

Comments on Competing Applications for Additional Acute Care Beds in Mecklenburg County

July 31, 2025

Competitive Comments on Mecklenburg County Acute Care Bed Applications

submitted by

The Charlotte-Mecklenburg Hospital Authority

In accordance with N.C. GEN. STAT. § 131E-185(a1)(1), The Charlotte-Mecklenburg Hospital Authority¹ (CMHA) hereby submits the following comments related to competing applications filed to develop additional acute care beds to meet the need identified in the 2025 State Medical Facilities Plan (SMFP) for 210 acute care beds in Mecklenburg County. CMHA's comments include "discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with the relevant review criteria, plans and standards." See N.C. GEN. STAT. § 131E-185(a1)(1)(c).² In order to facilitate the Agency's ease in reviewing these comments, CMHA has organized its discussion by issue, specifically noting the general Certificate of Need (CON) statutory review criteria and regulations creating the non-conformity of each issue. CMHA's comments relate to the following competing applications:

- Novant Health Huntersville Medical Center, LLC and Novant Health, Inc., Develop 50 additional acute care beds at Novant Health Huntersville Medical Center (NHHMC), Project ID # F-012659-25
- The Presbyterian Hospital and Novant Health, Inc., Develop 120 additional acute care beds at Novant Health Presbyterian Medical Center (NHPMC), Project ID # F-012660-25

Please note that these applicants collectively are referred to herein as Novant Health.

CMHA's comments also include a comparative analysis related to its applications:

- Carolinas Medical Center, Develop 115 additional acute care beds, Project ID # F-012655-25
- Atrium Health University City, Develop 95 additional acute care beds, Project ID # F-012652-25

As detailed above, given the number of proposed additional acute care beds, all applications cannot be approved as proposed. The comments below include substantial issues that CMHA believes render Novant Health's applications non-conforming with applicable statutory criteria and regulatory review criteria. However, as presented at the end of these comments, even if the Novant Health applications were conforming, the CMC and Atrium Health University City applications filed by CMHA are comparatively superior to the applications filed by Novant Health and represent the most effective alternative for expanding access to acute care bed services in Mecklenburg County.

Advocate Aurora Health, Inc. ("AAH") and Atrium Health, Inc. ("Atrium Health") formed Advocate Health, Inc. ("Advocate Health"), a nonprofit corporation, to manage and oversee AAH, Atrium Health, and their respective subsidiaries and affiliates. As part of Atrium Health, The Charlotte-Mecklenburg Hospital Authority and Wake Forest University Baptist Medical Center are now part of the Advocate Health enterprise and are managed and overseen by Advocate Health.

² CMHA is providing comments consistent with this statute; as such, none of the comments should be interpreted as an amendment to its applications filed on June 16, 2025.

GENERAL COMMENTS

As detailed in the issue-specific comments in the following section, Novant Health's applications do not conform to all of the Certificate of Need (CON) statutory review criteria and regulations. Most notably, both applications contain fundamental methodological flaws including overstated baseline utilization data, unreasonable financial projections, and failure to demonstrate adequate need for the proposed services. These deficiencies render both applications non-conforming with multiple statutory review criteria and regulatory performance standards.

Even if Novant Health's applications were approvable, CMHA believes that its CMC and Atrium Health University City applications are the more effective alternatives for the 210 acute care beds needed in Mecklenburg County as demonstrated in the comparative analysis section.

ISSUE-SPECIFIC COMMENTS

1. <u>Novant Health's Applications Are Non-Conforming Due to Overstated Utilization Data and Failure</u> to Meet Performance Standards.

Novant Health's applications for additional acute care beds at both NHPMC and NHHMC are fundamentally flawed due to their reliance on overstated and unreasonable utilization data. Both applications' projections are built upon an inflated FFY 2024 baseline that is contradicted by Novant Health's 2025 LRA data and the *Proposed 2026 SMFP*.

Novant Health included inpatient utilization tables reporting FFY 2024 days of care as 141,963 for NHPMC (pages 47 and 136 of the NHPMC application). However, this figure is significantly overstated when compared to other data sources. While Novant Health relied on *State Medical Facilities Plan (SMFP)* data for FFY 2022 and 2023, the *2026 SMFP* was not available at the time of application submission. Instead, Novant Health relied on patient days of care from the May 13, 2025 draft Table 5A presented ahead of that day's Acute Care Services Committee meeting, as shown in the table below.

	Draft - 5/13/2025 Table 5A: Acute Care Bed Need Projections										
A	В	C	D	E	F	G	Н	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Mecklenburg	H0255	Atrium Health University City**	108	43	43,514	1.0606	55,061	151	211	60	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	277	369,650	1.0606	467,742	1,281	1,639	383	
		Atrium Health	1,385	385	520,296		658,364	1,803	2,344	574	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	36	0	6,233	1.0606	7,887	22	32	-4	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	147	0	36,964	1.0606	46,773	128	179	32	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	41,356	1.0606	52,330	143	201	35	
V 11 1	TT0200	THE WAS CHOOSE VICE	27	^	0.122	1.0606	10,279	28	42	6	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	476	26	141.963	1.0606	179,635	492	630	128	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0606	0	0	0	-32	
		Novant Health	841	78	234,639		296,904	813	1,084	165	

The actual FFY 2024 inpatient days of care for NHPMC reported in the *Proposed 2026 SMFP* were only 137,327, as shown below. Volumes reported in the Novant Health applications represent an overstatement of 4,636 patient days for FFY 2024. This substantial discrepancy discredits Novant Health's baseline data and all projections derived from this inflated foundation.

Proposed 2026 SMFP Table 5A: Acute Care Bed Need Projections											
A	В	C	D	E	F	G	Н	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2028 Projected Average Daily Census (ADC)	2028 Beds Adjusted for Target Occupancy	Projected 2028 Deficit or Surplus (surplus shows as a "-")	2028 Need Determination
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	254	364,656	1.0578	456,503	1,250	1,600	367	
	'	Atrium Health	1,385	362	512,194		641,202	1,756	2,282	535	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	36	0	6,233	1.0578	7,803	21	32	-4	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	147	0	36,964	1.0578	46,274	127	177	30	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	41,356	1.0578	51,773	142	198	32	
	110000		0.0		0.100	1.0578	10,169	28	42	6	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	476	26	137.327	1.0578	171,916	471	602	100	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0578	0	0	0	-32	
	Novant Health			78	230,003		287,935	788	1,052	133	
Mecklenburg Tota	l		2,226	739							369

Novant Health ignored several readily available indicators that should have alerted to the fact that its selected volumes for NHPMC were overstated. NHPMC's 2025 LRA (See Exhibit A) reported 137,220 days of care for FFY 2024 (calculated as 158,918 total acute care bed days less 21,698 Neonatal Beds Level IV). This figure closely aligns with the Proposed 2026 SMFP data (137,327) and is substantially below the patient days (141,963) used in the NHPMC application. Additionally, at the May 13, 2025 Acute Care Services Committee meeting, the Committee specifically reviewed licensure and HIDI acute days of care for discrepancies, acknowledging that staff would work with the Sheps Center, HIDI, and hospitals during the summer to improve discrepant data, noting that resolution of discrepant data may change need determinations. This acknowledgment of data quality issues should have prompted Novant Health to exercise greater caution in selecting baseline utilization figures. Novant Health has two executives serving on the State Health Coordinating Council (SHCC), including Denise Mihal, Executive Vice President, Chief Nursing, and Clinical Operations Officer, who serves on the Acute Care Services Committee. With direct representation on the committee responsible for acute care bed matters, Novant Health had access to information about the acknowledged data quality issues. The LRA data contradicted the chosen baseline, yet Novant Health proceeded with inflated figures despite having multiple reliable data sources available. Moreover, Novant Health has access to its own internal operational data for 2024 and did not need to rely on an external source with acknowledged discrepancies.

The use of overstated FFY 2024 baseline data has cascading effects throughout both Novant Health applications. When projections for future utilization, capacity needs, and financial performance are built upon an inflated foundation, all subsequent analyses become unreliable. The baseline error artificially inflates projected volumes for future years, making the projects appear to meet performance standards when, in fact, they do not when reasonable and accurate baseline data is utilized.

As shown in the table below, there are two immediate effects of the overstated FFY 2024 volume: baseline volume for FFY 2024 is overstated by 4,636 patient days, and Novant Health's selected compound annual growth rate (CAGR) of 3.4 percent utilizing the FFY 2019-2024 growth rate is overstated. When the corrected FFY 2024 baseline is used, the recalculated CAGR is only 2.7 percent.

Recalculation of Table 10

	Days of Care Application	Days of Care Updated	Variance
FFY2018	106,989	106,989	-
FFY2019	120,319	120,319	-
FFY2020	127,710	127,710	-
FFY2021	139,964	139,964	-
FFY2022	129,926	129,926	-
FFY2023	129,795	129,795	-
FFY2024	141,963	137,327	(4,636)
18-24 CAGR	4.8%	4.2%	(0.6%)
19-24 CAGR	3.4%	2.7%	(0.7%)
22-24 CAGR	4.5%	2.8%	(1.7%)

What started as a variance of 4,636 patient days grows dramatically to a variance of over 17,000 patient days in CY 2033 when factoring in the updated growth rate. This compounding effect demonstrates how an initial baseline error becomes magnified throughout the projection period, as illustrated in the tables below.

Recalculation of Table 14 for NHPMC

	FFY2025	FFY2026	FFY2027	FFY2028	FFY2029	FFY2030	FFY2031	FFY2032	FFY2033	FFY2034
Application	146,738	151,674	156,776	162,050	167,501	173,135	178,959	184,978	191,200	197,632
Updated	141,007	144,785	148,665	152,649	156,739	160,939	165,252	169,680	174,227	178,895
Change	(5,731)	(6,889)	(8,111)	(9,401)	(10,762)	(12,196)	(13,707)	(15,298)	(16,973)	(18,737)

Recalculation of Table 15 for NHPMC

	CY2025	CY2026	CY2027	CY2028	CY2029	CY2030	CY2031	CY2032	CY2033
Application	147,972	152,950	158,094	163,412	168,909	174,591	180,463	186,534	192,808
Updated	141,951	145,755	149,661	153,671	157,789	162,017	166,359	170,817	175,394
Change	(6,021)	(7,195)	(8,433)	(9,741)	(11,120)	(12,574)	(14,104)	(15,717)	(17,414)

Most critically, when the corrected baseline data and growth rates are applied, the resulting occupancy rate of 74.5 percent does not meet the performance standard of 78.0 percent for the Novant Health system in Project Year 3 (CY 2033), as shown in the table below.

Recalculation of Table 27

	CY 2033
Novant Health System – CON Application Table 27	313,625
NHPMC Adjustment – Recalculation of Table 15	(17,414)
Novant Health System – Updated Total	296,211
Licensed Beds (excluding NICU)	1,089
Novant Health System – Occupancy Rate	74.5%

When accurate baseline data is utilized, the Novant Health system fails to achieve the required 78.0 percent occupancy rate in Project Year 3, rendering both applications non-conforming with performance standards.

While CMHA believes the Agency made the correct decision in the 2024 Mecklenburg Acute Care Bed Review, it is notable that though Novant Health is appealing that decision, it did not include any count of those proposed 80 beds in projecting its future utilization. In the unlikely event the Agency's decision were overturned and those 80 beds were awarded to Novant Health, Novant's future occupancy rate would be even lower than the already inadequate 74.5 percent calculated above.

Thus, both Novant Health applications are non-conforming with Criteria 3, 4, 5, 6, and 18a, as well as the performance standards specified in 10A NCAC 14C .3803.

2. Novant Health Fails to Demonstrate Need for Additional Acute Care Beds.

The data overstatement issues identified previously fundamentally undermine Novant Health's entire "need" argument. Since Novant's projections are built upon the flawed 4,636-day overstatement of FFY 2024 baseline data, its purported need for additional beds essentially evaporates when corrected data is applied. The overstated baseline artificially inflates all future projections, creating the false appearance of capacity constraints that do not exist when reasonable and accurate data is utilized.

For the sake of argument, even if some purported need existed, it would be substantially lower than Atrium Health's well-documented and persistent bed deficit. The 2025 SMFP demonstrates that Atrium Health facilities show a combined deficit of 299 acute care beds, while Novant Health facilities operate with a surplus of 10 beds. Any award to Novant Health would serve only to increase its existing surplus rather than address demonstrated need.

Thus, both Novant Health applications are non-conforming with Criteria 3, 4, 5, 6, and 18a, as well as the performance standards specified in 10A NCAC 14C .3803.

3. Novant Health's Payor Mix Data Contain Errors That Affect Underserved Access Analysis.

Both Novant Health applications contain errors in payor mix data that create inaccuracies in evaluating the facilities' service to underserved populations under Criterion (13c). Both applications incorrectly characterize revenue-based payor mix percentages as discharge-based percentages, which affects the accuracy of Medicare and Medicaid access projections.

NHPMC Payor Mix Errors

NHPMC's application projects that 49.2 percent of inpatient discharges will be Medicare patients (page 106), but this figure appears to represent Medicare's percentage of gross revenue rather than percentage of discharges.

•	ayor Mix during the 3 rd Full FY
01/0	1/2033 to 12/31/2033
NHPMC: Inpati	ient Discharges (Excluding NICU)
Payor Source	Percentage of Total Patients Served
Self-Pay	0.9%
Charity Care	1.0%
Medicare *	49.2%
Medicaid *	14.2%
Insurance *	31.9%
Workers Compensation	0.2%
TRICARE	0.5%
Other (Other Govt, Institutional)	2.1%
Total	100.0%
Including any managed care plans.	

Source: NHPMC Application, p. 106

NHPMC's financial assumptions explicitly state that "the projected payor mix for acute care was calculated using CY 2024 acute care services charges by payor" (page 155), indicating the calculations in the financial statements are revenue-based, not discharge-based. This methodology is flawed because revenue percentages do not accurately reflect discharge percentages. Different payor types generate varying revenue per discharge due to differences in length of stay, acuity levels, and reimbursement rates. Medicare patients typically have longer stays and higher acuity conditions, generating higher charges per discharge. Commercial plans often reimburse at higher rates, further inflating their revenue percentage. Using revenue percentages as discharge percentages systematically distorts patient mix projections. This is confirmed by NHPMC's financial projections, which show Medicare revenue comprising exactly 49.2 percent of total gross revenue (Form F.2b, page 149) – the identical percentage claimed for discharges on page 106.

This error is evident when compared to the application's own demographic data. According to page 54 of the same application, patients age 65 and older comprised only 31 percent of acute care discharges at NHPMC in calendar year 2024. It is unreasonable to project that 49.2 percent of discharges in CY 2033 will be Medicare patients when only 31 percent of patients in CY 2024 were in the primary Medicare-eligible age group.

This error is also confirmed by NHPMC's 2024 application, which projected that 27.6 percent of acute care discharges would be Medicare patients (Project ID # F-12570-24), providing an additional point of reference that demonstrates the 49.2 percent figure does not represent discharge percentages.

NHDMC: Inna	atient Discharges (Excluding NICU)
Payor Source	Percentage of Total Patients Served
Self-Pay	1.9%
Charity Care	2.5%
Medicare *	32.5%
Medicaid *	17.9%
Insurance *	42.9%
Other ^	2.4%
Total	100.0%
Including any managed care plans.	

Source: NHPMC 2024 Application, p. 95

NHHMC Payor Mix Errors

NHHMC's application exhibits the same systematic error in payor mix presentation. The application projects that 56.3 percent of inpatient discharges will be Medicare patients (page 101), but this figure appears to represent Medicare's percentage of gross revenue rather than percentage of discharges.

Projected Payor Mix during the 3 rd Full FY 01/01/2033 to 12/31/2033						
NHHMC: Inpatient Discharges (Excluding NICU)						
Payor Source	Percentage of Total Patients Served					
Self-Pay	1.4%					
Charity Care	0.4%					
Medicare *	56.3%					
Medicaid *	9.6%					
Insurance *	30.8%					
Workers Compensation						
TRICARE						
Other (Other Govt, Institutional)	1.5%					
Total	100.0%					
* Including any managed care plans.						

Source: NHHMC Application, p. 101

NHHMC's financial assumptions state that "the projected payor mix for acute care was calculated using CY 2024 acute care services charges by payor" (page 150), indicating calculations in the financial statements are revenue-based, not discharge-based. This is confirmed by NHHMC's financial projections, which show Medicare revenue comprising exactly 56.3 percent of total gross revenue (Form F.2b, page 144) – the identical percentage claimed for discharges on page 101.

This error is particularly evident when compared to NHHMC's own demographic data. According to page 50 of the same application, patients age 65 and older comprised only 38.4 percent of acute care discharges at NHHMC in calendar year 2024. It is unreasonable to project that 56.3 percent of discharges in CY 2033 will be Medicare patients when only 38.4 percent of patients in CY 2024 were in the primary Medicare-eligible age group.

These systematic errors create confusion in evaluating both facilities' projected service to Medicare patients under Criterion (13c). When revenue-based percentages are incorrectly presented as discharge-

based percentages, it overstates both facilities' projected service to this underserved population. The payor mix errors affect Medicaid and other payor projections as well, since the percentage calculations are interdependent.

Thus, both Novant Health applications contain payor mix errors that affect the accuracy of Criterion (13c) analysis regarding service to underserved populations.

4. Novant Health Fails to Demonstrate Financial Feasibility and Adequate Staffing.

Novant Health's NHPMC application fails to demonstrate financial feasibility due to an unexplained and unrealistic decline in staffing expenses that undermines the application's baseline financial assumptions. A comparison of NHPMC's 2024 and 2025 Acute Care Bed applications reveals a dramatic and unexplained 22.5 percent decrease in salary per FTE between 2023 and 2024, despite increased patient volume and facility expansion.

NHPMC's staffing data show a dramatic and unexplained decline in salary per FTE between its 2024 and 2025 applications. In the 2024 application, NHPMC reported CY 2023 staffing of 1,001 FTEs with total salaries of \$104,740,848, representing a salary per FTE of \$104,636. However, in the 2025 application, NHPMC reports CY 2024 staffing of 1,043.8 FTEs with total salaries of only \$84,605,166, representing a salary per FTE of \$81,063. This represents a \$23,573 per FTE decrease, or a 22.5 percent decline, in just one year.

Most concerning, NHPMC's 2025 application provides no explanation for this dramatic salary decline. The application's Form H assumptions simply state that "the current hourly rates were used for each position" and "average salaries are projected to increase 3.0% annually for all positions."

This understated baseline raises significant concerns about the adequacy of the application's financial assumptions. If NHPMC's 2024 salary baseline is understated by approximately \$23,573 per FTE, the impact on projected expenses is substantial. Using the corrected baseline of 1,043.8 FTEs at the 2023 salary rate of \$104,636 per FTE would yield total salaries of \$109.2 million, compared to the reported \$84.6 million, representing an annual understatement of \$24.6 million in salaries alone. When benefits are included at 21.8 percent of salaries per NHPMC's application, the total understated personnel expense approaches \$30 million annually. This understatement affects all three projected years of operation; with only \$6.5 million in net income in year 3 (based on incorrect, inflated volume), the proposed project does not demonstrate its financial feasibility based on reasonable assumptions.

Beyond financial feasibility concerns, this unexplained salary decline raises serious questions about NHPMC's ability to attract and retain the additional staff necessary for the proposed project under Criterion (7). The application proposes to add 120 acute care beds, which according to Form H will require an additional 288.8 FTEs by the third project year (increasing from 1,043.8 current FTEs to 1,332.6 projected FTEs). However, if NHPMC's current salary levels are artificially deflated as the data suggests, Novant may not be able to compete effectively for qualified healthcare workers in today's challenging labor market. NHPMC demonstrates significantly lower current salary levels compared to both Atrium Health facilities, which suggests that the decline from its 2024 application is not substantiated by market conditions.

Comparison of Current Staffing and Salary Levels

	Total FTEs	Total Salary	Salary/FTE
NHPMC	1,043.8	\$84,605,166	\$81,047
CMC	2,353.1	\$225,303,354	\$95,758
Atrium Health University City	265.8	\$26,870,972	\$101,086

Sources: NHPMC Application p. 152, CMC Application p. 176, AHUC Application p. 178

These substantial salary differentials raise questions about Novant Health's ability to secure qualified healthcare personnel in a competitive market, particularly given the projected staffing increases required for the proposed 120-bed expansion.

Thus, Novant Health's NHPMC application is non-conforming with Criterion (5) due to inadequate demonstration of financial feasibility and Criterion (7) due to failure to demonstrate adequate staffing.

In summary, based on the issues detailed above, the NHPMC application is non-conforming with the review criteria established under N.C. Gen. Stat. § 131E-183, specifically Criteria 3, 4, 5, 6, 7, 13c and 18a, as well as the performance standards specified in 10A NCAC 14C .3803. The NHHMC application is non-conforming with Criteria 3, 4, 5, 6, 13c and 18a, as well as the performance standards specified in 10A NCAC 14C .3803. Both applications should be denied.

COMPARATIVE ANALYSIS

The NHHMC application (Project ID # F-012659-25) and the NHPMC application (Project ID # F-012660-25) collectively propose to develop 170 acute care beds (50 beds at NHHMC and 120 beds at NHPMC) in response to the 2025 SMFP need determination for Mecklenburg County. The CMC application (Project ID # F-012655-25) proposes to develop 115 acute care beds and the Atrium Health University City application (Project ID # F-012652-25) proposes to develop 95 acute care beds for a total of 210 acute care beds. Given that the competing applications collectively propose 380 acute care beds while the need determination is for 210 acute care beds, not all applications can be approved as proposed. To determine the comparative factors that are applicable in this review, CMHA examined recent Agency findings for competitive acute care bed reviews. Based on that examination and the facts and circumstances of the competing applications in this review, CMHA considered the following comparative factors:

- Conformity with Review Criteria
- Scope of Services
- Geographic Accessibility
- Historical Utilization
- Competition
- Access by Service Area Residents
- Access by Underserved Groups
 - Projected Medicare and Medicaid
- Average Net Revenue per Patient Day
- Average Operating Expense per Patient Day

CMHA believes that the factors presented above and discussed in turn below should be used by the Agency in reviewing the competing applications.

