



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

May 10, 2017

Jeffrey Shovelin
PO Box 6028
Greenville, NC 27835-6028

Exempt from Review

Record #: 2232
Facility Name: The Outer Banks Hospital
FID #: 980550
Business Name: The Outer Banks Hospital, Inc.
Business #: 1822
Project Description: Renovate lobby, security and pharmacy space, construct replacement rehabilitation center and construct storage building
County: Dare

Dear Mr. Shovelin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of March 28, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §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.

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

Sincerely,

Jatimah Wilson for
Jane Rhoe-Jones
Project Analyst

Martha J. Frisone
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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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



THE OUTER BANKS HOSPITAL

March 28, 2017

Ms. Jane Rhoe-Jones
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: Information Request for Exemption Pursuant to G.S. 131E-184(g) / The Outer Banks Hospital / Existing Facility Renovations (rehab, lobby, security, and pharmacy areas) / Dare / FID #: 980550

Dear Ms. Rhoe-Jones:

Please accept this letter as documentation that I, Ronnie Sloan, President of The Outer Banks Hospital (OBH), do hereby certify, as it relates to the proposed project, that:

1. Financial control of the entire licensed health service facility is exercised at the site of the proposed renovations and/or construction, and
2. Administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations and/or construction.

If you require additional information or clarification, please contact Jeff Shovelin, Director of Corporate Planning for Vidant Health at (252)-847-3631. Thank you for your time and attention to this important project.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronnie Sloan".

Ronnie Sloan
President
The Outer Banks Hospital



March 28, 2017

Ms. Jane Rhoe-Jones
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: Request for Exemption Pursuant to G.S. 131E-184(g) / The Outer Banks Hospital / Existing Facility Renovations (rehab, lobby, security, and pharmacy areas) / Dare / FID #: 980550

Dear Ms. Rhoe-Jones:

The Outer Banks Hospital (OBH) plans to renovate and expand its existing lobby and registration area to a) provide a better waiting space for patients and families, improve security for patients, families and staff, and c) improve patient privacy during the registration process. The existing lobby and registration area is currently “land locked” and surrounded by other services, specifically pharmacy and rehab. In order to expand the lobby and registration area, OBH will have to relocate these other service to new and renovated space on the main campus. Specifically, the project will consist of:

- Constructing a new rehab building in the existing OBH parking lot that will be located 87 yards from the main hospital building. All rehab services will be moved to the new building, but will still be operated as a department of the hospital.
- Pharmacy will be relocated to renovated space within the existing hospital’s main building that currently houses the security offices and storage area.
- The security offices will be relocated to the lobby/registration area once renovations complete.
- A storage building will be constructed in the hospital parking lot to offset lost storage space caused by the pharmacy relocation.
- The existing lobby and registration area will be renovated and expanded into the vacated rehab and pharmacy areas.
- Reference all site and floor plans associated with the proposed project that are attached to this letter.

The total capital cost of the proposed project is estimated at \$3,772,000, with \$3,502,000 in design and construction costs and \$270,000 for minor rehab and pharmacy equipment replacements and furniture. The project is expected to be completed by January 2019. Even though the project exceeds \$2,000,000, OBH believes that the proposed project is not subject to review under North Carolina’s Certificate of Need (CON) laws. OBH’s proposed project meets the requirements found in G.S. 131E-184(g). This statute states:

- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

Specifically:

- a) OBH is an existing health service facility. Reference a copy of the hospital's current license attached to this letter.
- b) The sole purpose of the capital expenditure is to renovate existing space that is located on the main campus and expand a portion of an existing health service facility that is located on the main campus. Reference the attached site plans that show the new rehab building is within 250 yards of the main building and is therefore part of the main campus. Also reference the attached letter from Ronnie Sloan, President of OBH, certifying financial and administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations and construction.
- c) The project does not result in a change (increase or decrease) in bed capacity nor does the project result in the addition of any other new institutional health service facilities or services. OBH currently provides rehab and pharmacy services as part of its normal compliment of services and will continue to do so following completion of the proposed project. Reference OBH's 2017 Hospital License Renewal Application that is attached to this letter.
- d) By this letter, OBH is providing prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

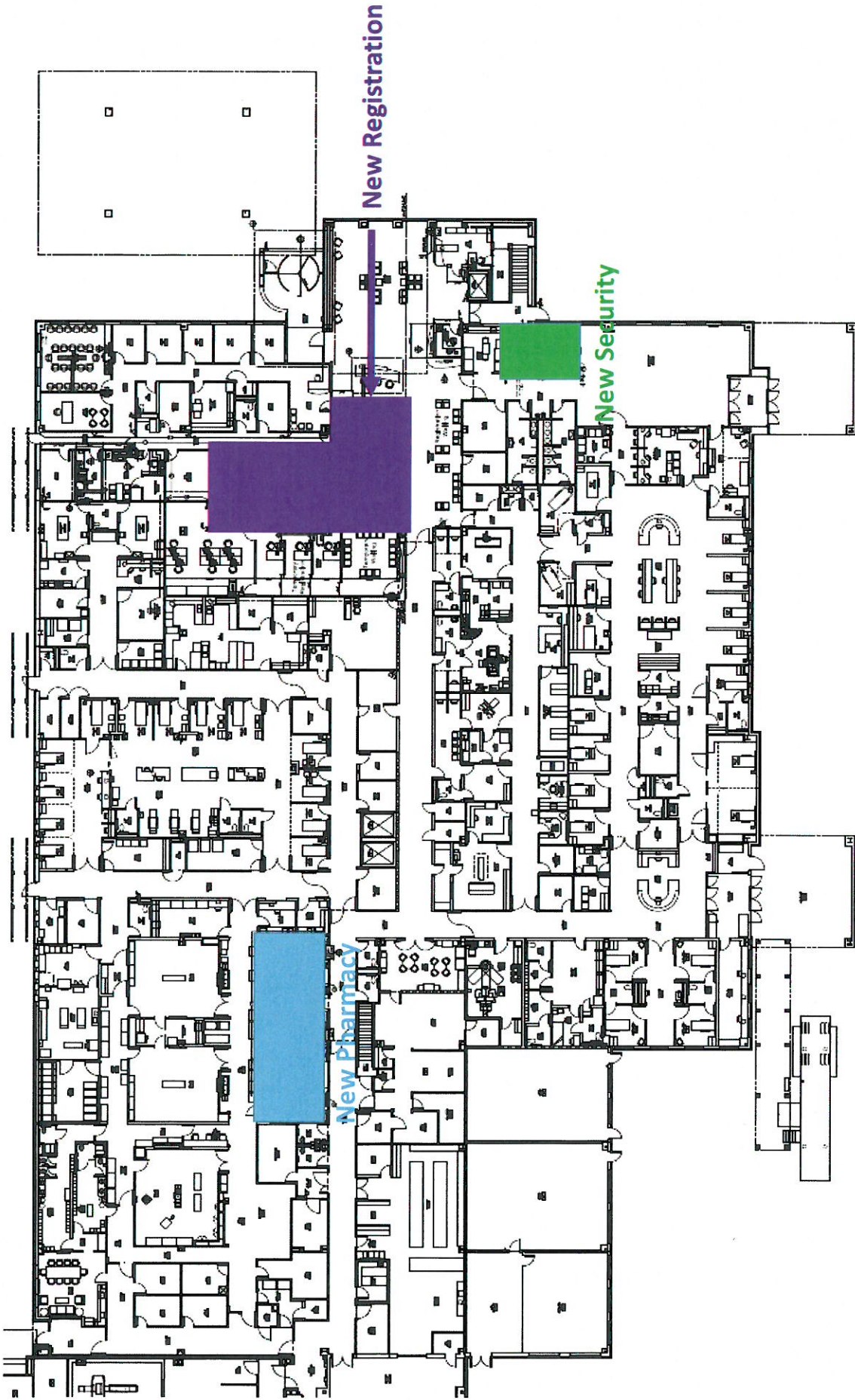
OBH believes its proposal meets the requirements identified above and is therefore exempt from review. Therefore, OBH requests approval of a no review status for the proposed project. If you require additional information or clarification, please contact me at (252)-847-3631.

