SurgCare Regarding Surgery Center of Wilmington CON Project No. O-011277-16

Surgery Center of Wilmington, LLC (SCW) proposes to develop a new multi-specialty ambulatory surgery center with three operating rooms and one procedure room in a leased facility of 12,500 S.F. and a $9,645,317 capital cost.

The SCW application fails to conform to numerous CON review criteria and regulatory performance standards. Some of the major deficiencies include:

- **SCW fails to provide credible utilization projections because neurosurgery cases far exceed the volumes estimated by the physicians; also, no physicians are named who have committed to perform the thousands of projected ophthalmic surgery cases.**
- **Too few physicians are committed to utilize the proposed SCW facility. Consequently the financial projections are based on unsupported volumes.**
- **Expense projections are not reliable due to unreasonable salary projections and uncorroborated building rent expense.**
- **The payor percentages for the proposed facility are not credible because these percentages are based on other North Carolina facilities managed by Surgical Care Affiliates that have very dissimilar scopes of services and far more participating physicians.**
- **No documentation is included in the SCW application regarding the provision of pathology and radiology professional services.**

Wilmington SurgCare provides comments and documentation regarding how the SCW application does not conform to specific CON criteria and regulatory standards as follows:

Criterion 1 "*The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health*

service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved."

The SCW application is nonconforming to Criterion 1 because the proposal is inconsistent with Policy GEN 3 Basic Principles that relate to promoting safety/quality, promoting equitable access and maximizing healthcare value.

Policy GEN-3 states:
"A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area."

SCW's application is inconsistent with Policy GEN-3 Basic Principles because the need for the project is not adequately demonstrated due to unsupported utilization projections. As discussed in the Criterion 3 comments that follow, the utilization projections are based on overstated volume projections for ophthalmology cases because no physicians are named who have committed to practice in New Hanover County and obtain privileges at the proposed facility. The projected volumes of neurosurgery cases for Project Years 2 and 3 exceed the estimates of the physicians who wrote letters of support. Dental and oral surgery case projections are unreliable due to inadequate documentation regarding the dentist's willingness or ability to obtain privileges at a local hospital.

The application fails to show adequate patient access for the medically underserved due to the limited scope of services and contrived payor percentages. SCW's proposed scope of services is far more limited and dissimilar to the scope of services and patient populations at other SCA facilities in North Carolina. Consequently it is illogical to base the payor percentages for the proposed project on the experience of other SCA facilities with different physicians and different patient populations. There is wide variation in the payor mix percentages for individual physicians that relate to the patient population of each physician practice. Given the small number of physicians who provided support letters in the SCW application, the payor mix should be based on the historical data of only these physicians. Since no ophthalmologists are named who have agreed to perform cases at SCW, the volume projections and payor percentages for these cases are not credible.

The proposed project does not demonstrate that it would maximize healthcare value because the financial projections are flawed and based on overstated utilization projections. Ophthalmology case projections are not credible because the number of physicians who will perform these cases is unknown. Neurology case projections exceed the projections provided by the physician support letters.

Criterion 3 *"The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed."*

The SCW application fails to conform to Criterion 3 because SCW's projected utilization is not based on reasonable, credible and supported assumptions.
SCW's proposal to build a new ambulatory surgery center in Wilmington is largely based on the hope that it will attract a new ophthalmology practice with multiple physicians who will perform cases at the proposed facility.

However, the Certificate of Need criteria require far more compelling corroboration than a **"Field of Dreams"** planning methodology based on ***"if you build it, he will come."*** The letter of support from George Mincey, MD with Carolina Eye Associates in Exhibit 20 only indicates that the practice would consider opening a new office in Wilmington. This letter falls short of an actual commitment for a specified number of ophthalmologists to perform cases at the proposed facility. Also, the absence of support letters from current New Hanover ophthalmologists shows that the SCW ophthalmology market share assumptions are entirely speculative.

Ophthalmology utilization projections are not credible because no physicians are named who have committed to practice in New Hanover County and obtain privileges at the proposed ASC. While the application includes a letter from Gregory Mincey, MD with Carolina Eye Associates, the letter only states that the practice would consider opening a practice in Wilmington if the proposed project is approved. This letter provides no real commitment to perform a projected volume of ambulatory surgery cases at the proposed facility. Dr. Mincey's letter is silent regarding the number of ophthalmologists that might consider practicing in New Hanover County. No dates are included in the letter as to when the practice might be established. Consequently, the ophthalmology projections on page 96 of the application are not credible. SCW's market share estimates and the resulting ophthalmology cases are unreliable because:

- SCW and Carolina Eye Associates provide no documentation of existing referral relationships from any healthcare providers in New Hanover County.
- No information is provided in the Carolina Eye Associates letter regarding the expected number of ophthalmologists related to the market share percentages.
- It is not reasonable for SCW to project the dramatic increases in market share in Years 1, 2 and 3 (10%, 14%, and 18% respectively) when there is no documentation of the number of physicians to be recruited to the hypothetical Carolina Eye Associates Wilmington office.