Conformity with Applicable Statutory and Regulatory Review Criteria

CMHA's applications for both CMC and Atrium Health University City adequately demonstrate that their acute care bed proposals conform to all applicable statutory and regulatory review criteria. In contrast, the Novant Health applications do not adequately demonstrate that their proposals are conforming to all applicable statutory review criteria as discussed previously. Specifically, both the NHHMC and NHPMC applications are non-conforming with Criteria 3, 4, 5, 6, 13c and 18a, as well as the Criteria and Standards at 10A NCAC 14C .2103, and NHPMC is also non-conforming with Criterion 7. An application that is not conforming to all applicable statutory and regulatory review criteria cannot be approved. Therefore, with regard to conformity, both the CMC and Atrium Health University City applications are more effective than either of the Novant Health applications.

Scope of Services

CMC, Atrium Health University City, NHHMC, and NHPMC are existing acute care hospitals that provide a broad spectrum of acute care services. Of these existing facilities, only CMC is a Level I trauma center and a quaternary care academic medical center. CMC's academic medical center teaching hospital designation is confirmed in the 2025 SMFP. In contrast, NHHMC provides community hospital services, while NHPMC is a Level II trauma center and tertiary care facility. Neither NHHMC nor NHPMC are designated as academic medical centers per the SMFP.

As such, CMC's status as the only quaternary care provider, Level I trauma center, and academic medical center in Mecklenburg County provides a broader scope of services than those offered at NHHMC or NHPMC. Furthermore, according to the 2025 SMFP, neither NHHMC nor NHPMC are listed as providing transplant services. While NHPMC characterizes itself as a "quaternary referral center" in its application, CMC is the only facility in Mecklenburg County that provides the full range of quaternary services, including but not limited to transplants and Level I trauma care.

Therefore, based on the Agency's historical application of this comparative factor – that the application proposing to provide the greatest scope of services is the more effective alternative – the CMC application is the most effective with regard to scope of services.

Geographic Accessibility

All four facilities are located within Mecklenburg County and are geographically accessible to the service area population. CMC is centrally located in Charlotte, providing access to residents throughout the county as the county's only quaternary care academic medical center and Level I trauma center. Atrium Health University City is located in University City, serving the northern portion of the county. NHHMC is located in Huntersville, also serving northern communities, while NHPMC is located centrally in Charlotte.

Given that all facilities are located within the service area and are accessible to the population to be served, all applications are geographically accessible. However, the Atrium Health University City project provides enhanced access to a particularly vulnerable and underserved community within Mecklenburg County, as described on page 61 of the AHUC application.

<u>Historical Utilization</u>

The table below shows acute care bed utilization for existing facilities based on acute care days as reported in Table 5A of the 2025 SMFP. As shown in the 2025 SMFP, CMHA facilities demonstrate a combined deficit of 299 acute care beds, while Novant Health facilities demonstrate a combined surplus of 10 beds.

Mecklenburg County Facilities' Acute Care Bed Need/Surplus per the 2025 SMFP

	2027 Projected ADC	2027 Beds Adjusted for Target Occupancy	Current Bed Inventory	Projected 2027 Deficit/ (Surplus)
Atrium Health Pineville	322	428	340	88
Atrium Health University City	128	180	151	29
CMC/Atrium Health Mercy	1,124	1,439	1,256	183
CMHA Total	1,574	2,046	1,747	299
NHBMC	3	4	36	(32)
NHHMC	102	143	147	(4)
NHMMC	130	182	166	16
NHMHMC	26	39	36	3
NHPMC	423	541	502	39
NHSCMC*	-	-	32	(32)
Novant Health Total	683	909	919	(10)

Source: 2025 SMFP

A core principle of the *SMFP* acute care bed need methodology is an analysis of need by system in Mecklenburg County; it is the system-based deficits/surpluses that determine whether additional beds are needed. Moreover, both existing systems in Mecklenburg County have been approved for projects that propose to shift resources and create opportunities for patients to move between facilities, which is further evidence that a system-to-system comparison is more appropriate and that a facility-specific analysis could create artificial results.

Based on FFY 2023 data from the *2025 SMFP*, the utilization patterns demonstrate a stark contrast between the two health systems. The CMHA system operates at 98.7 percent system-wide occupancy, which is 20.7 percentage points above the 78.0 percent target, with an average daily census of 278 patients above target occupancy (AHUC application, page 53). CMHA facilities show a 299-bed projected deficit, representing the largest acute care bed deficit of any health system in the state. Atrium Health facilities demonstrate consistent growth, with utilization increasing to 101.6 percent occupancy systemwide in CY 2024, which is 23.6 percentage points above the 78.0 percent target (AHUC application, page 54).

In contrast, the Novant Health system operated at 69.9 percent occupancy system-wide in FFY 2023, which is 8.1 percentage points below the 78.0 percent target, with an average daily census of 66 patients below target occupancy (AHUC application, page 53). Novant Health facilities show a 10-bed projected surplus after accounting for approved projects and demonstrate inconsistent growth patterns that do not support major capacity expansion.

While system-level analysis is most appropriate, the individual facility data further demonstrate where additional capacity is most needed. Both CMC and Atrium Health University City have demonstrated exceptional historical utilization that demonstrates the need for additional acute care bed capacity. CMC has operated at occupancy rates consistently above target, with occupancy increasing from 89.6 percent in CY 2019 to 104.7 percent in CY 2024. Under the performance standards in the Criteria and Standards

^{*}Approved, but not yet operational

for Acute Care Beds, CMC's target occupancy rate is 78.0 percent based on its ADC that is greater than 400 patients. CMC has exceeded this target occupancy rate every year, operating 26.7 percentage points above target in CY 2024.

Atrium Health University City has experienced remarkable growth in utilization, with occupancy rates reaching 114.1 percent in CY 2023 and 103.4 percent in CY 2024, even after adding 13 additional beds in CY 2024. From CY 2019 to CY 2024, acute care days at Atrium Health University City increased at a compound annual growth rate of 9.5 percent. Under the performance standards, Atrium Health University City's target occupancy rate is 71.4 percent based on its ADC between 100 and 200 patients, meaning it operated 32.0 percentage points above target in CY 2024.

By comparison, NHPMC achieved a corrected³ occupancy rate of 79 percent using 476 licensed beds (or 74.9 percent using 502 licensed and approved beds) in FFY 2024 with a target occupancy rate of 75.2 percent, operating only 3.8 percentage points above target (or 0.3 percentage points below target using the higher bed count). Based on FFY 2024 HIDI data, NHHMC operates at 68.9 percent occupancy with 147 licensed beds and 36,964 days of care (NHHMC application, page 133), which is 2.5 percentage points below its target occupancy rate of 71.4 percent.

The individual facility data reinforces the system-level analysis and demonstrates that CMHA's capacity crisis extends across all facilities, while Novant Health has underutilized existing resources. The stark contrast between CMC operating 26.7 percentage points above target and AHUC operating 32.0 percentage points above target, compared to NHPMC operating only 3.8 percentage points above target at best and NHHMC operating below its target rate, clearly shows where additional acute care bed capacity is most urgently needed. Therefore, CMC and Atrium Health University City are more effective alternatives with regard to historical utilization.

Competition

Competition cannot be singularly defined as a simple comparison of existing assets, particularly in a service area such as Mecklenburg County. CMHA and Novant Health are two existing, mature, and well-established acute care service providers in Mecklenburg County, and neither system qualifies as a new or alternative provider of acute care services. While the Agency is charged with evaluating competition in CON reviews per N.C. Gen. Stat. § 131E-183(18a), it is not charged with protecting a specific facility's market share. The Basic Principles found in Chapter 5 of the 2025 SMFP indicate that "it is not the policy of the state to guarantee the survival and continued operation of all the state's hospitals, or even any one of them."

In the 2024 Mecklenburg County review, the Agency found NHPMC to be the "more effective alternative" for competition based on asset counting, concluding that "the expansion of an existing provider that currently controls fewer acute care beds than another provider would also presumably encourage all providers in the service area to improve quality or lower costs." However, this approach fails to consider the critical factor of actual need and utilization patterns between established health systems and is inconsistent with the Basic Principles that the state's policy is not to guarantee the continued operation of hospitals regardless of their performance or utilization.

³ Corrected for the inflated baseline volume discussed previously.

In the 2024 Wake County Acute Care Bed and Operating Room Review, the Agency moved beyond asset counting and explicitly rejected this approach. The Agency found that "the rationale for expanding an existing provider when that provider has fewer ORs than another provider does not reasonably hold when the existing provider with the fewer ORs currently has either a projected surplus of ORs... or has a projected deficit of ORs of '0'." Instead, the Agency emphasized that "expanding the number of ORs in the WakeMed Health System, the only Health System with a projected deficit of ORs (3), would presumably encourage all providers in the service area to improve quality or lower costs in order to compete for patients."

This represents a fundamental shift in the Agency's competition analysis – from mechanical asset counting to meaningful deficit-based competition. The Agency explicitly recognized that awarding additional capacity to systems with surpluses or no deficit "does not reasonably hold" as a competitive rationale, while expanding capacity in systems with documented deficits creates the competitive dynamic the CON process seeks to foster.

Meaningful competition occurs when providers with genuine capacity constraints are given the opportunity to compete effectively. Competition is actually stifled when one provider operates at maximum capacity with documented deficits while another operates with surplus capacity and underutilized beds. Under such circumstances, the provider with surplus capacity has an inherent competitive advantage that is not based on quality or efficiency, but simply on having unused beds available. It does not make sense to award more beds to an entity that is not fully utilizing what they already have.

In a service area with two established, multi-hospital systems, the Agency should compare acute care bed deficits and surpluses at the system level because a core principle of the *SMFP* acute care bed need methodology is an analysis of need by system in Mecklenburg County. As established in the Historical Utilization analysis, the CMHA system demonstrates a 299-bed deficit while the Novant Health system operates with a 10-bed surplus, clearly demonstrating where additional capacity would most effectively enhance competition.

As the Agency recognized in Wake County, expanding capacity in systems with documented deficits and high utilization creates the competitive dynamic that the CON process seeks to foster, while awarding beds to systems with surplus capacity and underutilized existing resources does not enhance competition. Therefore, consistent with this approach to competition analysis, CMC and Atrium Health University City are the more effective alternatives with regard to competition.

Access by Service Area Residents

The 2025 SMFP defines the service area for acute care beds as "... the single or multicounty grouping shown in Figure 5.1." Figure 5.1, on page 36, shows Mecklenburg County as a single acute care bed service area. Thus, the service area for these facilities is Mecklenburg County. Facilities may also serve residents of counties not included in their service area. Generally, regarding this comparative factor, the application projecting to serve the largest number of service area residents is the more effective alternative based on the assumption that residents of a service area should be able to derive a benefit from a need determination for additional acute care beds in the service area where they live.

The following table illustrates access to acute care inpatient services by service area residents during the third full fiscal year following project completion.

Projected Service to Mecklenburg County Residents – Project Year 3

Applicant Facility	Number of Mecklenburg Residents	% of Mecklenburg Residents
СМС	27,267	50.8%
Atrium Health University City	9,006	79.4%
NHPMC	24,807	68.2%
NHHMC	7,651	56.9%

Sources: CMC Application Section C.3.b; Atrium Health University City Application Section C.3.b; NHPMC Application Section C.3.c; NHHMC Application Section C.3.c

As shown in the table above, CMC projects to serve the highest number of Mecklenburg County residents, while Atrium Health University City projects to serve the highest percentage of Mecklenburg County residents.

However, CMHA believes that this comparative factor would be inappropriate or inconclusive for a review of the proposed project. The ongoing need for additional acute care bed capacity located in Mecklenburg County is driven not only by the residents of the county, but also by the population centers that surround Mecklenburg County in both North and South Carolina. According to patient origin data submitted on license renewal applications (LRAs), less than 60 percent of patients served by Mecklenburg County acute care inpatient providers originate from within the county. As shown in the table below, out-of-state patients comprise nearly 15 percent of total acute care admissions provided by Mecklenburg County acute care providers followed by neighboring North Carolina counties.

Total Patient Origin for Mecklenburg County Acute Care Bed Providers

Wicekielibaig county Act	Meckielibuig County Acute Care Bed Providers				
NC County/State of Origin	2023 Percent of Total				
Mecklenburg	56.2%				
Other States*	14.8%				
Union	6.7%				
Gaston	4.2%				
Cabarrus	3.4%				
Iredell	2.3%				
Mitchell	2.2%				
Lincoln	1.9%				
Cleveland	1.5%				
Rowan	1.1%				
Stanly	1.1%				
All Others**	4.6%				
Total	100.0%				

Source: 2023 Patient Origin Reports as compiled by NC DHSR.

^{*}Other States includes all other states.

^{**}All Others includes all other North Carolina counties.

Simply put, without the demand for acute care services originating from outside of Mecklenburg County, there would not be a need for additional acute care bed capacity to be located in Mecklenburg County. In fact, there would be significant excess or underutilized capacity. As noted in Section C.4 of CMHA's applications, providers in Mecklenburg County provided 693,246 total acute care days in FFY 2023 (483,377 at CMHA and 209,869 at Novant Health), and roughly 56.2 percent of that utilization originated from Mecklenburg County. Thus, CMHA estimates that Mecklenburg County residents accounted for 389,604 acute care days in FFY 2023 (389,604 = 693,246 x 56.2 percent). That volume could be served by 1,371 acute care beds, assuming a target occupancy of 78.0 percent (1,371 = (389,604 / 365 / 78.0 percent)). As shown in the 2025 SMFP, Mecklenburg County had 2,755 existing and approved acute care beds in FFY 2023. Thus, Mecklenburg County would have a surplus of 1,384 acute care beds (1,384 = 2,755 – 1,371) or more than half of its existing capacity, if not for the demand for acute care bed services originating from outside of the county.

In the Agency Findings for the 2019 Mecklenburg County Acute Care Bed and Operating Room Review, the Agency's comparative analyses included a comparative factor, "Access by Service Area Residents," but did not draw any conclusions about the factor. Pages 236 and 237 of the Agency Findings for the 2019 Mecklenburg County Acute Care Bed and Operating Room Review state, "Atrium is correct that the Acute Care Bed Need Determination in the 2019 SMFP is based on the total number of acute care days at each hospital and not based on anything related to Mecklenburg County-specific acute care days. Further, Mecklenburg County is a large urban county with over one million residents, two large health systems plus other smaller healthcare groups, and is on the border of North Carolina and South Carolina... the Agency believes that in this specific instance attempting to compare the applicants based on the projected acute care bed access of Mecklenburg County residents has little value [emphasis added]." Subsequently, the Agency maintained this position in its Findings for the 2020, 2021, 2022, 2023, and 2024 Mecklenburg County Acute Care Bed and Operating Room Reviews in which it did not evaluate this comparative factor. CMHA agrees with the Agency's findings regarding this factor in recent reviews and maintains its belief that this comparative factor, if applied, would be inappropriate or inconclusive for a review of the proposed project. The need for additional acute care bed capacity in Mecklenburg County, and specifically, the need determination in the 2025 SMFP, is a result of the utilization of all patients that utilize acute care beds located in Mecklenburg County. Under these circumstances, it would not be appropriate to determine the comparative effectiveness of an applicant based on service to Mecklenburg County residents when the need as identified for the proposed additional acute care bed capacity is not based solely on Mecklenburg County patients. Rather, if anything, CMHA believes the Agency should recognize that the need for additional acute care bed capacity in Mecklenburg County is driven by residents across the region and evaluate an applicant's geographic reach in assessing the need for additional acute care bed capacity located in Mecklenburg County.

Access by Underserved Groups

Projected Medicare and Medicaid

The table below shows each applicant's projected Medicare and Medicaid patients as a percentage of total acute care utilization, as reported in Section L.3 of the respective applications.

	% Medicare	% Medicaid
СМС	29.9%	22.0%
Atrium Health University City	20.8%	26.5%
NHPMC	49.2%	14.2%
NHHMC	56.3%	9.6%

Source: Section L.3.

However, as detailed in the issue-specific comments above, both Novant Health applications contain systematic errors in payor mix data that render meaningful comparative analysis inappropriate. Both NHPMC and NHHMC incorrectly characterize revenue-based payor mix percentages as discharge-based percentages.

The payor mix errors also affect Medicaid and other payor projections, since the percentage calculations are interdependent.

Given these fundamental data errors and other non-conformities identified in the issue-specific comments, both Novant Health applications fail to demonstrate reliable projections for service to underserved populations. In contrast, CMHA's applications are based on projected discharges. CMC projects the most effective service to Medicare patients with reliable projections, while Atrium Health University City projects the most effective service to Medicaid patients (26.5%) and serves a particularly vulnerable community in an area of Mecklenburg County with high Medicaid coverage rates and low median household incomes.

Therefore, due to the unreliable payor mix assumptions in both Novant Health applications, CMC and Atrium Health University City are more effective alternatives for Medicare access, and both CMC and Atrium Health University City are more effective alternatives than either Novant Health facility for Medicaid access.

Average Net Revenue per Patient Day

The following table shows the projected average net revenue per patient day in the third year of operation based on the information provided in each applicant's pro forma financial statements (Form F.2). Consistent with previous Agency findings, the per patient day statistics below are based on acute care bed services only.

Facility	Patient Days	Net Revenue	Average Net Revenue Per Patient Day
CMC	359,901	\$501,558,492	\$1,394
Atrium Health University City	27,260	\$77,752,319	\$2,852
NHPMC	179,364	\$219,902,961	\$1,226
NHHMC	27,928	\$63,154,988	\$2,261

Source: Form F.2 and Form C utilization projections.

As shown in the table above, NHPMC projects the lowest average net revenue per patient day, followed by CMC.

Novant Health has acknowledged that they have fundamentally changed their financial methodology for this 2025 review cycle. In both the NHHMC and NHPMC applications, Novant Health explicitly states: "They do not include ancillary services (lab, radiology, or surgery) that generate additional revenue and expenses for acute care inpatients. This approach differs from prior years, in which Novant Health included ancillary services in Forms F.2 and F.3. Novant Health believes this revised methodology aligns with the format used by Atrium Health in its 2023 and 2024 Mecklenburg County acute care bed applications."

However, this methodological alignment does not cure the fundamental issue that has led the Agency to consistently find these factors inconclusive. Even in the 2024 Mecklenburg County review, where the Agency specifically noted that the "gross revenue includes acute care bed charges and expenses only and does not include any ancillary services" for both applicants, the Agency still found these comparative factors to be inconclusive.

The Agency has consistently found these comparative factors to be inconclusive in 2024 acute care bed reviews, including Mecklenburg County, Wake County, Durham County, and Buncombe County reviews. Critically, the Agency's rationale consistently emphasizes that methodological alignment alone cannot cure the fundamental differences between facility types. In the 2024 Wake County review, the Agency explained: "Further, even if the applicants had supplied pro forma financial statements in a manner that would allow the Agency to compare reasonably similar kinds of data, differences in the acuity level of patients at each facility, the level of care (new community hospital, existing community hospital, existing tertiary care hospital) at each facility, and the number and types of acute care bed services proposed by each of the facilities may impact the averages shown in the table above."

As the Agency stated in the 2024 Mecklenburg County review: "Due to significant differences in the levels of acuity and services provided, and differences in presentation of pro-forma financial statements for each hospital, the comparative may be of less value and result in less than definitive outcomes than if both applications were for like facilities and reporting in like formats."

The competing facilities represent fundamentally different facility types with varying levels of complexity. CMC is a quaternary care academic medical center and Level I trauma center, while NHPMC is a tertiary care facility with Level II trauma capabilities. Both Atrium Health University City and NHHMC are community hospitals with more limited scope of services.

Therefore, consistent with Agency precedent, the result of this analysis is inconclusive.

Average Operating Expense per Patient Day

The following table shows the projected average operating expense per patient day in the third year of operation for each of the applicants, based on the information provided in applicants' pro forma financial statements (Form F.3). The per patient day expenses below include only costs for acute care bed services.

Facility	Patient Days	Operating Expenses	Average Operating Expense Per Patient Day	
CMC	359,901	\$510,521,337	\$1,419	
Atrium Health University City	27,260	\$85,430,059	\$3,134	
NHPMC	179,364	\$213,429,045	\$1,190	
NHHMC	27,928	\$59,435,271	\$2,128	

Source: Form F.3 and Form C utilization projections.

As shown in the table above, NHPMC projects the lowest average operating expense per patient day, followed by CMC. However, NHPMC's apparently favorable cost projection is artificially deflated due to a significant understatement in salary expenses that undermines the reliability of this comparative factor as discussed previously.

Furthermore, despite the previously discussed stated alignment of Novant's financial methodology that with that of CMHA, fundamental differences remain in how costs are allocated and calculated.

The Agency has consistently found these comparative factors to be inconclusive in 2024 acute care bed reviews, including Mecklenburg County, Wake County, Durham County, and Buncombe County reviews. Critically, the Agency's rationale consistently emphasizes that methodological alignment alone cannot cure the fundamental differences between facility types. In the 2024 Wake County review, the Agency explained: "Further, even if the applicants had supplied pro forma financial statements in a manner that would allow the Agency to compare reasonably similar kinds of data, differences in the acuity level of patients at each facility, the level of care (new community hospital, existing community hospital, existing tertiary care hospital) at each facility, and the number and types of acute care bed services proposed by each of the facilities may impact the averages shown in the table above."

As the Agency stated in the 2024 Mecklenburg County review: "Due to significant differences in the levels of acuity and services provided, and differences in presentation of pro-forma financial statements for each hospital, the comparative may be of less value and result in less than definitive outcomes than if both applications were for like facilities and reporting in like formats."