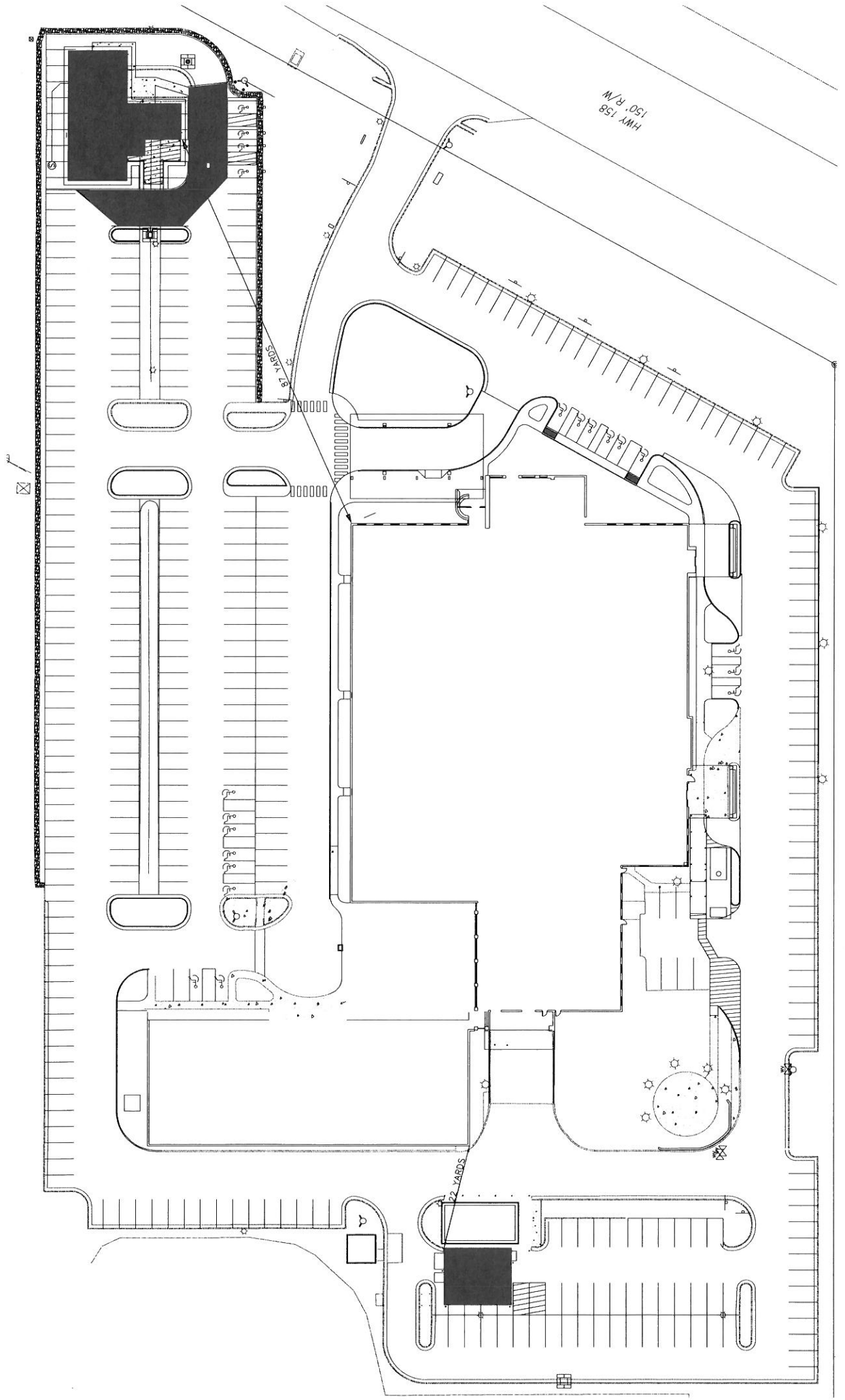
Sincerely,



Jeffrey Shovelin
Director of Corporate Planning, Vidant Health
PO Box 6028, Greenville, NC 27835-6028
252-847-3631
jshoveli@vidanthealth.com