Neurosurgery utilization projections are unreliable because the surgery estimates are not adequately supported. It is unreasonable for SCW to project the dramatic increases in market share in Years 1, 2 and 3 (50%, 57%, and 60% respectively) when there is no documentation of a recruitment plan to add neurosurgeons. Furthermore, Year 2 and 3 projections (934 cases and 1,048 cases respectively) for neurosurgery cases by SCW far exceed the combined cases that are projected by the physicians. As seen in the following table, the highest potential annual volume of surgery cases for the five neurosurgeons is only **864** cases.

Neurosurgeons' Projections	Monthly Projections		Annualized	
	Low	High	Low	High
Adam Brown, MD	8	10	96	120
Alex Thomas, MD	15	20	180	240
George Huffman, MD	14	14	168	168
George Alsina, MD	14	14	168	168
Thomas Melin, MD	14	14	168	168
Totals	65	72	780	864

Inconsistent with the volumes provided in these physician letters of support, the SCW neurosurgery projections of **934** cases in Year 2 and **1,048** cases in Year 3 are entirely speculative.

Dental and oral surgery projections are unreliable because these providers have made no commitments to obtain (and maintain) privileges at a local hospital in order to be credentialed to perform cases at the proposed facility. During the development of the 2016 State Medical Facilities Plan (SMFP) there were no petitions or comments submitted to demonstrate an unmet need for dental operating rooms or procedure rooms in an ambulatory surgical facility in New Hanover County. The need determination in the 2016 SMFP is based on the standard methodology for all surgical specialties. Page 55 of the SCW application acknowledges that NHRMC accommodates dentists to provide services at its licensed facility. For these reasons, SCW fails to adequately demonstrate the need to provide dental and oral surgery procedures at the proposed facility.

Pages 92 and 98 of the SCW application provide inconsistent information regarding the total number of OR cases and procedure room cases for Year 1. Page 92 shows a total of 2,559 combined cases in Year 1 as compared to page 98 that shows a total of 2,094 combined cases.

The SCW project is based on unreasonable utilization projections because the application lacks a sufficient number of surgeons on its medical staff to perform the projected numbers of cases in the ORs and the procedure rooms. The following table shows the utilization projections and the projected numbers of specialists based on the letters of support that include projected cases:

	Year 1	Year 2	Year 3
OR Cases	1,904	2,615	3,321
Procedure Room Cases	190	262	297
Total Combined Cases	2,094	2,877	3,618
Physicians and Dentists Providing Volume Projections	7	7	7
Combined Cases Per Physicians and Dentists	299	411	517
Percentages Increase Over Previous Year		37.4%	25.8%

The above projections for the numbers of cases are overstated and unreasonable for the small number of physicians who have committed to perform cases at the facility. The number of ophthalmologists who will perform cases at the facility is not documented. Furthermore, SCW projects dramatic increases in utilization due to market share gains that are unsupported by documentation of a physician recruitment plan.

Criterion 4 *"Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed."*

The SCW application is nonconforming to Criterion 3 and therefore it is not an effective alternative and is also nonconforming to Criterion 4. Pages 82 to 84 of the application describe the various alternatives considered and also attempt to justify the proposed location at Carolina Beach. However, the application includes very few physician letters of support which demonstrates that the proposed location and the

overall proposal is not an effective alternative. Multi-specialty ambulatory surgical facilities with few operating rooms and few surgical specialties are more financially vulnerable to the loss of individual physicians, changes in primary care referral patterns and adverse changes in reimbursement. A new ambulatory surgical center will not initially have agreements with all insurers and it could take considerable time to obtain authorization to be reimbursed for Medicare and Medicaid patients in the first year of operation. Ambulatory surgical centers with few operating rooms, such as the one proposed by SCW, would also have limited resources to invest in information systems and new surgical technologies to support future physician recruitment.

Criterion 5 *"Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service."*

The SCW application is nonconforming to Criterion 5 because the operational projections are unreasonable and the financial projections are not credible. As discussed in the Criterion 3 comments, the utilization projections include inconsistent volumes and inadequate physician support. Revenues for the project are overstated because the operational projections exceed the numbers of cases projected by the physicians.

Expenses for the proposed SCW project are not based on reasonable assumptions as follows:

- The projected salaries on pages 183-185 are based on 2015 salary estimates that are carried forward to 2019 with no increases for inflation in the intervening years.
- The building rent expense is unreasonable because the draft lease agreement contains no lease amount and it is not based on the proposed facility's square footage.

- It is unreasonable to base rent expense on other SCA facilities because the real estate market in Wilmington, NC is not similar to most other markets where SCA facilities are located.
- No expenses are budgeted for marketing or physician recruitment.

