



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

October 13, 2016

Terrill Johnson Harris
300 N. Greene Street, Suite 1400
Greensboro, NC 27401

Exempt from Review

Record #: 2065
Facility Name: Scotland Memorial Hospital and Edwin Morgan Center
FID #: 933446
Business #: 1638
Project Description: Renovate Women's Services area
County: Scotland

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of September 8, 2016 and supplemental information received on October 6, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

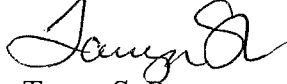
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer

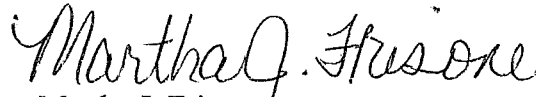


If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Tanya S. Rupp
Project Analyst

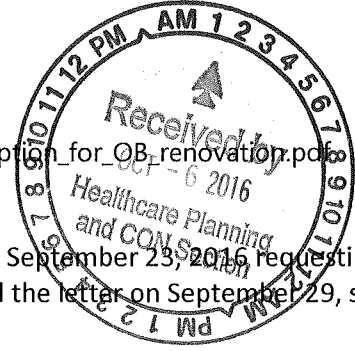


Martha J. Frisone
Assistant Chief Certificate of Need

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

Rupp, Tanya

From: Terri Harris <Terri.Harris@smithmoorelaw.com>
Sent: Thursday, October 06, 2016 12:12 PM
To: Rupp, Tanya
Subject: Scotland Memorial Hospital
Attachments: Scotland_Memorial_ltr_Frisone_re_notice_of_exemption_for_OB_renovation.pdf



Tonya – attached please find my letter and exhibits responding to your letter dated September 23, 2016 requesting additional information about Scotland’s Women’s Services renovations. I received the letter on September 29, so the mail took even longer than I said on the phone.

Thanks.

Terri Harris
Smith Moore Leatherwood LLP
300 North Greene Street, Suite 1400
Greensboro, NC 27401
Direct: 336.378.5383 | vCard
www.smithmoorelaw.com

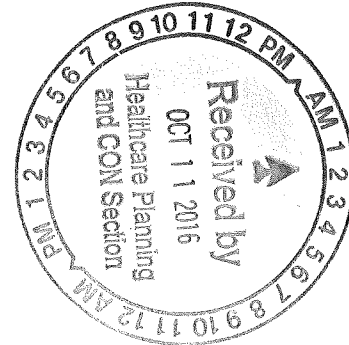
**SMITHMOORE
LEATHERWOOD**
ATTORNEYS AT LAW

This message is directed to and is for the use of the above-noted addressee only, and its contents may be legally privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any distribution, dissemination, or copy of this message is strictly prohibited. If you have received this message in error, please delete it immediately and notify the sender. This message is not intended to be an electronic signature nor to constitute an agreement of any kind under applicable law unless otherwise expressly indicated hereon.

Smith Moore Leatherwood LLP is committed to encouraging sustainable business practices. Please consider the environment before printing this email.

October 6, 2016

Tanya Rupp, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704



Re: **Response to Information Request for Notice of Exemption for Renovation Pursuant to G.S. 131E-184(g)**

Facility: Scotland Memorial Hospital
Project Description: Renovate Women's Services Area
County: Scotland
FID #: 933446

Dear Tanya:

We are writing in response to your request for additional information dated September 23, 2016, related to Scotland's plans to renovate its Women's Services area in its existing main hospital building pursuant to N.C. Gen. Stat. § 131E-184(g). Scotland's responses to your requests are as follows:

1. A copy of the 2016 Hospital License is attached as Exhibit 1.
2. The site of the proposed renovations is the existing, main hospital building. Only the main hospital building will be renovated as part of this project.
3. The site of the proposed renovations is the existing, main hospital building. Only the main hospital building will be renovated as part of this project.
4. A site plan drawn to scale identifying the main hospital building, which is the site of the proposed renovations, is attached as Exhibit 2.
5. Design schematics drawn to scale are attached as Exhibit 3 and show each area to be renovated. There will be no new construction to replace existing space.
6. A detailed capital cost estimate is attached as Exhibit 4 to show the capital costs associated with this project.

Pursuant to N.C. Gen. Stat. §131E-184(g), we request that you confirm in writing that Scotland's renovation of the Women's Services area of its existing, licensed hospital on its main campus is exempt from certificate of need review. Please let me know if you have questions or need any additional information.

Tanya Rupp, Project Analyst
October 6, 2016
Page 2

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP

A handwritten signature in cursive script that reads "Terrill Harris".

Terrill Johnson Harris

Enclosure

cc: Pat Phillips (w/enclosures)

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

*Effective January 01, 2016, this license is issued to
Scotland Memorial Hospital, Inc.*

*to operate a hospital known as
Scotland Memorial Hospital and Edwin Morgan Center
located in Laurinburg, North Carolina, Scotland County.*

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 933446

License Number: H0107

Bed Capacity: 104

General Acute 97, Rehabilitation 7,

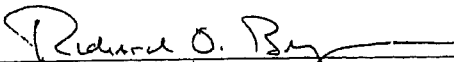
Dedicated Inpatient Surgical Operating Rooms: 1

Dedicated Ambulatory Surgical Operating Rooms: 0

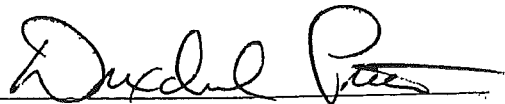
Shared Surgical Operating Rooms: 5

Dedicated Endoscopy Rooms: 2

Authorized by:

