



# Atrium Health

**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 Authority<sup>1</sup> (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).<sup>2</sup> 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.

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<sup>1</sup> 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.

<sup>2</sup> 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. Novant Health's Applications Are Non-Conforming Due to Overstated Utilization Data and Failure 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	B	C	D	E	F	G	H	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	
Mecklenburg	H0268	Novant Health Mooresville Medical Center	36	0	6,233	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	B	C	D	E	F	G	H	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	
Mecklenburg	H0009	Novant Health Wake Forest Medical Center	87	0	8,103	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			841	78	230,003		287,935	788	1,052	133	
Mecklenburg Total			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

	<i>Days of Care Application</i>	<i>Days of Care Updated</i>	<i>Variance</i>
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	-
<b>FFY2024</b>	<b>141,963</b>	<b>137,327</b>	<b>(4,636)</b>
18-24 CAGR	4.8%	4.2%	(0.6%)
<b>19-24 CAGR</b>	<b>3.4%</b>	<b>2.7%</b>	<b>(0.7%)</b>
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

	<b>FFY2025</b>	<b>FFY2026</b>	<b>FFY2027</b>	<b>FFY2028</b>	<b>FFY2029</b>	<b>FFY2030</b>	<b>FFY2031</b>	<b>FFY2032</b>	<b>FFY2033</b>	<b>FFY2034</b>
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

	<b>CY2025</b>	<b>CY2026</b>	<b>CY2027</b>	<b>CY2028</b>	<b>CY2029</b>	<b>CY2030</b>	<b>CY2031</b>	<b>CY2032</b>	<b>CY2033</b>
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**

	<b>CY 2033</b>
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
<b>Novant Health System – Occupancy Rate</b>	<b>74.5%</b>

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.

Projected Payor Mix during the 3 <sup>rd</sup> Full FY 01/01/2033 to 12/31/2033	
NHPMC: Inpatient 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.

Projected Payor Mix during the 3 <sup>rd</sup> Full FY 01/01/2032 to 12/31/2032	
NHPMC: Inpatient 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.	
^ Other includes Other Govt, Institutional, Workers Comp	

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 <sup>rd</sup> 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

	<i><b>Total FTEs</b></i>	<i><b>Total Salary</b></i>	<i><b>Salary/FTE</b></i>
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.

### **Historical Utilization**

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**

	<i>2027 Projected ADC</i>	<i>2027 Beds Adjusted for Target Occupancy</i>	<i>Current Bed Inventory</i>	<i>Projected 2027 Deficit/ (Surplus)</i>
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
<b>CMHA Total</b>	<b>1,574</b>	<b>2,046</b>	<b>1,747</b>	<b>299</b>
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)
<b>Novant Health Total</b>	<b>683</b>	<b>909</b>	<b>919</b>	<b>(10)</b>

Source: 2025 SMFP

\*Approved, but not yet operational

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 system-wide 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

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 corrected<sup>3</sup> 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.

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<sup>3</sup> 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

<i>Applicant Facility</i>	<i>Number of Mecklenburg Residents</i>	<i>% of Mecklenburg Residents</i>
CMC	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

<i>NC County/State of Origin</i>	<i>2023 Percent of Total</i>
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%
<b>Total</b>	<b>100.0%</b>

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 ( $389,604 = 693,246 \times 56.2$  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.

	<i>% Medicare</i>	<i>% Medicaid</i>
CMC	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.

<i>Facility</i>	<i>Patient Days</i>	<i>Net Revenue</i>	<i>Average Net Revenue Per Patient Day</i>
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.

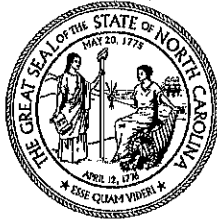
Even if Novant Health's applications were approvable, CMHA believes that the CMC and Atrium Health University City applications are the more effective alternatives for the 210 additional acute care beds

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**



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**2025**  
**LICENSE RENEWAL APPLICATION FOR HOSPITAL**

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

**APPROVED LICENSE DATES**

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

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

**Introduction**

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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
	50-99 Beds	\$350.00	\$17.50
	100-199 Beds	\$450.00	\$17.50
	200-399 Beds	\$550.00	\$17.50
	400-699 Beds	\$750.00	\$17.50
	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	(919) 855-4646	Azzie.Conley@dhhs.nc.gov

## Legal Name and Address

**Legal Identity of the Applicant:** The Presbyterian Hospital

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service)

### Doing Business As (DBA)

\* Name(s) under which the facility or services are advertised or presented to the public

Primary: Novant Health Presbyterian Medical Center

Other DBA:



**Facility Address**

Facility Mailing Address:

P O Box 33549  
Charlotte, NC 28233

Facility Site Address:

200 Hawthorne Ln  
Charlotte NC 28204  
County: MecklenburgHas the Facility Mailing Address  
Changed?No**Facility Site Contact Information**Contact Name: Shana GuillebeauEmail: slsebold@novanthealth.orgPhone Number: (704) 384-4000Fax: (704) 384-4296**Contact Information**

Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility.

**Hospital Director**Name: Saad Ehtisham, DHA, FACHETitle: SVP & President NHPMC and GCMEmail: sehtisham@novanthealth.org

Has the Director information changed?

No**Director of Planning**Name: Andrea Gymer

Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility.

**Chief Executive Officer**Name: Saad Ehtisham, DHA, FACHETitle: SVP & President NHPMC and GCMEmail: sehtisham@novanthealth.orgHas the Chief Executive Officer information changed? No**Chief Nursing Officer / Vice President of Nursing and Patient Care Services**Name: Michael Vaccaro, DNP, MHA/MBA,  
RN, CENP**Medical Director**

Name:

Name: Sidney Fletcher, MDTitle: SVP Chief Clinical OfficerEmail: smfletcher@novanthealth.org

Has the Medical Director information changed?

No

## Contact for Questions

Name of the person to contact for any questions regarding this form/facility.