Criterion 6 *"The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities."*

The SCW application is nonconforming to Criterion 3 because the need for the proposed project is not adequately demonstrated; therefore the project represents unnecessary duplication of services. As discussed in previous comments, the ophthalmology case projections are entirely speculative. The neurosurgery projections for Years 2 and 3 far exceed the volumes of cases projected by the neurosurgeons. The application fails to adequately demonstrate that the projections for the oral surgery procedures are realistic.

Criterion 8 *"The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.".*

The application is nonconforming to Criterion 8 because SCW fails to document the availability of ancillary and support services as outlined on page 29 of the application. No documentation is provided regarding the availability of a pathologist and a radiologist in support of the project. The scope of services table on page 29 of the application states that radiologist and pathologist professional services will be provided by contract provider. However, no documentation is provided in Exhibit 8 (or elsewhere in the application) to demonstrate the availability of a contract provider for these services at the proposed facility. In the previous CON findings for O-7672-06 / HealthSouth Wilmington Surgery Center, LP and Ashton Holdings, LLC, the Agency

correctly determined that the applicants did not identify the provider of pathology services and were therefore nonconforming to Criterion 8.

Criterion 13 *"The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:*

(c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services"

The SCW application is nonconforming to Criterion 13c because the payor mix percentages for the proposed facility are unreliable. No documentation is provided in the application to demonstrate that the scope of surgical services and payor mix for the proposed SCW project is similar to the services and payor percentages of the existing SCA facilities in North Carolina. A review of the 2016 license renewal applications for the other SCA facilities shows that the scope of surgical services at these other facilities differ greatly from SCW's. A copy of the 2012 license renewal application for Greensboro Specialty Surgical Center is included in Attachment 1 to demonstrate that while this SCA facility provides neurosurgery, oral surgery and ophthalmology surgery, the Medicaid percentage of patients is approximately 4 percent (206 Medicaid cases / 5,189 total cases) which is far less that the applicant's 10 percent projections. No documentation is provided to demonstrate that the payor mix for the population to be served by the proposed project in New Hanover and adjoining counties is similar to the service areas of other SCA facilities in North Carolina.

The application fails to identify the physicians who would provide access for ophthalmology surgery for the proposed project. The percentages shown on page 121 of the application for ophthalmology cases are unreliable because there are no physicians named who are willing to obtain privileges at the facility and provide ophthalmology surgery. Given that the payor percentages for ophthalmology cases are unreliable and comprise a large portion of the overall case volume, the payor percentages for the total facility is not credible.

Criterion 13 (d) *"That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians."*

The application is nonconforming to Criterion 13(d) because SCW fails to identify the names of the ophthalmologists who are willing to refer patients to the proposed facility. The letter of support from Carolina Eye Associates regarding a potential office in Wilmington is entirely speculative and falls short of demonstrating that ophthalmology patients will have access to the proposed services.

Criterion 18a *"The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact."*

The SCW application is nonconforming to CON Criterion 18a for the same reasons that the application does not conform to Criteria 3, 4 and 5. The need for the project has not been adequately demonstrated and the proposal is not an effective alternative. Financial projections are not based on reasonable projections. For these reasons the SCW proposal fails to enhance competition. SCW's projected payor

percentages for medically underserved patients, including Medicare and Medicaid, are not based on reasonable assumptions because the percentages include high volumes of projected ophthalmology cases that are unsupported. Consequently, the application fails to demonstrate that the proposed project will enhance access

In addition to the CON review criteria, the SCW application is nonconforming to 10A NCAC 14C .2103 Performance Standards because the utilization projections are not adequately supported. Neurosurgery case projections for Project Years 2 and 3 far exceed the estimates provided by the physician support letters. Ophthalmology case projections are invalid because no physicians are identified who have committed to perform these cases.

Comparative Analysis

Facility Design and Energy Efficiency

Policy GEN-4 is applicable to all of the applications in this review and relates to the energy efficiency and water conservation standards of the project. It is reasonable and appropriate to compare the energy efficiency and water conservation of the three projects. The Agency has previously utilized facility design as a comparative factors in competitive reviews.[1]

Both CFSC and SCW propose to develop new multispecialty ambulatory surgical facilities, while Wilmington SurgCare proposes the less costly renovation and expansion of its existing facility. The following table provides a comparison of the proposed projects at completion:

	Total Number of ORs and Procedure Rooms	Total Facility S.F.	Total Facility S.F. per Operating Room and Procedure Room
CFSC	9 (6 ORs + 3 Proc. Rms.)	48,356	5,373
SCW	4 (3 ORs + 1 Proc. Rm.)	12,500	3,125
Wilmington SurgCare	11 (10 ORs + 1 Proc. Rm.)	26,867	2,442