Therefore, consistent with Agency precedent, the result of this analysis is inconclusive.

SUMMARY

As detailed in the issue-specific comments, neither of the Novant Health applications is conforming to all the CON statutory review criteria and regulations and thus are not approvable. Both applications contain fundamental methodological flaws including overstated baseline utilization data, unreasonable financial projections, and failure to demonstrate adequate need for the proposed services. When corrected baseline data is utilized, the Novant Health system fails to meet the required performance standards, rendering both applications non-conforming with Criteria 3, 4, 5, 6, 13c and 18a, with NHPMC also non-conforming with Criterion 7, as well as the performance standards specified in 10A NCAC 14C .3803.

Even if Novant Health's applications were approvable, CMHA believes that the CMC and Atrium Health University City applications are the more effective alternatives for the 210 additional acute care beds

needed in Mecklenburg County. In summary, both CMHA applications are fully conforming to all applicable statutory and regulatory review criteria and comparatively superior on the relevant factors in this review. CMHA's facilities demonstrate the largest acute care bed deficit in the county and operate within a health system that maintains the largest hospital system deficit in the state at CMC in contrast to surpluses at Novant. Additionally, CMC provides the broadest scope of services as the only quaternary care provider, Level I trauma center, transplant services provider, and academic medical center in Mecklenburg County, while Atrium Health University City serves a particularly vulnerable and historically underserved community with high Medicaid coverage rates and low median household incomes. As such, both applications submitted by CMHA should be approved and both Novant Health applications should be denied.

Please note that in no way does CMHA intend for these comments to change or amend its applications filed on June 16, 2025. If the Agency considers any statements to be amending CMHA's applications, those comments should not be considered.

Exhibit A NHPMC 2025 LRA



2025 LICENSE RENEWAL APPLICATION FOR HOSPITAL

Licensee	The Presbyterian Hospital Novant Health Presbyterian Medical Center			
Facility Name				
License #	H0010			
FID#	943501			
Application Status	Approved			

APPROVED LICENSE DATES

Effective Date	01/01/2025
Origination Date	01/01/1947
Approved By	Azzie Conley on 01/16/2025

**** All responses should pertain to October 1, 2023 thru September 30, 2024 ****

Introduction

Welcome to the Division of Health Service Regulation Licensure and Certification website.

This is your online **2025** license application. The deadline to complete and submit the application is **January 15, 2025**. Failure to possess a valid license by **January 16, 2025** may compromise your facility's ability to operate and/or adversely impact its funding sources.

Data on file indicates that your entity is a Hospital totaling 641 beds.

Your annual licensure fee, as authorized by **G.S. 131E-77** is \$11,967.50. This amount is comprised of a base fee of \$750.00 plus an additional per bed fee of \$17.50.

Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

Facility Type	Number of Beds	Base Fee	Bed Fee
General Acute Hospitals	1-49 Beds	\$250.00	\$17.50
The A Color Indian and Color C	50-99 Beds	\$350.00	\$17.50
To the control with the property of control deposits on the control of the contro	100-199 Beds	\$450.00	\$17.50
Palls (When My read and the others and the member of graphs represented that the control of the	200-399 Beds	\$550.00	\$17.50
The effective of the first in the contribute freedom commentations as a result of the contribute of th	400-699 Beds	\$750.00	\$17.50
THE PROPERTY OF A STATE OF A STAT	700+ Beds	\$950.00	\$17.50

Important Messages

- This application contains pre-populated information from our data systems based on your last renewal application or the most recent information reported to the Division of Health Service Regulation.
- A request for a change of ownership, location, or facility name will not be processed with this application. If these changes apply to your license, please notify the Division of Health Service Regulation.
- If the number of licensed beds is incorrect in your renewal application, please contact the Acute Care Licensure Section to determine next steps (919) 855-4620.
- If you have questions regarding transparency data and what is needed with the submission of your renewal application, please contact the Acute Care Licensure Section (919) 855-4620.

Questions

Name	Phone	Email	
Azzie Y. Conley		Azzie.Conley@dhhs.nc.gov	

Legal Name and Address

Legal Ide	ntity of the Applicant:	The Presbyterian Hospital	
(Full legal na	ame of corporation, partnership	, individual, or other legal entity owning the ent	erprise or service)
Doing Bu	siness As (DBA)		
* Name(s)	under which the facility of	or services are advertised or presented	to the public
Primary:	Novant Health Presbyte	erian Medical Center	
Other DB	A :		

Facility I	Mailing A	ddress:		Facil	ity Site Address:
P O Box Charlotte	c 33549 e, NC 282 	233		Char	Hawthorne Ln lotte NC 28204 nty: Mecklenburg
Has the Change		lailing Address	No		
Facility	Site Cor	tact Information	•		
Contact	Name:	Shana Guillebeau		Email	: slsebold@novanthealth.org
Phone N	lumber:	(704) 384-4000		Fax:	(704) 384-4296
Conta	ct Info	rmation			
Designate	ed agent (in	dividual) responsible to the gove	rning body	(owner)	for the management of the licensed facility.
Hospita	al Directo	r zay			
Name:	Saad E	Ehtisham, DHA, FACHE	Ţ	itle:	SVP & President NHPMC and GCM
Email:	sehtish	am@novanthealth.org			
Has the	Director	information changed?	No		
Director	of Pla nn Andrea				
Designate	d agent (inc	lividual) responsible to the gover	ming body	(owner)	for the management of the licensed facility.
Chief Ex	ecutive (Officer			
Name:	Saad E	htisham, DHA, FACHE	Til	le:	SVP & President NHPMC and GCM
Email:	sehtisha	am@novanthealth.org			
Has the	Chief Exe	ecutive Officer information	 changed	?	No
Chief Nu	rsing Off	icer / Vice President of N	lursing ફ	ınd Pa	tient Care Services
Name:	Michae RN, CE	l Vaccaro, DNP, МНА/МВА NP	4,		
Medical I	Director		Notes Con	(4 j. 1)	
Name:					
Name:	Sidney	Fletcher, MD	Tit	ile:	SVP Chief Clinical Officer
Email:	smfletcl	ner@novanthealth.org			
Has the I	Medical D	irector information change	d?	١	No.

Facility Address

Contact for	Questions		
Name of the	e person to contact for any questions re	egarding th	nis form/facility.
Name: M	itchell Clark	Title:	Director of Finance
Phone: (7	04) 384-9845	Email:	m.clark@novanthealth.org
Ownersh	nip Disclosure		
National Pro	ovider Identifier (NPI): 1881647204		
If facility has	s more than one "Primary" NPI, please	provide:	
16290299	Additional NPI 54		
* For questi	ons regarding NPI, contact 1-800-465	-3203 (NP	I Toll-Free) or visit the NPI Web Site.
CLIA Numb	er: 34D0665289 Project Number:		
	e construction approval?		
,		_	
Legal Iden	itity of Licensee		
Owner:	The Presbyterian Hospital	i i Sa	
Address:	200 Hawthorne Lane	Bus	iness Phone: (704) 384-4000
	Charlotte, NC 28204	Fax	: (704) 384-4296
		Ema	ail: csarmato@novarithealth.org
Chief Exec	cuitive Officer (CEO) : Carl S. Arma	ito	
Legal Entity			
Legal Entity	ls: Not For Profit	NI NI NI	
Legal Entity	ls: Corporation (CORP)		
	ove entity (individual, partnership, corp n which services are offered?	poration, e	tc.) LEASE the Yes
- If Yes, Na	ame and Address of the Building Owne	er.	
Name:	Novant Health, Inc.	none: <u>(</u> 33	36) 718-2023
Address:	2085 Frontis Plaza Blvd. Winston-Salem NC 27103	Fax:	
Is the busine	ess operated under a management co	ntract?	No

File Generateur: 1/16/2025 2,37/39 PM 48613

Health System

- Is your facility part of emergency department	nts, am	bulatory surgica	al facilit	ies, nursin	g homes,	home he	_{alth} —	Yes
agencies, etc. owned	by you	nospital, a par	ent con	npany or a	related e	nuty?		
Name of Health	System	Novant He	alth					
Name of the CE	O:	Carl S. Arr	nato					
Definition of Health	System	for Operating	Room	Need Det	erminatio	n Metho	dology	
If you have questions	about th	nis section, plea	ase call	Healthcar	e Plannin	g at (919) 855-38	65.
* The Operating Room differs from the definition health system entered a	n above.	(Note that for m	ost facili	ties, the he	alth systen	n entered	health sy here will	stem" that be the same
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(2) the same parent cor	poration	or holding comp	any; or					
(3) a subsidiary of the s	ame par	ent corporation o	r holding	g company;	or			
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A health system consist	s of one	or more health s	ervice fa	acilities.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		* ** - **	
Based on the above o	lefinition	, is this facility	in a hea	alth system	າ?	Yes		
Name of the Hea	lth Syste	em: Novant	Health				-	
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Other Beds are identi Facility, Adult Care He	fied in th ome, in	e services by opatient Hospice	campus e, etc.	tab items	3 through	8. Exan	nples are	∍ Nursing
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Address	Source	Acute Beds	Rehab Beds	Other Beds	ORs/GI Endos- copy	lmaging	LINAC	Litho- tripsy	Other Services Offered
Novant Health Presbyterian Medical Center 200 Hawthorne Ln. Charlotte, NC 28204	>	✓	V	V	V	✓	V		
Novant Health Charlotte Orthopedic Hospital 1901 Randolph Rd. Charlotte, NC 28207	V				✓	~			

Novant Health C Outpatient Surg 1718 E 4th St. C 28204	ery	V				Z	Π.		✓	
Novant Health M Outpatient Surg 1918 Randolph 740, Charlotte, N	ery Rd. Suite					V				
Novant Health In Museum 2900 Randolph Charlotte, NC 28	Rd.						¥			
Novant Health Ir University 8401 Medical Pl Suite 110 Charld 28262	aza Dr.						✓			
Novant Health Ir Monroe 2000 Wellness E 100 Monroe, NO	Blvd. Suite						V			
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Yes	THE JOIN	معروفيسميل مستعمد	tor commence and agency agency	AND ADDRESS OF THE PARTY OF THE	e konstruenjon planop programa algor	and the same of th	10/21	1/2026	is hand on a first a magazina (1941) for the holy of the first of the	Yes
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e green maner i a regi al s'hobbathabbillean.	AOA / HF Program	AP Hean	incare F	acilities	Accrea	tation	analysis of a section of the section	The state of the s	The second section of the second section of	The same state of the same sta
	Improvem	ent in He	ealthcar	e Qualit	y (CIHQ)				
Facility D	ata					1				
CMS Certific	ation Nur	nber (C	CN):		:	340053				
Reporting F	Period									
All response	s should	pertain t	o Octo	ber 1, 2	2023 to	September	30, 2024.	•		
Designation	1	٠	Maria Majar		3 63.					
1. Are you a	designate	ed traun	na cent	er?		Yes	Designat	ted Leve	1#:	Level II
2. Are you a	critical ac	cess ho	spital ((CAH)?		No				
3. Are you a	long term	care h	ospital	(LTCH))?	No				
4. Are you a designated stroke center?					Yes					
5. Does this hospital have licensed nursing facility beds?					Yes					
6. Does this hospital have a swing bed agreement with CMS?				_	No					

C	<u> </u>	۵rs	. 1	lo-4	-	mma	~4i	_	
l۳	en	ors	48 I	m		rm	21	\mathbf{a}	п

1. Admissions to Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	28662
2. Discharges from Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	28612
3. Average Daily Census: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry).	434
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes
 Was there a permanent change in the total number of licensed beds during the reporting period? 	641
 Please state reason(s) (such as additions, alterations, or conve affected the change in bed complement: 	ersions) which may have
Net increase of seven (7) Medical/Surgical acute care beds whicacute care beds from 519 to 526.	h increases the total general
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	7226
6. Number of unlicensed Observation Beds	40
- Do you have any outstanding plans of correction with the DHSR Construction Section?	No
Transparency	
* For questions regarding this Tab, please contact Acute Care at (919) 8	55-4620.
In accordance with Session Law 2013-382 and 10A NCAC 13B .3502(e) license renewal application provided by the Division, the facility shall prodirect website address to the facility's financial assistance policy. This Required to file a Schedule H, federal form 990. Please use Form 990 Schalar as a reference.	vide to the Division the ule applies only to facilities
Please provide the main website address for the facility licensed on this	aplication:
www.novanthealth.org	
* In accordance with 131E-214.4(a) DHSR can no longer post a link to w compliance with this statute.	rebsites to demonstrate
Please provide the website address link to access the facility's charity ca assistance policy:	are policy and financial
www.novanthealth.org/for-patients/billinginsurance/financial-assistance	el
* Please attach a copy of the facility's charity care policy and financial as	sistance policy.
Do you File Form 990 or Form 990 Schedule H? Yes	
- If Yes, enter the data in the table below.	

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

Grants and other similar	Assistance at Cost (Form 990; Schedule H	Bad Debt Expense (Form 990; Schedule H Part III, Section A(2))	Bad Debt Expense Attributable to Patients eligible under the
Amounts (Form 990; Part VIII 1(h))	Part I, 7(a)(c))		organization's financial assistance policy (Form 990; Schedule H Part III, Section A(3))
4698627	46356252		

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:	Title:	Date:
Saad Ehtisham DHA FACHE	SVP and President NHPMC and GCM	01/13/2025

Itemized Charges

Licensure Rule 10 NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

	The facility provides a detailed statement of charges to all patients.	
V	Patients are advised that such detailed statements are available upo	n request

20 Most Common Outpatient Surgical Cases Table

Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy rooms 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
45385	COLONOSCOPY W/LESION REMOVAL	557
66984	XCAPSL CTRC RMVL W/O ECP	3095
45380	COLONOSCOPY AND BIOPSY	408
43239	EGD BIOPSY SINGLE/MULTIPLE	665
45378	DIAGNOSTIC COLONOSCOPY	241
43235	EGD DIAGNOSTIC BRUSH WASH	69
43249	ESOPH EGD DILATION <30 MM	112
69436	CREATE EARDRUM OPENING	31
43450	DILATE ESOPHAGUS 1/MULT PASS	12
64721	CARPAL TUNNEL SURGERY	140
43248	EGD GUIDE WIRE INSERTION	86
29881	KNEE ARTHROSCOPY/SURGERY	263
66999	EYE SURGERY PROCEDURE	5
66821	AFTER CATARACT LASER SURGERY	0
29827	SHO ARTHRS SRG RT8TR CUF RPR	309

66982	XCAPSL CTRC RMVL CPLX WO ECP	345
27447	TOTAL KNEE ARTHROPLASTY	1082
42830	REMOVAL OF ADENOIDS	12
26055	INCISE FINGER TENDON SHEATH	73
42820	REMOVE TONSILS AND ADENOIDS	60

20 Most Common Outpatient Imaging Procedures Table

Enter the number of the top 20 most common imaging procedures performed in the ambulatory surgical center in the table below by CPT code. Submit one record for the licensed hospital.

CPT Code	Description	Cases
77067	SCR MAMMO BI INCL CAD	19883
74177	CT ABD & PELV W/CONTRAST	7529
71046	X-RAY EXAM CHEST 2 VIEWS	14845
77080	DXA BONE DENSITY AXIAL	3423
76642	ULTRASOUND BREAST LIMITED	48
70553	MRI BRAIN STEM W/O & W/DYE	3064
72148	MRI LUMBAR SPINE W/O DYE	2489
71250	CT THORAX DX C-	2253
76705	ECHO EXAM OF ABDOMEN	2822
78452	HT MUSCLE IMAGE SPECT MULT	275
78815	PET IMAGE W/CT SKULL-THIGH	2475
71271	CT THORAX LUNG CANCER SCR C-	1458
76770	US EXAM ABDO BACK WALL COMP	1154
76536	US EXAM OF HEAD AND NECK	2285
74176	CT ABD & PELVIS W/O CONTRAST	1761
74018	X-RAY EXAM ABDOMEN 1 VIEW	2651
73721	MRI JNT OF LWR EXTRE W/O DYE	2134
77386	NTSTY MODUL RAD TX DLVR CPLX	3619
72100	X-RAY EXAM L-S SPINE 2/3 VWS	2528
77412	RADIATION TREATMENT DELIVERY	4123

Services - for Entire Facility

Services and Facilities

1. Obstetrics

	Number of Infants
a. Live births (Vaginal Deliveries)	3687
b. Live births (Cesarean Section)	1966
c. Stillbirths	47
d. Delivery Rooms - Delivery Only (Not Cesarean Section)	Number of Rooms
e. Delivery Rooms - Labor and Delivery, Recovery	20

f. Delivery Rooms – LDRP g. Number of Normal Newborn Bassinets (I	evel I Neon	atal Services)	experience of the second second
2. Abortion Services	201011110011	ALLY OCT VICCS).	
Number of procedures during the reporting	neriod		11
3. Emergency Department Services	period		
a. Total number of ED exam rooms:	67		
Of this total, how many are:			
1. Trauma Rooms	2	•	
2. Fast Track Rooms	9		
3. Urgent Care Rooms	0		
b. Total number of ED visits for reporting period:	75693		
c. Total number of inpatient admissions from the ED for reporting period:	13174		
d. Total number of urgent care visits for reporting period:	30806		
e. Does your ED provide services 24 hours a day 7 days per week?	Yes		
- Specify days/hours of operation:			
f. Is a physician on duty in your ED 24 hours a day 7 days per week? g. Do you have a security plan for the	Yes		
hospital with an emergency department per G.S. 131E-88?	Yes		
4. Medical Air Transport			
a. Does the facility operate an air ambulanc	e service?	No	
5. Pathology and Medical Lab			
a. Blood Bank/Transfusion Services	Yes		
b. Histopathology Laboratory	Yes		ing the second s
c. HIV Laboratory Testing	Yes		
- Number of tests performed during rep	orting period		
HIV Serology 913			
HIV Culture 0			
d. Organ Bank	No		
e. Pap Smear Screening	No		
6. Transplantation Services			
•			

Туре	Number	Туре	Number	Туре	Number
a. Bone Marrow-Allogeneic	0	b. Bone Marrow-Autologous	0	c. Bone Marrow-Syngeneic	0
d. Cornea	163	e. Heart	0	f. Heart/Lung	0
g. Kidney/Liver	0	h. Liver	0	i. Heart/Liver	0
j. Heart/Kidney	0	k. Kidney	0	I. Lung	0
m. Pancreas	0	n. Pancreas/Kidney	0	o. Pancreas/Liver	0
p. Other	0	delen er i stelle fælkjore i mer er e	odrobovenia odna i see	. 24 М. и. и и и причения подражения под причения под	en (- 1920) en

Do you perform living donor transplants?	No

7. Telehealth/Telemedicine

Telehealth/telemedicine is defined by the U.S. Health Resources & Services Administration as "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine. A service may apply to more than one category. **Check all that apply.**

Service		Provide service to other facilities via telemedicine facilities via telemedicine	
Emergency Dep	artment		ŵ
Imaging			,
Psychiatric			
	ubstance use disorder (other ssation) services	The state of the s	Number of
Stroke			y
Other services			See . Sp

8. Specialized Cardiac Services

8-a. Open Heart Surgery

Open Heart Surgery 1. Number of heart-lung bypass machines	Number of Machines/Procedures
Total annual number of open heart surgery procedures utilizing heart-lung bypass machine	500
Total annual number of open heart surgery procedures done without utilizing a heart-lung bypass machine	77

^{*} For questions on this section, contact Healthcare Planning at 919-855-3865.

8-b. Cardiac Catheterization and Electrophysiology

1. Does this facility provide cardiac catheterization on fixed units or electrophysiology services?

^{*} Cardiac Catheterization procedures (as defined in G.S. § 131E-176 (2g))

F-3472-98 and	F-5975-99	
* Number of units of legacy fixed cardiac cathete equipment obtained before a CON was required)	rization equipment (i.e.,):	0
Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger:	Catheterization**	terventional Cardiac heterization*** (
Number of procedures* performed in fixed units on patients age 15 and older:	1123	715
Electrophysiology procedures on dedicated elec	trophysiology equipment	
* Number of units of fixed dedicated electrophys		3
* Number of procedures* performed on dedicate equipment:	d electrophysiology	1653
Does this facility provide cardiac catheterization	on mobile equipment?	No
a cardiac catheterization procedure performed for the diseases in the coronary arteries or veins of the hear	numose of detecting and in	or and a second of
t the pulmonary artery." A NCAC 14C .1601(9)	t, or abnormalities in the hea	dentifying defect art structure, but
t the pulmonary artery."	t, or abnormalities in the hea e purpose of treating or reso	art structure, but
the pulmonary artery." A NCAC 14C .1601(9) "a cardiac catheterization procedure performed for the physiological conditions which have been determined ns of the heart, but not the pulmonary artery." A NCAC 14C .1601(16) umber of fixed or mobile units of legacy cardiac of	t, or abnormalities in the heater purpose of treating or resolution to exist in the heart or corol catheterization	art structure, but
t the pulmonary artery." A NCAC 14C .1601(9) "a cardiac catheterization procedure performed for the physiological conditions which have been determined ins of the heart, but not the pulmonary artery." A NCAC 14C .1601(16) umber of fixed or mobile units of legacy cardiac or pulmonary owned by hospital (i.e., equipment obta)	t, or abnormalities in the heater purpose of treating or resolution to exist in the heart or corol catheterization	art structure, but
the pulmonary artery." A NCAC 14C .1601(9) "a cardiac catheterization procedure performed for the physiological conditions which have been determined ins of the heart, but not the pulmonary artery." A NCAC 14C .1601(16) "Imber of fixed or mobile units of legacy cardiac outpendent owned by hospital (i.e., equipment obtain quired): ON Project ID numbers for all non-legacy mobile	t, or abnormalities in the heater purpose of treating or resolute to exist in the heart or corol catheterization ained before a CON was	art structure, but olving anatomica nary arteries or
t the pulmonary artery." A NCAC 14C .1601(9) "a cardiac catheterization procedure performed for th physiological conditions which have been determined ins of the heart, but not the pulmonary artery."	t, or abnormalities in the heater purpose of treating or resolute to exist in the heart or corol catheterization ained before a CON was	art structure, but olving anatomica nary arteries or
the pulmonary artery." A NCAC 14C .1601(9) "a cardiac catheterization procedure performed for the physiological conditions which have been determined ins of the heart, but not the pulmonary artery." A NCAC 14C .1601(16) umber of fixed or mobile units of legacy cardiac of uipment owned by hospital (i.e., equipment obtain quired): ON Project ID numbers for all non-legacy mobile pulpment owned by hospital:	t, or abnormalities in the heater purpose of treating or resolute to exist in the heart or corol catheterization ained before a CON was	art structure, but olving anatomica nary arteries or

9-a. Does this facility provide any of the following services?