Name: Mitchell Clark

Title: Director of Finance

Phone: (704) 384-9845

Email: m.clark@novanthealth.org

## Ownership Disclosure

National Provider Identifier (NPI): 1881647204

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

### Additional NPI

1629029954

\* For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free) or visit the NPI Web Site.

CLIA Number: 34D0665289

Enter CON Project Number: \_\_\_\_\_

Do you have construction approval? \_\_\_\_\_

## Legal Identity of Licensee

Owner: The Presbyterian Hospital

Address: 200 Hawthorne Lane  
Charlotte, NC 28204

Business Phone: (704) 384-4000

Fax: (704) 384-4296

Email: csarmato@novanthealth.org

Chief Executive Officer (CEO) : Carl S. Armato

## Legal Entity

Legal Entity Is: Not For Profit

Legal Entity Is: Corporation (CORP)

Does the above entity (individual, partnership, corporation, etc.) LEASE the building from which services are offered?

Yes

- If Yes, Name and Address of the Building Owner.

Name: Novant Health, Inc.

Phone: (336) 718-2023

Address: 2085 Frontis Plaza Blvd.  
Winston-Salem NC 27103

Fax: \_\_\_\_\_

Is the business operated under a management contract?

No

## Health System

- Is your facility part of a Health System? i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?

Yes

-- Name of Health System: Novant Health

-- Name of the CEO: Carl S. Armato

### Definition of Health System for Operating Room Need Determination Methodology

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

\* The Operating Room need determination methodology uses the following definition of "health system" that differs from the definition above. (Note that for most facilities, the health system entered here will be the same health system entered above, but it may not be. Please read this definition carefully.)

A "health system" includes all licensed health service facilities located in the same county that are owned or leased by:

(1) the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or

(2) the same parent corporation or holding company; or

(3) a subsidiary of the same parent corporation or holding company; or

(4) a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? Yes

-- Name of the Health System: Novant Health

### List all Campuses

\* List all Campuses as defined in NCGS 131E-176(2c) under the hospital license. Include offsite emergency departments.

Other Beds are identified in the services by campus tab items 3 through 8. Examples are Nursing Facility, Adult Care Home, In patient Hospice, etc.

Name of Campus and Address	Reimb. Source	Services Offered							Other Services Offered
		Check all services licensed (e.g., beds, ORs) and equipment owned (e.g., MRIs) by the hospital even if the service or equipment was not used during the reporting period.							
		Acute Beds	Rehab Beds	Other Beds	ORs/GI Endoscopy	Imaging	LINAC	Lithotripsy	
Novant Health Presbyterian Medical Center 200 Hawthorne Ln. Charlotte, NC 28204	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Novant Health Charlotte Orthopedic Hospital 1901 Randolph Rd. Charlotte, NC 28207	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Novant Health Charlotte Outpatient Surgery 1718 E 4th St. Charlotte, NC 28204	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Novant Health Midtown Outpatient Surgery 1918 Randolph Rd. Suite 740, Charlotte, NC 28207	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novant Health Imaging Museum 2900 Randolph Rd. Charlotte, NC 28211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novant Health Imaging University 8401 Medical Plaza Dr. Suite 110 Charlotte, NC 28262	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novant Health Imaging Monroe 2000 Wellness Blvd. Suite 100 Monroe, NC 28110	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presbyterian Mobile Imaging, LLC University Imaging 8401 Medical Plaza Dr. Charlotte, NC 28262	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Accreditation

\* If surveyed within the last twelve (12) months, attach a copy of the accreditation report and grid.  
If applicable, attach a copy of the plan of correction.

Accredited	Accrediting Organization	Expiration Date	Deemed Letter?
Yes	THE JOINT COMMISSION (TJC)	10/21/2026	Yes
----	DET NORSKE VERITAS (DNV)	----	----
----	AOA / HFAP Healthcare Facilities Accreditation Program	----	----
----	Improvement in Healthcare Quality (CIHQ)	----	----

## Facility Data

CMS Certification Number (CCN): 340053

## Reporting Period

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

## Designation

- |  |            |                     |                 |
|--|------------|---------------------|-----------------|
| 1. Are you a designated trauma center?                     | <u>Yes</u> | Designated Level #: | <u>Level II</u> |
| 2. Are you a critical access hospital (CAH)?               | <u>No</u>  |                     |                 |
| 3. Are you a long term care hospital (LTCH)?               | <u>No</u>  |                     |                 |
| 4. Are you a designated stroke center?                     | <u>Yes</u> |                     |                 |
| 5. Does this hospital have licensed nursing facility beds? | <u>Yes</u> |                     |                 |
| 6. Does this hospital have a swing bed agreement with CMS? | <u>No</u>  |                     |                 |

## General Information

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 conversions) which may have affected the change in bed complement:

Net increase of seven (7) Medical/Surgical acute care beds which increases the total general acute care beds from 519 to 526.

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) 855-4620.

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

Please provide the main website address for the facility licensed on this application:

[www.novanthhealth.org](http://www.novanthhealth.org)

\* In accordance with 131E-214.4(a) DHSR can no longer post a link to websites to demonstrate compliance with this statute.

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

[www.novanthhealth.org/for-patients/billing--insurance/financial-assistance/](http://www.novanthhealth.org/for-patients/billing--insurance/financial-assistance/)

\* Please attach a copy of the facility's charity care policy and financial assistance 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.