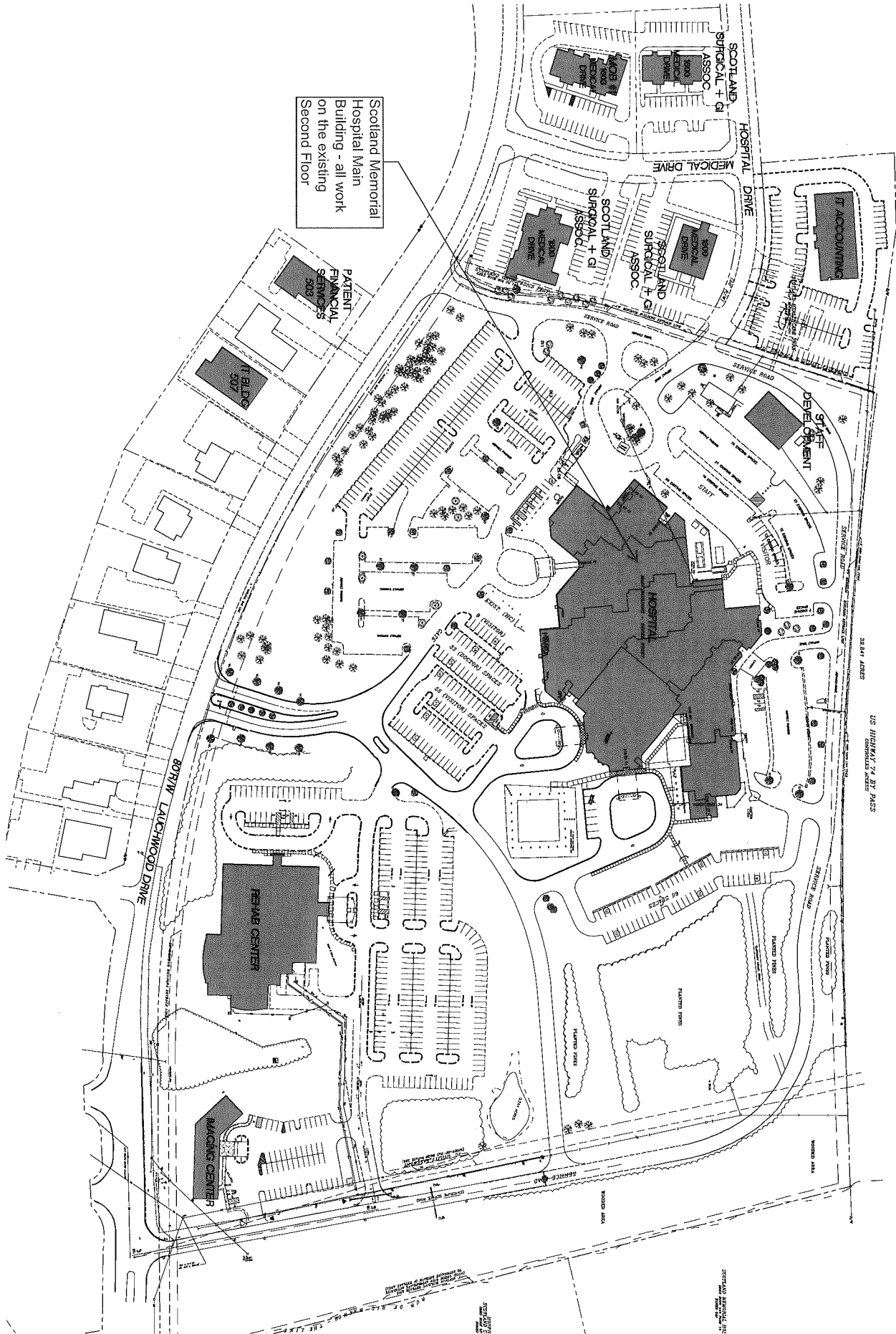


Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation

Exhibit 2



Scotland Memorial Hospital Main Building - all work on the existing Second Floor

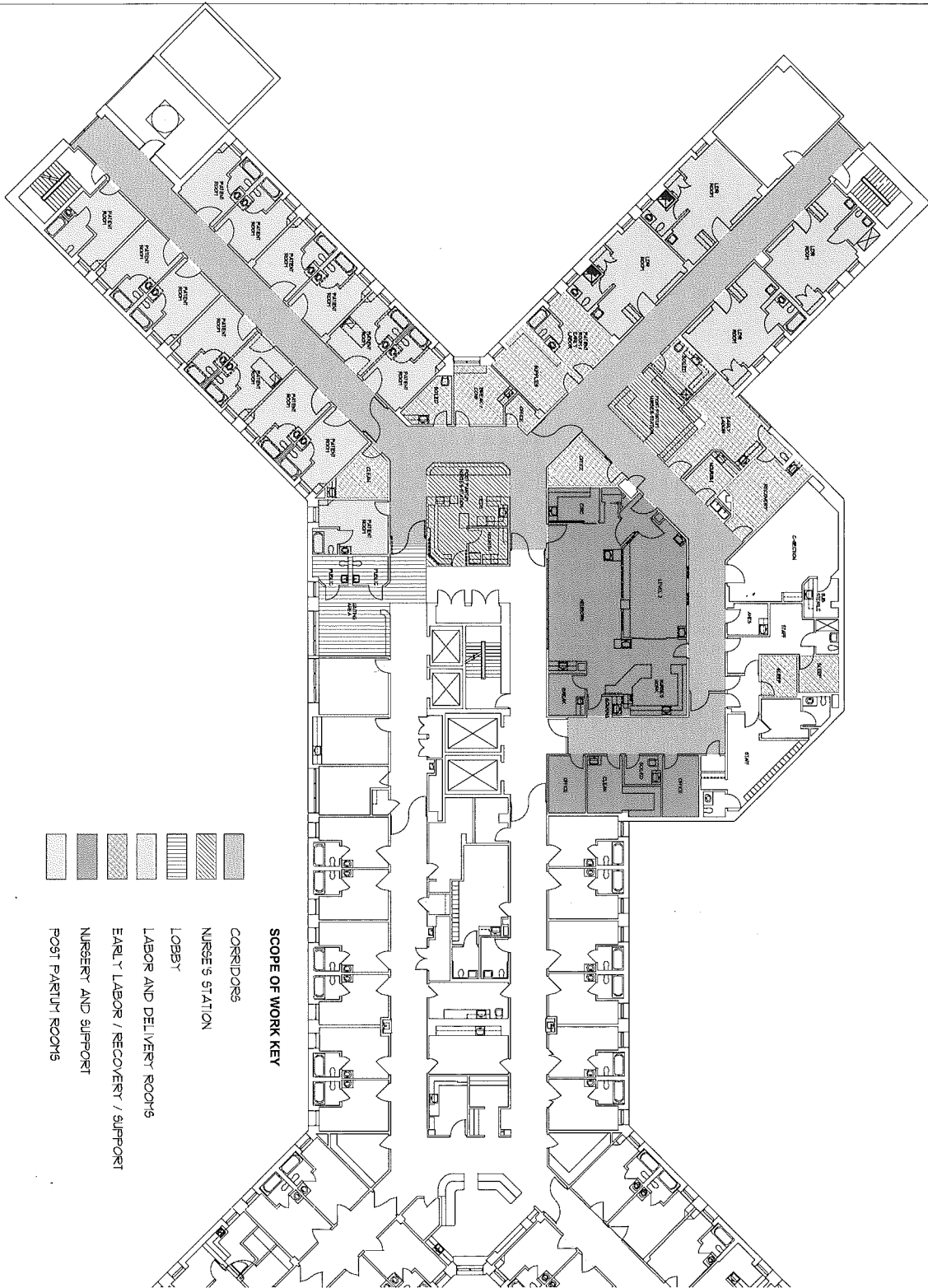
US HIGHWAY 74 BY PASS







32.84 ACRES

32.84 ACRES

32.84 ACRES

Exhibit 3



- SCOPE OF WORK KEY**
-  CORRIDORS
 -  NURSE'S STATION
 -  LOBBY
 -  LABOR AND DELIVERY ROOMS
 -  EARLY LABOR / RECOVERY / SUPPORT
 -  POST PARTUM ROOMS

EXISTING / DEMO PLAN
 SCALE: 1/8" = 1'-0"