In general, the overall size of a facility is a major factor that relates to the energy use of the building and the amount of water utilized in the building systems. The CFSC application involves the relocation of operating rooms and procedure rooms from existing facilities; there are no specific plans for utilizing the vacated spaces. The large size of the proposed CFSC facility would result in 5,373 S.F. per OR/Procedure Room without adequate demonstration of the need for such large space allocations. This excess building size detracts from the energy efficiency and water conservation of the facility. The need for a facility to include 6 ORs and 3 Procedure Rooms is not adequately demonstrated due to the overstated utilization projections. Consequently,

[1] In the 2007 New Hanover Nursing Home Review, the Agency included Policy NH-8 and Nursing Facility Design as a comparative factor. In the 2010 Mecklenburg County Adult Care Review, the Agency compared facility design alternatives for projects that involve new construction and upfit/renovations.

the CFSC application is the least effective proposal regarding facility design and energy efficiency. The SCW facility design totals 12,500 S.F which would result in 3,126 S.F. per OR/Procedure Room. While this facility design is more compact as compared to the CFSC proposal, the need for a facility to include 3 ORs and 1 Procedure Room is not adequately demonstrated due to the overstated utilization projections. Consequently, the SCW building design is not justified. Wilmington SurgCare's proposed project combines renovations and new construction to improve existing services, improve building systems, improve energy efficiency and water conservation and add surgical capacity. The building design is the most energy efficient based on the 2,422 S.F. per OR/Procedure Room analysis. The operational projections for the Wilmington SurgCare facility are based on reasonable and supported assumptions. Consequently the Wilmington SurgCare application is the most effective building design.

Scope of Surgical Services

The following table provides a summary of the proposed scope of surgical specialties for the three applications.

	Cape Fear Surgical Center	**Surgery Center of Wilmington**	**Wilmington SurgCare**
Scope of Surgical Specialties for Projected Cases and Procedures	Orthopedic (including spine) Otolaryngology, Gynecology, Urology, GI Endoscopy	Neurosurgery, Ophthalmology, Dental and Oral Surgery	General Surgery, Vascular Surgery, Neurology, Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Podiatry, Urology, GI Endoscopy

SCW proposes to provide the fewest surgical specialties in its application and thus is the least effective proposal. CFSC proposes to provide at least five surgical specialties. However the scope of surgical services for the proposed project involves fewer surgical specialties as compared to the existing ambulatory surgery services at NHRMC. Wilmington SurgCare proposes to provide the broadest scope of surgical specialties and is the most effective application.

Adequacy of Physician Support

In Section VII the SCW application projects the smallest medical staff with only 13 physicians and includes the fewest physician support letters; consequently, the SCW application is the least effective proposal. CFSC projects a total of 55 members on its medical staff and includes numerous physician support letters. The Wilmington SurgCare application reasonably projects a medical staff with a total of 85 physicians and the application includes numerous physician support letters. Based on the comparison of Table VII information and the letters of support, the Wilmington SurgCare proposal is comparatively superior.

Adequacy of Clinical Training

The CFSC and SCW application lack adequate documentation that their proposed new ambulatory surgical centers will establish new agreements with clinical training programs in the area. While these applications refer to agreements that have been established for other facilities, the other agreements are not specific to the CFSC and SCW proposed projects. The Wilmington SurgCare proposal includes documentation of existing clinical training agreements for its facility. Consequently, the Wilmington SurgCare proposal is comparatively superior.

Demonstration of Need

The CFSC project application projects utilization for its proposed project based on the expected shift of cases from existing facilities. As discussed in the Criterion 3 comments, the CFSC methodology and assumptions are not credible. The projected shift of cases is predicted to begin before CFSC is even developed. Physician support letters are unreliable. The SCW application includes surgery case projections that far exceed the volumes that are projected by the neurosurgeons. Thousands of ophthalmology cases are projected with no physicians committed to perform the surgery. As discussed in the Criterion 3 comments, the SCW methodology and assumptions are overstated and unreliable. The Wilmington SurgCare application provides utilization projections that are based on reasonable and supported

methodology and assumptions. Consequently, the proposals by CFSC and SCW are the least effective proposals regarding the demonstration of need and the application by Wilmington SurgCare is comparatively superior.

Access by Medically Underserved Groups

The following table provides a summary of the projected Medicare and Medicaid percentages for the total combined cases for the three applications

	Cape Fear Surgical Center	Surgery Center of Wilmington	Wilmington SurgCare
Year 2 Medicare % Total Combined Cases	32.5%	48%	51.26%
Year 2 Medicaid % Total Combined Cases	6.84%	10%	7.78%
Year 2 Medicare and Medicaid Combined Total%	39.34%	55%	59.04%

CFSC projects the lowest access for medically underserved groups with 32.5 percent Medicare and 6.84 percent Medicaid. CFSC projects the lowest combined Medicare and Medicaid percentage. SCW projects 48 percent Medicare and 10 percent Medicaid. However the SCW percentages for the payor categories are not based on reasonable volume projections or reliable assumptions as discussed in the comments regarding Criterion 13(c). Wilmington SurgCare projects the highest Medicare percentage and the second highest Medicaid percentage and the highest combined Medicare and Medicaid percentage. In addition, the CFSC application includes letters of support from NC DHHS Vocational Rehabiltation and DHHS Services for the Blind to document that these agencies refer patients to the facility.