Contribution, Gifts, Grants and other similar Amounts (Form 990; Part VIII 1(h))	Annual Financial Assistance at Cost (Form 990; Schedule H Part I, 7(a)(c))	Bad Debt Expense (Form 990; Schedule H Part III, Section A(2))	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy (Form 990; Schedule H Part III, Section A(3))
4698627	46356252	60999382	0

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

Signature:

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.
- ☒ Patients are advised that such detailed statements are available upon 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
	Number of Rooms
d. Delivery Rooms - Delivery Only (Not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	20

f. Delivery Rooms – LDRP	0
g. Number of Normal Newborn Bassinets (Level I Neonatal Services).	60

## 2. Abortion Services

Number of procedures during the reporting period

117

## 3. Emergency Department Services

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? Yes

g. Do you have a security plan for the hospital with an emergency department per G.S. 131E-88? Yes

## 4. Medical Air Transport

a. Does the facility operate an air ambulance service? No

## 5. Pathology and Medical Lab

a. Blood Bank/Transfusion Services Yes

b. Histopathology Laboratory Yes

c. HIV Laboratory Testing Yes

- Number of tests performed during reporting period:

HIV Serology 913

HIV Culture 0

d. Organ Bank No

e. Pap Smear Screening No

## 6. Transplantation Services



Type	Number	Type	Number	Type	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	l. Lung	0
m. Pancreas	0	n. Pancreas/Kidney	0	o. Pancreas/Liver	0
p. Other	0				

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	Receive service from other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco cessation) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other services	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 8. Specialized Cardiac Services

### 8-a. Open Heart Surgery

Open Heart Surgery	Number of Machines/Procedures
1. Number of heart-lung bypass machines	4
2. Total annual number of open heart surgery procedures utilizing heart-lung bypass machine	500
3. 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?

Yes

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

Number of units of fixed cardiac catheterization equipment with a CON: 2

\* CON Project IDs for fixed equipment:

F-3472-98 and F-5975-99

\* Number of units of legacy fixed cardiac catheterization equipment (i.e., equipment obtained before a CON was required): 0

	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger:	0	0
Number of procedures* performed in fixed units on patients age 15 and older:	1123	715

- Electrophysiology procedures on dedicated electrophysiology equipment

\* Number of units of fixed dedicated electrophysiology equipment: 3

\* Number of procedures\* performed on dedicated electrophysiology equipment: 1653

2. Does this facility provide cardiac catheterization on mobile equipment? No

\* A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. If the visit includes both diagnostic and interventional procedures, count the interventional procedures only. For example, If a patient has both a diagnostic and an interventional procedure in one visit, Count all EP procedures separately.

\*\*"a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery."  
10A NCAC 14C .1601(9)

\*\*\*"a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery."  
10A NCAC 14C .1601(16)

Number of fixed or mobile units of legacy cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): 0

CON Project ID numbers for all non-legacy mobile units of cardiac catheterization equipment owned by hospital:

N/A

Name of Mobile Vendor, if not owned by hospital: N/A

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

0

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 1. Outpatient Cardiac Rehabilitation Program | <input checked="" type="checkbox"/> 5. Rehabilitation Outpatient Unit |
| <input checked="" type="checkbox"/> 2. Chemotherapy                              | <input type="checkbox"/> 6. Podiatric Services                        |
| <input checked="" type="checkbox"/> 3. Clinical Psychology Services              | <input checked="" type="checkbox"/> 7. Genetic Counseling Service     |
| <input type="checkbox"/> 4. Dental Services                                      | <input checked="" type="checkbox"/> 8. Inpatient Dialysis Services    |

- Enter number of dialysis  
stations

14

#### 9-b. Acute Hospital Care at Home

\* Acute Hospital Care at Home is a delivery model for acute care services in a patient's home as a substitute for traditional inpatient acute hospital care provided in the acute care beds of physical hospitals, regardless of whether care was delivered under a CMS waiver. Please note these services do NOT include those provided under hospice care or home health care.

- This facility provided acute hospital care at home services between October 1, 2023 and September 30, 2024?

☐

9-c. Does this facility have a hospital-based hospice unit with licensed inpatient hospice beds?

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	2
Ashe	0	0	1	0	0	0	0	1	1	1
Bertie	0	0	0	0	0	0	1	1	6	1
Cabarrus	0	0	5	4	0	3	1	13	51	11
Catawba	0	1	0	1	0	1	0	3	12	3
Cleveland	0	0	1	0	1	0	1	3	8	2
Davie	0	0	0	0	0	1	0	1	1	1
Duplin	0	1	0	0	0	0	0	1	1	1
Forsyth	0	0	0	0	0	1	0	1	5	1
Gaston	0	1	3	2	6	4	2	18	45	15
Gulford	0	0	0	1	0	0	0	1	1	1
Henderson	0	1	0	0	0	0	0	1	1	1
Iredell	0	0	3	5	8	8	4	28	81	28
Lincoln	0	3	1	1	3	5	2	15	61	13
Mecklenburg	0	7	54	33	116	152	109	471	1508	417
Randolph	0	0	1	0	0	0	0	1	6	1
Robeson	0	0	0	0	0	0	1	1	3	1
Rowan	0	1	4	5	10	7	6	33	76	32
Stanly	0	0	0	0	2	2	0	4	4	4
Swain	0	0	1	0	0	1	0	2	10	2
Union	0	0	2	5	8	10	6	31	81	26
Georgia	0	0	0	1	0	0	0	1	1	1
South Carolina	0	0	8	4	11	13	4	40	97	38
Tennessee	0	0	1	0	0	0	0	1	1	1
Virginia	0	0	0	0	0	1	0	1	1	1
Other States	0	0	0	0	1	2	1	4	7	4
Total All Ages	0	15	85	62	167	212	138	679	2071	609

9-d. Does this facility have a psychiatric unit with licensed psychiatric beds? Yes

1. If the psychiatric unit has a different name from the hospital, please indicate:

Presbyterian Behavioral Health

2. If address is different from the hospital, please indicate:

N/A

3. Director of psychiatric services:

Paula Bird, VP of Behavioral Health Services

\* 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.**

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6 - 12	13 - 17	Total 0 - 17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	BH Pre Adol / Adol Partial Hospital Program 1900 Randolph Rd Charlotte NC 28207						
.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		0	0	0	0	0	0
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness		0	0	0	0	0	0
.5000 Facility Based Crisis Center		0	0	0	0	0	0

Rule 10A NCAC 13B Licensure Rules for Mental Health	Location of Services	Beds Assigned by Age					
		< 6	6 - 12	13 - 17	Total 0 - 17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	NH Presbyterian Medical Center 200 Hawthorne Ln Charlotte NC 28204	0	0	20	20	55	75