AD-1

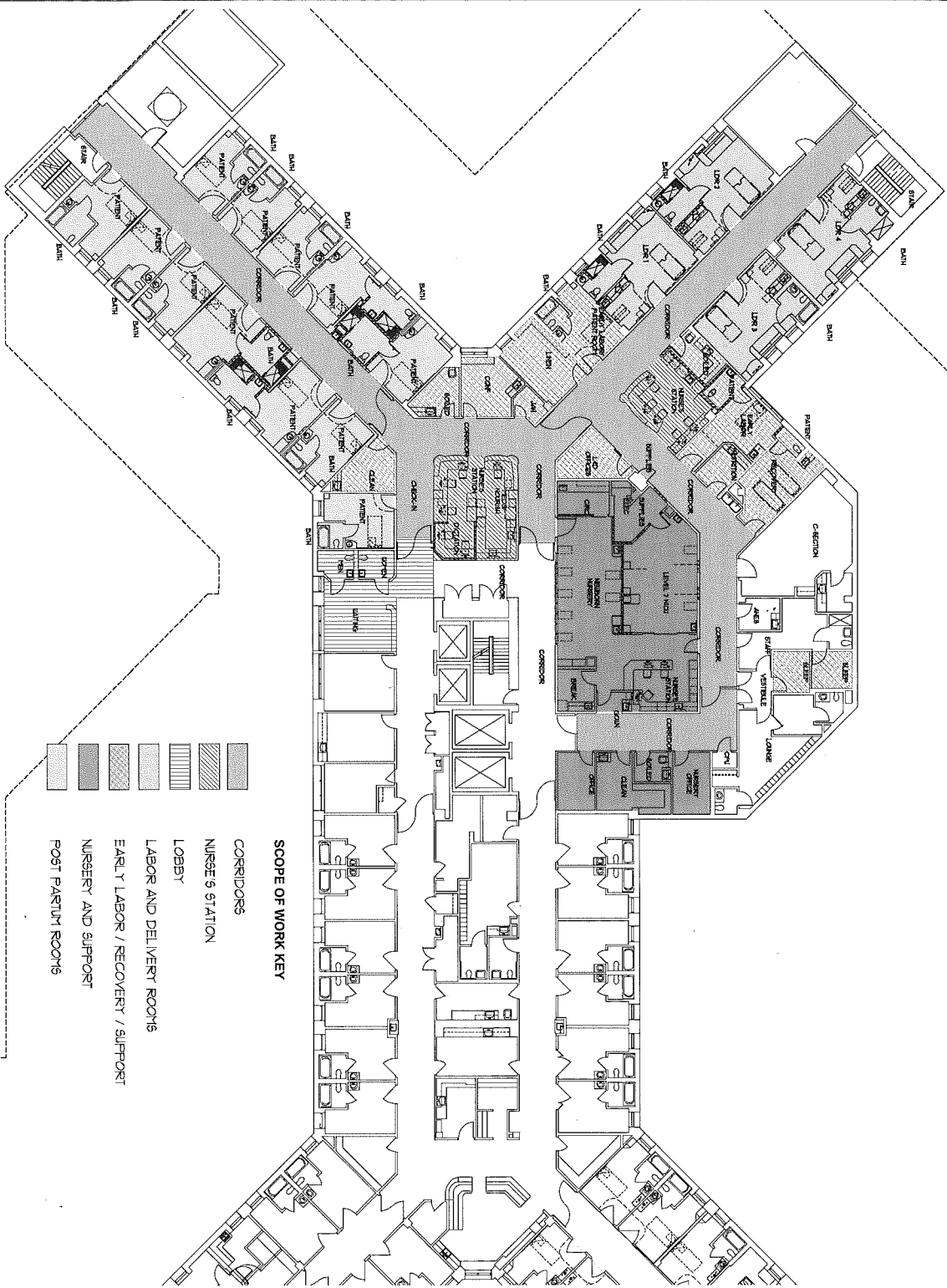
FLOOR PLAN AND DETAILS

REVISIONS
 DATE DESCRIPTION
 SEPTEMBER 20, 2016

SCOTLAND
 MEMORIAL HOSPITAL
 Second Floor Women's Center Renovation



**MCCULLOUGH
 BLENKINSOP
 AND ASSOCIATES
 ARCHITECTS**
 1000 MARKET STREET, SUITE 1000
 MEMPHIS, TN 38102
 (901) 527-1000
 www.mcculloughblenkinsop.com



1 NEW WORK PLAN
 1/8" SCALE 1/4" = 1'-0"

- SCOPE OF WORK KEY**
- CORRIDORS
 - NURSE STATION
 - LOBBY
 - LABOR AND DELIVERY ROOMS
 - EARLY LABOR / RECOVERY / SUPPORT
 - NURSERY AND SUPPORT
 - POST PARTUM ROOMS

A-1.0

FLOOR PLAN
 AND DETAILS

DATE: 7/2012
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 APPROVED BY: [Name]
 DATE: SEPTEMBER 30, 2010

SCOTLAND
 MEMORIAL HOSPITAL

Second Floor Women's Center Renovation



REGISTERED ARCHITECT
 REGISTERED PROFESSIONAL ENGINEER
 ARCHITECTS

Exhibit 4

PROPOSED CAPITAL COSTS

Project Name: Women's Services Renovations

Proponent: Scotland Memorial Hospital

A. Site Costs

(1)	Full purchase price of land	\$ _____
	Acres _____ Price per Acre	\$ _____
(2)	Closing costs	\$ _____
(3)	Site Inspection and Survey	\$ _____
(4)	Legal fees and subsoil investigation.	\$ _____
(5)	Site Preparation Costs	\$ _____
	Soil Borings	\$ _____
	Clearing-Earthwork	\$ _____
	Fine Grade For Slab	\$ _____
	Roads-Paving	\$ _____
	Concrete Sidewalks	\$ _____
	Water and Sewer	\$ _____
	Footing Excavation	\$ _____
	Footing Backfill	\$ _____
	Termite Treatment	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Site Preparation Costs	\$ _____
(6)	Other (Specify)	\$ _____
(7)	Sub-Total Site Costs	\$ N/A

B. Construction Contract

(8)	Cost of Materials	
	General Requirements	<u>130,800</u>
	Concrete/Masonry	<u>319,010</u>
	Woods/Doors & Windows/Finishes	<u>17,000</u>
	Thermal & Moisture Protection	<u>25,000</u>
	Equipment/Specialty Items	<u>509,200</u>
	Mechanical/Electrical	<u> </u>
	Other (Specify)	<u> </u>
	Sub-Total Cost of Materials	\$ 1,001,000
(9)	Cost of Labor	\$ 913,990
(10)	Other (Specify)	\$ _____
(11)	Sub-Total Construction Contract	\$ 1,915,000

C. Miscellaneous Project Costs

(12)	Building Purchase	\$ <u>0</u>
(13)	Fixed Equipment Purchase/Lease	\$ _____
(14)	Movable Equipment Purchase/Lease	\$ <u>163,000</u>
(15)	Furniture	\$ <u>237,000</u>
(16)	Landscaping	\$ _____
(17)	Consultant Fees	\$ _____

	Architect and Engineering Fees	\$ 172,805
	Legal Fees	\$ 3,000
	Market Analysis	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Consultant Fees	\$ _____
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____
(19)	Interest During Construction	\$ _____
(20)	Other (Specify) <u>Contingency</u>	\$ 235,780
(21)	Sub-Total Miscellaneous	\$ 811,585
(22)	Total Capital Cost of Project (Sum A-C above)	\$2,726,585

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Ellen Handlich License # 6063
 (Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Robert B. [Signature] SUP OF OPERATIONS
 (PropONENT - Signature of Officer) (Title of Officer)

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2016, this license is issued to
Scotland Memorial Hospital, Inc.*

*to operate a hospital known as
Scotland Memorial Hospital and Edwin Morgan Center
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*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 933446