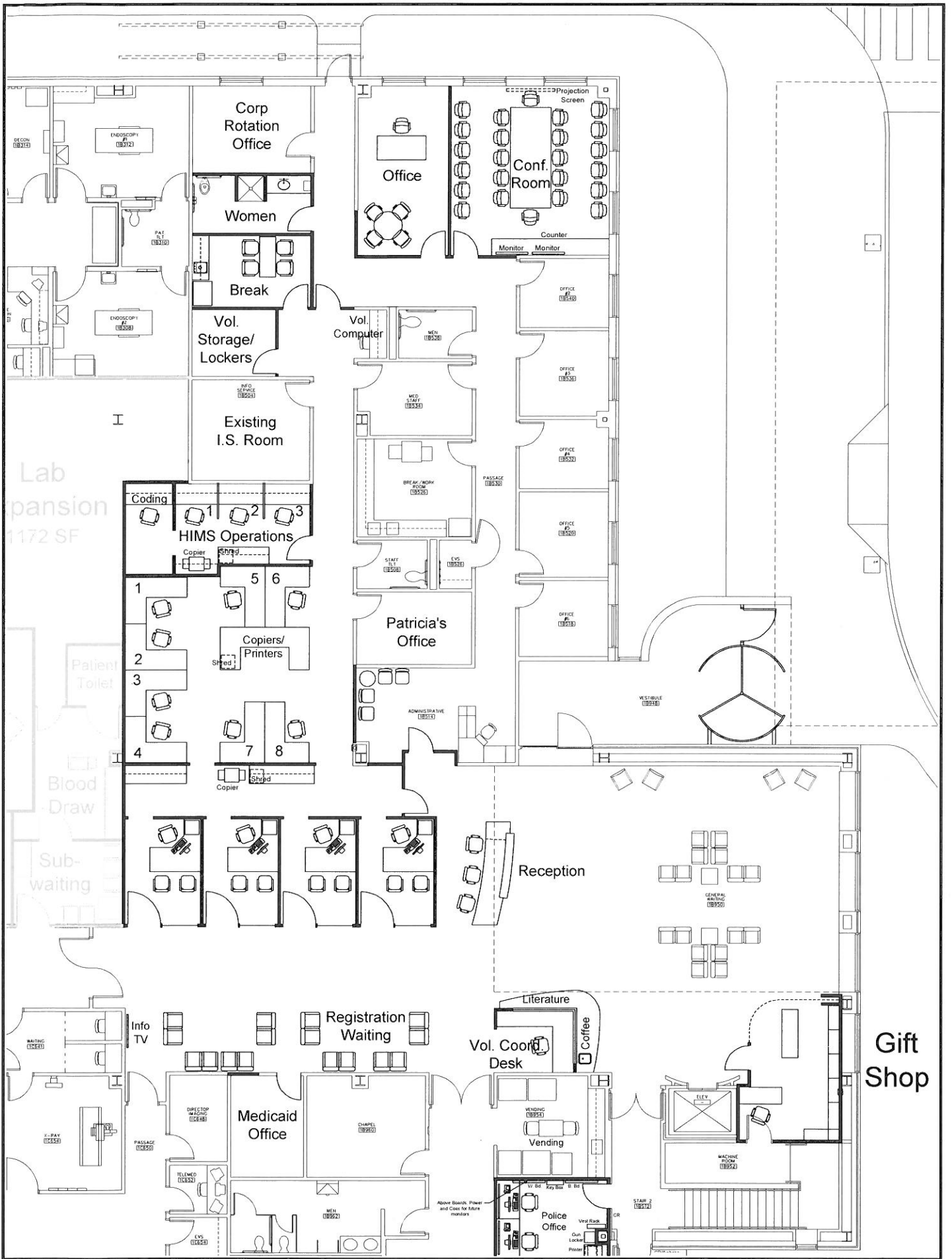


HWY 158
150' R/W

57 YARDS

122 YARDS

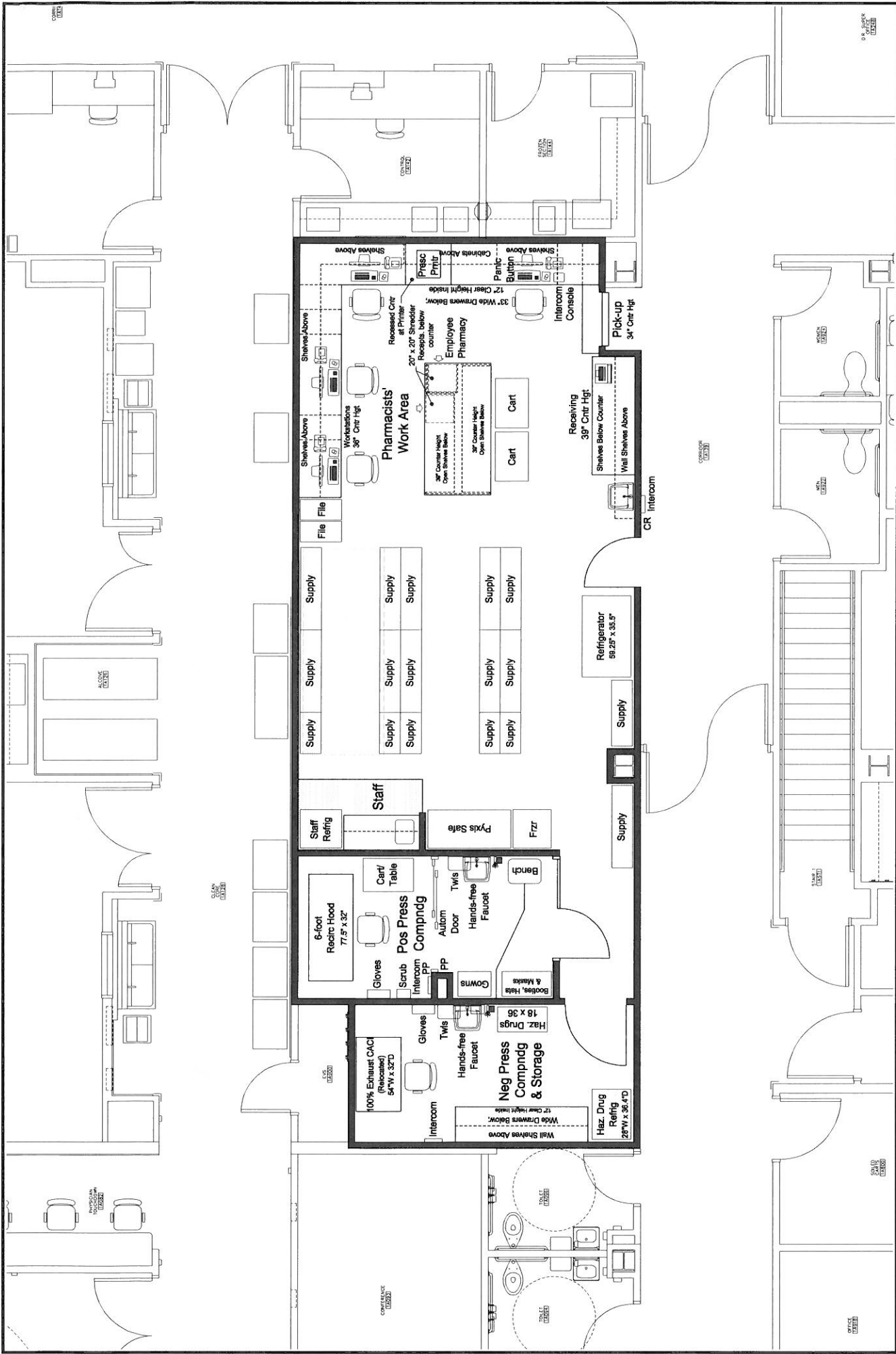




May 11, 2016
 0 4 8 12 16 20 feet

Administration & Registration Plan

Departmental Renovations, The Outer Banks Hospital



Pharmacy Plan

May 11, 2016 Project No. 20150220
 0 2 4 6 8 10 feet



THE EAST GROUP

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- Healthcare Consulting

1000 Old York Road, Suite 200
 York, PA 17403
 Phone: 717.333.2000
 Fax: 717.333.2001
 Website: www.theeastgroup.com

VIDANT HEALTH

THE OUTER BANKS HOSPITAL

1400 Gates Drive, Highway 101
 Norfolk, VA 23510
 Phone: 757.620.1111

PRELIMINARY DESIGN DOCUMENTS

NOT FOR CONSTRUCTION

REV	DATE	DESCRIPTION