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)
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
<b>TOTAL</b>	<b>158918</b>	<b>75693</b>	<b>146386</b>	<b>7730</b>	<b>9077</b>

\* 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)	Ambulatory Surgical Cases (total should be same Total Surgical Cases-Ambulatory Cases in Surgical Cases by Speciality Area)
Self Pay	0	0	0	4	42
Charity Care	0	0	0	6	98
Medicare *	0	0	0	1036	2250
Medicaid *	0	0	0	45	778
Insurance *	0	0	0	385	4143
Other (Institutional, Other Govt, Tricare, Workers Comp)	0	0	0	93	329
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1569</b>	<b>7640</b>

\* 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 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)
Self Pay	0	0	0	0	31
Charity Care	0	0	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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8037</b>

\* 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.	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)
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)	0	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
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\* 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
<b>Intensive Care Units</b>			
<b>1. General Acute Care Beds/Days</b>			
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
<b>Other Units</b>			
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
l. 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
q. Other, List:	0	0	0

<b>Total General Acute Care Beds/Days (a through q)</b>	<b>526</b>	<b>518</b>	<b>158918</b>
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2. 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
4. 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

<b>9. Totals (1 through 8)</b>	<b>641</b>	<b>622</b>	<b>186713</b>
--------------------------------	------------	------------	---------------

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

No

### Cumulative Totals Across Campuses

\* 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.

**\* 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
<b>Intensive Care Units</b>			
<b>1. General Acute Care Beds/Days</b>			
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
<b>Other Units</b>			
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
l. 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
q. Other, List:	0	0	0

<b>Total General Acute Care Beds/Days (a through q)</b>	<b>526</b>	<b>518</b>	<b>158918</b>
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\* Licensed Beds on record = 526

2. Comprehensive In-Patient Rehabilitation * Licensed Beds on record = 10	10	10	2627
3. Inpatient Hospice * Licensed Beds on record = 14	14	8	2071
4. Substance Use Disorder / Chemical Dependency Treatment * Licensed Beds on record = 0	0	0	0
5. Psychiatry * Licensed Beds on record = 75	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

<b>9. Totals (1 through 8)</b>	<b>641</b>	<b>622</b>	<b>186713</b>
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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.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	3
Dedicated C-Section	3
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	16

Total of Surgical Operating Rooms 22

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 6

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	413	591	379	593	972
NOT Performed in Licensed GI Endoscopy Rooms	103	919	103	919	1022
<b>TOTAL CASES</b> —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.					1994

\* 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
<b>Endoscopies OTHER THAN GI Endoscopies</b>		
Performed in Licensed GI Endoscopy Room	480	2908
NOT Performed in Licensed GI Endoscopy Room	3	15
<b>Other Non-Surgical Cases</b>		
Pain Management	0	105
Cystoscopy	0	5
YAG Laser	0	0
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	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	479	536
Open Heart Surgery	577	
General Surgery	1940	2172
Neurosurgery	663	573
Obstetrics and GYN (excluding C-Sections)	370	2702
Ophthalmology	6	131
Oral Surgery/Dental	36	98
Orthopedics	701	75
Otolaryngology	233	700
Plastic Surgery	15	425
Podiatry	91	1
Urology	229	925
Vascular	486	504
Other Surgeries (Trauma)	18	235
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 Licensed 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 Inpatient Cases	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	X	8 hours	=	16 hours	25 hours divided by 3 ORs = 8.3 Average Hours per day Routinely Scheduled for Use Per Room
1 room	X	9 hours	=	9 hours	
Total hours per day			=	25 hours	

\*\* 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 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.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	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."

0

## 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 0

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
<b>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.</b>					0

\* 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
<b>Endoscopies OTHER THAN GI Endoscopies</b>		
Performed in Licensed GI Endoscopy Room	0	0
NOT Performed in Licensed GI Endoscopy Room	0	0
<b>Other Non-Surgical Cases</b>		
Pain Management	0	0
Cystoscopy	0	4
YAG Laser	0	0
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	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery	0	
General Surgery	7	657
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	2	670
Ophthalmology	0	0
Oral Surgery/Dental	0	0
Orthopedics	1558	5985
Otolaryngology	0	0
Plastic Surgery	0	2
Podiatry	0	35
Urology	1	291
Vascular	1	0
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	0	

**Total Surgical Cases Performed in Licensed ORs** 1569 7640

f. Surgical procedures performed in unlicensed Procedure Rooms

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

\*\* 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.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	6
Shared - Inpatient / Ambulatory Surgery	0

Total of Surgical Operating Rooms 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."

0

### 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 1

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
<b>TOTAL CASES</b> -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.					0



\* 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
<b>Endoscopies OTHER THAN GI Endoscopies</b>		
Performed in Licensed GI Endoscopy Room	0	0
NOT Performed In Licensed GI Endoscopy Room	0	0
<b>Other Non-Surgical Cases</b>		
Pain Management	0	0
Cystoscopy	0	0
YAG Laser	0	0
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	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery	0	
General Surgery	0	1048
Neurosurgery	0	0
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	0
Vascular	0	0
Other Surgeries (Trauma)	0	149
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	0	

**Total Surgical Cases Performed in Licensed ORs** 0 8037

**f. Surgical procedures performed in unlicensed Procedure Rooms**

Number of surgical procedures performed in unlicensed Procedure Rooms 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 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
8.6	255	0	58

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

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

\*\* 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 Midtown 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.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	0

Total of Surgical Operating Rooms 0

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." 0

**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 2

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	1	1415	1	1415	1416
NOT Performed in Licensed GI Endoscopy Rooms	0	0	0	0	0
<b>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.</b>					<b>1416</b>

\* 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 4

**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
<b>Endoscopies OTHER THAN GI Endoscopies</b>		
Performed in Licensed GI Endoscopy Room	1	1427
NOT Performed in Licensed GI Endoscopy Room	0	0
<b>Other Non-Surgical Cases</b>		
Pain Management	0	1955
Cystoscopy	0	3
YAG Laser	0	0
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	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery	0	0
General Surgery	0	0
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	0	0
Ophthalmology	0	0
Oral Surgery/Dental	0	0
Orthopedics	0	0
Otolaryngology	0	0
Plastic Surgery	0	0
Podiatry	0	0
Urology	0	0
Vascular	0	0
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	0	0
Number of C-Sections Performed in Other ORs	0	0

**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 *	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
0	0	0	0

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

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

\*\* 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.