License Number: H0107

Bed Capacity: 104

General Acute 97, Rehabilitation 7,

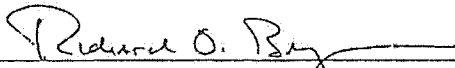
Dedicated Inpatient Surgical Operating Rooms: 1

Dedicated Ambulatory Surgical Operating Rooms: 0

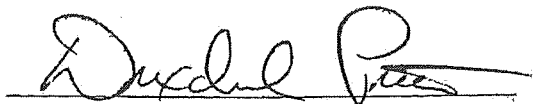
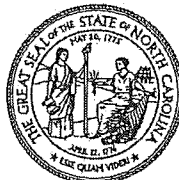
Shared Surgical Operating Rooms: 5

Dedicated Endoscopy Rooms: 2

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation

Exhibit 2

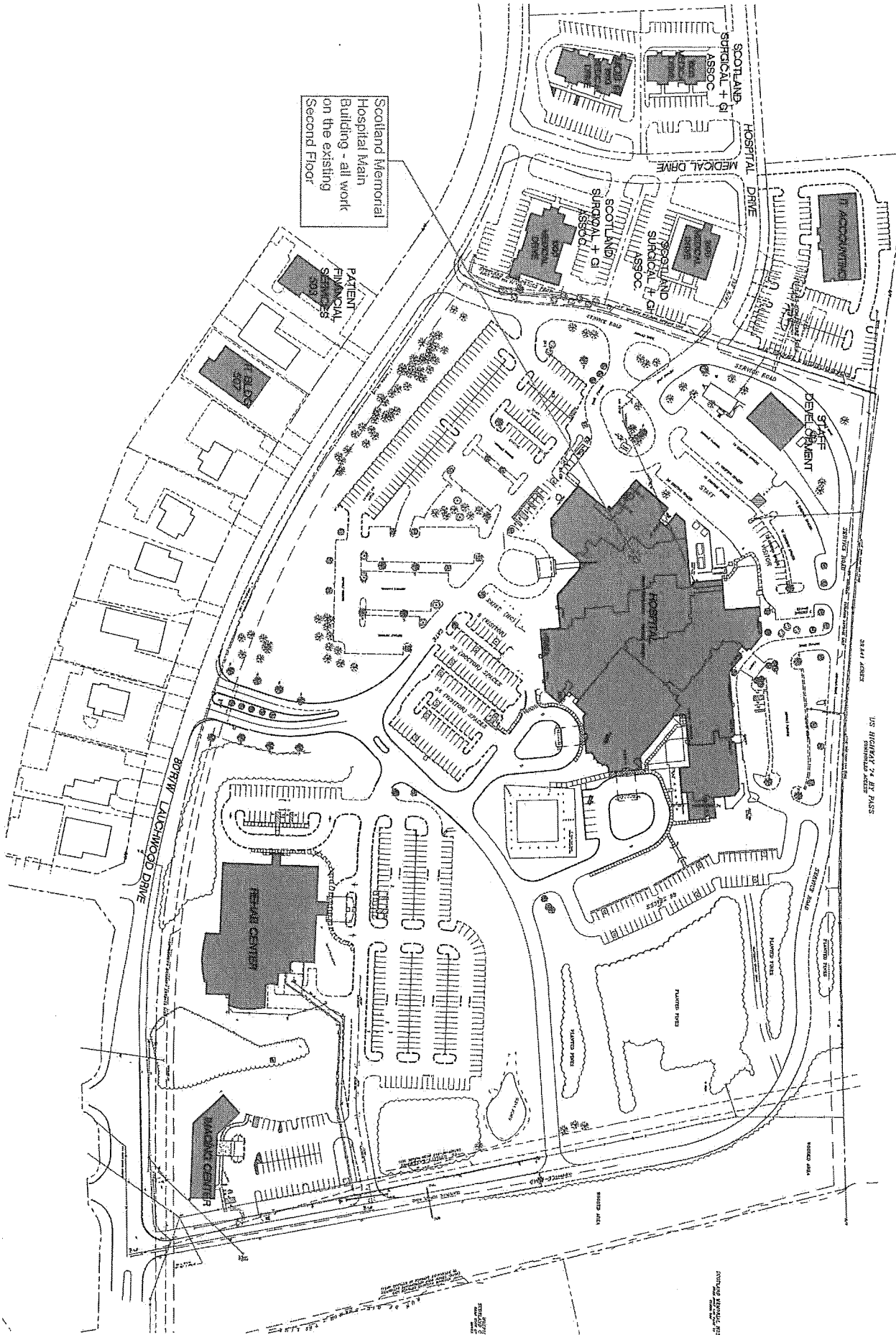
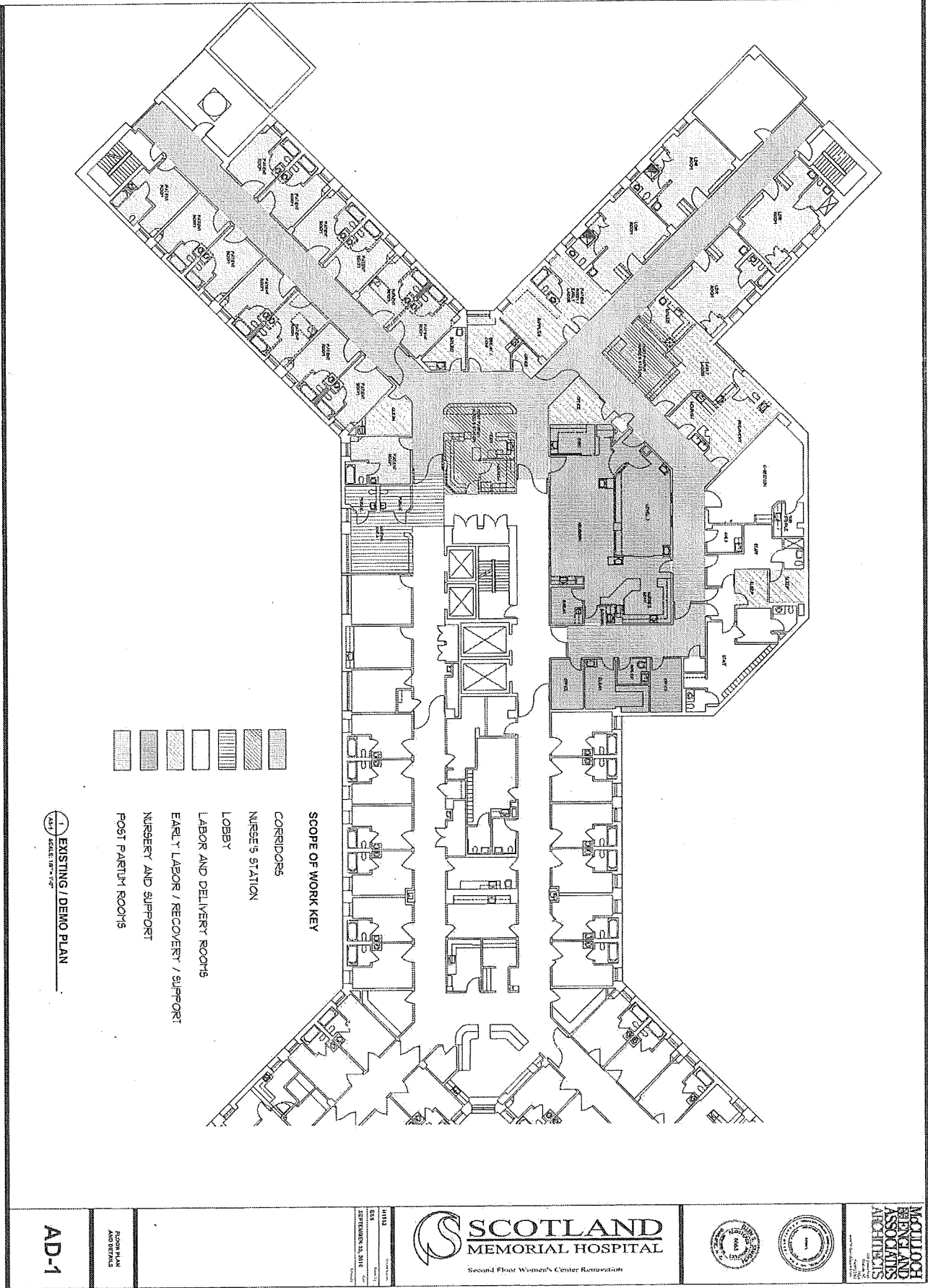
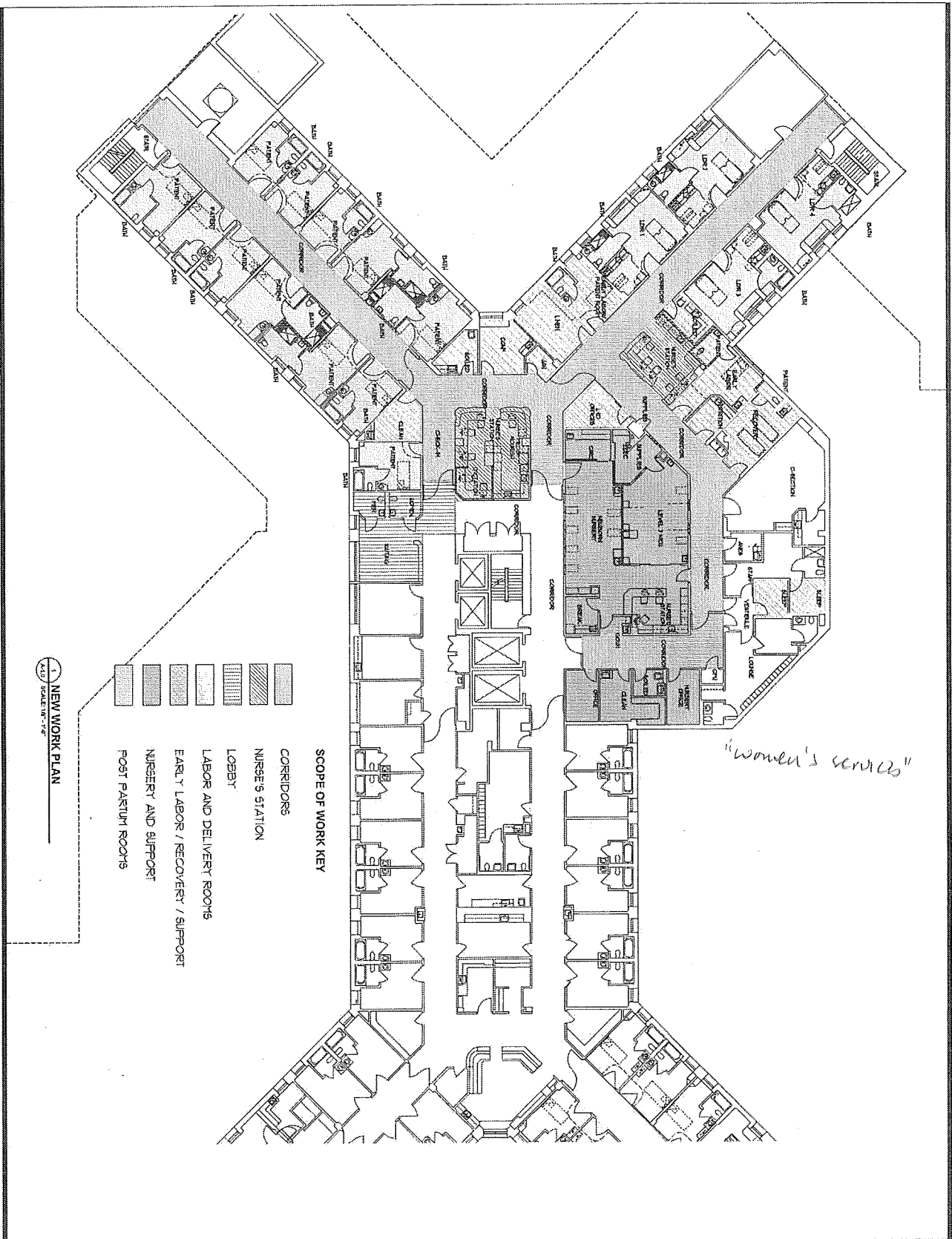