 1. Outpatient Cardiac Rehabilitation 	on Program	5. Rehabilitation Outpatier	nt Unit
2. Chemotherapy		6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Ser	vice
4. Dental Services	<u> </u>	8. Inpatient Dialysis Service	ces
		- Enter number of dialy stations	sis
9-b. Acute Hospital Care at Home			
* Acute Hospital Care at Home is a desubstitute for traditional inpatient acut hospitals, regardless of whether care do NOT include those provided under This facility provided acute hospitals and September 30, 2024?	te hospital care pro was delivered und hospice care or h	rovided in the acute care be der a CMS waiver. Please in nome health care.	ds of physical note these services
9-c. Does this facility have a hospi inpatient hospice beds?	tal-based hospic	ce unit with licensed	Yes

* Hospital-based hospice units with licensed hospice beds. List each county served and report all patients by county of residence. Use each patient's age on the admission day to the Licensed Hospice Inpatient Unit. For age categories count each Inpatient client only once.

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Anson	0	0	0	0	1	1	0	2	2	
Ashe	0	0	1	0	0	0	0	1	1	aran naga aran marin
Bertle	0	0	0	0	0	0	1	1	6	
Cabarrus	0	0	5	4	0	3	1	13	51	1'
Catawba	0	1	0	1	0	1	0	3	12	
Cleveland	0	0	1	0	1	0	1	3	8	
Davie	0	0	0	0	0	1	0	1	1	encode eller
Duplin	0	1	0	0	0	0	0	1	1	alleller in
Forsyth	0	0	O	.0	0	1	0	1	5	, addition of the second characters of
Gaston	0	1	3	2	6	4	2	18	45	15
Gullford	0	0	0	1	0	0	0	1	1	er om de per er mende en
Henderson	0	1	0	0	Ō	0	ō	1	1	The second section of the sect
Iredell	0	0	3	5	8	8	4	28	81	28
Linco!n	0	3	1	1	3	5	2	15	61	1
Mecklenburg	0	7	54	33	116	152	109	471	1508	41
Randolph	0	0	1	0	0	0	0	1	6	Charles and Conference and American
Robeson	.0	.0	0	0	0	0	1	1	3	Committee of the Line of States
Rowan	. 10	1	4	5	10	7	6	33	76	32
Stanly	, 0	0	0	Ø	2	2	0	4	4	د مستر چ د د مستحد ۱۳۹۹ د د د ا
Swain	0	0	1	0	0	1	0	2	10	**************************************
Union	0	. 0	2	5	8	10	6	31	81	26
Georgia	0	0	0		0	0	0,	1	1	ozaka aktob (mdegme)
South Carolina	Ó.	0	8	4	11	13	4	40	97	38
Tennessee	0	0	1	0	0	0	0	carecione tancony majo	1	erie i en mar anne same en la mes
Virginia	0	0	0	0	0	1	0	1	1	and the second second
Other States	0	0	0	0	1	2	1	4	7	in a second
Total All Ages	0	15	85	62	167	212	138	679	2071	609

Does this facility have a psychiatric unit with licensed psychiatric beds?			
If the psychiatric unit has a different name from the hospital, please indicate:	Presbyterian Behavioral Hea	lth	
2. If address is different from the hospital, please indicate:	N/A		
3. Director of psychiatric services:	Paula Bird, VP of Behavioral He Services	ealth	

9-d.

* Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). If it is located at another site, include the building name, program/unit name and address. **If you do not provide a service, leave location of services blank.**

			2	eds Assi	gned by	Age	
Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	< 6	6 - 12	13 - 17	Total 0 - 17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	BH Pre Adol / Adol Partial Hospital Program 1900 Randolph Rd Charlotte NC 28207		united timber 122 139 2				e elektronik nik kiloke elektronik elektronik elektronik elektronik elektronik elektronik elektronik elektroni
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness		0	0	0	0	0	0
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	Communication of the Communica	0	0	0	0	0	0
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	The second of th	al es la recommunicament a maner					
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	CAMP TO ME APPEND NEWSFORM OF MEMORY MEMORY	0	0	0	0	Q	0
.5000 Facility Based Crisis Center	An i seminari i "Bri i Siri i An a a " a "Ara a " gray an i Aray communante i d	0	0	0	0	0	0

			E	leds Assi	gned by A	ge	
Rule 10A NCAC 13B Licensure Rules for Mental Health	Location of Services	< 6	6 - 12	13 - 17	Total 0 - 17	18 & up	Total Bed
.5200 Dedicated inpatient unit for individuals who have mental disorders	Medical Center 200 Hawthorne	0	0	20	20	55	7
	Ln Charlotte NC 28204					Ž.	

9-e. Does this facility have a substance use disorder treatment unit with licensed substance use disorder treatment beds?

No

Services - By Campus

Source of Reimbursement for Services

* For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.

Novant Health Presbyterian Medical Center

Primary Payer Source	Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service)	Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility tab.	Outpatient Visits (excluding Emergency Visits and Surgical Cases, including Imaging services)	Inpatient Surgical Cases (total should be same as Total Surgical Cases-Inpatient Cases in Surgical Cases by Speciality Area)	Ambulatory Surgical Cases (total should be same Total Surgical Cases- Ambulatory Cases in Surgical Cases by Speciality Area
		lau.			
Self Pay	2580	2763	1653	104	78
Charity Care	1601	5182	2173	76	117
Medicare *	65689	15621	52707	2727	2383
Medicaid *	31539	25037	17125	1120	1031
Insurance *	53215	24798	68741	3460	5238
Other (Institutional, Other Govt, Tricare, Workers Comp)	4294	2292	3987	243	230
TOTAL	158918	75693	146386	7730	9077

^{*} Including any managed care plans.

Novant Health Charlotte Orthopedic Hospital

Primary Payer Source	Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service)	Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility tab.	Outpatient Visits (excluding Emergency Visits and Surgical Cases, including Imaging services)	Inpatient Surgical Cases (total should be same as Total Surgical Cases-Inpatient Cases in Surgical Cases by Speciality Area)	Surgical Cases (total should be same Total Surgical Cases-
		lab.			
Self Pay	0	0	0	4	42
Charity Care	O O	, 0	0	6	98
Medicare *	0	O	0	1036	2250
Medicaid *	0	0	0	45	778
Insurance *	0	0	0	385	4143
Other (Institutional, Other Govt, Tricare, Workers Comp)	0	дом, не чен и и чин вомойний за чен не и чен не чен не О	American in the contract of th		329
TOTAL	0	0	0	1569	7640

^{*} Including any managed care plans.

Novant Health Charlotte Outpatient Surgery

Primary Payer Source	Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service)	Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility	(excluding Emergency Visits and Surgical Cases, including	Inpatient Surgical Cases (total should be same as Total Surgical Cases-Inpatient Cases in Surgical Cases by Speciality Area)	Ambulatory Surgical Cases (total should be same Total Surgical Cases- Ambulatory Cases in Surgical Cases by Speciality Area
		tab.			
Self Pay	0	0	0	0	31
Charity Care	0	Control of the Contro	0	0	48
Medicare *	0	0	0	0	4800
Medicaid *	0	0	0	0	401
Insurance *	0	0	0	0	2480
Other (Institutional, Other Govt, Tricare, Workers Comp)	0	0	0	0	277
TOTAL	0	0	0	0	8037

^{*} Including any managed care plans.

Cumulative Totals Across Campuses

Primary Payer Source	Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service)	Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility tab.	(excluding Emergency Visits and Surgical Cases, including	Cases by	Ambulatory Surgical Cases (total should be same Total Surgical Cases- Ambulatory Cases in Surgical Cases by Speciality Area
Self Pay	2580	2763	1653	108	151
Charity Care	1601	5182	2173	82	263
Medicare *	65689	15621	52707	3763	9433
Medicaid *	31539	25037	17125	1165	2210
Insurance *	53215	24798	68741	3845	11861
Other (Institutional, Other Govt, Tricare, Workers Comp)	Ö	0	0	0	277
Other (Institutional, Other Govt, Tricare, Workers Comp)	0	0	0	93	329
Other (Institutional, Other Govt, Tricare, Workers Comp)	4294	2292	3987	243	230

TOTAL 158918 75693	146386 9299 24754
10176	140300 9299 24754

^{*} Including any managed care plans.

Beds by Service

* Inpatient Only – Do not include Observation Beds or Days of Care. Do not include acute inpatient hospital care at home.

Novant Health Presbyterian Medical Center

* 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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, you will need to complete the Nursing Care Facility/Unit Beds Annual Data Supplement section.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2025	Operational Beds as of 9/30/2025	Inpatient Days of Care
Intensive Care Units	CONNECTION CONTRACTOR OF STANCE CONTRACTOR CONTRACTOR OF STANCE CONTRACT	a z nakonomonina karonina manana (m. 1911).	ner vettebenin intv videnier in vjenecenja og vigasya
1.General Acute Care Beds/Days	, MARY (1984) - 1. Me Memodyper (1984) are many and similar access on a particular access o	phigraphic and the second seco	 et 1000 de 1000 d
a. Burn	0	0	0
b. Cardiac	8	8	1905
c. Cardiovascular Surgery	6	6	822
d. Medical/Surgical	21	21	5384
e. Neonatal Beds Level IV (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	50	50	21698
f. Pediatric	8	8	1760
g. Respiratory Pulmonary	0	0	0
h. Other (Neuro ICU)	13	13	3787
Other Units	nemer er allerend i saasselle i saarsteel en een ee ee ee ee ee ee ee ee ee	in (1969) V A. Lans Language Provincia de Language Pro-Language	h. Te Blook - v refusellikussiide selver sik selyr eegena e
i. Gynecology	20	20	3212
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	243	243	84204
k. Neonatal Level III (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	0	0	0
I. Neonatal Level II (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	0	0	0
m. Obstetric (including LDRP)	49	49	14846
n. Oncology	30	30	8070
Orthopedics	48	40	7023
p. Pediatric	30	30	6207
q. Other, List:	0	0	0

Total General Acute Care Beds/Days (a through q)

526

518

158918

Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 CMS/CCN (Medicaid Number):	10	10	2627
3. Inpatient Hospice * Licensed Beds on record = 14	14	8	2071
Substance Use Disorder / Chemical Dependency Treatment Licensed Beds on record = 0	0	0	0
5. Psychiatry * Licensed Beds on record = 75 CMS/CCN (Medicaid Number):	75	74	19810
6. Nursing Facility * Licensed Beds on record = 16	16	12	3287
7. Adult Care Home * Licensed Beds on record = 0	0	0	0
8. Other * Licensed Beds on record = 0	0	0	0

9. Totals (1 through 8)

641

622 186713

Is this hospital designated as a swing-bed hospital by the centers for Medicare & Medicaid Services?

No

Cumulative Totals Across Campuses

* NOTE: The licensed beds on record should match the Total General Acute Care Beds/Days. The Total General Acute Care Beds/Days is the cumulative total of beds across all campuses. The licensed beds on record should match the cumulative total of licensed beds across all campuses this includes 2 through 8.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2025	Operational Beds as of 9/30/2025	Inpatient Days of Care
Intensive Care Units	Balante Attitus e menere men democryphics enem en personal en et en		matiki provincija, merika prev 1905 matiki ustra
1.General Acute Care Beds/Days	en (1888) - Laders Lage Methodologische Verschung und gegen deutsgewag gege	DE THEORETICO CONTRACTOR CONTRACT	ar magain e a maga ng akang salaman ang katang sa ng e é magangang pagang ma
a. Burn	0	0	0
b. Cardiac	8	. 8	1905
c. Cardiovascular Surgery	6	6	822
d. Medical/Surgical	21	21	5384
e. Neonatal Beds Level IV (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	50	50	21698
f. Pediatric	8	8	1760
g. Respiratory Pulmonary	0	0	0
h. Other (Neuro ICU)	13	13	3787
Other Units			Матилина до подражения под постору прогодура у
i. Gynecology	20	20	3212

^{*} 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. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, you will need to complete the Nursing Care Facility/Unit Beds Annual Data Supplement section.

j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	243	243	84204
k. Neonatal Level III (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	0	0	0
I. Neonatal Level II (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401.	0	0	0
m. Obstetric (including LDRP)	49	49	14846
n. Oncology	30	30	8070
o. Orthopedics	48	40	7023
p. Pediatric	30	30	6207
i. Other, List:	0	0	
Fotal General Acute Care Beds/Days (a through q) Licensed Beds on record = 526	526	518	158918
Licensed Beds on record = 526	526		
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10	10	10	262
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation	A <u>ga a faressa es al servicio a</u>		262
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 3. Inpatient Hospice	10	10	262
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 3. Inpatient Hospice Licensed Beds on record = 14 4. Substance Use Disorder / Chemical Dependency Treatment	10	10 8	262 ² 207 1981
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 3. Inpatient Hospice Licensed Beds on record = 14 4. Substance Use Disorder / Chemical Dependency Treatment Licensed Beds on record = 0 5. Psychiatry	10 14	10 8 0	262 [*] 207 1981
Licensed Beds on record = 526 2. Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 3. Inpatient Hospice Licensed Beds on record = 14 4. Substance Use Disorder / Chemical Dependency Treatment Licensed Beds on record = 0 5. Psychiatry Licensed Beds on record = 75 6. Nursing Facility	10 14 0 75	10 8 0	262
Licensed Beds on record = 526 Comprehensive In-Patient Rehabilitation Licensed Beds on record = 10 Inpatient Hospice Licensed Beds on record = 14 Substance Use Disorder / Chemical Dependency Treatment Licensed Beds on record = 0 Psychiatry Licensed Beds on record = 75 Nursing Facility Licensed Beds on record = 16 Adult Care Home	10 14 0 75	10 8 0 74 12	262 ² 207 1981 328

Is this hospital designated as a swing-bed hospital by the centers for Medicare & Medicaid Services?

No

Surgical/NonSurgical Rooms/Procedures

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

If you have questions about this section, please call Healthcare Planning at (919) 855-3865.

Novant Health Presbyterian Medical Center

a. Surgical Operating Rooms

^{*} A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

\$5. The Edit of Control of the second control of the State of Control of Cont	Type of Roor	n		Numb	per of Rooms
Dedicated Open Heart Surgery		and the second second second second second	Company of the State of State	and the second to the second t	CONTRACTOR
Dedicated C-Section	incollection and a first to a second of the	anne e e e e e e e e e e e e e e e e e e	C	oversploationers a girk for returneds the rest of the definitions	De en stadio (Alfres de Leine antidos de la Contra de Contra de La Contra de La Contra de La Contra de La Cont La Contra de La Cont La Contra de La
Other Dedicated Inpatient Surgery (I	Do not include de	edicated Open	Heart or C-Section	n	(
Dedicated Ambulatory Surgery	THE APPROXIMATE OF ADDRESS OF THE APPROXIMATE OF THE ADMINISTRA	emble ter velocitistica il sale alamini bers di	a vara vara vara et 14 desember 1900 et 1900 e	er alle de er anne e de er alle en alle e ange, e per en	Company of the second of the s
Shared - Inpatient / Ambulatory Surg	jery	in a lease mattern our way. As accounts with the colors	ONE CONTRACTOR CONTRAC	latinature, ethin according to a see a series 400 and 60 st. 6	16
Of the Total of Surgical Operal advanced medical imaging development for the performance procedures, and/or intraoperal efer to such rooms as "hybrid or Gastrointestinal Endoscopy" Report the number of Gastrointestinal endoscopy in GI End	vices (excluding of endovascutive cancer treas ORs." Rooms, Procental Endoscopy ro	ig mobile C-aular, cardiova atments? You edures, and Comms and the En	arms) or radiationscular, neuro-ir ur facility may o Cases	on terventional r may not	2rformed during
Fotal Number of Licensed Ga	strointestinal E	ndoscopy R	ooms	6	
	Proced	lures*	Case	s**	
والمستراك والمناف فيتمرين والموار فيتعلق المتاك والمتاك والمتاك والمتاك والمتاك والمتاك والمتاك والمتاك والمتاك					and the second second
Gl Endoscopies *	Inpatient	Outpatient	Inpatient	Outpatient	Total Cases
Performed in Licensed GI	Inpatient 413	Outpatient 591	Inpatient 379	Outpatient 593	en esta a manda de la compositione
Performed in Licensed GI Endoscopy Rooms		San artico a como escara a la como escaración de la como escaració	a mari a ta sa marina a sana a magana sa masa		Total Cases 972
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI	413 103 h multiple camp	591 919 uses, the total	379 103 number of cases	593 919 on the	972
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES —For hospitals wit cumulative record should match in	413 103 th multiple campthe total number	591 919 uses, the total of cases (patinal (GI) endosc	103 number of cases ents) listed in the	593 919 on the Patient Origin	972 1022 1994 sedure, identified
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES —For hospitals wit cumulative record should match to Table. * As defined in 10A NCAC 14C .390 by CPT code or [ICD-10-PCS] procest the rapeutic purposes."	413 103 th multiple campthe total number 11 " 'Gastrointestiredure code, performance de la code de	591 919 uses, the total of cases (patinal (GI) endoscrimed on a patie	103 number of cases ents) listed in the opy procedure' meant during a single v	593 919 on the Patient Origin ans a single proceeds to the facility	97: 102: 199- edure, identified for diagnostic o
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES –For hospitals wit cumulative record should match of Table. * As defined in 10A NCAC 14C .390 by CPT code or [ICD-10-PCS] procedures are performed.	413 103 th multiple campthe total number 11 " 'Gastrointestiredure code, performance de la code de	591 919 uses, the total of cases (patinal (GI) endoscrimed on a patie	103 number of cases ents) listed in the opy procedure' meant during a single v	593 919 on the Patient Origin ans a single proceeds to the facility	97: 102: 199- edure, identified for diagnostic o
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES —For hospitals wit cumulative record should match (Table. * As defined in 10A NCAC 14C .390 by CPT code or [ICD-10-PCS] procetherapeutic purposes." ** A GI endoscopy case is defined a procedures are performed. c. Procedure Rooms	413 103 th multiple campithe total number 11 " 'Gastrointestiredure code, performs a single trip to t	591 919 uses, the total of cases (patinal (GI) endoscormed on a patie	a79 103 number of cases ents) listed in the opy procedure' meant during a single volume of the local control of th	593 919 on the Patient Origin ans a single proceeds to the facility	972 1022 1994 sedure, identified for diagnostic o
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES —For hospitals wit cumulative record should match to Table. * As defined in 10A NCAC 14C .390 by CPT code or [ICD-10-PCS]	413 103 th multiple campthe total number 1" 'Gastrointestiredure code, performs a single trip to the castrointestinal End as operating rooms.	591 919 uses, the total of cases (pati- nal (GI) endoscormed on a patie the GI endoscop udoscopy Room	number of cases ents) listed in the opy procedure' meant during a single voy room or other local states.	919 on the Patient Origin ans a single processit to the facility cation where one	972 1022 1994 sedure, identified for diagnostic of
Performed in Licensed GI Endoscopy Rooms NOT Performed in Licensed GI Endoscopy Rooms TOTAL CASES —For hospitals wit cumulative record should match of Table. * As defined in 10A NCAC 14C .390 by CPT code or [ICD-10-PCS] procest the rapeutic purposes." ** A GI endoscopy case is defined a procedures are performed. c. Procedure Rooms * Excluding Operating Rooms and GReport rooms, which are not license	413 103 th multiple camp the total number of " 'Gastrointestire dure code, performs a single trip to the	591 919 uses, the total of cases (pati- nal (GI) endoscormed on a patie the GI endoscop udoscopy Room	number of cases ents) listed in the opy procedure' meant during a single voy room or other local states.	919 on the Patient Origin ans a single processit to the facility cation where one	972 1022 1994 sedure, identified for diagnostic of

* 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. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Room	480	2908
NOT Performed in Licensed GI Endoscopy Room	3	15
Other Non-Surgical Cases		
Other Non-Surgical Cases Pain Management	0	105
and the said and the same with the contract of the contract of the same and the same and the same and the same of	0	105
Pain Management	0	105 5

e. Surgical Cases by Specialty Area

^{*} Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

Surgical Specialty Area	Inpatient Cases Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	479 53
Open Heart Surgery	577
General Surgery	1940 217
Neurosurgery	663 57
Obstetrics and GYN (excluding C-Sections)	370 270
Ophthalmology	6 13
Oral Surgery/Dental	36 9
Orthopedics	701
Otolaryngology	233 70
Plastic Surgery	15 42
Podiatry	91
Urology	229 92
Vascular	486 50
Other Surgeries (Trauma)	18 23
Number of C-Sections Performed in Dedicated C-Section ORs	1886
Number of C-Sections Performed in Other ORs	0

Total Surgical Cases Performed in License	i ORs 7730	9077

f. Surgical procedures performed in unlicensed Procedure Rooms

g. Average Operating Room Availability and Average Case Times

* Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room *	Average Number of Days per Year Routinely Scheduled for Use		Average ** Case Time *** in Minutes for Ambulatory Cases
8.9	255	176	123