Accordingly, the proposals by CFSC and SCW are the least effective proposals regarding access by medically underserved groups and the application by Wilmington SurgCare is comparatively superior.

Overall Comparison of Proposals			
	Cape Fear Surgical Center	**Surgery Center of Wilmington**	**Wilmington SurgCare**
Project Completion Services Provided	July 1, 2019	January 1, 2019	January 1, 2020
Accreditation Date	No later than July 1, 2021	April 1, 2019	Existing Accreditation
Facility Location	Iron Gate Drive Wilmington NC	4310 Carolina Beach Road Wilmington, NC	1801 S. 17th St. Wilmington NC
Site	3.6 acres	4.51 acres	5.89
Ownership Info	Purchase Option	Letter of Intent	Existing Lease
# Operating Rooms	6 ORs including 3 relocated from NHRMC and 3 from Need Determination	3 ORs from Need Determination	10 ORs including 7 existing at the facility and 3 from Need Determination
# GI Procedure Rooms or Other Procedure Rooms	3 Multi-specialty GI Endo to be relocated from Wilmington Health	1 Procedure Room	1 Procedure Room 3 existing GI Endoscopy Rooms to be eliminated
Total Gross Facility S.F.	48,356 S.F	12,500 S.F.	26,867 S.F.
New Construction S.F.	48,356 S.F.	12,400 S.F.	4,319 S.F.
Renovations S.F.	None	None	4,273 S.F.
Total Capital Cost	$28,946,325	$9,645,317	$5,600,388
Proposed Project Results in Vacant S.F. at Existing Facilities	Yes at Wilmington Health and NHRMC	None	None
Scope of Surgical Specialties for Projected Cases and Procedures	Orthopedic (including spine) Otolaryngology, Gynecology, Urology, GI Endoscopy	Neurosurgery, Ophthalmology, Dental and Oral Surgery	General Surgery, Vascular Surgery, Neurology, Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Podiatry, Urology, GI Endoscopy
Weekly Hours of Operation	7:30 AM to 5:00 PM Monday to Friday	6:30 AM to 4:00 PM Monday to Friday with option for extended stay	6:00 AM to 5:30 PM Monday through Friday
# Anesthesiologists	29	2	5
# Surgeons and Others (Section VII)	26	11	79
# Total Medical Staff (Table VII)	55	13	84
Anesthesiology Provider Identified	American Anesthesiology of North Carolina	Salem Anesthesia	Coastal Anesthesia Associates
Pathology Provider Identified	None	None	Wilmington Pathology and Coast Carolina Pathology
Radiologist Provider Identified	None	None	G. William Eason, MD, Airlie Radiology Associates, P.A.

	Cape Fear Surgical Center	Surgery Center of Wilmington	Wilmington SurgCare
Clinical Training Agreements	Not adequately documented	Not adequately documented	Existing agreements documented
Need Methodology Description	Projected shift of cases from existing facilities	Market share by surgical specialties	Growth rate based on multiple factors and internal shift of GI endoscopy cases
Physician Support Letters with Names of Physicians to Perform Cases	22 physician support letters from a variety of physicians stating they will obtain privileges at the ASC	5 neurosurgeons 1 ophthalmology practice 1 dentist 1 oral surgeon	45 physician support letters from named specialties commitments to perform cases
Documentation of Physicians Recruitment	Not adequately documented	Not adequately documented	Adequate documentation provided
Proposal Demonstrates Need	Not reasonable due to timeline for projected shift and too few physicians	Not reasonable due to unreliable case projections, unnamed ophthalmologist and too few physicians	Need methodology based on credible utilization projections with reasonable and supported assumptions
Year 1 Volumes OR Cases Procedure Room Cases Total Combined Cases	 6,860 4,884 11,744	 1,904 190 2,094	 10,680 288 10,968
Year 2 Volumes OR Cases Procedure Room Cases Total Combined Cases	 7,045 4,946 11,991	 2,615 262 2,877	 11,267 304 11,571
Year 3 Volumes OR Cases Procedure Room Cases Total Combined Cases	 7,235 5,009 12,244	 3,321 297 3,618	 11,887 321 12,208
Year 2 Medicare % Total Combined Cases	32.5%	48%	51.26%
Year 2 Medicaid % Total Combined Cases	6.84%	10%	7.78%
Year 2 Medicare and Medicaid Combined Total%	39.34%	55%	59.04%
Support Letters from Referral Sources of Medically Underserved	Not adequately documented	Not adequately documented	Yes, letters from NC DHHS Vocational Rehab and NC DHHS Services to the Blind

Financial Comparisons

The three proposed projects have different timeframes for their first three years of operation following the completion of the projects as seen in the following table.