## 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	3
* Dedicated Open Heart Surgery Operating rooms on record = 3	
Dedicated C-Section	3
* Dedicated C-Section Operating rooms on record = 3	
Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms)	0
* Other Dedicated Inpatient Surgery Operating rooms on record = 0	
Dedicated Ambulatory Surgery	6
* Dedicated Ambulatory Surgery Operating rooms on record = 6	
Shared - Inpatient / Ambulatory Surgery	28
* Shared - Inpatient / Ambulatory Surgery Operating rooms on record = 28	

Total of Surgical Operating Rooms

40

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 9

GI Endoscopies *	Procedures*		Cases**		Total Cases
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	414	2006	380	2008	2388
NOT Performed in Licensed GI Endoscopy Rooms	103	919	103	919	1022
<b>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.</b>					<b>3410</b>

\* 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 10

#### 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

<b>Other Non-Surgical Cases</b>		
Pain Management	0	2060
Cystoscopy	0	12
YAG Laser	0	0
Other (Specify)	0	0
Other (Specify)	0	0
Other (Specify)	0	0
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	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	479	536
Open Heart Surgery	577	
General Surgery	1947	3877
Neurosurgery	663	573
Obstetrics and GYN (excluding C-Sections)	372	3372
Ophthalmology	6	6964
Oral Surgery/Dental	36	98
Orthopedics	2259	6060
Otolaryngology	233	700
Plastic Surgery	15	434
Podiatry	91	36
Urology	230	1216
Vascular	487	504
Other Surgeries (specify)	0	0
Other Surgeries (Trauma)	0	149
Other Surgeries (specify)	0	0
Other Surgeries (Trauma)	18	235
Number of C-Sections Performed in Dedicated C-Section ORs	1886	
Number of C-Sections Performed in Other ORs	0	

<b>Total Surgical Cases Performed in Licensed ORs</b>	<u>9299</u>	<u>24754</u>
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#### f. Surgical procedures performed in unlicensed Procedure Rooms

Number of surgical procedures performed in unlicensed Procedure Rooms	<u>3815</u>
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### 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	X	8 hours	=	16 hours	25 hours divided by 3 ORs = 8.3 Average Hours per day Routinely Scheduled for Use Per Room
1 room	X	9 hours	=	9 hours	
Total hours per day			=	25 hours	

\*\* 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.

### 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.

Procedures	Inpatient Procedures *			Outpatient 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
<b>TOTAL ***</b>	<b>2758</b>	<b>2400</b>	<b>5158</b>	<b>3785</b>	<b>4957</b>	<b>8742</b>	<b>13900</b>

\* 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)	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
<b>Total Fixed MRI Scanners</b>	<b>3</b>

Number of legacy fixed MRI scanners on this campus 1

CON Project ID numbers for all other fixed MRI scanners on this campus or hospital-owned 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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for mobile CT services?

Yes

## Computed Tomography (CT)

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

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	16096	0
2. Head with contrast	6148	0
3. Head without and with contrast	78	0
4. Body without contrast	11469	0
5. Body with contrast	19862	0
6. Body without contrast and with contrast	1249	0
7. Biopsy in addition to body scan with or without contrast	1263	0
8. Abscess drainage in addition to body scan with or without contrast	123	0

**Total** 56288 0

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)

SCAN TYPE	Number of Units	Number of Procedures*		
		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?

No

- Name of Mobile PET Provider, if any: \_\_\_\_\_

### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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	0	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.

Procedures	Inpatient Procedures *			Outpatient 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
<b>TOTAL ***</b>	<b>22</b>	<b>16</b>	<b>38</b>	<b>1861</b>	<b>968</b>	<b>2829</b>	<b>2867</b>

\* 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	0
<b>Total Fixed MRI Scanners</b>	<b>1</b>

Number of legacy fixed MRI scanners on this campus 0

CON Project ID numbers for all other fixed MRI scanners on this campus or hospital-owned 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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for 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 services? No

Identify the mobile CT vendor \_\_\_\_\_

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	76	0
2. Head with contrast	29	0
3. Head without and with contrast	2	0
4. Body without contrast	1166	0
5. Body with contrast	485	0
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 Positron Emission Tomography (PET) scanner, mobile PET scanner, and/or any other fixed or mobile PET services? No

**Other Imaging Equipment**

	Number of Units	Number of Procedures		
		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	1	702	2904	3606
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 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?

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.

Procedures	Inpatient Procedures *			Outpatient Procedures *			
	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	TOTAL Procedures
Fixed	0	0	0	1454	1314	2768	2768
Mobile (performed only at this site)	0	0	0	0	0	0	0
<b>TOTAL***</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1454</b>	<b>1314</b>	<b>2768</b>	<b>2768</b>

\* 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)	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
<b>Total Fixed MRI Scanners</b>	<b>1</b>

Number of legacy fixed MRI scanners on this campus 0

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

**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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for 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 services?

No

Identify the mobile CT vendor:

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	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	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
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<b>Total</b>	<b>3490</b>	<b>0</b>
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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

#### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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)	1	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

#### Novant Health Imaging University

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.



Procedures	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
Fixed	0	0	0	0	0	0	0
Mobile (performed only at this site)	0	0	0	1548	763	2311	2311
<b>TOTAL ***</b>	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.