^{*} Use only Hours per Day routinely scheduled when determining the answer. Example:

2 rooms	Х	8 hours	==	16 hours	25 hours divided by 3 ORs
1 room	X	9 hours	==	9 hours	= 8.3 Average Hours per day
Total I	hours p	er day	=	25 hours	Routinely Scheduled for Use Per Room

^{**} Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

Novant Health Charlotte Orthopedic Hospital

a. Surgical Operating Rooms

* A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Name of the state	Тур	e of Room			Number of	Rooms
Dedicated Open Heart Su	irgery			The second second second second	and the state on the state of t	0
Dedicated C-Section	and design for which the second support the second support of the second	entermonation and analysis of the contract of	eta (n. 1800), neldetta tigli nemetagenene me gazita in	gerenge man en gertoppen i i i vando as	na Makathakonnaga minakanna na minakanna automi. Liitumakonakonak	0
Other Dedicated Inpatient rooms)	Surgery (Do not	include dedica	ted Open Hear	t or C-Section	TOTAL TO A STATE OF THE STATE O	0
Dedicated Ambulatory Su	rgery	Committee of the Commit	No disease, contacts from the Principles.	etine time time time to the transfer of the time transfer	ender om det gegen gegen gegen gegen gegen and gegen en een blev blacke een een een blek	0
Shared - Inpatient / Ambu	latory Surgery	CANADATAN V. TOTALBY JOHNSON, 1997 J. LOUISE CAR	to i allocationi il anticolo il ancioni di anticolo di periodi periodi periodi periodi periodi di anticolo di c	en som til deligiglyn i den i får, mindet statember i virken som state til ett	обольной и наволива под	12

Total of Surgical Operating Rooms

12

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as "hybrid ORs."

ilia Bai

b. Gastrointestinal Endoscopy Rooms, Procedures, and Cases

^{***} Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

* Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in GI Endoscopy Rooms and in any other location. Total Number of Licensed Gastrointestinal Endoscopy Rooms 0 Cases** Procedures* GI Endoscopies * Inpatient Outpatient Inpatient Outpatient **Total Cases** Performed in Licensed GI 0 0 0 0 **Endoscopy Rooms** NOT Performed in Licensed GI 0 0 0 0 **Endoscopy Rooms** TOTAL CASES -For hospitals with multiple campuses, the total number of cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Table. * As defined in 10A NCAC 14C .3901 " 'Gastrointestinal (GI) endoscopy procedure' means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes." ** A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed. c. Procedure Rooms * Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms. Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures. Total Number of Procedure Rooms 3 d. Non-Surgical Cases by Category * 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. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location. Non-Surgical Category Inpatient Cases **Ambulatory Cases Endoscopies OTHER THAN GI Endoscopies** Performed in Licensed GI Endoscopy Room 0

Control of the Contro	l	<u> </u>
NOT Performed in Licensed GI Endoscopy Room	0	0
Other Non-Surgical Cases		
Pain Management	0	O
Cystoscopy	0	4
YAG Laser	0	O
Other (Specify)	0	0

e. Surgical Cases by Specialty Area

* Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

Surgical Specialty	Area Iı	npatient Cases	Ambulatory Ca	ses
Cardiothoracic (excluding Open Heart Su	gery)	0	<u>نودور</u> پارد و حصلهٔ فقیم شاه مستخصصات مسلم فاق محبوب ^{ای} حقیق ا	
Open Heart Surgery	ern (1800-1971) (1800) (Santala) Albandar (Sp. Ar dynfar i Arghrestyr (d. 1994) (1900) (1806) (1806)	0	pro tradition per 1978 to the traditional and the tradition of the additional and additional additional and additional addition	nikogo o nito Alexandrian
General Surgery	n (1980-1974) in 1982 in 1984 ann an Gaeilleadh ann ann aigir i ag i an Airean, 1988 (1982) i Airean Ann ann a	7	delaken nehritarikal. Sinten 1904ko - eta estatuera. Lakattakkoasatta, igain o delake oa d	657
Neurosurgery	personal statement of the state of the State of the desirable of a remaining of the state of the	0	h i geentridig edinin olah bar dalah sarah 1986 k. i. dalah bilan dalah sarah dalah sarah gapat	0
Obstetrics and GYN (excluding C-Section	3)	2	Nemero a chiline de la composição de composições de la composição de la composição de la composição de la comp	670
Ophthalmology	in the collective that the collective contribution and to all some and a collective of chains which we write o	0		
Oral Surgery/Dental	er ner er mann er mann anger met eine i spillstendig den såkringet de negen er er des inte e bet et antekende, eine vær ek	0	One and the control of the action of the act	
Orthopedics	are over the first term with the statement of the stateme	1558		5985
Otolaryngology	apper characteristic control for the process of the confidence characteristic control to the control for the control for	0	Other provinces in the place office of Model is a 1998 the accordance of the second se	C
Plastic Surgery	ranner i non e transit i i stromati di santanta di santanta di santanta di santanta di santanta di santanta di	0	fulls om genggene, minsterment i klassikerskelik slætensklikkelik sege 	2
Podiatry	ern (1900-1900) (1900-1900) (1900-1900) (1900-1900-190-190-190-190-190-190-190-19	0	hand file tradition transcoller walk of transcoller in white, we amount	35
Urology	in die state som finn – Politikari vider dillere i finner finner skipenborrynger opportungsgeber fin oppmen vid	1	eren ere (1807-recognit designerica universalescopic es a successo a ac	291
Vascular	emistration for the committee of additional emperator appropriate and the committee of the	1	Menter of A SMB - The Constitution of The Cons	0
Other Surgeries (specify)	ramin Mademan (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00) (19.00)	0	remove the county of the county of the county as above in both a second of	C
Number of C-Sections Performed in Dedi	ated C-Section ORs	0	da farent en en te en te en tantagan. Les tres qu'un fig. Les farendaments agriculture en la Transportation de la companya de la	o i , i ne de int eressión co
Number of C-Sections Performed in Othe	OR\$	0	mblenfeld, 19-10-12-200, 2-1-1-20-6/2004 and abigination	en menter over a comment

Total Surgical Cases Performed in Licensed ORs 1569	7640
f. Surgical procedures performed in unlicensed Procedure Rooms	W.
	<i>}</i>
Number of surgical procedures performed in unlicensed Procedure Rooms	1718

g. Average Operating Room Availability and Average Case Times

^{*} Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room *	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
9.9	255	177	126

^{*} Use only Hours per Day routinely scheduled when determining the answer. Example:

2 rooms	Χ	8 hours	-	16 hours	25 hours divided by 3 ORs
1 room	X	9 hours	=	9 hours	= 8.3 Average Hours per day
Total l	hours pe	er day	==	25 hours	Routinely Scheduled for Use Per Room

** Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

*** Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

Novant Health Charlotte Outpatient Surgery

a. Surgical Operating Rooms

* A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Company of the Compan	Type of Room	11899) - 119 iz 1 d. (m. 1945 m. pr ilisher) (m. 1941) - 119 iz 1 940 (m. 1941) - 119 iz 1940 (m. 19		Number of Rooms
Dedicated Open Heart Surgery	296-ben den Sterne i districti (1865) (1864-ben dalla i instrumentali più paggiore.	a keesti. Vii keesta ka ja kansa ka	mant thickness - state of the second of the	 - med 1 Bills and manifestration of a control biological transfer and control of the same 33 times of a control of the same 33 ti
Dedicated C-Section	terkouwennen in eingen den sich in eine were wer eine kan a	ok uderkiningen er men er styrendeningen er men yvær menneter, har i av skall.	Prisoner victoria in Mandalinina in industrianting i for any elements	eneraline desputate sens service such a compara con debbasic con cabacció da abacció das consideracios.
Other Dedicated Inpatient Surgery (Drooms)	o not include dedi	icated Open Hear	t or C-Section	The state of the s
Dedicated Ambulatory Surgery	e generalistik erikka menina kapita ta diminin da diasah ete tidak da a a a a a a a a a a a a a a a a a	- Million for the state of the second state of	THE THE BOTH AND ADDRESS AND A	The Colonia of a state of the artists and the colonia of the analysis of the approximation of
Shared - Inpatient / Ambulatory Surge	ery	and sold made and or spectroscopy of the book is a state of the con-	27000 2000 Santa San	- Person - 1994 - Valadisa malikanok dianakkan-1990 mawaki 🔑 👝

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		.01	ou:	aivai		oı auı	ıu ı	WUIII	3

6

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as "hybrid ORs."

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	• .	C)

b. Gastrointestinal Endoscopy Rooms, Procedures, and Cases

Total Number of Licensed Gastrointestinal Endoscopy Rooms

1	:	,:	
 		_	

	Proced	lures*	Case)s**	
Gl Endoscopies *	Inpatient	Outpatient	Inpatient	Outpatient	Total Cases
Performed in Licensed GI Endoscopy Rooms	0	0	0	0	Compared and the strain control of the control of t
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	. 0	0
TOTAL CASES –For hospitals with cumulative record should match the Table.	n multiple camp he total number	uses, the total of cases (pati	number of cases ents) listed in the	on the Patient Origin	0

^{*} Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in GI Endoscopy Rooms and in any other location.

- * As defined in 10A NCAC 14C .3901 " 'Gastrointestinal (GI) endoscopy procedure' means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes."
- ** A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed.

c. Procedure Rooms

* Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms.

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms	0

d. Non-Surgical Cases by Category

* 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. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.

Non-Surgical Category	Inpatient Cases Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies	Andrew Mang Sakhawan and mengentah sakhan sakhan di mengentah sakhan sakhan sakhan sakhan sakhan sakhan sakhan Mang Sakhan
Performed in Licensed GI Endoscopy Room	
NOT Performed in Licensed GI Endoscopy Room	0
Other Non-Surgical Cases	
Pain Management	0
Cystoscopy	0
YAG Laser	.0
Other (Specify)	0

e. Surgical Cases by Specialty Area

* Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	O
Open Heart Surgery	0	A SERVICIO DE CONTROL LA CORRECTION DE CONTROL DE LA CORRECTION DE CONTROL DE CONTROL DE CONTROL DE CONTROL DE
General Surgery	0	1048
Neurosurgery	0	a decima diadro dente con i so in indiger tras i a distribuer dimensiono e emissiono co e e e e e e e e e e e e
Obstetrics and GYN (excluding C-Sections)	0	0
Ophthalmology	0	6833
Oral Surgery/Dental	0	0
Orthopedics	0	0

Otolaryngology	0	0
Plastic Surgery	0	7
Podiatry	0	0
Urology	0	O Comment of the control of the cont
Vascular	0	Total - thrillion in Philipsella Analise fills distributed the leaves of the contract in the administration of the administration of the contract of the administration of the contract of the
Other Surgeries (Trauma)	0	149
Number of C-Sections Performed in Dedicated C-Section ORs	O	s verdenn i SV-g fleispillefelhrunde her ein starvælningendliggen prænstanen vijn rælang, av op i skilveskrige
Number of C-Sections Performed in Other ORs	O	allfölla törrikkridenfölder av vinn middigkriviskonfordenram vingen praekvindige drift vigt gestillen harv sye
Total Surgical Cases Performed in Licensed ORs	0	8037
f. Surgical procedures performed in unlicensed Proced	ure Rooms	
Number of surgical procedures performed in unlik	censed Procedure Ro	oms 0

g. Average Operating Room Availability and Average Case Times

^{*} Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

Average ** Case Ti in Minutes for Amb				Average * in Minute	ely	ar Routine		tinely	Average Hou Day Routir Scheduled for
Cases	and the second s	Arraghesis da La N	Cases			uled for Us	Sched) *	Room
 erenner i samuranda numan jarah nara samura. Nga nga pagta	o	0		pale trees at the country of all the country of the	255			8.6	The state of the s

^{*} Use only Hours per Day routinely scheduled when determining the answer. Example:

Total hours per day = 25 hours Routinely	age Hours per day
	•
2 rooms X 8 hours = 16 hours 25 hours	divided by 3 ORs

^{**} Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

Novant Health Midtown Outpatient Surgery

a. Surgical Operating Rooms

^{***} Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN: NOTE: This definition includes all of the time for which a given procedure requires an OR.

^{*} A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	Tally and the time that the state of the sta
Dedicated C-Section	
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	(
Dedicated Ambulatory Surgery	Que Mil develo e discuer e e com in deliber e si co e niño con Providir e la comitta discuer i que e
Shared - Inpatient / Ambulatory Surgery	era (manatana ana ana ana ana ana ana ana ana
Of the Total of Surgical Operating Rooms, above, how many are equipped wi advanced medical imaging devices (excluding mobile C-arms) or radiation	Attribusts Attribusts Attribusts
advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-intervencedures, and/or intraoperative cancer treatments? Your facility may or ma	entional
	entional
advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-intervented procedures, and/or intraoperative cancer treatments? Your facility may or marefer to such rooms as "hybrid ORs."	entional y not0
advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-intervented procedures, and/or intraoperative cancer treatments? Your facility may or mater to such rooms as "hybrid ORs." b. Gastrointestinal Endoscopy Rooms, Procedures, and Cases * Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures.	entional y not

	Proced	lures*	Cases**		
Gl Endoscopies *	Inpatient	Outpatient	Inpatient	Outpatient	Total Cases
Performed in Licensed GI Endoscopy Rooms	1	1415	1	1415	1416
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	0	200000000000000000000000000000000000000
TOTAL CASES –For hospitals wit cumulative record should match Table.	h multiple çamp the total number	uses, the total of cases (pati	number of cases ents) listed in the	on the Patient Origin	1416

^{*} As defined in 10A NCAC 14C .3901 " 'Gastrointestinal (GI) endoscopy procedure' means a single procedure, identified by CPT code or [ICD-10-PCS] 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 licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms	4

d. Non-Surgical Cases by Category

^{**} A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed.

* 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. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		teri kandina ya kita ini ya pana pilanti ini kata ini ini ini ini ini ini ini. Manazaria
Performed in Licensed GI Endoscopy Room	1	1427
NOT Performed in Licensed GI Endoscopy Room	0	O
Other Non-Surgical Cases		
Pain Management	0	1955
Cystoscopy	0	S and the second control of the second contr
YAG Laser	0	on the state of th
	CAN THE COURT OF THE PROPERTY OF THE CONTRACT OF THE COURT OF THE COUR	or rather the street and accommon accommon processing and accommon accommon accommon accommon accommon accommon

e. Surgical Cases by Specialty Area

* Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

number of cases (patients) listed in the P	aueni Ongin Ta	Dies.			
Surgical Specialty	Area		Inpatient Cases	Ambulatory Cases	3
Cardiothoracic (excluding Open Heart Su	urgery)		والمتحولية والمحادث والمحادث والمحادثة المتحددة المتحددة المتحددة المتحددة المتحددة المتحددة المتحددة المتحددة	0	0
Open Heart Surgery	South the first to the second process of the second parameter.		ordinari e e i summir para i i sensi apela i i a	0	- dument or a
General Surgery	the state of the s	a magazininga i era i magazini iyonggi b	Americani - Sentre per militar america non la la colonida escala americana.	0	0
Neurosurgery	andermonik gesterstern her i in dass and a	with the last committee, and stranslage.	erabether i vara e morant tamont, enricht, am a samont, com de diagra e	0	0
Obstetrics and GYN (excluding C-Section	ns)	manarahan adalah sejaran yang mengan sejara g	- Maria Maria Maria (Maria - Maria Anta-Americany) (Maria - Maria - Maria) (Maria - Maria) (Maria - Maria)		0
Ophthalmology	Berk visit of the section of parameters are according to the section of	n er 1800 er en eksember de ressensk som skriver	Phat (1975) годин (Каруар) (Какадана катарана на 1975 году (1975) году (1976) году (1976) году (1976) году (19	a francis de comercia a a a a a a deservada de comercia de comerci	Ō
Oral Surgery/Dental	THE THE STATE OF T	mente na na nimera proposa in pa sas sa givi	entre en en en meno menonelas eneres (s. e.), e en es escenado		Õ
Orthopedics	. No fine was professioner = 40 for profession	s - mar can canadra (ara ar ari) afa	Anny consistency of the second		ō
Otolaryngology	des colleges commerces con est a september of the college	ada - Bandan adhdar vaga ga eige (rassister das Azon e e i capitale e encanación, aprigo terro o ser secución com mus	0	ō
Plastic Surgery	and the state of t	authoju umu ji untan sarrantiji - gipopropi	and an electrical account of the state of th	0	0
Podiatry	Succession and a superior of the superior of t	2000s sharaway) was ng saram paggyas was	encomer consensation is engineering in the second second in the second s	TO THE THE THE THE SECTION OF THE SE	ō
Urology	man in man na manani and dada ang pangai pendagana ag	emanu v aprim um el tamen	and the content of th	0	0
Vascular	and the second of the second o	tige of title of complete or a product of the complete of the	make yan memengi kampanah garaman (n), yan ganga ya 	0	0
Other Surgeries (specify)	 1. L. S. A. Barro allocade monocuparas aggress; 	Section of all the section of the Se	e magnetiment de l'el comme un magnet el produit e a l'el service de l'el comme qualification en	0	0
Number of C-Sections Performed in Ded	icated C-Section	ORs		D .	
Number of C-Sections Performed in Othe	er ORs	All products the Republic operation of common	inamenta anta 1826a 200 engano de receberra anta 1925 en 1936a 25 e	O	222/2144

Total Surgical Cases Performed in Licensed ORs	0	0

f. Surgical procedures performed in unlicensed Procedure Rooms

g. Average Operating Room Availability and Average Case Times

* Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room *	i i a man Mana Manuttion to i	Average ** Case Time *** in Minutes for Inpatient Cases	Average ** Case Time *** in Minutes for Ambulatory Cases
0	0	0	0

^{*} Use only Hours per Day routinely scheduled when determining the answer. Example:

2 rooms	Х	8 hours	==	16 hours	25 hours divided by 3 ORs
1 room	Х	9 hours		9 hours	= 8.3 Average Hours per day
Total I	hours p	er day	V-to-	25 hours	Routinely Scheduled for Use Per Room

^{**} Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

Cumulative Totals Across Campuses

* NOTE: The Surgical Operating rooms on record should match the cumulative total of Surgical Operating rooms across all campuses. And the Total Number of Licensed Gastrointestinal Endoscopy Rooms on record should match the cumulative total of Total Number of Licensed Gastrointestinal Endoscopy Rooms across all campuses.

a. Surgical Operating Rooms

* A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery * Dedicated Open Heart Surgery Operating rooms on record = 3	
Dedicated C-Section * Dedicated C-Section Operating rooms on record = 3	3
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms) * Other Dedicated Inpatient Surgery Operating rooms on record = 0	0
Dedicated Ambulatory Surgery * Dedicated Ambulatory Surgery Operating rooms on record = 6	6
Shared - Inpatient / Ambulatory Surgery * Shared - Inpatient / Ambulatory Surgery Operating rooms on record = 28	28 - Albert (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)

	5 To 1997	1 1 1 1	1 1 10	5		40 1 10 11			Contra la	4.0
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· 1.	wid				-11 1	ושנא	<i>-</i> 1111111	1	C () ()	urrice
, J.					-	~ ~ .	M. (1)	м.		,,,,,
4.0	A ST TO ST	100		-						

40

^{***} Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

Of the Total of Surgical Operating Rooms, above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as "hybrid ORs."

2

b. Gastrointestinal Endoscopy Rooms, Procedures, and Cases

* Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, in GI Endoscopy Rooms and in any other location.

* Total Number of Licensed Gastrointestinal Endoscopy Rooms on record = 9

Total Number of Licensed Gastrointestinal Endoscopy Rooms

				the state of the s
Inpatient	Outpatient	Inpatient	Outpatient	Total Cases
414	2006	380	2008	2388
103	919	103	919	1022
	414 103	414 2006 103 919	414 2006 380 103 919 103	414 2006 380 2008

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

c. Procedure Rooms

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Num	nber of l	Procedure	Rooms	1	0	

d. Non-Surgical Cases by Category

^{*} 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. Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Room	481	4335
NOT Performed in Licensed GI Endoscopy Room	3	15

^{**} A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed.

^{*} Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms.