	Cape Fear Surgical Center	Surgery Center of Wilmington	Wilmington SurgCare
Year 1	7/1/2019 to 6/30/2020	1/1/2019 to 12/31/2019	1/1/2020 to 12/31/2020
Year 2	7/1/2020 to 6/30/2021	1/1/2020 to 12/31/2020	1/1/2021 to 12/31/2021
Year 3	7/1/2021 to 6/30/2022	1/1/2021 to 12/31/2021	1/1/2022 to 12/31/2022

For the purposes of comparing the revenues and expenses for the proposed projects, the following financial statistics are utilized:

- CFSC revenues and expenses based on the average values for Year 2 (7/1/2020 to 6/30/2021) and Year 3 (7/1/2021 to 6/30/2022) because the averages are representative of the amounts for the period (1/1/2021 to 12/30/2021) that would be comparable to the other applications.
- Surgery Center of Wilmington revenues and expenses based on Year 3 (1/1/2021 to 12/31/2012)
- Wilmington SurgCare revenues and expenses based on Year 2 (1/1/2021 to 12/31/2012)

	Cape Fear Surgical Center	Surgery Center of Wilmington	Wilmington SurgCare
Average Gross Patient Revenue per Total Case	$4,472	$8,176	$10,275
Average Net Patient Revenue per Total Case	$1,574	$3,215	$1,582
Average Total Expense per Total Case	$1,457	$2,465	$1,387

Neither CFSC nor SCW demonstrate that their gross revenues are based on reasonable and supported assumptions regarding projected utilization. Please see Criteria 3 and 5 for discussion. Consequently, the proposals by CFSC and SCW are the

least effective proposals regarding revenues and the application by Wilmington SurgCare is comparatively superior.

Also, neither CFSC nor SCW demonstrate that their expense projections are based on reasonable and supported assumptions regarding projected utilization. Please see Criteria 3 and 5 for discussion. Consequently, the proposals by CFSC and SCW are the least effective proposals regarding expenses and the application by Wilmington SurgCare is comparatively superior.

ATTACHMENTS

1. **2016 License Renewal Application for Greensboro Specialty Surgical Center**

NOV 30 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, N.C. 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # AS0009
Medicare Provider #: 34C0001041
FID #: 923202
PC _____ Date MC 12/10/2015
Total License Fee..... **$1,225.00**

2016
AMBULATORY SURGICAL FACILITY LICENSE RENEWAL APPLICATION

Legal Identity of Applicant: **Greensboro Specialty Surgical Center, Ltd.**
(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: **Greensboro Specialty Surgical Center**
Other: _____
Other: _____

Facility Mailing Address: 3812 N. Elm Street
Greensboro, NC 27455

Facility Site Address: 3812 N. Elm Street
Greensboro, NC 27455
County: Guilford
Telephone: (336)294-1833
Fax: ~~(336)299-8242~~ 336-294-8831

Administrator/Director: Debbie Murphy
Title: Administrator

Chief Executive Officer (PRINT OR TYPE): Andrew Hayek
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: Debbie Murphy
Telephone: 336-790-7250
E-Mail: debbie,murphy@scasurgery.com

PAID
CK NO. 308882
DATE 12-1-15
$1,225

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

In accordance with Session Law 2013-382 and 10NCAC 13C .0103(13) and 13C .0301(d), 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. Please use Form 990 Schedule B and / or Schedule H as a reference.

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

www.greensboroSpecialty.com

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:

   Same as above

   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.ASC.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 *(Form 990; Part VIII 1(h)*	**Annual Financial Assistance at Cost** *(Form 990; Schedule H Part I, 7(a)(c)*	**Bad Debt Expense** *(Schedule H Part III, Section A(2)*	**Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy** *(Form 990; Schedule H Part III, Section A(3)*
N/A	N/A	N/A	N/A

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13C .0301 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Debbie Murphy **Date:** 11/24/15

PRINT NAME OF APPROVING OFFICIAL Debbie Murphy

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.