Exhibit 3





1 NEW WORK PLAN
 1/8" SCALE: 1/8" = 1'-0"

- SCOPE OF WORK KEY**
-  CORRIDORS
 -  NURSE'S STATION
 -  LOBBY
 -  LABOR AND DELIVERY ROOMS
 -  EARLY LABOR / RECOVERY / SUPPORT
 -  NURSERY AND SUPPORT
 -  POST PARTUM ROOMS

women's services

Exhibit 4

PROPOSED CAPITAL COSTS

Project Name: Women's Services Renovations

Proponent: Scotland Memorial Hospital

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	Clearing-Earthwork	\$ _____
	Fine Grade For Slab	\$ _____
	Roads-Paving	\$ _____
	Concrete Sidewalks	\$ _____
	Water and Sewer	\$ _____
	Footing Excavation	\$ _____
	Footing Backfill	\$ _____
	Termite Treatment	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Site Preparation Costs	\$ _____
(6)	Other (Specify)	\$ _____
(7)	Sub-Total Site Costs	\$ N/A

B. Construction Contract

(8)	Cost of Materials	
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	Concrete/Masonry	<u>319,010</u>
	Woods/Doors & Windows/Finishes	<u>17,000</u>
	Thermal & Moisture Protection	<u>25,000</u>
	Equipment/Specialty Items	<u>509,200</u>
	Mechanical/Electrical	<u>1,001,000</u>
	Other (Specify)	<u>913,990</u>
	Sub-Total Cost of Materials	<u>\$ 1,001,000</u>
(9)	Cost of Labor	<u>\$ 913,990</u>
(10)	Other (Specify)	\$ _____
(11)	Sub-Total Construction Contract	\$ 1,915,000

C. Miscellaneous Project Costs

(12)	Building Purchase	\$ <u>0</u>
(13)	Fixed Equipment Purchase/Lease	\$ _____
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(15)	Furniture	\$ <u>237,000</u>
(16)	Landscaping	\$ <u>0</u>
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	Architect and Engineering Fees	\$ 172,805
	Legal Fees	\$ 3,000
	Market Analysis	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Consultant Fees	\$ _____
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____
(19)	Interest During Construction	\$ _____
(20)	Other (Specify) <u>Contingency</u>	\$ 235,780
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(22)	Total Capital Cost of Project (Sum A-C above)	\$2,726,585

I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.