Other Non-Surgical Cases		
Pain Management	0	2060
Cystoscopy	0	12
YAG Laser	0	O
Other (Specify)	0	0
Other (Specify)	0	0
Other (Specify)	0	O
Other (Specify)	0	O The second of

e. Surgical Cases by Specialty Area

* Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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. For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

Surgical S	Specialty Area		Inpatient	Cases	Ambulatory C	ases
Cardiothoracic (excluding Open	Heart Surgery)	rangen na pangan a mananina		479	e e proposition de la completa de l La completa de la co	536
Open Heart Surgery	Parkategi [©] controller gate in the controller at the entire terms.	Commission of the Commission o	gramma in the second section of the section of the second section of the se	577	eng samue samuen alem basen e samue se samue se samuella samue 1	elle anno anno elpano . engga
General Surgery	- I - reconsiderate and every reconsiderate and every constant	and the second s	Carlotte Printer 1 to the description	1947	o commencement of the comm	3877
Neurosurgery		 Andrew Grand and Grand Control of the Control of Cont		663	aut name. It is to the total and the company and the desire was become to the tree	573
Obstetrics and GYN (excluding	C-Sections)	entre de la companya	An about a Patrikon a nakasaka	372	angungan dan sangan mangungan dan di sanggan dan dan dan dan dan dan dan dan dan d	3372
Ophthalmology	and an experience of the second secon	i griga internalis Artini, estatua in nerronari e i Asteriana. Protesi	de a carriari, ve sea s'abbreron ca carrell	6	to disconnection of the configuration of the config	6964
Oral Surgery/Dental	na a naderostron, removana participa limpetici estimo e e e e esta	e e e considera a como e e e e e e e e e e e e e e e e e e	Charles of the control of the contro	36	n, rayalis, comme et i grapmer virgiligisellerilinin halling et et alan et illino et	98
Orthopedics	in en la distribuir de desentación de la constante de la const	a manda e que more escribaren en el como en el	Anna agricultura and anna anna anna	2259	gaj timo gregorina. 2000a jeroka i utamo driži i dijarej ta utagaja i van sam i m	6060
Otolaryngology	e professional and the explanation of the english and the control of the explanation of t	an diele radio and even randoù r an a re den 1860 verber y 1860 vez	ne view per early view on the management of the	233	. A Life to . The state and separate the second section of a contraction of the second section of the section of the second section of the se	700
Plastic Surgery	н сол син сунс <u>борно корин до</u> ностори не студивания дуже и соличения.	ananta a galaktiyata sa aa aa aa aa aa ah aa ah aa aa aa aa aa	akan akan ni serjeran erasi erasi er ga ak	15	e de juine de management de la management	434
Podiatry	met nam is militariat de l'indiana de l'indi	apriligate discording allegation of the section of the section of	- community - Community - no beam ones.	91	newar ur yee w. Warney ver arrespondence are in adverting service	36
Urology	ek ji sam sa sigata manaya m <u>ayan sapatka keti sa</u> n sa	wheelthe life, addinglad offer making the discovery monthly in	de ser es un les estates estat	230	tar ay ee aan 1995 ah ay ay taabaa ka saddaa ka sadday ka sadda ah ah sadda tarbaa sa ee sadda sadda sadda sad	1216
Vascular	merende grade se mes et gasterant metaporer seus d'impere	terne expendica como como ese específica está o		487	er in sekken de sement den dyn triangen omkentram visitische 1999 bleis	504
Other Surgeries (specify)	en norde i german verskelet av være en norde skale en	Accessed on Assessment and Assessmen	A TOTAL CONTRACTOR OF STATE OF	0	e annua ngang nangah akku saka wakita wakita mwakita i	0
Other Surgeries (Trauma)	 Section states and the control of the section of the	alian is manusian dan accept you is a manusian or	Anna anna Alemania anna anna anna	0	en gefigel der gjermanne er men er giften und von Mille al Smithe Laddellitte. Abstillen vid en er er	149
Other Surgeries (specify)	ner dans in enterente en la calife en la cale de la cal La cale de la cale de	actions and the second	of Control	0	отпрот съ стото ургануют пост или предпериваней по дай ийся не на вей и	C
Other Surgeries (Trauma)	en i en energia general periode en en energia agregaria para en	tag gar Agringia ar na na na nagal y ili monte (directi sette en e	Parameter in the Community of the Commun	18	desiranti Mellonin dan ili di selekti seri si allektik selinin e Abbikan kasara kekin kenselen ili s	235
Number of C-Sections Performe	ed in Dedicated C-S	ection ORs	er enemen eine eine einen eine eine eine e	1886	Andrewick Community of Annabas (1995), and another laborate and another in the second section of the section of the second section of the section o	P. BORGO CORE OF COMMUNICATION
Number of C-Sections Performe	ed in Other ORs	PERSONNEL CONTRACTOR OF THE PROPERTY OF THE PR	a dian'i jigang manjunggan njumin na ana ana an minin minin minin manjung	0	aderica ple un se sendas iniciones se un materiorio de matellitura e e el dident	COLLEGE AND ALCOHOLOGY

Total Surgical Cases Performed in Licensed ORs	9299	24754
f. Surgical procedures performed in unlicensed Procedure	Rooms	

Number of surgical procedures performed in unlicensed Procedure Rooms

3815

g. Average Operating Room Availability and Average Case Times

* Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room *	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
9.2	255	175	101

^{*} Use only Hours per Day routinely scheduled when determining the answer. Example:

2 rooms	Х	8 hours	=	16 hours	25 hours divided by 3 ORs
1 room	Х	9 hours	=	9 hours	= 8.3 Average Hours per day
Total I	rours pe	er day		25 hours	Routinely Scheduled for Use Per Room

^{**} Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

Imaging

Novant Health Presbyterian Medical Center

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

Yes

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

the water commence of the first of the contract of the contract of	Inpatient Procedures *			Outpatient Procedures *			
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	2758	2400	5158	3785	4957	8742	13900
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL***	2758	2400	5158	3785	4957	8742	13900

^{*} 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.

^{***} Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

^{***} The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	3
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	3

Number of legacy fixed MRI scanners on this campus	1
--	---

CON Project ID numbers for all other fixed MRI scanners on this campus or hospitalowned mobile scanners that serve this campus:

F-006499-01, researching 2nd CON, 3rd MRI is a grandfathered unit

Mobile MRI Services

During the reporting period, did the facility own one or more mobile MRI scanners?

No

Other MRI (Inpatient and Outpatient Procedures)

* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

Species and the species and a second of	to agreement state.	Inpa	tlent Proced	ures *	Outpatient Procedures *			
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (IMRI)	0	0	0	0	0	0	0	. 0

^{*}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.

Does this campus own a computed tomography (CT) scanner or mobile CT services?	contract for	Yes
Computed Tomography (CT)	<u></u>	
How many fixed CT scanners does the hospital own?	3	
Does the hospital contract for mobile CT scanner services?	No	
Identify the mobile CT vendor		
		_

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

Complete the following table for fixed and mobile CT scanners.

Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
Head without contrast	16096	0
2. Head with contrast	6148	en i de la companya d
3. Head without and with contrast	78	O
4. Body without contrast	11469	recommendations are on recombined made realizable accusation.
5. Body with contrast	19862	ersonerske vaso-versker ver volk ev volk ek vil ske vasker ver O
6. Body without contrast and with contrast	1249	O
7. Biopsy in addition to body scan with or without contrast	1263	va usrovina asisti ossanos sona oberes i ostunacionali culti O
8. Abscess drainage in addition to body scan with or without contrast	123	0

Τo	tal			197	""等等等等。	56288	n
. 5 -	ゴギジナ ス	三氯医基酚 经主	"被人,在这些的女女。""	Section Control	LANGE OF THE STATE	90 <u>-</u> 00	

Does this campus have at least one of the following: fixed Positron Emission Tomography (PET) scanner, mobile PET scanner, and/or any other fixed or mobile PET services?

Yes

Positron Emission Tomography (PET)

		Nι	ımber of Procedure	9 6 *
SCAN TYPE	Number of Units	Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	12	2663	2675
Mobile PET Scanner	0	, 0	0	0
PET pursuant to Policy AC-3	0	0	. 0	0
Other PET Scanners used for Human Research only	0	0	0	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. For hospitals with multiple campuses, the total number of PET procedures on the cumulative record should match the total number of patients listed in the Patient Origin Table.

CON Project ID numbers for all non-legacy fixed PET scanners on this campus

F-6825-03	

Does the hospital own a mobile PET	scanner that performed procedures
on this campus?	,

- Name of Mobile PET Provider, if any:	

Other Imaging Equipment

		Number of Procedures			
	Number of Units	Inpatient	Outpatient	Total	
Ultrasound equipment	6	5863	8773	14636	
Mammography equipment	0	0	0	0	
Bone density equipment	0	0	0	0	
Fixed X-ray equipment (excluding fluoroscopic)	4	38713	36422	75135	
Fixed fluoroscopic X-ray equipment	3	2209	2940	5149	
Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	3	1855	2531	4386	
Coincidence camera	0	0	0	0	
Mobile coincidence camera	0	0	0	0	
SPECT	4	601	2060	2661	
Mobile SPECT	0	0	0	0	
Gamma camera	0	Ō	0	0	
Mobile gamma camera	.0	0	0	0	
Proton therapy equipment	0	0	0	0	

Novant Health Charlotte Orthopedic Hospital

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

Yes

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

	Inpa	tient Proce	dures *	Outp	atient Proce	edures *	
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	22	16	38	1861	968	2829	2867
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL***	22	16	38	1861	968	2829	2867

- * 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.
- ** Base = an MRI scan without contrast or IV sedation.

 Complex = an MRI scan with contrast or IV sedation.
- *** The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	0
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	1
Number of Policy AC-3 MRI scanners used for general clinical purposes	O
Total Fixed MRI Scanners	1

Number of legacy fixed MRI scanners on this campus

0

CON Project ID numbers for all other fixed MRI scanners on this campus or hospitalowned mobile scanners that serve this campus:

F005575-97

Mobile MRI Services

During the reporting period, did the facility own one or more mobile MRI scanners?

No

Other MRI (Inpatient and Outpatient Procedures)

* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

		Inpa	tient Proced	ures *	Out	patient Proce	dures *	
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

^{*}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.

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

Does this campus own a computed tomography (CT) scanr mobile CT services?	Yes	
Computed Tomography (CT)		
How many fixed CT scanners does the hospital own?	1	
Does the hospital contract for mobile CT scanner service	es? No	
Identify the mobile CT vendor		
Complete the following table for fixed and mobile CT sca	anners.	
Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1. Head without contrast	76	0
2. Head with contrast	29	O
3. Head without and with contrast	2	0
4. Body without contrast	1166	0
5. Body with contrast	485	O
6. Body without contrast and with contrast	. 5	0
7. Biopsy in addition to body scan with or without contrast	65	0
8. Abscess drainage in addition to body scan with or without contrast	.0	0
Total	1828	0
Does this campus have at least one of the following: fixed I Emission Tomography (PET) scanner, mobile PET scanne any other fixed or mobile PET services?		No

Other Imaging Equipment

		Number of Procedures		
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	2	20	1520	1540
Mammography equipment	0	0	0	0
Bone density equipment	0	0	0	0
Fixed X-ray equipment (excluding fluoroscopic)	1	2306	4712	7018
Fixed fluoroscopic X-ray equipment	ovumman, vara is, anavorum ministerakterik menum alakan.	702	2904	3606
Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	0	0	Ó	0
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0

SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

Novant Health Imaging Museum

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

Υ	es

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

	Inpat	tient Proce	dures *	Outp	atient Proce	edures *	
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatlent	TOTAL Procedures
Fixed	0	0	0	1454	1314	2768	2768
Mobile (performed only at this site)	0	0	0	0	0	0	0
TOTAL***	0	0	0	1454	1314	2768	2768

^{*} 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.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	1
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

Number of legacy fixed MRI scanners on this campus	C
--	---

CON Project ID numbers for all other fixed MRI scanners on this campus or hospitalowned mobile scanners that serve this campus:

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

^{***} The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

Mobile MRI Services

During the reporting period, did the facility own one or more mobile MRI scanners?

No

Other MRI (Inpatient and Outpatient Procedures)

* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

		Inpa	tient Proced	ures *	Out	patient Proce	dures *	
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

^{*}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.

pes this campus own a computed tomography (CT) scanner or contractional contractions of the contraction of t	Yes
Computed Tomography (CT)	
How many fixed CT scanners does the hospital own?	
Does the hospital contract for mobile CT scanner services?	No
Identify the mobile CT vendor	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Type of CT Scan	<u>FIXED</u> CT Scanner#of Scans	MOBILE CT Scanner # of Scans
1. Head without contrast	206	0
2. Head with contrast	188	0
3. Head without and with contrast	4	0
4. Body without contrast	1794	0
5. Body with contrast	1198	0
6. Body without contrast and with contrast	100	ON CO. I de la manderen familie de décembre à O
7. Blopsy in addition to body scan with or without contrast	0	0

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

Abscess drainage in addition to body scan with or without contrast	0	0
Total	3490	0
Does this campus have at least one of the following: fixed Permission Tomography (PET) scanner, mobile PET scanner, iny other fixed or mobile PET services?		No

Other Imaging Equipment

		Num	ber of Proced	ures
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	2	0	3105	3105
Mammography equipment	1	0	6339	6339
Bone density equipment	0	0	0	0
Fixed X-ray equipment (excluding fluoroscopic)	for a contract the contract of	0	7837	7837
Fixed fluoroscopic X-ray equipment	1	-0	269	269
Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0
SPECT	.0	0	0	0
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

		Jnivers	

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

State of the second of the sec	Inpa	tient Proce	dures *	Outp	atient Proce	dures *	
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	0	0	0	0	0	0	0
Mobile (performed only at this site)	0	0	0	1548	763	2311	2311
TOTAL***	0	0	0	1548	763	2311	2311

^{*} 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.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number	
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	profession per concerning the design of the concerning	0
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)		0
Number of Policy AC-3 MRI scanners used for general clinical purposes	and the same of th	0
Total Fixed MRI Scanners	a final de service de la compania d	0
Number of legacy fixed MRI scanners on this campus CON Project ID numbers for all other fixed MRI scanners on this campus owned mobile scanners that serve this campus:	or hospital-	
N/A Third And And And And And And And And And An		
N/A Nobile MRI Services During the reporting period, did the facility own one or more mobile MRI scanners?	No	•

Other MRI (Inpatient and Outpatient Procedures)

^{**} Base = an MRI scan without contrast or IV sedation. Complex = an MRI scan with contrast or IV sedation.

^{***} The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

^{*} Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

and the second section of the second		Inpa	tient Proced	ures *	Out	patient Proce	dures *	
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

^{*}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.

Computed Tomography (CT)	ri Tarangan			Yes
How many fixed CT scanners	does the l	nospital own?		
Does the hospital contract for			ces? No	
dentify the mobile CT vendor				
Complete the following table t	for fixed an	d mobile CT so	anners.	
Type of 0	CT Scan		FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
Head without contrast		Solven of the San	258	
2. Head with contrast	www.arg. spaint. organic is interestinated	The Maria distribution of the state of the s	151	entretage amount combitations constitution to accept the second constitution of the second constitutio
3. Head without and with contras	t	COLUMN TO BE CONSIDER A BOOK OF THE MAN AND A STEEL COLUMN TO REAL PROPERTY.	6	non anno serre serre e antica e errennensemble encurre se
4. Body without contrast	r der - v renderendfragrammer redak i	marriero a resolució de describero de designación	1533	gen – 1884 sert gelgen gjenhande engelskaleg og kombybet vællelsen.
5. Body with contrast			815	engan e sermanan yan da kasaman da se
6. Body without contrast and with	contrast	чения по под населения в под надругоря в под бы неделения на	113	edicidet for the company or extends of a constitution of a constit
7. Biopsy in addition to body scar	n with or with	out contrast	0	de greggete i some de entre i som i register blegsveden, von re
Abscess drainage in addition to contrast	o body scan	with or without	0	Aller of the Court
Total			2876	

Other Imaging Equipment

		Numl	oer of Proced	ures
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	1	0	2647	2647
Mammography equipment	1	0	7092	7092
Bone density equipment	1	0	1843	1843
Fixed X-ray equipment (excluding fluoroscopic)	1	0	5604	5604
Fixed fluoroscopic X-ray equipment	1	0	24	24
Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0
SPECT	0	0	0	. 0
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

Novant Health Imaging Monroe

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

Yes

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

	Inpal	ient Proced	dures *	Outp	atient Proce	edures *	
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	0	0	0	0	0	0	0
Mobile (performed only at this site)	0	0	0	924	419	1343	1343
TOTAL***	0	0	0	924	419	1343	1343

^{*} 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.

Fixed MRI Scanners

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

^{***} The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

			Fixed Scan	ners				Number
Number of fixed I Policy AC-3 scan	MRI scan iners)	ners-closed	d, including	open-bore s	canners (d	do not includ	le any	The Elither and Constitution of Assertance Alberta
Number of fixed I	MRI scan	ners-open ((do not inclu	ide any Poli	cy AC-3 se	canners)		
Number of Policy	AC-3 MF	RI scanners	used for ge	eneral clinica	al purpose	S	ORIGINATION OF STREET	- «Мейко» с текстовоск да н. "- засакова». Эш
Total Fixed MRI	Scanner	5		de E for an The sea control of the C	week or with the contract of t		De la companya de la	and a second section of the second
	Nu	ımber of l	egacy fixe	ed MRI sc	anners o	on this car	mpus _	0
CON Project IE owned mobile :	O numbe scanner	ers for all s that ser	other fixe	d MRI sca ampus: N/A	anners o	n this can	npus or h	ospital-
Mobile MRI Ser	vices					A PAGE		
					J. T.),	
During the re scanners?	porting	period, di	id the faci	lity own o	ne or mo	re mobile	MRI	No
Scarriers:				1				110
- Name of	mobile v	vendor		No	ovant He	alth Norfo	olk	A.
Othor MDI /Inc	nations -							1111
Other mixt (int			41 4 D		1	•	· ·	
	<i>[]</i>		tient Proc	•	4 2 2			
* Patients serv	<i>₹</i> .			•	d not be	included In	then MR	l Patient
	<i>₹</i> .	its listed in	n the next	table shoul				l Patient
* Patients serv	<i>₹</i> .	its listed in	n the next	•		included in		l Patient
* Patients serv	ed on un	its listed in	n the next	table shoul		patient Proce		TOTAL
* Patients serve Origin Table.	ed on un	its listed in Inpa Base**	n the next	ures * TOTAL Inpatient	Out Base**	patient Proce	dures * TOTAL Outpatien	TOTAL
* Patients serve Origin Table. Other Scanners Other Human Research MRI	ed on un	its listed in	atient Proced Complex**	ures * TOTAL Inpatient	Out Base**	patient Proce	dures * TOTAL Outpatien	TOTAL
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI)	ed on un	Inpa	the next atlent Proced Complex**	ures * TOTAL Inpatient 0	Out Base** 0	patient Proce Complex** 0	dures * TOTAL Outpatien	t Procedure 0
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative	Number	Inpo	Complex** 0 0 a single dis	table shoul ures* TOTAL Inpatient 0	Out Base** 0	patient Proce Complex** 0 0 one patient	dures * TOTAL Outpatien	t Procedure 0 0 0 CPT coded
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI) *An MRI proceed	Number Cure is de MRI stud	Inportation of the control of the co	the next atlent Proced Complex** 0 0 0 a single disone or mo	ures * TOTAL Inpatient 0 screte MRI re scans re	Out Base** 0 study of elative to	patient Proce Complex** 0 0 one patient	dures * TOTAL Outpatien	t Procedure 0 0 0 CPT coded
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI) *An MRI proced procedure). An symptom.	Number O C C C C C C C C C C C C	Inportation in Inportation Inportation in Inportation Inportation Inportation Inportation Inportation Inportation Inportation Inportation Inportation Inport	complex** Complex** Complex ** Complex	ures * TOTAL Inpatient 0 cerete MRI re scans re / sedation. V sedation.	Out Base** 0 study of elative to	patient Proce Complex** 0 0 one patient a single dia	dures* TOTAL Outpatien t (single Cagnosis o	TOTAL Procedure 0 0 CPT coded
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI) *An MRI proceed procedure). An symptom. ** Base = an MI Complex = an es this campus	Number O C C C C C C C C C C C C	efined as a dy means without computed	complex** Complex** Complex ** Complex	ures * TOTAL Inpatient 0 cerete MRI re scans re / sedation. V sedation.	Out Base** 0 study of elative to	patient Proce Complex** 0 0 one patient a single dia	dures* TOTAL Outpatien t (single Cagnosis o	t Procedure 0 0 0 CPT coded
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI) *An MRI proceed procedure). An symptom. ** Base = an MI Complex = an es this campus pile CT service	Number O Cure is de MRI stud RI scan v n MRI sc	efined as a dy means without coromputed to (CT)	complex** Complex** Complex ** Complex	table shoul ures* TOTAL Inpatient 0 cerete MRI re scans re / sedation. V sedation. phy (CT)	Out Base** 0 study of elative to	patient Proce Complex** 0 one patient a single dia	dures* TOTAL Outpatien t (single Cagnosis o	TOTAL Procedure 0 0 CPT coded
* Patients serve Origin Table. Other Scanners Other Human Research MRI scanners Intraoperative MRI (iMRI) *An MRI proceed procedure). An symptom. ** Base = an MI Complex = an es this campus oile CT service Computed Tom	Number O C C C C C C C C C C C C	efined as a dy means without computed computed computed canners d	Complex** Complex** one or mo ntrast or liventrast or l	table shoul ures* TOTAL Inpatient 0 screte MRI re scans re / sedation. V sedation. phy (CT)	Out Base** 0 study of slative to	patient Proce Complex** 0 0 one patient a single dia	dures* TOTAL Outpatien t (single Cagnosis o	TOTAL Procedure 0

Complete the following table for fixed and mobile CT scanners.

Type of CT Scan	FIXED CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1. Head without contrast	199	0
2. Head with contrast	178	0
3. Head without and with contrast	6	0
4. Body without contrast	1789	0
5. Body with contrast	1023	0
6. Body without contrast and with contrast	147	0
7. Biopsy in addition to body scan with or without contrast	0	0
8. Abscess drainage in addition to body scan with or without contrast	0	0

Total	3342	0
the state of the s	and the second of the second o	

Does this campus have at least one of the following: fixed Positron Emission Tomography (PET) scanner, mobile PET scanner, and/or any other fixed or mobile PET services?