0	11-09-2016	PROGRESS DESIGN DOCUMENTS - NOT FOR CONSTRUCTION

PROJECT NO: 20150223

DATE: 03/16

PROJECT NAME: Rehab Building and Maintenance Storage Building

REVISIONS:

REHAB BUILDING FLOOR PLAN

A2.1A



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 3275 Lake Drive
 Fort Mill, SC 29504 Fax: 803.533.3904

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 Fort Mill, SC 29504 Fax: 803.533.3904

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 Fort Mill, SC 29504 Fax: 803.533.3904

VIDANT HEALTH

THE OUTER BANKS HOSPITAL
 252 4th Street
 28580-0001

PRELIMINARY DESIGN DOCUMENTS
 NOT FOR CONSTRUCTION

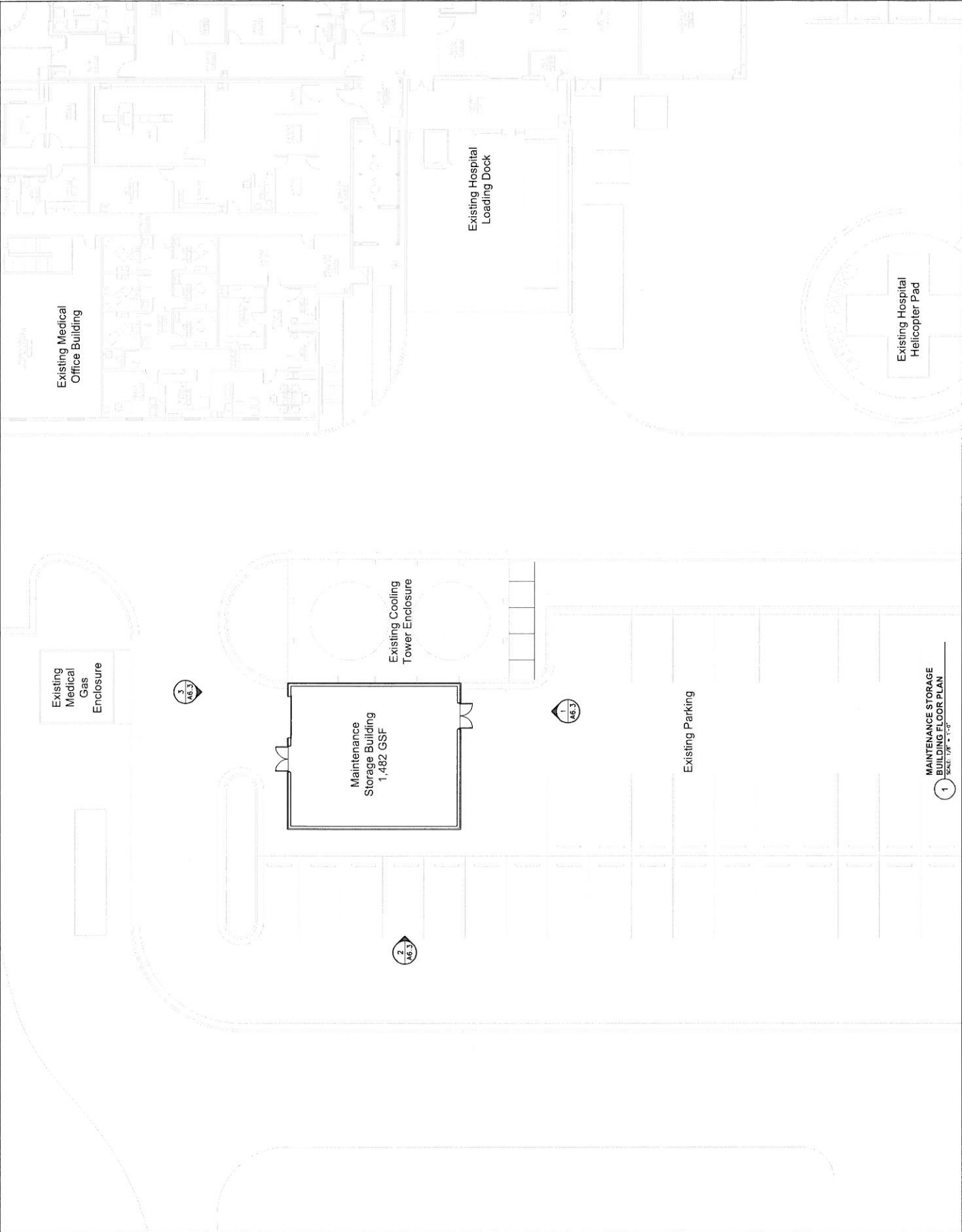
REV	DATE	DESCRIPTION
0	11-09-2016	PROJECT SS DESIGN DOCUMENTS - NOT FOR CONSTRUCTION