\*\* 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)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
<b>Total Fixed MRI Scanners</b>	0

Number of legacy fixed MRI scanners on this campus 0

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

N/A

### Mobile MRI Services

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

No

- Name of mobile vendor

Novant Health Norfolk

### 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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			
		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) scanner or contract for 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 services?

No

Identify the mobile CT vendor

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	258	0
2. Head with contrast	151	0
3. Head without and with contrast	6	0
4. Body without contrast	1533	0
5. Body with contrast	815	0
6. Body without contrast and with contrast	113	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**

2876

0

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

#### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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.

Procedures	Inpatient Procedures *			Outpatient 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
<b>TOTAL ***</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>924</b>	<b>419</b>	<b>1343</b>	<b>1343</b>

\* 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)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
<b>Total Fixed MRI Scanners</b>	<b>0</b>

Number of legacy fixed MRI scanners on this campus 0

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

N/A

#### Mobile MRI Services

During the reporting period, did the facility own one or more mobile MRI scanners? No

- Name of mobile vendor Novant Health Norfolk

#### 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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for 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 services? No

Identify the mobile CT vendor

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

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

#### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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)	1	0	7565	7565
Fixed fluoroscopic X-ray equipment	0	0	0	0
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

**Presbyterian Mobile Imaging, LLC**

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.

Procedures	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
Fixed	0	0	0	0	0	0	0
Mobile (performed only at this site)	0	0	0	2648	925	3573	3573
TOTAL ***	0	0	0	2648	925	3573	3573

\* 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)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

Number of legacy fixed MRI scanners on this campus 0

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

N/A

**Mobile MRI Services**

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

Yes

- How many? 1
- Of these, how many are legacy? 0
- CON Project ID numbers for non-legacy mobile scanners owned by facility

F-7164-04

Did the facility contract for mobile MRI services?

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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for mobile CT services?

No

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

#### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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	0	0
Fixed fluoroscopic X-ray equipment	0	0	0	0
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

### 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?

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.

Procedures	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
	Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
Fixed	2780	2416	5196	7100	7239	14339	19535
Mobile (performed only at this site)	0	0	0	5120	2107	7227	7227
<b>TOTAL ***</b>	<b>2780</b>	<b>2416</b>	<b>5196</b>	<b>12220</b>	<b>9346</b>	<b>21566</b>	<b>26762</b>

\* 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)	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
<b>Total Fixed MRI Scanners</b>	<b>5</b>

Number of legacy fixed MRI scanners on this campus \_\_\_\_\_

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



## Mobile MRI Services

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

### 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.

Other Scanners	Number	Inpatient Procedures *			Outpatient Procedures *			TOTAL Procedures
		Base**	Complex**	TOTAL Inpatient	Base**	Complex**	TOTAL Outpatient	
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) scanner or contract for mobile CT services? \_\_\_\_\_

Yes

### Computed Tomography (CT)

How many fixed CT scanners does the hospital own? \_\_\_\_\_

Does the hospital contract for mobile CT scanner services? \_\_\_\_\_

Identify the mobile CT vendor \_\_\_\_\_

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	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	0
6. Body without contrast and with contrast	1614	0
7. Biopsy in addition to body scan with or without contrast	1328	0

8. Abscess drainage in addition to body scan with or without contrast	123	0
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<b>Total</b>	<b>67824</b>	<b>0</b>
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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)

SCAN TYPE	Number of Units	Number of Procedures*		
		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

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

#### Other Imaging Equipment

	Number of Units	Number of Procedures		
		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
<b>Simple Treatment Delivery</b>		
77401	Radiation treatment delivery	0
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
<b>Intermediate Treatment Delivery</b>		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
<b>Complex Treatment Delivery</b>		
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
<b>Other Treatment Delivery Not Included Above</b>		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	0

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	0
OTHER6	CPT 77385	2548
OTHER7	CPT 77386	3809
OTHER8	CPT 77387	2932
OTHER9		0
OTHER10		0
	<b>Imaging Procedures Not Included Above</b>	
77417	Additional field check radiographs	166

Total Procedures – Linear Accelerators 14589

Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0

#### 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: 0

Number of **treatment simulators** ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 2

Number of legacy Linear Accelerators: 0

CON Project ID numbers for all **non-legacy** Linear Accelerators

unable to locate CON Project ID

## Lithotripsy

### Novant Health Charlotte Outpatient Surgery

Mobile Lithotripsy Vendor/Owner: Stone Institute of the Carolinas

	Number of Units	Number of Procedures		
		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	21
Cabarrus	897
Caldwell	37
Carteret	1
Catawba	175
Chatham	1
Cherokee	1
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	15
Moore	9

New Hanover	30
Onslow	3
Orange	1
Pamlico	2
Pasquotank	2
Pender	1
Person	2
Polk	2
Randolph	9
Richmond	14
Robeson	18
Rockingham	4
Rowan	831
Rutherford	29
Sampson	1
Scotland	3
Stanly	229
Stokes	5
Surry	10
Swain	5
Transylvania	8
Tyrrell	1
Union	1538
Wake	24
Warren	1
Watauga	16
Wayne	2
Wilkes	13
Wilson	3
Yadkin	9
Yancey	2
Out of State	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	14
Alexander	16
Alleghany	5
Anson	92

Ashe	8
Avery	3
Bertie	7
Bladen	6
Brunswick	51
Buncombe	21
Burke	28
Cabarrus	1333
Caldwell	30
Carteret	3
Catawba	3
Chatham	2
Cherokee	3
Clay	1
Cleveland	192
Columbus	11
Craven	12
Cumberland	48
Currituck	1
Dare	2
Davidson	103
Davie	18
Duplin	8
Durham	36
Edgecombe	3
Forsyth	222
Franklin	4
Gaston	1952
Graham	1
Granville	1
Guilford	131
Halifax	1
Harnett	7
Haywood	10
Henderson	11
Hoke	1
Iredell	676
Jackson	1
Johnston	10
Lee	8
Lenoir	3
Lincoln	426