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:	Greensboro Specialty Surgical Center Ltd
National Provider Identifier (NPI):	134 620 7875
Street/Box:	3000 Riverchase Galleria
City:	Birmingham State: AL Zip: 35244
Telephone:	(205)545-2572 Fax: ( ) -
CEO:	Andrew Hayek

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

a. Legal entity is: __X__ For Profit _____ Not For Profit

b. Legal entity is: ___ Corporation ___ Limited Liability Corporation __X__ Partnership ___ Proprietorship ___ Limited Liability Partnership ___ Government Unit

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

If "YES", name and address of building owner:

GSC Aquisition, LLC
128 Peachtree Lane, Ste B
Advance, NC 27006

2. Is the business operated under a management contract? X

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

Name:	Surgical Care Affiliates
Street/Box:	3000 River Chase Galleria, Suite 50
City:	Birmingham State: AL Zip: 35244
Telephone:	(205)545-2572

3. Accreditation: (Please fill in any blanks and change where necessary. **If you are deemed, please attach a copy of the deeming letter from the accrediting agency.** If surveyed within the last twelve (12) months, attach or mail a copy of your accreditation report and grid to this office. If applicable, attach copy of plan of correction.)

a. Is this facility TJC accredited?	___ Yes	X No	Expiration Date:	
b. Is this facility AAAHC accredited?	X Yes	~~X~~ No	Expiration Date:	8/31/2016
c. Is this facility AAAASF accredited?	___ Yes	X No	Expiration Date:	
d. Is this facility DNV accredited?	___ Yes	X No	Expiration Date:	
e. Are you a Medicare deemed provider?	___ Yes	X No		

Reporting Period: All responses should pertain to **October 1, 2014 to September 30, 2015.**

Meals:

a. Are meals provided for patients? ___ Yes X No

b. If 'Yes', describe arrangements for this service: _____

c. If 'Yes', what is the date of the last sanitation inspection: N/A

d. Date of last Fire Marshal inspection: 4/24/15

e. Date inspected by the Health Department: N/A

Hours:

Indicate the number of hours (e.g., 8 hrs) that the facility is routinely open for surgery and recovery each day: (Use a zero "O" if not open)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
O	11	11	11	11	11	O

Anesthesia:

a. Qualifications of persons administering anesthesia (check one or more)
✓ Anesthesiologist ✓ Other M.D. ___ CRNA ✓ RN ___ DDS
Moderate Sedation

b. Name of Anesthesia Group:
Salem Anesthesia

c. Provide information regarding the use and storage of flammable anesthesia: N/A

Other Information Needed:

a. Name of laboratory and pathology services utilized: labs: Labcorp
path: Greensboro Pathology and Labcorp

b. Name of hospital with which transfer agreement has been made: Cone Hospital, Stokes-Reynolds Hospital, High Point Regional, ARMC, Randolph Hospital, Davie County Hospital, Thomasville Medical, Moorehead Memorial, and Annie Penn Hospital.

c. Describe arrangements for emergency transportation of patients from the facility:
Ambulance

d. Do you provide recovery care services overnight? ✓ Yes ___ No

e. Are surgical abortions performed in this facility? ___ Yes ✓ No

If 'Yes', please give the number of abortions performed during the reporting period: _____

f. Are medical abortions performed in this facility? ___ Yes ✓ No

If "Yes", please give the number of abortions performed during the reporting period: _____

Composition of Surgical Staff:
Please indicate below the number of physicians credentialed to perform surgery in your ambulatory surgical program during the reporting period.

Surgical Specialist	Number
Anesthesiologist	2
Gastroenterologist	2
General Dentist	6
General Surgeon	0
Gynecologist	0
~~Neurologist~~ Neuro Surgeon	11
Obstetrician	0
Ophthalmologist	8
Oral Surgeon	3
Orthopedic Surgeon	0
Otolaryngologist	0
Plastic Surgeon	1
Podiatrist	11
Thoracic Surgeon	0
Urologist	0
Urologist/Cystoscopy	0
Vascular Surgeon	0
~~Other~~ Pain Manut	4
Total:	48

Name of Chief of Staff: DR Henry Pool

Name of Director of Nursing: Leesa Merck

Surgical Operating Rooms; Procedure Rooms; and Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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	Ø
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	Ø
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	Ø
42820	Tonsillectomy and adenoidectomy; younger than age 12	Ø
42830	Adenoidectomy, primary; younger than age 12	Ø
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)	35
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	137
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	21
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)	5
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)	247
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	166
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	2

Continued on next page

20 Most Common Outpatient Surgical Cases Table – Continued

45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	188
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)	393
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	203
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	97
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	142
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	58
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	1540
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Ø

A. Total Existing Licensed Surgical Operating Rooms: # 3

Surgical Operating Rooms are defined as being built to meet specifications and standards for operating rooms specified by the Construction Section of the Division of Health Service Regulation **and** which are fully equipped to perform surgical procedures. Do not include those rooms listed in Part B. or C., which follow.