PROJECT NO. 20150220
 DRAWING NO. 3516

Rehab Building and Maintenance Storage Building

MAINTENANCE STORAGE BUILDING FLOOR PLAN

A2.1B



1 MAINTENANCE STORAGE BUILDING FLOOR PLAN
 SCALE: 1/8" = 1'-0"

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State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2017, this license is issued to

The Outer Banks Hospital, Inc.

to operate a hospital known as

The Outer Banks Hospital, Inc.

located in Nags Head, North Carolina, Dare 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: 980550

License Number: H0273

Bed Capacity: 21

General Acute 21

Dedicated Inpatient Surgical Operating Rooms: 1

Dedicated Ambulatory Surgical Operating Rooms: 0

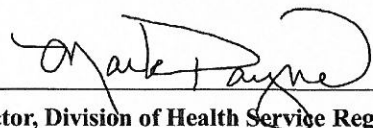
Shared Surgical Operating Rooms: 2

Dedicated Endoscopy Rooms: 2

Authorized by:



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



Director, Division of Health Service Regulation



March 28, 2017

Ms. Jane Rhoe-Jones
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: Information Request for Exemption Pursuant to G.S. 131E-184(g) / The Outer Banks Hospital / Existing Facility Renovations (rehab, lobby, security, and pharmacy areas) / Dare / FID #: 980550

Dear Ms. Rhoe-Jones:

Please accept this letter as documentation that I, Ronnie Sloan, President of The Outer Banks Hospital (OBH), do hereby certify, as it relates to the proposed project, that:

1. Financial control of the entire licensed health service facility is exercised at the site of the proposed renovations and/or construction, and
2. Administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations and/or construction.

If you require additional information or clarification, please contact Jeff Shovelin, Director of Corporate Planning for Vidant Health at (252)-847-3631. Thank you for your time and attention to this important project.

Sincerely,

Ronnie Sloan
President
The Outer Banks Hospital

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Regular Mail: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Overnight UPS and FedEx only: 1205 Umstead Drive
Raleigh, North Carolina 27603
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0273 Medicare #
FID #: 980550

PC _____ Date _____

License Fee: _____ **\$617.50**

**2017
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: The Outer Banks 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: The Outer Banks Hospital, Inc.

Other: _____

Other: _____

Facility Mailing Address: 4800 South Croatan Highway

Nags Head, NC 27959

Facility Site Address: 4800 South Croatan Highway

Nags Head, NC 27959

County: Dare

Telephone: (252)449-4500

Fax: (252)449-4555

Administrator/Director: Ronnie Sloan

Title: President

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

Chief Executive Officer: Ronnie Sloan

Title: President

(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: Jeff Shovelin

Telephone: 252-847-3631

E-Mail: Jshovelie@vidanthhealth.com

All responses should pertain to October 1, 2015 through September 30, 2016.

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.vicanthealth.com

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

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

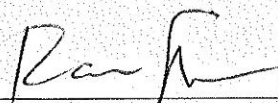
www.vicanthealth.com/billingassistance

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

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

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; 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>
0	1,831,171	2,820,715	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:  Date: _____

PRINT NAME OF APPROVING OFFICIAL RONNIE SLOAN

**VIDANT HEALTH
POLICY & PROCEDURE**

MANUAL: Vidant Health

SUBJECT: Charity Care - Eligibility

NUMBER: VH – FS3

Page 1 of 5

EFFECTIVE: 10/05

PREPARED By: Office of Financial Services

REVISED: 2/08, 6/09, 5/11, 5/12, 8/13,
5/15, 5/16, 8/16, 12/16

REVIEWED: 8/16

CEO APPROVAL:

Policy

The Central Business Office (CBO) for Vidant Health's hospital services will engage in the evaluation of patients' accounts for Charity Care eligibility. To be deemed eligible for financial assistance, the candidate must have limited assets, must possess no real property (other than their immediate dwelling) and must meet the designated Poverty Income Guidelines. (See Attachment A for current income guidelines, which are 200% of Federal Poverty Guidelines).

Procedure

Unless being reviewed for Vidant Health's Charity Care Program, accounts will process, uninterrupted, through the accounts receivable billing cycle. When an account is referred for financial assistance, the Customer Service/Collections Manager, Financial Counseling Supervisor or Patient Accounts Supervisor will, based upon the information provided, make a decision to either proceed with collection efforts or approve the account for Charity Care adjustment. The process will be carried out as follows:

- I. Financial Counselors will attempt to locate third-party payors. If there is no identifiable third-party coverage (including other charitable programs), the counselors may, based upon the financial information, recommend the patient's account for Charity Care consideration. At the time of recommendation, a charity application will be presented or mailed to the patient. The application will note a 30 day window within which to return the completed form with supporting income documentation. If the application and documentation are not received within the noted 30 day window, the charity process will be terminated. If an account is in bad debt at the beginning of the charity process, the Financial Counselor will suspend all collection efforts by placing a hold indicator on the account until the 30 day window has expired.

- II. Patient Counselors will review for any third party payors and verify employment and assets. Tax returns, pay stubs, Social Security Award Letter and other financial information may be required.