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**

\* 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

### Psychiatric Treatment Days of Care

County of Patient Origin	Psychiatric Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Anson	0	0	0	6	6
Brunswick	0	26	91	464	581
Buncombe	0	0	0	54	54
Burke	0	0	5	10	15
Cabarrus	0	46	83	272	401
Catawba	0	5	3	13	21
Cleveland	0	10	12	31	53
Columbus	0	0	7	22	29
Craven	0	0	0	16	16
Cumberland	0	0	8	22	30
Davidson	0	101	321	153	575
Davie	0	0	4	4	8
Durham	0	0	0	8	8
Edgecombe	0	0	0	2	2
Forsyth	0	11	128	553	692
Gaston	0	3	60	308	371
Gulford	0	0	15	119	134
Harnett	0	0	0	5	5
Haywood	0	0	0	38	38
Hyde	0	0	0	3	3
Iredell	0	10	168	229	407
Johnston	0	0	0	15	15
Lincoln	0	0	28	55	83
Macon	0	0	0	3	3
Mcdowell	0	0	0	35	35
Mecklenburg	0	283	2066	9344	11693
Moore	0	0	0	3	3
New Hanover	0	0	13	69	82
Orange	0	0	0	18	18
Pasquotank	0	0	0	5	5
Person	0	0	0	58	58
Polk	0	0	40	0	40
Randolph	0	23	99	20	142

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					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					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 Residence	No. of Patients
Alamance	1
Alexander	2
Anson	8
Ashe	1
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	1
Forsyth	1
Gaston	187
Granville	1
Guilford	1
Iredell	74
Jackson	1
Lincoln	34
Macon	1
Mcdowell	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	1
Out of State	194
Total No. of Patients	3410

#### Patient Origin - Inpatient Surgical Cases

\* 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.

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

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	2
Lincoln	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

\* Please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The total 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).

County of Residence	No. of Patients
Alamance	4
Alexander	26
Alleghany	7
Anson	89
Ashe	8
Avery	10
Beaufort	1
Brunswick	21
Buncombe	51
Burke	26
Cabarrus	1004
Caldwell	41
Caswell	1
Catawba	210
Chatham	1
Clay	3
Cleveland	192
Columbus	4

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	1
Haywood	10
Henderson	18
Hoke	7
Iredell	785
Jackson	8
Johnston	3
Lee	3
Lenoir	1
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

\* Provide the county of residence for each patient served in your facility.

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

County of Residence	No. of Patients
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



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	1
Mcdowell	8
Mecklenburg	16349
Mitchell	4
Montgomery	11
Moore	8
New Hanover	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

\* 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.**

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 Residence	No. of Patients
Alamance	1
Alexander	5
Anson	8
Brunswick	2
Buncombe	5
Burke	3
Cabarrus	72
Caldwell	3
Catawba	23
Clay	1
Cleveland	13
Davidson	2
Davie	2
Edgecombe	1
Gaston	165
Guilford	1
Iredell	154
Lincoln	65
Mcdowell	2
Mecklenburg	1573
Mitchell	2
Montgomery	1
New Hanover	1
Onslow	1
Orange	2
Randolph	2

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

\* 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.**

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

County of Residence	No. of Patients
Alexander	1
Anson	1
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

## 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:

P O Box 33549  
Charlotte, NC 28233

Facility Site Address:

200 Hawthorne Ln  
Charlotte NC 28204  
Mecklenburg

Has the Facility Mailing Address Changed? No

Has the Facility Site 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

### Administration

- Name of the Administrator: Saad Ehtisham, DHA, FACHE

- Date Hired as Administrator: 03/11/2019

- NC License Number: N/A

- Email: sehtisham@novanthealth.org

Has the Administrator information changed? No

**\* If Yes, please provide the following information.**

### Nursing

- Name of the Director of Nursing: Michael Vaccaro, DNP, MHA/MBA, RN, CENP
- Date Hired as D.O.N.: 10/04/2023
- NC License Number: 152646
- Email: msvaccaro@novanthealth.org

Has the Director of Nursing information changed? No

**\* If Yes, please provide the following information.**

### **Medical Director**

- Name of the Medical Director: Bikki Gautam, MD
- Date Hired as Medical Director: 10/01/2021
- Office Address: 200 Hawthorne Ln Charlotte NC 28204
- Email: bgautam@novanthealth.org

Has the Medical Director information changed? Yes

**\* If Yes, please provide the following information.**

### **Contact for Questions**

Name of the person to contact for any questions regarding this form/facility.

Name: <u>Mitchell Clark</u>	Title: <u>Director of Finance</u>
Email: <u>m.clark@novanthealth.org</u>	Phone: <u>(704) 384-9845</u>

### **Nursing Facility Supplement - Regulatory Information**

Is the facility a Combination Facility, thereby incorporating licensed ACH beds? No

### **Nursing Facility Supplement - Ownership Disclosure**

The name of the Legal Entity with ownership responsibility is in the Owner field below. If the entity is a corporation, then the name should reflect what is on file with the North Carolina Secretary of State (Corporate Office). If the entity is a unit of government, then the name should reflect the unit of government that has ownership responsibility and liability for services offered.

National Provider Identifier (NPI): 1891871901

### **Legal Identity of Licensee**

Owner: The Presbyterian Hospital

Senior Officer: Carl S. Armato Senior Officer Title: \_\_\_\_\_  
Address: 200 Hawthorne Lane Phone: (704) 384-4000  
Charlotte, NC 28204  
Fax: (704) 384-4296  
Email: csarmato@novanthealth.org

### Legal Entity

Legal Entity Is: Not For Profit  
Legal Entity Is: Corporation (CORP)

### Building Owner

If the above entity (partnership, corporation, etc.) does not own the building from which the services are offered, please provide the following information.