Ellen Sandlin

License # 6063

(Signature of Licensed Architect or Engineer)

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Patricia B. [Signature]

SUP OF OPERATIONS
(Title of Officer)

(Proprietor - Signature of Officer)



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne, Director
Health Service Regulation

September 23, 2016

Terrill Johnson Harris
300 N. Greene Street, Suite 1400
Greensboro, NC 27401

Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility: Scotland Memorial Hospital
Project Description: Renovate Women's Services Area
County: Scotland
FID #: 933446

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated September 8, 2016 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(g).

Provide a written response to each of the following.

1. A copy of the health service facility's current license.
2. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.
3. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.
4. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.
5. Design schematics drawn to scale showing:
 - a. each area to be renovated; and
 - b. each area of new construction that replaces existing space.
6. Detailed documentation of the capital costs associated with the project.

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer





300 N. Greene Street
Suite 1400
Greensboro, NC 27401

September 8, 2016

Martha Frisone, Assistant Chief of CON
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Via E-Mail and U.S. Mail

1638
2065 NR

Re: Scotland Memorial Hospital – Notice of Exemption for Renovation of Women’s Services Area

Dear Martha:

We are writing on behalf of Scotland Memorial Hospital, Inc. (“Scotland”) to give prior written notice that Scotland plans to renovate its existing Women’s Services area on the same site pursuant to N.C. Gen. Stat. § 131E-184(g).

As shown in its 2016 License Renewal Application, which is attached as Exhibit A, Scotland is located at 500 Lauchwood Drive, Laurinburg, North Carolina, and this location is the main campus for the licensed health service facility. Gregory C. Wood is the President and Chief Executive Officer, and his office is located at Scotland. His role includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

The proposed renovations to Scotland’s Women’s Services area are designed to modernize the area, improve the operational flow, and enhance patient experience and quality. The last renovation in this area of the hospital was completed over 20 years ago, in 1994. Additionally, we anticipate that the renovations will help us recruit new obstetrics (“OB”) physicians to our community. Scotland currently has 18 OB beds, a normal newborn nursery, and two Level II neonatal beds as well as nurses’ stations and other support space. All these areas will be renovated. The proposed renovations will not increase the number of licensed beds.

The total cost to Scotland for the Women’s Services area renovations will exceed \$2 million and is currently estimated to be \$2.7 million, which includes the cost of design, construction, furniture, fixtures, and other miscellaneous costs such as move management and a contingency.

Martha Frisone, Assistant Chief of CON
September 8, 2016
Page 2

The project does not include a change in bed capacity, the addition of a health service facility, an increase in the number of operating rooms or gastrointestinal endoscopy rooms, the acquisition of major medical equipment, or any other new institutional health service.

Pursuant to N.C. Gen. Stat. §131E-184(g), we request that you confirm in writing that Scotland's renovation of the Women's Services area of its existing, licensed hospital on its main campus is exempt from certificate of need review. Please let me know if you have questions or need any additional information.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP



Terrill Johnson Harris

Enclosure

cc: Pat Phillips (w/enclosure)

Exhibit A

JAN 04 2016

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

For Official Use Only
License # H0107 Medicare # 340008
FID #: 933446
PC LJ Date 1/6/16
License Fee: \$2,270.00

2016
HOSPITAL LICENSE
RENEWAL APPLICATION

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

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

PRIMARY: Scotland Memorial Hospital and Edwin Morgan Center
Other: _____
Other: _____

Facility Mailing Address: 500 Lauchwood Drive
Laurinburg, NC 28352

Facility Site Address: 500 Lauchwood Drive
Laurinburg, NC 28352
County: Scotland
Telephone: (910)291-7000
Fax: (910)291-7029

Administrator/Director: Gregory C Wood
Title: President & CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Gregory C. Wood Title: President & CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:
Name: Matthew D. Pracht Telephone: (910)291-7920
E-Mail: matt.pracht@scotlandhealth.org

PAID
CK NO. 228574
DATE 1-5-16
\$2,270

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

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

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

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

www.scotlandhealth.org

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

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

http://www.scotlandhealth.org/getpage.php?name=charity

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

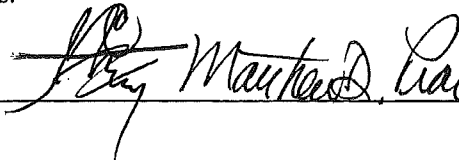
Feel free to email the copy of the facility's charity care policy to:

DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H. Responses for Period 10-1-2013 to 9-30-2014

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
\$ 471,941	\$ 1,948,460	\$ 5,299,190	\$ 4,133,369

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

Signature:  Date: 12-29-2015

PRINT NAME OF APPROVING OFFICIAL Matthew D. Pracht

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

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

Primary National Provider Identifier (NPI) registered at NPPES 1457345597

If facility has more than one "Primary" NPI, please provide 1902890742

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

List Name(s) of facilities:	Address:	Type of Business / Service:
<i>See attachment</i>		

Please attach a separate sheet for additional listings

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

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

Type of Health Care Facilities under the Hospital License

List Name(s) of Facilities	Address	Type of Business/Service
Maxton Family Practice Center	1001 Dr. Martin King, Jr. Dr. Maxton, NC 28364	Rural Clinic
Marlboro Family Practice	957 Cheraw Street Bennettsville, SC 29512	Primary Care Center
Scotland Urgent Care Center	500 Lauchwood Drive Laurinburg, NC 28352	Rural Clinic
Wagram Family Practice Center	24420 Marlboro Street Wagram, NC 28396	Primary Care Center
Pembroke Family Practice Center	410-D South Jones Street Pembroke, NC 28372	Rural Clinic
Harris Family Practice	700-A Progress Place Laurinburg, NC 28352	Primary Care Center
Marlboro OB/Gyn, P.A.	1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512	Single Specialty Practitioner
Scotland Surgical & GI	1600 Medical Drive Laurinburg, NC 28352	Single Specialty Practitioner
Carolinas Vascular/Laurinburg Urology	521 Lauchwood Drive Laurinburg, NC 28352	Multiple Specialty Practice

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

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

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

Owner: Scotland Memorial Hospital Inc
Street/Box: 500 Lauchwood Drive
City: Laurinburg State: NC Zip: 28352
Telephone: (910)291-7000 Fax: (910)291-7029
CEO: Gregory C. Wood, President & CEO

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

If 'Yes', name of Health System*: Scotland Health Care System
* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: Gregory C. Wood

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

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

If "YES", name of building owner:

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

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

Name: Carolinas Healthcare System
Street/Box: 1000 Blythe Blvd
City: Charlotte State: NC Zip: 28203
Telephone: (704)355-2000

3. Vice President of Nursing and Patient Care Services:

Sherrie Moore RN, BSN

4. Director of Planning: Gray Mills

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

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

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

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1845
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	66	66	***14957 13845
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	2	2	** 731
m. Obstetric (including LDRP)	18	18	1809
n. Oncology			
o. Orthopedics			
p. Pediatric	3	3	101
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	97	97	19443 18331
2. Comprehensive In-Patient Rehabilitation	7	7	1112
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	104	104	20555 19443