	No:		
	INU.	÷	. '
			S

Other Imaging Equipment

		Numl	ber of Proced	ures
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	1	0	2326	2326
Mammography equipment	1	0	6449	6449
Bone density equipment	1	0	1656	1656
Fixed X-ray equipment (excluding fluoroscopic)		0	7565	7565
Fixed fluoroscopic X-ray equipment	0	0	0	0
Special procedures/ Anglography equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0
SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

			following: d or mobile			1,	Yes
MRI Procedures							
Indicate the number of facility. Healthcare Placiarification is needed	anning an						
	Inpa	tient Proced	lures *	Outp	atient Proce	edures *	
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	0	0	0	0	0	0	and the second of the second o
Mobile (performed only at this site)	0	0	0	2648	925	3573	357
TOTAL***	0	0	0	2648	925	3573	357
** Base = an MRI sca Complex = an MRI	study mea an without scan with	ns one or contrast o contrast o	more scans r IV sedation r IV sedation	relative t n. n.	o a single		or symptom
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal	study mea an without scan with of both fixe to the tota	contrast o contrast o contrast o	more scans r IV sedation r IV sedation pile procedu	relative t n. n. res on th	o a single	diagnosis d	or symptom
** Base = an MRI sca Complex = an MRI *** The grand totals of	study mea an without scan with of both fixe to the tota	contrast o contrast o contrast o	more scans r IV sedation r IV sedation pile procedu	relative t n. n. res on th	o a single	diagnosis d	or symptom
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal	study mea an without scan with of both fixe to the tota r of MRI se	contrast of contrast of contrast of ed and mol al in the Mi	more scans r IV sedatio r IV sedatio bile procedu RI Patient C	relative to the control of the contr	o a single le cumulati le, below.	diagnosis o	or symptom
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal Fixed MRI Scanners * Indicate the number	study mea an without scan with of both fixe to the tota r of MRI se	contrast of contrast of contrast of ed and mol al in the Mi	more scans r IV sedation r IV sedation cile procedu RI Patient C this facility	relative to the control of the contr	o a single le cumulati le, below.	diagnosis o	or symptom
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal Fixed MRI Scanners * Indicate the number	study mea an without scan with of both fixe to the tota or of MRI se reporting p	contrast of contrast of ed and moled in the Mil canners at period.	more scans r IV sedation r IV sedation cile procedu RI Patient Co this facility	relative to n. n. res on the rigin Tak	o a single le cumulati le, below. no procedu	diagnosis o	or symptom must be erformed)
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal Fixed MRI Scanners * Indicate the number during the 12-month	study mea an without scan with of both fixe to the tota or of MRI se reporting parameters	contrast of contrast of contrast of ed and mole al in the Mile canners at ceriod. Fixed So sed, including	r IV sedation IV s	relative to n. n. res on the rigin Take (even if rescanners	o a single le cumulati le, below. lo procedu lo do not inc	diagnosis o	or symptom must be erformed)
** Base = an MRI sca Complex = an MRI *** The grand totals of greater than or equal Fixed MRI Scanners * Indicate the number during the 12-month Number of fixed MRI scanners)	an without scan with of both fixe to the total or of MRI screporting panners-communications anners-communication of the screporting panners-communication of the screen	contrast of contra	more scans r IV sedation r IV sedation citle procedu RI Patient C this facility canners ng open-bore	relative to n. n. res on the brigin Take (even if rescanners	to a single the cumulation below. The procedure (do not income scanners)	diagnosis o	or symptom must be erformed)

N/A

During the reporting period, did the facility own one or more mobile MRI scanners?

Mobile MRI Services

Yes

- Of these	, how mar	ny are le	gacy?	0				
- CON Pro	ject ID nu	ımbers f	or non-le	gacy mob	ile scanı	ners owne	ed by facilit	у
			F	-7164-04				
Did the facilit	y contract	for mob	oile MRI s	services?				No
Other MRI (In	patient an	d Outnat	tient Proc	edures)				
* Patients serv		_		•	d not be i	ncluded in	then MRI F	Patient
Origin Table.					a 1100 50 1	noidada iri	uion mixir	ationt
		Inpa	tient Proced	ures *	Out	oatient Proce	dures *	
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	antani i roma a antonomi di ana
Intraoperative MRI (iMRI)	0	0	0	0	ď	0	0	o de escella victoria e successiva escella C
*An MRI proce procedure). An symptom.	dure is defi MRI study	ned as a means d	single dis	crete MRI re scans re	study of elative to	one patieni a single dia	(single CP agnosis or	T coded
** Base = an M	RI scan wi	thout con	itrast or IV	sedation.				
	n MRI scai	n with co	ntrast or I	√ sedation				
Complex = a			tomogra	nhw (CT)	scanner	or contra	ct for	
Complex = a es this campus olle CT service	own a co s?	mputea	tomogra	priy (OT)		TANK L) — ——————————————————————————————————	No
Complex = a	s have at I	east one	e of the fo	ollowing: f	ixed Pos	itron)	No

Oth

		Numl	ber of Proced	ures
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	0	0	0	0
Mammography equipment	0	0	0	0
Bone density equipment	0	0	0	0
Fixed X-ray equipment (excluding fluoroscopic)	0	0	Ō	0
Fixed fluoroscopic X-ray equipment	0	0	0	0
Special procedures/ Anglography equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0

SPECT	0	0	0	0
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

Cumulative Totals Across Campuses

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services?

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

	Inpatient Procedures *			Outpatient Procedures *			
Procedures	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	2780	2416	5196	7100	7239	14339	19535
Mobile (performed only at this site)	0	0	0	5120	an anghata na ang mang mang kalal		7227
TOTAL***	2780	2416	5196	12220	9346	21566	26762

^{*} 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.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

Fixed Scanners	Number
Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners)	4
Number of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	1
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	5

Number	of legac	y fixed N	/IRI scar	mers or	ı this	campus
--------	----------	-----------	-----------	---------	--------	--------

CON Project ID numbers for all other fixed MRI scanners on this campus or hospitalowned mobile scanners that serve this campus:

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

^{***} The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

Mobile MRI Services During the reporting period, did the facility own one or more mobile MRI

Other MRI (Inpatient and Outpatient Procedures)

scanners?

* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

and the second s		Inpa	tient Proced	ures *	Out	patient Proce	dures *	
Other Scanners	Number	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Other Human Research MRI scanners	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	Alaskan Methida aras aras a A. 19. 14. 1

^{*}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.

bile CT services? Computed Tomography (CT)					Yes
How many fixed CT scanners do	oes the h	ospital d	own?		
Does the hospital contract for m	obile CT	scannei	r service	₃?	
Identify the mobile CT vendor					-

Type of CT Scan	<u>FIXED</u> CT Scanner # of Scans	MOBILE CT Scanner # of Scans
1. Head without contrast	16835	0
2. Head with contrast	6694	0
3. Head without and with contrast	96	0
4. Body without contrast	17751	0
5. Body with contrast	23383	onto the control of t
Body without contrast and with contrast	1614	0
7. Biopsy in addition to body scan with or without contrast	1328	0

^{**} Base = an MRI scan without contrast or IV sedation.

Complex = an MRI scan with contrast or IV sedation.

Abscess drainage in addition to body scan with or without contrast	123	(
Total	67824	
Does this campus have at least one of the following: fixed F Emission Tomography (PET) scanner, mobile PET scanner any other fixed or mobile PET services?	Positron r, and/or 	Yes

Positron Emission Tomography (PET)

	Number of Procedures*					
SCAN TYPE	Number of Units	Inpatient	Outpatient	Total		
Dedicated Fixed PET Scanner	1	12	2663	2675		
Mobile PET Scanner	0	0	O	O		
PET pursuant to Policy AC-3	0	- 0	0	0		
Other PET Scanners used for Human Research only	0	0	0	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. For hospitals with multiple campuses, the total number of PET procedures on the cumulative record should match the total number of patients listed in the Patient Origin Table.

CON Project ID numbers for all non-legacy fixed PET scanners on this campus

Does the hospital	own a	a <u>mobile</u> PE	T scanne	r that p	erformed	procedures	
on this campus?		The March 1997.	1.4				

Other Imaging Equipment

		Number of Procedures		ures
	Number of Units	Inpatient	Outpatient	Total
Ultrasound equipment	12	5883	18371	24254
Mammography equipment	3	0	19880	19880
Bone density equipment	2	0	3499	3499
Fixed X-ray equipment (excluding fluoroscopic)	8	41019	62140	103159
Fixed fluoroscopic X-ray equipment	6	2911	6137	9048

Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.)	3	1855	2531	4386
Coincidence camera	0	0	0	0
Mobile coincidence camera	0	0	0	0
SPECT	4	601	2060	2661
Mobile SPECT	0	0	0	0
Gamma camera	0	0	0	0
Mobile gamma camera	0	0	0	0
Proton therapy equipment	0	0	0	0

Linear Accelerator

Novant Health Presbyterian Medical Center

a. Procedure by CPT Code

CPT Code	Description	# of Procedures
	Simple Treatment Delivery	sagamenta sahari senama adam berbuar.
77401	Radiation treatment delivery	77.
77402	Radiation treatment delivery (<=5 MeV)	0
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
era u u differen era er Phie era gentemag - gente e pinger e das à e	Intermediate Treatment Delivery	One of the Edition Control of the Co
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radlation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
elektronomikko († 1800-majo) 1988 – 1884 a. 18. jilotato ir Albako († 1884)	Complex Treatment Delivery	N. 1 - JAN. AT (EXPERIENCE PROCES). Philosophyl Processor and Association of the congr.
77412	Radiation treatment delivery (<=5 MeV)	4603
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>=20 MeV)	0
ente estas comunicación (que tigante de MAC SANS secución en en una cump	Other Treatment Delivery Not Included Above	Collination of the second seco
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	O

77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	38
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	493
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd - 5th fraction	0
OTHER1	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	0
OTHER2	Pediatric Patient under anesthesia	0
OTHER3	Limb salvage irradiation	0
OTHER4	Hemibody irradiation	0
OTHER5	Total body irradiation	O CONTRACT AND CROSSIAN ACTIONS TO PERSONAL PROPERTY OF THE PERSONAL PR
OTHER6	CPT 77385	2548
OTHER7	CPT 77386	3809
OTHER8	CPT 77387	2932
OTHER9		0
OTHER10		0
Michigan (Mathematical Lathers Communication was need gage or gapen	Imaging Procedures Not Included Above	gli (S. yadin da
77417	Additional field check radiographs	166

Total Procedures - Linear Accelerators 14589

of the last because the second and the	Gamma Knife® Procedures	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete	0
12 (p. 14 17 (p. 14 17 (p. 14)	course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	13

b.Linear Accelerator Treatment Data

* 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. For hospitals with multiple campuses, the total number of patients on the cumulative record should match the total number of patients listed in the Patient Origin Table.

Number of Patients:	622
TOTAL number of Linear Accelerator:	2
Of the TOTAL above:	
- Number of Linear Accelerators configured for stereotactic radiosurgery	2
- Number of CyberKnife® Systems	0

 Number of other specialized linear accelerators 	0	
Number of Gamma Knife® units:	o	
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)))	2	
Number of legacy Linear Accelerators:	0	
CON Project ID numbers for all non -legacy Linear Acc	celerators	
unable to locate CON	l Project ID	

Lithotripsy

Novant Health Charlotte Outpatient Surgery

Mobile Lithotripsy Vendor/Owner:

Stone Institute of the Carolinas

		Number of Procedures
	Number of Units	Inpatient Outpatient Total
Fixed		
Mobile	1	0 4 4

Patient Origin

Patient Origin - General Acute Care Inpatient Services

* Provide the county of residence for each inpatient admission to this hospital, across all campuses (if this hospital is a multi-campus facility). The total must match the number of admissions entered in Admissions to Licensed Acute Care Beds in Facility Data Tab.

County of Residence	No. of Admissions
Alamance	4
Alexander	23
Alleghany	6
Anson	91
Ashe	8
Avery	6
Beaufort	1
Bertie	2

Bladen	2
Brunswick	32
Buncombe	28
Burke	to the second contract the second of
Cabarrus	21
\$	897
Caldwell	37
Carteret	1
Catawba	175
Chatham	1
Cherokee	}
Clay	1
Cleveland	160
Columbus	3
Craven	4
Cumberland	13
Dare	1
Davidson	52
Davie	24
Duplin	1
Durham	3
Edgecombe	2
Forsyth	63
Gaston	1365
Graham	1
Granville	1
Guilford	31
Halifax	1
Harnett	4
Haywood	8
Henderson	21
Iredell	869
Jackson	6
Johnston	3
Lee	7
Lincoln	409
Macon	2
Madison	1
Mcdowell	18
Mecklenburg	19066
Mitchell	3
Montgomery	ა 15
Moore	and the commence of the second control of th
MINOLE	9

New Hanover	30
Onslow	3
Orange	1
Pamlico	2
Pasquotank	2
Pender	1
Person	The state of the s
Polk	2
Randolph	2
Richmond	14
Robeson	18
Rockingham	4
Rowan	831
Rutherford	29
Sampson	
Scotland	
Stanly	229
Stokes	5
Surry	10
Swain	5
Transylvania	3
Tyrrell	
Union	1538
Wake	24
Warren	4 4 W
Watauga	16
Wayne	2
Wilkes	13
Wilson	3
Yadkin	9
Yancey	3
Out of State	and the second of the second o
Total No. of Patients	2341
Total No. OF Patients	28662

Patient Origin - Emergency Department Services

* Provide the county of residence for all patients served by your Emergency Department, for all campuses combined (if this hospital is a multi-campus facility). The total must match the number entered in Total Number of ED visits for reporting period from the Services for Entire Facility Tab.

County of Residence	No. of Patients
Alamance	24
Alexander	16
Alleghany	5
Anson	92

Ashe	**************************************	8
Avery	e en	3
Bertie	The state of the second section of the section of th	7
Bladen	terrett with a second of the second of the second	6
Brunswick	The second of th	51
Buncombe	والمساد يتنوه ويتدينا الاستعجادة	21
Burke	Control of the section of the control of the contro	28
Cabarrus	to a make the material to the second	
Caldwell		1333
the second and the second of		30
Carteret	waa maan aa aa aa aa aa	3
Catawba	· · · · · · · · · · · · · · · · · · ·	3
Chatham	e e e e e e e e e e e e e e e e e e e	2
Cherokee	e e e e e e e e e e e e e e e e e e e	3
Clay		1
Cleveland		192
Columbus	en e	11
Craven	and the second of the second o	12
Cumberland		48
Currituck		1
Dare		2
Davidson		103
Davie		18
Duplin		8
Durham		36
Edgecombe		3
Forsyth		222
Franklin		4
Gaston		1952
Graham		
Granville	Andrew Communication (Communication Communication Communic	1. The state of th
Guilford		131
Halifax	المراجعين في المراجعة المحادث المحادث المراجعة المحادث المحادث المحادث المحادث المحادث المحادث المحادث المحادث المحادث المحادث المحاد المحادث المحادث المحاد	1
Harnett	and the second of the second o	7
Haywood	A COMPANY OF THE CONTRACT OF T	10
Henderson	and the second of the second o	11
Hoke	to a transfer of the second of	1
Iredell	· · · · · · · · · · · · · · · · · · ·	676
Jackson	and the first of the second of	
Johnston	The second of th	10
Lee		8
Lenoir	e de la composition	3
Lincoln	the second of th	426
		420

Macon	4
Madison	2
Mecklenburg	62604
Mitchell	5
Montgomery	7
Moore	17
Nash	5
New Hanover	87
Onslow	17
Orange	17
Pender	15
Person	8
Pitt	12
Polk	4
Randolph	16
Richmond	27
Robeson	61
Rockingham	10
Rowan	679
Rutherford	26
Sampson	4
Scotland	13
Stanly	218
Stokes	6
Surry	24
Swain	4
Transylvania	2
Tyrrell	4
Union	2173
Vance	5
Wake	103
Washington	1
Watauga	9
Wayne	10
Wilkes	16
Wilson	6
Yadkin	19
Yancey	1
Out of State	3927
Total No. of Patients	75693

Patient Origin - Psychiatric and Substance Use Disorder

Psychiatric Treatment Days of Care

			Psychiatri	c Treatment Da	ys of Care	
County of	Patient Origin	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Anson	A SECTION OF THE PROPERTY OF T	0	0	0	6	6
Brunswick	order made: Woman, vision in considerate a social considerate.	0	26	91	464	581
Buncombe	notation of the second	0	0	0	54	54
Burke	MENNEN MEN AN THE TAX BEEN CONTROL TO THE TAX OF THE TA	0	0	5	10	15
Cabarrus	2005 - Difficulti Million — existence i chiance i permindiffique, como existence i conserva	0	46	83.	272	401
Catawba	ne ven tro destino e i comporto a transcritti negli appopativo e episti est	0	5	3	13	21
Cleveland	i ministra (Marina na areanyakti arini ila apaga pala interiori general	0	10	12	31	53
Columbus	r en redistribute residente residente del material de la companya de la companya de la companya de la companya	0	0	7.	22	29
Craven	o mende en de la companya de la Modern de Modern de Modern de de la companya de la companya de la companya de La companya de la companya de	0	0	0	16	16
Cumberland	Killian maasa Morra (aar yn i malfon i dy'n ing sy mang apparen y ag y sager "swe"	.0	0	8	22	30
Davidson	and the second s	0	101	321	153	575
Davie	n memberan ante menosaren 20 reau megatur dari 16 e 2009an eta 2016.	0	0	4	4	en ment i gala awar sagat na tau ya alama B
Durham	k met in 1 de 1944-1960 de Arlando de Arlando de 1946 de 1966	. 0	0	0	8	15 16
Edgecombe	and the country of the Management and the second of the se	Ō	0	. 0	2	ra i ra a damena asab rema meneri ameni i seneri m Z
Forsyth	An Albanya an again ann a dh' a ghaigh, an an magainn ann an guilleann a' guilleann a' guilleann.	0	11	128	553	692
Gaston	The second secon	0	** 1752 v 1961 1	60	308	371
Guilford	errare and poor advance source or animals is open months of commit	0	0	15	119	134
Harnett	i Stand and Stands as development accessed to the come yappe, an información	0	0	0	5	in disclares in a consideration manner consideration of transcending
Haywood	ner promocon productive (pres ner neueron neueron productive en la	0	0	0	38	38
Hyde	nd Winder (1965 - 11656) - METTING WINDERS WAS LAND AND AND AND AND AND AND AND AND AND	0	0	0	3	te i manus i dange (i statement, mje i primina i nji i meta
Iredell	the second section of the second seco	0	10	168	229	407
Johnston	erica antico de esta esta esta esta esta esta esta est	0	0	0	15	15
Lincoln	- more as a state that a country of the magazine and part of	. 0	0	28	55	83
Macon	an en da mende guillimen mon errennijerre angege, per gendudus di . V	Ŏ	0	0	3	mentro mentralen premiente suscili en la como
Mcdowell	and recommend to the region of the entrol 1 and well to the	0	0	Ō	35	36
Mecklenburg	e en	0	283	2066	9344	11693
Moore	er vogsjegende gevenvergeng vige i dan i de de de depte vigere	0	0	0	3	e de carrier son annual administrativo de la carrier de carrier de la carrier de carrier
New Hanover	1996. A. A. Mariana and A. Mariana a	0	0	13	69	82
Orange	respective entreptions in the state of the s	0	0	0	18	18
Pasquotank	the the wild the court stands to a more and evaluation	0	0	0	5	£
Person	er in the later of the end of the	0	0	0	58	58
Polk	" (1888-1977) (1887) (1887) Alfredding Berker Salver (1887) (1887) (1887)	0	0	40	0	40
Randolph	ornalise propries on a real propries on a second real propries.	0	23	99	20	142

^{*} Enter the county of residence corresponding to the days of care provided to psychiatric patients from each county. Provide this data for patients admitted to beds licensed under Section 10A NCAC 13B .5200. The total days of care should match the psychiatry days of care entered in 'Beds by Service' on the Services – by Campus tab

Robeson	0	0	0	24	24
Rockingham	0	0	0	7	7
Rowan	0	103	1180	1202	2485
Rutherford	0	0	0	8	8
Stanly	0	6	10	11	27
Stokes	0	0	0	110	110
Union	0	0	92	412	504
Vance	0	0	0	9	9
Wake	0	0	0	38	38
Yadkin	0	0	7	22	29
Yancey	0	0	79	0	79
Out of State	0	7	134	723	864
Total No. of Patients	54 5 We	e selection de la constant de la con	Appears of more pages and many employees and	em in novem under verster nassenser	19810

Substance Use Disorder Treatment Days of Care

* The total days of care should match the Substance Abuse / Chemical Dependency Treatment days of care entered in 'Beds by Service' on the Services – by Campus tab (either the cumulative record or the only record for this hospital)

	Substance Use Disorder Treatment Days of Care	
County of Patient Origin	Age < 6 Age 6-12 Age 13-17 Age 18 + Total	
Total No. of Patients	The state of the s	0

Patient Origin - Gastrointestinal Endoscopy (GI) Cases

* Provide the county of residence corresponding to GI Endoscopy cases performed at this hospital. The total from the chart below should match the total GI Endoscopy cases reported on the Gastrointestinal rooms, Procedures and Cases table on the last record, on the Services-by campus tab(either the cumulative record or the only record for this hospital).

County of Residenc	e No. of Patients
Alamance	Y - F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Alexander	
Anson	8
Ashe	
Avery	1
Brunswick	4
Buncombe	1
Burke	3
Cabarrus	117
Caldwell	4
Catawba	9
Cleveland	18
Columbus	1
Cumberland	2
Davidson	5

Davie	1
Duplin	
Forsyth	1
Gaston	187
Granville	1
Guilford	· · · · · · · · · · · · · · · · · · ·
Iredell	74
Jackson	14
Lincoln	1.
e description of the second of	34
Macon	1.
Mcdowell	1) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Mecklenburg	2521
Montgomery	1
Moore	1
New Hanover	1
Richmond	2
Robeson	1
Rowan	29
Rutherford	2
Stanly	20
Surry	1
Union	150
Watauga	5
Wayne	1
Yadkin	
Out of State	194
Total No. of Patients	3410

Patient Origin - Inpatient Surgical Cases

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" on the Services-by campus (either the cumulative record or the only record for this hospital).

County of Residence	No. of Patients
Alamance	3
Alexander	17
Alleghany	5
Anson	47
Ashe	3
Avery	4
Bertie	2

^{*} 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.