Name of Building Owner: Novant Health, Inc  
Business Phone: (336) 718-2023 Email: \_\_\_\_\_  
Fax: (336) 277-1471

### Management Company

If the facility is managed by a company other than the licensee, provide the following information about the Management Company.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

### Parent Company

If this business is a subsidiary of another entity, please identify the parent company below:

Senior Officer: Carl S. Armato Senior Officer Title: President and CEO Novant Health  
Name: Novant Health, Inc Address: 2085 Frontis Plaza Blvd  
Business Phone: (336) 718-2023 Winston-Salem, NC 27103  
Fax: (336) 277-1471

### Nursing Facility Supplement - Nursing Home Bed Information

CMS Certification Number (CCN) : 340053

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.)

No

## 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
1. General Adult Care Home Beds	0
2. Special Care Unit Beds	0
3. 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?

Yes

Was there a change of ownership anytime between October 1, 2023 and September 30, 2024? No

## Nursing Facility Supplement - CCRC Utilization Data

Note: CCRC Utilization does not apply to this Application.

## Nursing Facility Supplement - Nursing Home Utilization Data

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

### Resident Census

\* Important: Report census data for September 30, 2024 only.

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

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

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	0	0
21 - 34 years old	0	0
35 - 54 years old	0	0
55 - 64 years old	0	0
65 - 74 years old	2	3
75 - 84 years old	1	4
85 years old and older	0	2
Sub-total	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



## 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
<b>Beginning Census</b> (Oct 1, 2023)	10	0
<b>Admissions</b> (Oct 1, 2023 - Sept 30, 2024)	240	0
<b>Discharges</b> (excluding deaths) (Oct 1, 2023 - Sept 30, 2024)	238	0
<b>Deaths</b> (Oct 1, 2023 - Sept 30, 2024)	0	0
<b>Total</b> (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
<b>Total</b>	<b>3282</b>

Adult Care Home (ACH)	# of days of care reimbursed
ACH Days reimbursed by Private Pay	0
ACH Days reimbursed by County Special Assistance	0
ACH Days reimbursed by Other	0
<b>Total</b>	<b>0</b>

### 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	B	C
Permanent County of Residence 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	1
Lincoln	1	5
Mecklenburg	4	186
Montgomery	0	2
Other States	2	1
Rowan	1	1
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.

A	B	C
Permanent County of Residence for Individuals Prior to Admission	Living in Facility (Beginning Census) 10/1/2023	Admitted (Admissions) 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

Medicaid - Nursing Home Quarterly Rates			
Oct-Dec	Jan-Mar	Apr-June	July-Sept
0	0	0	0

Medicaid - Nursing Home	Rate
	0
	0

State/County Special Assistance	Rate
Adult Care Home	0
	0
	0

\* Please complete only if applicable:

Special Care Unit-Additional Charge	Rate
Nursing Home	0
Adult Care Home	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 Illness (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, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.
- **Intellectual Disability/Developmental disability (ID/DD)**
- **Alzheimer'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

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### Payment by Mail

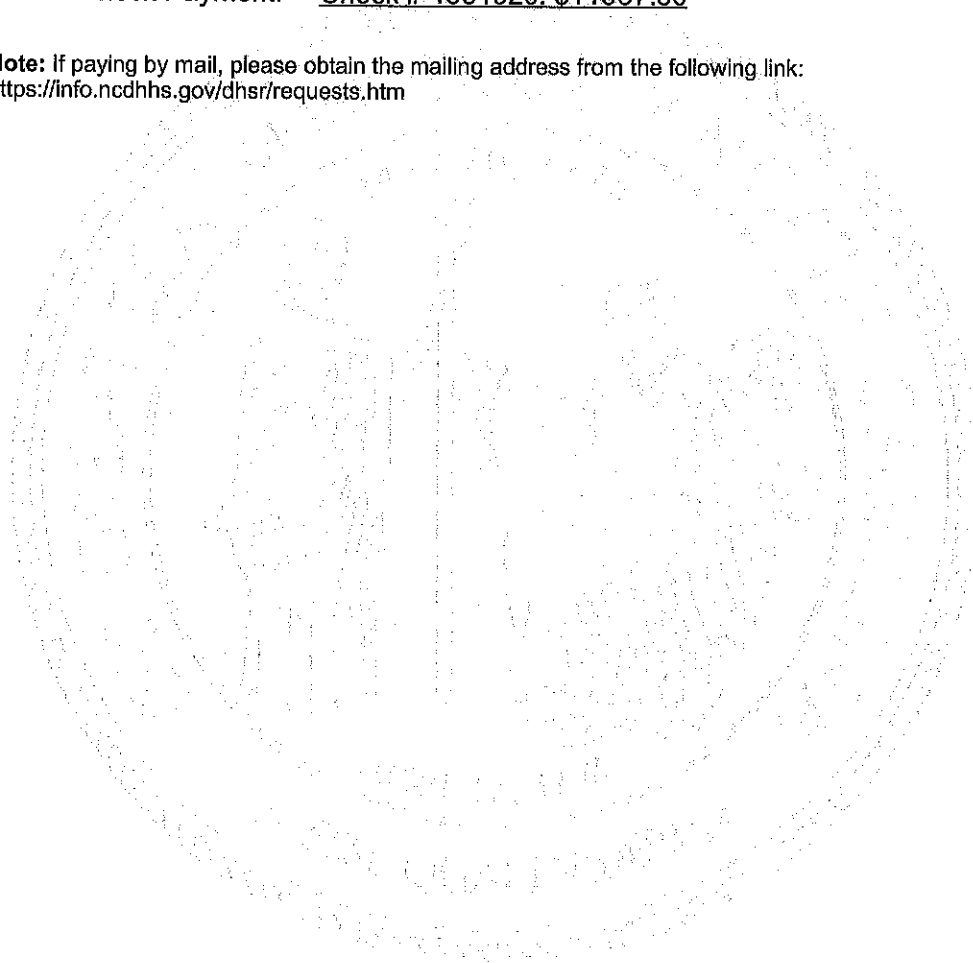
Amount Due: \$11967.50

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

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**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.

☒ I have read and agree to the **Electronic Signature Agreement**.

Name: Saad Ehtisham Date: 01/14/2025

## Uploaded Files

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### 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