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

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

D. Beds by Service (Inpatient) continued

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

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	838	11540	4536	115	81
Medicare & Medicare Managed Care	10531	12442	35436	617	1464
Medicaid	4469	20116	13659	364	550
Commercial Insurance	389	4254	5958	33	119
Managed Care	1905	5954	13853	254	771
Other (Specify)	199	669	2418	13	33
TOTAL	18331	54975	75860	1396	3018

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	646
b. Live births (Cesarean Section)	290
c. Stillbirths	4

d. Delivery Rooms - Delivery Only (not Cesarean Section)	4
e. Delivery Rooms - Labor and Delivery, Recovery	5
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	16

2. Abortion Services

Number of procedures per Year 0
 (Feel free to footnote the type of abortion procedures reported)

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

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

- a. Total Number of ED Exam Rooms: 33. Of this total, how many are:
- a.1. # Trauma Rooms 2
 - a.2 # Fast Track Rooms 7
 - a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 54,975
- c. Total Number of admits from the ED for reporting period: 3582
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

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

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

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

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

- a. Blood Bank/Transfusion Services Yes No
- b. Histopathology Laboratory Yes No
- c. HIV Laboratory Testing Yes No
 Number during reporting period
 HIV Serology 925
 HIV Culture NA
- d. Organ Bank Yes No
- e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic	<u>0</u>	f. Kidney/Liver	<u>0</u>	k. Lung	<u>0</u>
b. Bone Marrow-Autologous	<u>0</u>	g. Liver	<u>0</u>	l. Pancreas	<u>0</u>
c. Cornea	<u>0</u>	h. Heart/Liver	<u>0</u>	m. Pancreas/Kidney	<u>0</u>
d. Heart	<u>0</u>	i. Heart/Kidney	<u>0</u>	n. Pancreas/Liver	<u>0</u>
e. Heart/Lung	<u>0</u>	j. Kidney	<u>0</u>	o. Other	<u>0</u>

Do you perform living donor transplants? Yes No.

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

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

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	494	
4. Number of Procedures* Performed in Mobile Units	0	
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72; 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	0	
6. Number of Procedures on Dedicated EP Equipment	0	

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

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: 0 8-hour days per week.

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

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

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

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

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

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

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

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

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

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

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

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	57	1093	67	1185
Non-GI Endoscopy	0	0	0	0
Totals	57	1093	67	1185

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

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

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

(Campus – If multiple sites: _____)

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	2
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	23
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	77
42820	Tonsillectomy and adenoidectomy; younger than age 12	101
42830	Adenoidectomy, primary; younger than age 12	42
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	6
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	96
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	0
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	22
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	17
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	64
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	12
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	46
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	10
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	436
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	56

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

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 7.(b) 4.)	0	
General Surgery	482	609
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	106	285
Ophthalmology	0	474
Oral Surgery	0	2
Orthopedics	488	850
Otolaryngology	3	347
Plastic Surgery	0	0
Urology	1	153
Vascular	61	280
Other Surgeries (specify)	0	0
Other Surgeries (specify)	0	18
Number of C-Section's Performed in Dedicated C-Section ORs	254	
Number of C-Section's Performed in Other ORs	1	
Total Surgical Cases Performed Only in Licensed ORs	1396	3018

e) Non-Surgical Cases by Category Table

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

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	2
Cystoscopy	16	37
Non-GI Endoscopies (not reported in 8. c)	0	0
GI Endoscopies (not reported in 8. c)	0	0
YAG Laser	0	0
Other (specify)	—	—
Other (specify)	—	—
Other (specify)	—	—
Total Non-Surgical Cases	16	39

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

Imaging Procedures

(Campus – If multiple sites: _____)

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

an outpatient setting

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	5012
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	230
71010	Radiologic examination, chest; single view, frontal	9463
71020	Radiologic examination, chest; two views, frontal and lateral	4497
71260	Computed tomography, thorax; with contrast material(s)	882
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	754
72100	Radiologic examination, spine, lumbosacral; two or three views	1054
72110	Radiologic examination, spine, lumbosacral; minimum of four views	783
72125	Computed tomography, cervical spine; without contrast material	1569
73030	Radiologic examination, shoulder; complete, minimum of two views	1403
73110	Radiologic examination, wrist; complete, minimum of three views	770
73130	Radiologic examination, hand; minimum of three views	1475
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	810
73564	Radiologic examination, knee; complete, four or more views	561
73610	Radiologic examination, ankle; complete, minimum of three views	1309
73630	Radiologic examination, foot; complete, minimum of three views	1656
74000	Radiologic examination, abdomen; single anteroposterior view	748
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	576
74176	Computed tomography, abdomen and pelvis; without contrast material	2286
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3736

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

(Campus – If multiple sites: _____)

9. Average Operating Room Availability and Average Case Times:

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average “Case Time” ** in Minutes for Inpatient Cases	Average “Case Time” ** in Minutes for Ambulatory Cases
8.3	255	123	82

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

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

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

2 rooms X 8 hours = 16 hours per day
 plus
 2 rooms X 10 hours = 20 hours per day
 equals 36 hours per day total

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

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

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

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

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

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o		4	4
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		12	12
70544	MRA Head w/o	46	62	108
70545	MRA Head with contrast	1		1
70546	MRA Head w/o & with			
70547	MRA Neck w/o	5	13	18
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	1	2	3
70551	MRI Brain w/o	148	354	502
70552	MRI Brain with contrast		5	5
70553	MRI Brain w/o & with	29	231	260
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	17	350	367
72142	MRI Cervical Spine with contrast		2	2
72156	MRI Cervical Spine w/o & with	4	38	42
72146	MRI Thoracic Spine w/o	4	63	67
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	2	13	15
72148	MRI Lumbar Spine w/o	11	785	796
72149	MRI Lumbar Spine with contrast		4	4
72158	MRI Lumbar Spine w/o & with	4	78	82
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	4	25	29
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	1	19	20
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		12	12
73219	MRI Upper Ext, other than joint with contrast		1	1
Subtotals for this page		277	2073	2350

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

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

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
51	278	329	517	2137	2654	2983

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

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

10c. Fixed MRI

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

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

10d. Mobile MRI

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

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

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

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

Name of Mobile Provider: _____

10e. Other MRI

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

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

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

10f. Computed Tomography (CT)

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

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	8216	X	1.00	=	8216
2	Head with contrast	350	X	1.25	=	437.5
3	Head without and with contrast	104	X	1.75	=	182
4	Body without contrast	3991	X	1.50	=	5986.5
5	Body with contrast	6671	X	1.75	=	11674.25
6	Body without contrast and with contrast	217	X	2.75	=	596.75
7	Biopsy in addition to body scan with or without contrast	84	X	2.75	=	231
8	Abscess drainage in addition to body scan with or without contrast	14	X	4.00	=	56

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

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

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

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1	0	163	163
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	4	941	7171	8112
Mammography equipment	2	0	6295	6295
Bone Density Equipment	1	0	736	736
Fixed X-ray Equipment (excluding fluoroscopic)	6	5795	31878	37673
Fixed Fluoroscopic X-ray Equipment	3	133	859	992
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	1	85	295	380
Mobile SPECT				
Vendor:				
Gamma Camera	1	53	684	737
Mobile Gamma Camera				
Vendor:				