**VIDANT HEALTH
POLICY & PROCEDURE**

MANUAL: Vidant Health

SUBJECT: Charity Care - Eligibility

NUMBER: VH – FS3

Page 2 of 5

EFFECTIVE: 10/05

PREPARED By: Office of Financial Services

REVISED: 2/08, 6/09, 5/11, 5/12, 8/13,
5/15, 5/16, 8/16, 12/16

REVIEWED: 8/16

- III.** The Patient Accounts Supervisor, Financial Counseling Supervisor or Customer Service/Collections Manager, based upon account balance and the information received, will make the decision whether to proceed with collection efforts or to refer the patient's account for Charity Care approval.
- IV.** Once the determination is made that a non-Medicare account is eligible for assistance, the balance will be adjusted using Charity Care Adjustment (8000068). The adjustment will be done in accordance with the following guidelines:
- A.** Adjustments of \$20.00 to \$15,000.00 require the signature of the Patient Accounts Supervisor, Financial Counseling Supervisor or the Customer Service/Collections Manager (See **).
 - B.** Adjustments of \$15,000.01 to \$50,000.00 require the signature of the Customer Service/Collections Manager
 - C.** Adjustments of \$50,000.01 to \$100,000.00 require the signature of the Central Business Office Administrator.
 - D.** Adjustments of \$100,000.01 and above require the signature of the Senior Vice President of Financial Services or the Chief Financial Officer (CFO).
- V.** Once the determination is made that a Medicare account is eligible for assistance, the balance will be adjusted using Charity Care Adjustment (8000067). The adjustment will be done in accordance with the following guidelines:
- A.** See guidelines for Adjustments in IV. (See **).
- VI. Eligibility Guidelines and Requirements**
- A.** A reasonable payment plan will be established for patients whose incomes are above the 200% of poverty level. If applicable, patients may qualify for medically indigent consideration. This will be based upon a correlation between income and account balances.
 - B.** Proof of income, tax returns, pay stubs, Social Security Award Letters and other financial information may be requested for verification of eligibility.

**VIDANT HEALTH
POLICY & PROCEDURE**

MANUAL: Vidant Health

SUBJECT: Charity Care - Eligibility

NUMBER: VH – FS3

Page 3 of 5

EFFECTIVE: 10/05

PREPARED By: Office of Financial Services

REVISED: 2/08, 6/09, 5/11, 5/12, 8/13,
5/15, 5/16, 8/16, 12/16

REVIEWED: 8/16

- C. Bankruptcy or deceased patients with no estate and no surviving spouse may be considered.
- D. Limited assets are those that could be converted to cash within one year. A cap on interest income, trust funds, stocks, bonds, etc. that exceed \$5,000.00 will disqualify candidates for charity care write-offs, but will not render them ineligible for medically indigent consideration.
- E. Approval for charity assistance will not be considered automatic approval for any accounts not identified on the charity care application, neither shall it be considered automatic approval for all future accounts.
- F. Medically indigent sign-offs will be in accordance with guidelines as designated in Section IV.

VII. Presumptive Eligibility for Charity Care

- A. There are occasions in which a patient may appear eligible for charity care consideration, but there is no financial assistance information available to support the determination.
- B. Some patients are presumed eligible for charity care on the basis of individual life circumstances (e.g., homelessness, patients with minimal or no income and no assets, etc.).
- C. The assistance of a third party vendor is used in conjunction with Vidant's CBO charity policy guidelines to screen all accounts for presumptive charity prior to referral to an outside collection agency.
- D. Balances are adjusted on the accounts deemed eligible for charity, and the remaining accounts are referred to an outside collection agency.
- E. Once the agency has had the accounts for six months and has deemed them uncollectible, accounts with balances of \$1,580.00 and less will be returned to the hospital and removed from the patients' credit files. Accounts with balances greater than \$1,580.00 will remain with the agency and will remain on the patients' credit files.
- F. Accounts returned to the hospital as uncollectible will be placed in a unique financial class and will not be pursued for collections.

VIII. Although guidelines are herein previously outlined, accounts will be evaluated on an individual basis.

IX. Elective procedures are not eligible for charity write off.

**VIDANT HEALTH
POLICY & PROCEDURE**

MANUAL: Vidant Health

SUBJECT: Charity Care - Eligibility

NUMBER: VH – FS3

Page 4 of 5

EFFECTIVE: 10/05

PREPARED By: Office of Financial Services

REVISED: 2/08, 6/09, 5/11, 5/12, 8/13,
5/15, 5/16, 8/16, 12/16

REVIEWED: 8/16

**Adjustments for Medicaid Crossover from Medicare may be signed by the Cash Applications Manager.

Attachment

ACCESS PROJECT

2016 Federal Poverty Guidelines 200%

Size of Family Unit	48 Contiguous States and D.C.		
1	23,760		
2	32,040		
3	40,320		
4	48,600		
5	56,880		
6	65,160		
7	73,460		
8	81,780		
For each additional person, add	8,320		

All responses should pertain to October 1, 2015 through September 30, 2016.

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

Primary National Provider Identifier (NPI) registered at NPPES 1053375253

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

List all campuses (as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments)

Name(s) of Campus:	Address:	Services Offered:
<i>The Outer Banks Hospital</i>	<i>4800 S. Croatan Hwy. Nags Head, NC 27959</i>	<i>Critical Access Hospital</i>

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 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.

Facilities That Are Part of Vidant Health

Facility	Number	Facility ID
Vidant Bertie Hospital	H0268	942967
Vidant Beaufort Hospital	H0188	932963
Vidant Chowan Hospital	H0063	933102
Vidant Duplin Hospital	H0166	923139
Vidant Edgecombe Hospital	H0258	923247
Vidant Medical Center	H0104	933410
Vidant Roanoke-Chowan Hospital	H0001	923435
The Outer Banks Hospital	H0273	980550
East Carolina Endoscopy Center	AS0119	070466
Vidant SurgiCenter (joint venture)	AS0012	943478
Tarboro Endoscopy Center	AS0127	

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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: The Outer Banks Hospital Inc
Street/Box: 4800 S. Croatan Highway
City: Nags Head State: NC Zip: 27959
Telephone: (252)449-4500 Fax: (252)449-4555
CEO: Ronnie Sloan, President

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*: University Health Systems of Eastern North Carolina - d/b/a Vidant Health
* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: Mike Waldrum, MD, CEO

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

If "YES", name of building owner:

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

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

Name: _____

Street/Box: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

3. Vice President of Nursing and Patient Care Services:

_____ Marcia Bryant

4. Director of Planning: Jeff Shovelin

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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. 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, 2016	Operational Beds as of September 30, 2016	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			
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 ***	18	18	*** 1893
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)	1	1	** 11
m. Obstetric (including LDRP)	2	2	680
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	21	21	2584
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	21	21	2584

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

** As defined in 10A NCAC 14C .1401.

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

All responses should pertain to **October 1, 2015 through September 30, 2016.**

E. Swing Beds

Number of Swing Beds *	
Number of Skilled Nursing days in Swing Beds	

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

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

Campus – If multiple sites: _____

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 G.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	43	3907	1903	15	73
Medicare & Medicare Managed Care	1204	5790	6505	152	438
Medicaid	440	3730	2309	67	117
Commercial Insurance	10	392	198	1	7
Managed Care	784	7210	6929	158	533
Other (Specify)	53	812	752	12	65
TOTAL	2584	21841	18596	405	1233

G. Services and Facilities

1. Obstetrics

Enter Number of Infants

a. Live births (Vaginal Deliveries)	235
b. Live births (Cesarean Section)	112
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	2
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	8

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, 2015 through September 30, 2016.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 21

Of this total, how many are:

a.1. # Trauma Rooms 2

a.2 # Fast Track Rooms 4

a.3 # Urgent Care Rooms _____

b. Total Number of ED visits for reporting period: 21,841

c. Total Number of admits from the ED for reporting period: 563

d. Total Number of Urgent Care visits for reporting period: _____

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 16

HIV Culture 52

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to October 1, 2015 through September 30, 2016.

6. Transplantation Services - Number of transplants

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

Do you perform living donor transplants? ____ Yes ____ No.

7. Telemedicine

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

8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865)

(a) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	

All responses should pertain to **October 1, 2015 through September 30, 2016.**

8. Specialized Cardiac Services *continued* (for questions, call Healthcare Planning at 919-855-3865)

(b) Cardiac Catheterization and Electrophysiology

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization ICD-10 / CPT Codes ¹	Interventional Cardiac Catheterization ICD-10 / CPT Codes ²
1. Number of Units of Fixed Equipment		
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger		
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older		
4. Number of Procedures* Performed in Mobile Units		
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

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

Name of Mobile Vendor: _____

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

¹ Diagnostic Cardiac Catheterizations

ICD-10 PCS: 02B_3ZX, 02B_4ZX, 4A020N6, 4A020N7, 4A020N8, 4A023N6, 4A023N7, 4A023N8, B21__ZZ

CPT Codes: 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93530, 93531, 93532, 93533

² Interventional Cardiac Catheterizations

ICD-10 PCS: 02B_3ZZ, 02B_4ZZ, 02B_3ZK, 02B_4ZK, 02L73DK, 02Q53ZZ, 02Q54ZZ, 02RF0_Z, 02RF3_Z, 02RF37Z, 02RF38Z, 02RF3JH, 02RF3JZ, 02RF3KZ, 02RH3_H, 02RH3_Z, 02U53JZ, 02U54JZ, 02UG3JZ 5A1221Z

CPT Codes: 92920, +92921, 92924, +92925, 92928, +92929, 92933, +92934, 92937, +92938, 92941, 92943, +92944, +92973, 92986, 92987, 92990, 93580, 93581, 93582, 93583, C9600, +C9601, C9602, +C9603, C9604, +C9605, C9606, C9607, +C9608

Note: Due to the large total number of potential codes in the ICD-10-PCS system, the codes noted above are not fully comprehensive. The “_” symbol, while not a character within the ICD-10-PCS system, serves as a wild card character and indicates where any other recognized character would be used. For example, in the code 027_34Z for a coronary drug-eluting stent procedure, “_” could be a 2 for three sites treated.

All responses should pertain to October 1, 2015 through September 30, 2016.

9. 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 11-14 (through Section 9) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-14 for each campus.

(Campus – *If multiple sites:* _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	2
Total of Surgical Operating Rooms	3

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.”	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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: _____

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 Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy		808		
Non-GI Endoscopy				

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 [ICD-10-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, 2015 through September 30, 2016.

9. 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 27 and 28.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 8.(a) 4. on page 9)		
General Surgery	82	387
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	9	162
Ophthalmology		202
Oral Surgery		
Orthopedics	201	329
Otolaryngology		58
Plastic Surgery	2	40
Urology		50
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Sections Performed in Dedicated C-Section ORs	111	
Number of C-Sections Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	405	1228

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 11.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		129
Cystoscopy		
Non-GI Endoscopies (not reported in 9. C on page 11)		
GI Endoscopies (not reported in 9. C on page 11)		
YAG Laser		
Other (specify) <i>Bronchoscopy</i>		5
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		134

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	5
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	31
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	58
42820	Tonsillectomy and adenoidectomy; younger than age 12	11
42830	Adenoidectomy, primary; younger than age 12	1
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	39
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	11
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	177
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	6

All responses should pertain to **October 1, 2015 through September 30, 2016.**

(Campus – If multiple sites: _____)

9f. 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
8.0	252	180	90

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

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

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

** “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, 2015 through September 30, 2016.

Imaging Procedures

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

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	1902
70486	Computed tomography, facial bone; without contrast material	297
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	67
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	313
71020	Radiologic examination, chest; two views, frontal and lateral	2932
71250	Computed tomography, thorax; without contrast material(s)	231
71260	Computed tomography, thorax; with contrast material(s)	263
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	569
72100	Radiologic examination, spine, lumbosacral; two or three views	59
72110	Radiologic examination, spine, lumbosacral; minimum of four views	551
72125	Computed tomography, cervical spine; without contrast material	639
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	170
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	317
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	133
73630	Radiologic examination, foot; complete, minimum of three views	542
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	261
74000	Radiologic examination, abdomen; single anteroposterior view	227
74176	Computed tomography, abdomen and pelvis; without contrast material	569
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1450
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	191

All responses should pertain to October 1, 2015 through September 30, 2016.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10a-10e, pp 16-19), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