Bladen	1
Brunswick	9
Brunswick	20
Burke	13
Cabarrus	340
Caldwell	14
Carteret	1
Catawba	93
Chatham	1
Clay	1
Cleveland	78
Columbus	1
Craven	3
Cumberland	4
Davidson	17
Davie	8
Durham	2
Forsyth	33
Gaston	492
Graham	1
Guilford	12
Harnett	4
Haywood	5
Henderson	14
Iredell	389
Jackson	1
Lee Annual Control of the Control of	2
Lincoln Vivia 1997	198
Macon	1
Mcdowell	8
Mecklenburg	5308
Montgomery	11
Moore	6
New Hanover	5
Onslow	1
Pamlico	1
Pasquotank	2
Randolph	3
Richmond	4
Robeson	11
Rockingham	3
Rowan	323

Rutherford	19
Scotland	3
Stanly	98
Stokes	2
Surry	5
Swain	2
Transylvania	8
Union	649
Wake	9
Warren	1
Watauga	13
Wilkes	7
Wilson	1
Yadkin	5
Out of State	952
Total No. of Patients	9299

Patient Origin - Ambulatory Surgical Cases

The total should match the Total Ambulatory Surgical cases reported on the 'Surgical cases by Speciality area' table on Services-by campus (either the cumulative record or the only record for this hospital).

		5 /5		- 77	1 4 17
County of Re	sidence			No. of	Patients
Alamance					4
Alexander					26
Alleghany	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7
Anson					89
Ashe					8
Avery				File greet in	10
Beaufort					1
Brunswick				e e i i e e e e e e e e e e e e e e e e	21
Buncombe	A STANFACTOR AND A STANFACTOR				51
Burke					26
Cabarrus			****	The second section of the second seco	1004
Caldwell		[** **		41
Caswell					1
Catawba	teriore accessorates to the control of the control				210
Chatham					1
Clay	and the second second				3
Cleveland		1			192
Columbus	the transfer of the second control of				4

^{*} 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.

Craven	3
Cumberland	8
Davidson	31
Davie	17
Duplin	1
Durham	6
Forsyth	42
Franklin	1
Gaston	1274
Graham	2
Granville	2
Guilford	36
Harnett	
Haywood	10
Henderson	18
Hoke	7
Iredell	785
Jackson	ali ya wasan kata kata kata kata kata kata kata ka
Johnston	3
Lee	3
Lenoir	
Lincoln	364
Macon	11
Madison	5
Mcdowell	13
Mecklenburg	14570
Mitchell	5
Montgomery	17
Moore	7
Nash	2
New Hanover	13
Onslow	4
Orange	3
Pasquotank	2
Pender	3
Pitt	4
Polk	10
Randolph	11
Richmond	12
Robeson	17
Rowan	435
Rutherford	41

Sampson	1
Scotland	10
Stanly	271
Stokes	3
Surry	12
Swain	6
Transylvania	18
Union	2090
Wake	21
Watauga	11
Wilkes	18
Yadkin	6
Yancey	6
Out of State	2774
Total No. of Patients	24754

Patient Origin - MRI Services

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the 'MRI Procedures' table on the Services-by campus tab(either the cumulative record or the only record for this hospital).

County of Re	esidence No. of Pa	atients
Alamance		1
Alexander		24
Alleghany		4
Anson		157
Ashe		8
Avery		7
Beaufort		2
Bertie		1
Brunswick		29
Buncombe		22
Burke		24
Cabarrus		876
Caldwell		34
Catawba		196
Clay		6
Cleveland		166
Columbus		4
Craven		2
Cumberland		7
Dare		4

^{*} Provide the county of residence for each patient served in your facility.

ID - 331	3
Davidson	63
Davie	18
Duplin	2
Durham	4
Forsyth	44
Gaston	1093
Graham	1
Granville	1
Guilford	19
Harnett	1
Haywood	11
Henderson	9
Hoke	8
Iredell	1573
Jackson	4
Johnston	1
Lee	2
Lenoir	1
Lincoln	401
Macon	101
Mcdowell	8
Mecklenburg	16349
Mitchell	k with general control of the second of the second
Montgomery	4
Moore	11
New Hanover	
And the second of the second o	16
Onslow	4
Orange	4
Polk	3
Randolph	4
Richmond	19
Robeson	16
Rockingham	8
Rowan	598
Rutherford	43
Sampson	2
Stanly	179
Stokes	14
Surry	12
Swain	10
Transylvania	2
Union	2649

Wake	19
Watauga	18
Wayne	1
Wilkes	9
Yadkin	7
Out of State	1914
Total No. of Patients	26762

Patient Origin - PET Scanner

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the "Positron Emission Tomography (PET)" table on the Services-by Campus.

County of Resi	idence	No.	of Pa	atients
Alamance				1
Alexander	and the second of the second o	Here was a series of a series		
Anson			#f.	8
Brunswick	The second secon		1	2
Buncombe	and the second s			5
Burke				5 3
Cabarrus				72
Caldwell				3
Catawba				23
Clay			1 1	1
Cleveland				13
Davidson			:	2
Davie			114	2
Edgecombe		poji om kojedka ali Poji		1
Gaston				165
Guilford			ar ar same. Tarihi ili sa	1
Iredell				154
Lincoln				65
Mcdowell	- Company and a superior of the company of the comp		en e	2
Mecklenburg	ter terminal			1573
Mitchell	e e e e e e e e e e e e e e e e e e e			2
Montgomery		and the second second of the second		1
New Hanover	e transfer in the second of th			1
Onslow			and the San	1
Orange				2
Randolph	State of the second second of the second of	er er summere er er som som	a	2

^{*} 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Rowan	56
Rutherford	1
Stanly	17
Surry	2
Transylvania	1
Union	199
Watauga	4
Out of State	285
Total No. of Patients	2675

Patient Origin - Linear Accelerator Treatment

The number of patients reported here should match the number of patients reported in Section 11.a. on Services-by campus tab.

LO	
County of Residence	No. of Patients
Alexander	1 【春文 2/2/2/2/14.1/ 1
Anson	
Brunswick	2
Cabarrus	18
Cleveland	3
Cumberland	1
Edgecombe	1
Gaston	21
Granville	1
Iredell	8
Lincoln	7
Mecklenburg	481
Rowan	6
Stanly	3
Union	30
Watauga	1
Yadkin	1
Out of State	36
Total No. of Patients	622

^{*} 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Nursing Facility Supplement - Legal Name and Address Legal Identity of the Applicant: The Presbyterian Hospital Doing Business As (DBA) / Facility Name(s) under which the facility or services are advertised or presented to the public Primary: Novant Health Presbyterian Medical Center Other: **Facility Address** Facility Mailing Address: Facility Site Address: P O Box 33549 200 Hawthorne Ln Charlotte, NC 28233 Charlotte NC 28204 Mecklenburg Has the Facility Site Address Changed? No Has the Facility Mailing Address Changed? No **Facility Site Contact Information** Contact Name: Shana Guillebeau Phone Number: (704) 384-4000 Email: slsebold@novanthealth.org Fax: (704) 384-4296 Website: https://www.novanthealth.org **Nursing Facility Supplement - Contact Information** <u>Administration</u> - Name of the Administrator: Saad Ehtisham, DHA, FACHE - Date Hired as Administrator: 03/11/2019 - NC License Number: N/A - Email: sehtisham@novanthealth.org

Νo

* If Yes, please provide the following information.

Has the Administrator information changed?

Nursing

- Nam	e of the Director of Nursing	G: Michael Vaccaro, DNP, MHA/MBA, RN, CENP
- Date	Hired as D.O.N.: 10/	04/2023
- NC L	icense Number: 152646	5
- Emai	l: msvaccaro@novanthe	ealth.org
Has the	Director of Nursing inforn	nation changed? No
* If Yes	s, please provide the follo	owing information.
<u>Medic</u>	al Director	
- Name	of the Medical Director:	Bikki Gautam, MD
- Date H	lired as Medical Director:	10/01/2021
- Office	Address: 200 Hawtho	orne Ln Charlotte NC 28204
E 11		
- Email:	bgautam@novantheal	th.org
Has the	Medical Director informat	ion changed? Yes
* If Yes	, please provide the folio	wing information.
Contac	ct for Questions	
Name of	the person to contact for a	any questions regarding this form/facility.
Name:	Mitchell Clark	Title: Director of Finance
Email:	m.clark@novanthealth.o	rg Phone: (704) 384-9845
Alumaina		
Nursing	racility Suppleme	nt - Regulatory Information
Is the facili	ty a Combination Facility,	thereby incorporating licensed ACH beds? No
Nursing	J Facility Suppleme	nt - Ownership Disclosure
corporation Office). If the	, then the name should reflec	rship responsibility is in the Owner field below. If the entity is a ct what is on file with the North Carolina Secretary of State (Corporate ent, then the name should reflect the unit of government that has services offered.
National Pr	ovider Identifier (NPI): 1	891871901
Legal Ider	 ntity of Licensee	
Owner:	The Presbyterian Hospital	

	Carl S. Armato	Senior Officer Title:			
Address:	200 Hawthorne Lane Charlotte, NC 28204	Phone: (704) 384-4000			
		Fax: (704) 384-4296			
		Email: csarmato@novanthealth.org			
Legal Entity					
Legal Entity Is:	Not For Profit				
Legal Entity Is:	Corporation (CORP)				
Building Owne	er				
If the above en are offered, ple	tity (partnership, corporational corporation	on, etc.) does not own the building from which the service			
Name of Buildir	ng Owner: Novant Hea	ilth, Inc			
Business Phon	e: (336) 718-2023	Email:			
Fax: (336)	277-1471				
Management C	Company				
If the facility is r	managed by a company ot	her than the licensee, provide the following information			
about the Mana	managed by a company ot gement Company:	her than the licensee, provide the following information Address:			
Name:	gement Company:				
Name: Business Phone	gement Company:				
Name: Business Phone Fax:	gement Company:				
Name: Business Phone Fax: Parent Compar	gement Company:				
About the Mana Name: Business Phone Fax: Parent Compar If this business i	gement Company:	Address:			
About the Mana Name: Business Phone Fax: Parent Compar If this business i Senior Officer:	ny is a subsidiary of another e	Address: Address: Senior Officer Title: President and CEO Novant Health Address: 2085 Frontis Plaza Blvd			
About the Mana Name: Business Phone Fax: Parent Compar If this business i Senior Officer: Name: Name: Name:	es a subsidiary of another e Carl S. Armato Evant Health, Inc	entity, please identify the parent company below. Senior Officer Title: President and CEO Novant Health			
About the Mana Name: Business Phone Fax: Parent Compar If this business i Senior Officer:	is a subsidiary of another e Carl S. Armato Evant Health, Inc. (336) 718-2023	Address: Address: Senior Officer Title: President and CEO Novant Health Address: 2085 Frontis Plaza Blvd			

Do you advertise, market, or otherwise promote yourself as providing a special care unit for persons with Alzheimer's disease or other dementias? (A Special Care Unit means a wing or hallway within a nursing home or a program provided by a nursing home that is designated especially for residents with Alzheimer's disease or other dementias, or other special needs disease or condition, as determined by the Medical Care Commission, which may include mental disabilities.)

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Beds By Type

* These numbers include permanently licensed beds and waiver beds, if any. If you have any questions, contact the Nursing Home Section at 919-855-4520.

a. Nursing Home (NH) Beds (Total)	16
1. General Nursing Home Beds	16
2. Special Care Unit Beds	0
3. Ventilator Beds	0
4. Traumatic brain injury beds	0
5. Are you equipped to accommodate bariatric residents?	Yes
b. Adult Care Home (ACH) Beds (Total)	0
General Adult Care Home Beds	0.
2. Special Care Unit Beds	0
Are you equipped to accommodate bariatric residents?	No
c. Total Licensed Beds	16

- d. Operational Beds
 - "Operational Beds" means all the licensed beds in the facility that are available for resident use on September 30, 2024.
 - Do not include licensed beds that were not available for use on September 30, 2024 for reasons such as staff shortages, or beds unavailable due to renovations, or second beds located in a room used as a private room.

Total Operational Beds on September 30, 2024:

Nursing Home (NH)	Adult Care Home (ACH)
12	0

Nursing Facility Supplement - Special Care Unit

Note: Special Care Unit does not apply to this Application.

Nursing Facility Supplement - Attestation

Was this facility in operation throughout the entire 12-month reporting period ending September 30, 2024?

Was there a	change of	ownership	anytime	between	October 1	1. 2023	and Septemb	oer
30, 2024?	_	•	•			,		

Nursing Facility Supplement - CCRC Utilization Data

Note: CCRC Utilization does not apply to this Application.

Nursing Facility Supplement - Nursing Home Utilization Data

Resident Census

1. Number of residents in facility on September 30, 2024.

Nursing Home (N	IH)	Adult Care Home (ACH)
	12	<u></u>

No

2a. Statistics on Nursing Home Residents on September 30, 2024 by age group.

* Note: Total for Item #2a must match the number reported in Item #1 for Nursing Home Residents.

AGE		Male	Female
Under 21	(ale de la company de la company de la comp ensa de la company de la co		0
21 - 34 years old	Marie Carlotte Communication of the Communication o		0 0
35 - 54 years old	TO THE REAL PROPERTY OF THE PR		0
55 - 64 years old	(m) #74411.444 (mm. am. m. m	(5 0
65 - 74 years old	***************************************		2 3
75 - 84 years old	**************************************		1 4
85 years old and older			2
Sub-total	tige and the control of the control	**************************************	3 9

2b. Number of residents in Nursing Home Special Care Unit beds on September 30, 2024

0

3a. Statistics on Adult Care Home Residents on September 30, 2024 by age group.

* Note: Total for Item # 3a must match the number reported in Item #1 for Adult Care Home Residents.

AGE	Male	Female
18 - 34 years old	0	0
35 - 64 years old	0	0
65 - 74 years old	0	0
75 - 84 years old	0	0
85 years old and older	0	0
Sub-total	0	0

^{*} If you have questions about the items on this page, please call DHSR Healthcare Planning at (919) 855-3865.

^{*} important: Report census data for September 30, 2024 only.

Resident Utilization Data

1. Beginning Census, Admissions, Discharges, and Deaths by Level of Care

Complete the chart below for the reporting period of October 1, 2023 through September 30, 2024. **Note:**

- Beginning Census is the number of residents in your facility on October 1, 2023.
- Admissions is the number of residents admitted from Oct. 1, 2023 through Sept. 30, 2024.
 Only count residents once; DO NOT count readmissions.
- Discharges and Deaths are all discharges and deaths from Oct. 1, 2023 through Sept. 30, 2024.

	NH Residents	ACH Residents
Beginning Census (Oct 1, 2023)	10	0
Admissions (Oct 1, 2023 - Sept 30, 2024)	240	0
Discharges (excluding deaths) (Oct 1, 2023 - Sept 30, 2024)	238	0
Deaths (Oct 1, 2023 - Sept 30, 2024)	0	₇₋₁ 0
Total (Beginning Census + Admissions – Discharges – Deaths) must match totals reported for Resident Census, Item # 1	12	0

2. Days of Care

Complete the questions below for the reporting period of October 1, 2023 through September 30, 2024. **Note:**

- In each row, enter the total number of days reimbursed by that source (Medicare, Medicaid, Private Pay, Other) for all residents.
- Please enter the number of days of care, not the number of residents or the amount of dollars reimbursed.

Nursing Home (NH)		# of days of care reimbursed
NH Days reimbursed by Medicare		3128
NH Days reimbursed by Medicaid		0
NH Days reimbursed by Private Pay		154
NH Days reimbursed by Other		0
Total	Market Market State Specific Code of Code Security Code, is consistent of Code of Code of Code of Code of Code	3282

Adult Care Home (ACH)	# of days of care reimbursed	į
ACH Days reimbursed by Private Pay		0
ACH Days reimbursed by County Special Assistance	**************************************	0
ACH Days reimbursed by Other	MATERIA PER PETER COMPANY OF THE PROPERTY OF THE PROPERTY OF THE PETER	0
Total		0

3. Counties of Origin for Nursing Home Residents

- In Column B, enter the number of nursing home residents, from that county, who were living in the
 facility on October 1, 2023. Only list counties with nursing home residents. Column total MUST equal
 number entered for beginning census for nursing home residents in item #1.
- In Column C, enter the total number of additional nursing home residents, from that county, who were admitted between October 1, 2023 and September 30, 2024. Only count residents once; DO NOT count readmissions. Column total MUST equal number entered for admissions for nursing home residents in item #1.
- For residents who were not NC residents, please select one of the four pre-selected states provided or Other States if applicable. Otherwise, select Other/Unknown.

A	В	C
Permanent County of Résidence for Individuals Prior to Admission	Living in Facility (Beginning Census) 10/1/2023	Admitted (Admissions) 10/1/2023- 9/30/2024
Buncombe	0	2
Cabarrus	0	4
Catawba	0	2
Forsyth	0	1
Gaston	0	3
Haywood	0	1
Iredell	0	2
Johnston	0	**************************************
Lincoln	1	5
Mecklenburg	4	186
Montgomery	0	2
Other States	2	1
Rowan	.1	And the state of t
South Carolina	2	11
Stanly	0	5
Union	0	13
Total	10	240

4. Counties of Origin for Adult Care Home Residents

- In Column B, enter the number of adult care home residents, from that county, who were living in the
 facility on October 1, 2023. Only list counties with adult care residents. Column total MUST equal
 number entered for beginning census for adult care residents in item #1.
- In Column C, enter the total number of additional adult care home residents, from that county, who
 were admitted between October 1, 2023 and September 30, 2024. Only count residents once; DO NOT
 count readmissions. Column total MUST equal number entered for adult care residents in item #1.
- For residents who were not NC residents, please select one of the four pre-selected states provided or Other States if applicable. Otherwise, select Other/Unknown.

Α	ВС
Permanent County of Residence for Individuals Prior to Admission	Living in Facility Admitted (Beginning Census) (Admissions)
	10/1/2023 10/1/2023- 9/30/2024

Current Operating Statistics

Current Per Diem Reimbursement Rates/Charges.

Please state the CURRENT (as of the date the application is signed) basic daily charges/rates for residents in your facility in the following categories of care.

For questions please call Certificate of Need (CON) at (919) 855-3873.

Private Pay (Usual Customary Charge)	Private Room (1 bed/room)	Semi-Private (2 beds/room)	3 or more beds/room
Nursing Home	1300	0	0
Adult Care Home	0	0	0
	0	0	0
	0	0	0

	Medicald - Nursing H	ome Quarterly Rates	
Oct-Dec	Jan-Mar	Apr-June	July-Sept
0	0	0	0

Medicald - Nursing Home	Rate	
		0
		0

State/County	Special Ass	sistance		Rate
Adult Care Home			W.S	0
			<u> </u>	0
	4			0

^{*} Please complete only if applicable:

Special (Care Unit-A	dditional (Charge	Rate	
Nursing Home					0
Adult Care Home				The second section of the second section of the second section	0

Current Operating Statistics

Please give the number (1, 2, 3, etc.) of adult care home residents currently in facility with a physician's diagnosis of the following:

- Mental Iliness (MI) which includes a psychiatric illness but does not include intellectual disability,
 developmental disability or Alzheimer's Disease/Related Dementia. As defined under NC G.S. 122C-3 (21),
 'Mental Illness' means, when applied to an adult, "an illness which lessens the capacity of the individual to use
 self-control, judgment and discretion in the conduct of his affairs and social relations as to make it necessary or
 advisable to be under treatment, care, supervision, guidance or control." Mental illnesses include but are not
 limited to major depression, schlzophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic
 disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.
- Intellectual Disability/Developmental disability (ID/DD)
- Aizheimer's Disease or related dementia. If a resident is dually diagnosed, only count the resident once, based on the primary diagnosis.

Resident Age	Mi	ID/DD	Alzheimer's/Related Dementia
18 - 20	0	0	0
21 - 34	0	0	0
35 - 54	0	0	0
55 - 64	0	0	0

65 - 74	0	0	0
75 - 84	0	0	0
85 or older	0	0	0
Total	0	0	0



Payment by Mail

Amount Due: \$11967.50

Total Amount Paid: \$11967.50

Payment Status: Payment successful.

Check Payment: Check # 4661920: \$11967.50

Note: If paying by mail, please obtain the mailing address from the following link: https://info.ncdhhs.gov/dhsr/requests.htm

Authenticating Signature

Electronic Signature Agreement: By checking the two boxes below you acknowledge and agree to the following statements:

- You agree to sign and submit this application electronically as your name appears in the NCID system.
- · You have reviewed the entire application before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your
 electronic signature and the lack of such certification or third-party verification will not in any
 way effect the enforceability of your electronic signature.
- You understand and agree that this electronic application may be used in any way that the paper application is used.
- The undersigned attests that he/she is the owner, officer, or duly authorized representative of the applicant for a Hospital license pursuant to North Carolina General Statute Article 5, Chapter 131E and the information in this application is truthful, accurate, and complete.
- Hospitals The undersigned submits this application for 2025 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.
- Hospital with Nursing Beds The undersigned submits this application for 2025 in accordance with North Carolina General Statutes G.S. 131E-102, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13D), and certifies the accuracy of this information.

Namai	Saad Ehtisham	Date: 01/14/2025

I have read and agree to the Electronic Signature Agreement.

Uploaded Files

File List

PMC_TJC_TJC Hospital Accreditation - ESC Response Submitted post 60 day_Oct 2023 2.pdf

PMC_TJC_TJC Hospital Accreditation Report-post 60 day ESC_Oct 2023.pdf

PMC_TJC_Accreditation_Hospital Extension Survey_Report_Feb 2024.pdf

PMC LRA Additional Locations Listing 09302024.xlsx

Novant Health CharityCarePolicy 01-2025.pdf

PMC_TJC_Accreditation_Hospital Extension Survey_DHSR OEMS Letter from Agency_Feb 2024.pdf

PMC_TJC_Accreditation_Hospital Extension Survey_Letter from Agency - Deemed Status_Feb 2024.pdf

PMC_TJC_TJC Hospital Accreditation CMS Deeming Letter_Oct 2023.PDF