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

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	66	66

Lithotripsy Vendor/Owner:
Catawba Valley Medical Center

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

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	-
77402	Radiation treatment delivery (<=5 MeV)	48
77403	Radiation treatment delivery (6-10 MeV)	-
77404	Radiation treatment delivery (11-19 MeV)	-
77406	Radiation treatment delivery (>=20 MeV)	-
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	-
77408	Radiation treatment delivery (6-10 MeV)	-
77409	Radiation treatment delivery (11-19 MeV)	1
77411	Radiation treatment delivery (>=20 MeV)	-
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	1874
77413	Radiation treatment delivery (6-10 MeV)	437
77414	Radiation treatment delivery (11-19 MeV)	306
77416	Radiation treatment delivery (>= 20 MeV)	-
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery ^{simple} 77385 / ^{complex} 77386	1115
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	-
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	-
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	-
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	-
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	-
	Pediatric Patient under anesthesia	-
	Neutron and proton radiation therapy	-
	Limb salvage irradiation	-
	Hemibody irradiation	-
	Total body irradiation	-
Imaging Procedures Not Included Above		1164
77417	Additional field check radiographs	415
Total Procedures – Linear Accelerators		5360
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®)	
Total Procedures – Gamma Knife®		0

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

11. Linear Accelerator Treatment Data *continued*

a. Number of <u>patients</u> who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. . # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)
b. Linear Accelerators 1. TOTAL number of Linear Accelerator(s) <u>1</u> 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery <u>0</u> 3. Of the TOTAL number above, Number of CyberKnife® Systems: <u>0</u> Other specialized linear accelerators <u>0</u> Identify Manufacturer of Equipment <u>Elekta</u>
c. Number of Gamma Knife® units <u>0</u>
d. Number of <u>treatment</u> simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) _____

12. Telemedicine

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

13. Additional Services:

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

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

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

13. Additional Services: *continued*

b) Hospice Inpatient Unit Data:

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 Facility. **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
Out of State										
Total All Ages										

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

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

3. Director of the above services.

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

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

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

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

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

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

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

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

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

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

Patient Origin - General Acute Care Inpatient Services

Facility County: Scotland

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	2	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	4	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	138
6. Avery		42. Halifax		78. Robeson	1535
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen	3	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke	25	83. Scotland	2442
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	3	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham	2	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg	3	96. Wayne	1
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	12	62. Montgomery	2	98. Wilson	1
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	3		
30. Davie		66. Northampton		101. Georgia	2
31. Duplin	2	67. Onslow		102. South Carolina	861
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe	1	69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	9
35. Franklin		71. Pender		106. Other	11
36. Gaston	3	72. Perquimans		Total No. of Patients	5078

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

Patient Origin – Inpatient Surgical Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	49
6. Avery		42. Halifax		78. Robeson	465
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke	6	83. Scotland	589
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	1
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	5	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	1	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	1
31. Duplin	2	67. Onslow		102. South Carolina	267
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1396

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

Patient Origin – Ambulatory Surgical Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	141
6. Avery		42. Halifax		78. Robeson	922
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	5	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke	10	83. Scotland	1346
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus	4	60. Mecklenburg	2	96. Wayne	1
25. Craven	2	61. Mitchell		97. Wilkes	1
26. Cumberland	6	62. Montgomery	1	98. Wilson	1
27. Currituck		63. Moore	8	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	548
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth	1	70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	3018

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

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond.	30
6. Avery		42. Halifax		78. Robeson	377
7. Beaufort		43. Harnett		79. Rockingham	30
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	5	83. Scotland	575
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	1
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	4	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	186
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1185

All responses should pertain to October 1, 2013 through September 30, 2014.

Patient Origin - Psychiatric and Substance Abuse

Facility County: **Scotland**

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

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

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2016 Renewal Application for Hospital:
Scotland Memorial Hospital and Edwin Morgan Center

License No: **H0107**
 Facility ID: **933446**

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

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

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2016 Renewal Application for Hospital:
Scotland Memorial Hospital and Edwin Morgan Center

License No: **H0107**
 Facility ID: **933446**

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

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

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

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

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

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

Patient Origin - MRI Services

Facility County: **Scotland**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	3	40. Greene		76. Randolph	2
5. Ashe		41. Guilford	1	77. Richmond	112
6. Avery		42. Halifax		78. Robeson	933
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	14	83. Scotland	1265
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	3	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	13	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	14	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	4		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	1	102. South Carolina	392
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	9
36. Gaston	1	72. Perquimans		Total No. of Patients	2781

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

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

Patient Origin – Linear Accelerator Treatment

Facility County: **Scotland**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	27
7. Beaufort		43. Harnett		79. Rockingham	45
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	3	83. Scotland	89
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	1	67. Onslow		102. South Carolina	39
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	207

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

Patient Origin – PET Scanner

Facility County: **Scotland**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	20
6. Avery		42. Halifax		78. Robeson	44
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	69
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	30
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	163

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Patient Origin – Emergency Department Services

Facility County: Scotland

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

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	11	37. Gates		73. Person	2
2. Alexander		38. Graham		74. Pitt	3
3. Alleghany	1	39. Granville		75. Polk	
4. Anson	13	40. Greene		76. Randolph	10
5. Ashe		41. Guilford	37	77. Richmond	1055
6. Avery	4	42. Halifax		78. Robeson	20000
7. Beaufort		43. Harnett	15	79. Rockingham	9
8. Bertie		44. Haywood	3	80. Rowan	10
9. Bladen	23	45. Henderson	2	81. Rutherford	2
10. Brunswick	20	46. Hertford		82. Sampson	19
11. Buncombe	4	47. Hoke	361	83. Scotland	24490
12. Burke	3	48. Hyde		84. Stanly	5
13. Cabarrus	17	49. Iredell	7	85. Stokes	1
14. Caldwell	1	50. Jackson	4	86. Surry	1
15. Camden		51. Johnston	19	87. Swain	4
16. Carteret	13	52. Jones	2	88. Transylvania	
17. Caswell		53. Lee	11	89. Tyrrell	
18. Catawba	2	54. Lenoir	4	90. Union	22
19. Chatham	11	55. Lincoln	2	91. Vance	8
20. Cherokee		56. Macon		92. Wake	23
21. Chowan	2	57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	4	59. McDowell	5	95. Watauga	1
24. Columbus	25	60. Mecklenburg	55	96. Wayne	16
25. Craven	7	61. Mitchell		97. Wilkes	
26. Cumberland	203	62. Montgomery	8	98. Wilson	5
27. Currituck		63. Moore	93	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson	10	65. New Hanover	17	101. Georgia	16
30. Davie	1	66. Northampton	2	102. South Carolina	7828
31. Duplin	4	67. Onslow		103. Tennessee	5
32. Durham	8	68. Orange	27	104. Virginia	32
33. Edgecombe	5	69. Pamlico	5	105. Other States	79
34. Forsyth	6	70. Pasquotank		106. Other	235
35. Franklin	1	71. Pender	4	Total No. of Patients	54975
36. Gaston	11	72. Perquimans			


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

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

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

Signature:  Date: 12/29/15

PRINT NAME
OF APPROVING OFFICIAL Gregory C. Wood

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