Additional CON approved surgical operating rooms pending development: # 0

CON Project ID Number(s) N/A

B. Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Existing Gastrointestinal Endoscopy Rooms: # 2

Additional CON approved GI Endoscopy Rooms pending development: # 2

CON Project ID Number(s)

Additional GI Endoscopy Rooms pending development pursuant to SB 714: #

	Number of Cases Performed in GI Endoscopy Rooms		Numberof Procedures*Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room. The total number of GI Endoscopy Cases from this page plus GI Endoscopy Cases reported on Page 9 ("Non-Surgical Cases by Category" table) must match the total number of patients reported for the Patient Origin – Gastrointestinal (GI) Endoscopy Services table on Page 13.

*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.

C. 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 Procedure Rooms: # 0

D. Total recovery room beds: # 10

Surgical and Non-Surgical Cases

Surgical Cases by Specialty Area Table - Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the chart 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. **Please do not include abortion procedures on this table. 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 Table on page 12.**

Surgical Specialty Area	Cases
Cardiothoracic	Ø
General Surgery	Ø
Neurosurgery	571
Obstetrics and GYN	Ø
Ophthalmology	780
Oral Surgery	48
Orthopedics	125
Otolaryngology	265
Plastic Surgery	11
Urology	Ø
Vascular	Ø
~~Other Surgeries (specify)~~ Podiatry	723
Other Surgeries (specify) PAIN	60
Total Surgical Cases Performed Only in Licensed ORs (must match total on page 12)	2583

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 8.**

Non-Surgical Category	Cases
Pain Management	724
~~Cystoscopy~~ Orthopedics	8
Non-GI Endoscopies *(not reported on page 8)*	1
GI Endoscopies *(not reported on page 8)*	
YAG Laser	178
~~Other (specify)~~ Podiatry	300
~~Other (specify)~~ ~~OPH~~ Ophthalmology	854
Other (specify) Oral	816
Total Non-Surgical Cases	2151

Imaging Procedures

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory surgical center in the table below by CPT code.

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

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 OR per year. The Operating Room Methodology also assumes 1.5 hours for each Outpatient Surgery.

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

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Ambulatory Cases
7	254	60.30

* (Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.)

** **"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*

Reimbursement Source

PRIMARY PAYER SOURCE	NUMBER OF CASES
Self Pay/Indigent/Charity	34
Medicare & Medicare Managed Care	2585
Medicaid	206
Commercial Insurance	1368
Managed Care	912
~~Other (Specify)~~ WC and other	84
TOTAL	5189

Patient Origin -Ambulatory Surgical Services

Facility County: Guilford

In an effort to document patterns of utilization of ambulatory surgical services in North Carolina's licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient *(as reported on page 9)* who had **Ambulatory Surgery** in your facility during the reporting period.

Total number of patients must match the total number of surgical cases from the "Surgical Cases by Specialty Area" table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	121	37. Gates		73. Person	3
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	365
5. Ashe		41. Guilford	1618	77. Richmond	2
6. Avery		42. Halifax	1	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	97
8. Bertie		44. Haywood		80. Rowan	3
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	2
13. Cabarrus	1	49. Iredell	3	85. Stokes	12
14. Caldwell		50. Jackson	3	86. Surry	5
15. Camden		51. Johnston	2	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	8	53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	
19. Chatham	11	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	7
26. Cumberland		62. Montgomery	6	98. Wilson	8
27. Currituck		63. Moore		99. Yadkin	3
28. Dare		64. Nash		100. Yancey	
29. Davidson	83	65. New Hanover			
30. Davie	7	66. Northampton		101. Georgia	2
31. Duplin		67. Onslow	1	102. South Carolina	3
32. Durham	1	68. Orange	2	103. Tennessee	0
33. Edgecombe		69. Pamlico		104. Virginia	46
34. Forsyth	148	70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	2583

Patient Origin –Gastrointestinal (GI) Endoscopy Services

Facility County: Guilford

In an effort to document patterns of utilization of gastrointestinal endoscopy services in North Carolina's licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient who had a **Gastrointestinal Endoscopy** in your facility during the reporting period.

Total number of patients must match Total GI Endoscopy Cases from the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" table on page 8 plus the Total GI Endoscopy Cases from the "Non-Surgical Cases by Category" table on page 9. Do not include Non-GI Endoscopy Cases patients.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	46	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	107
5. Ashe		41. Guilford	202	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	15
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	4
14. Caldwell		50. Jackson		86. Surry	3
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell	1	53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham	3	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	3	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	4	65. New Hanover			
30. Davie	8	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	57	70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	455

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 Ambulatory Surgical Facility license.

AUTHENTICATING SIGNATURE: The undersigned submits application for licensure subject to the provisions of G.S. 131E-147 and Licensure Rules 10A NCAC 13C adopted by the Medical Care Commission, and certifies the accuracy of this information.

Signature: Debbie Murphy **Date:** 11/24/15

PRINT NAME & TITLE OF APPROVING OFFICIAL Debbie Murphy, Adm.

Please be advised, the licensure 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 an ambulatory surgical facility license.