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		1	1
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		9	9
70544	MRA Head w/o	8	124	132
70545	MRA Head with contrast		3	3
70546	MRA Head w/o & with		1	1
70547	MRA Neck w/o	1	5	6
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	6	99	105
70551	MRI Brain w/o	8	67	75
70552	MRI Brain with contrast		1	1
70553	MRI Brain w/o & with	13	311	324
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		1	1
72141	MRI Cervical Spine w/o		170	170
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		21	21
72146	MRI Thoracic Spine w/o		21	21
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	1	11	12
72148	MRI Lumbar Spine w/o	2	316	318
72149	MRI Lumbar Spine with contrast		1	1
72158	MRI Lumbar Spine w/o & with	2	83	85
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		7	7
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		14	14
72198	MRA Pelvis w/o OR with contrast			
Subtotals for this page		41	1266	1307

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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

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

Campus – if multiple sites: _____

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	
Fixed	31	30	61	693	1151	1844	1905
Mobile (Scans on mobile MRI performed only at this site)							
TOTAL**	31	30	61	693	1151	1844	1905

* 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 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

10c. Fixed MRI Scanners

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)	/
# 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	/

10d. Mobile MRI Services:

During the reporting period,

- Did the facility own one or more mobile MRI scanners? ___ Yes ___ No
 If Yes, how many? _____
- Did the facility contract for mobile MRI services? ___ Yes ___ No
 If Yes, name of vendor/contractor: _____

All responses should pertain to **October 1, 2015 through September 30, 2016.**

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 33 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. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1		17	17

Lithotripsy Vendor/Owner: <i>Fayetteville Lithotronics</i>

10g. Computed Tomography (CT)

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

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).
 Scans Performed on Fixed CT Scanners (*Multiply # scans by Conversion Factor to get HECT Units*)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	2288	X	1.00	=	2288
2	Head with contrast	149	X	1.25	=	186.25
3	Head without and with contrast	26	X	1.75	=	45.50
4	Body without contrast	1821	X	1.50	=	2731.50
5	Body with contrast	1889	X	1.75	=	3305.75
6	Body without contrast and with contrast	931	X	2.75	=	2560.25
7	Biopsy in addition to body scan with or without contrast	1	X	2.75	=	2.75
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	
	Total	7105				11120.00

All responses should pertain to **October 1, 2015 through September 30, 2016.**

10g. Computed Tomography (CT) continued

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 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	=	
	Total					

10h. Positron Emission Tomography (PET)

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1		141	141
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* 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 35.

Name of Mobile Provider: _____

10i. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	2	242	3838	4080
Mammography equipment	1		5932	5932
Bone Density Equipment	1		298	298
Fixed X-ray Equipment (excluding fluoroscopic)	1	989	11614	12603
Fixed Fluoroscopic X-ray Equipment	1	85	133	218
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera. Vendor:				
SPECT				
Mobile SPECT. Vendor:				
Gamma Camera	1	7	672	679
Mobile Gamma Camera. Vendor:				

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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)	3
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)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	1353
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386	1222
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	329
Total Procedures – Linear Accelerators		2907
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®		

All responses should pertain to October 1, 2015 through September 30, 2016.

11. Linear Accelerator Treatment Data *continued*

<p>a. Number of <u>patients</u> who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients <u> 11 </u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 34.)</p>
<p>b. Linear Accelerators</p> <ol style="list-style-type: none"> 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> </u> 3. Of the TOTAL number above, Number of CyberKnife® Systems: <u> </u> 4. Of the TOTAL number above, -other specialized linear accelerators <u> </u>
<p>c. Number of Gamma Knife® units <u> </u></p> <p>d. <u> </u></p>
<p>e. 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))) <u> 1 </u></p>

12. Additional Services:

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	<input type="checkbox"/>	5. Rehabilitation Outpatient Unit	<input type="checkbox"/>
2. Chemotherapy	<input checked="" type="checkbox"/>	6. Podiatric Services	<input type="checkbox"/>
3. Clinical Psychology Services	<input type="checkbox"/>	7. Genetic Counseling Service	<input type="checkbox"/>
4. Dental Services	<input type="checkbox"/>	7. Inpatient Dialysis Services. If checked, number of stations: <u> </u>	<input type="checkbox"/>

All responses should pertain to **October 1, 2015 through September 30, 2016.**

12. 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, 2015** through **September 30, 2016**.

12. Additional Services: *continued*

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

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							

2017 Renewal Application for Hospital:
The Outer Banks Hospital, Inc.

License No: H0273
Facility ID: 980550

All responses should pertain to October 1, 2015 through September 30, 2016.

All responses should pertain to **October 1, 2015 through September 30, 2016.**

12. 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 _____							

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin - General Acute Care Inpatient Services

Facility County: Dare

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. **Must match number of admissions on page 5, Section B-a.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	1	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	1	82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde	42	84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	3	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	16
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan	2	57. Madison		93. Warren	
22. Clay	2	58. Martin	1	94. Washington	7
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery	3	98. Wilson	
27. Currituck	132	63. Moore		99. Yadkin	
28. Dare	796	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	52
34. Forsyth		70. Pasquotank	6	105. Other States	40
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	1121

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin – Inpatient Surgical Cases

Facility County: Dare

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	1	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	16	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	2
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	1	58. Martin		94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	1	62. Montgomery	1	98. Wilson	
27. Currituck	64	63. Moore		99. Yadkin	
28. Dare	279	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	15
34. Forsyth		70. Pasquotank	4	105. Other States	17
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	405

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin – Ambulatory Surgical Cases

Facility County: Dare

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	2	73. Person	
2. Alexander		38. Graham		74. Pitt	4
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie	2	44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	18	84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	10	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	8
18. Catawba		54. Lenoir	1	90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan	1	57. Madison		93. Warren	1
22. Clay		58. Martin		94. Washington	3
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	1	98. Wilson	
27. Currituck	150	63. Moore	2	99. Yadkin	
28. Dare	936	64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham	1	68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	33
34. Forsyth	1	70. Pasquotank	6	105. Other States	40
35. Franklin	1	71. Pender		106. Other	
36. Gaston		72. Perquimans	2	Total No. of Patients	1233

All responses should pertain to **October 1, 2015 through September 30, 2016.**

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Dare

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 GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 11 plus the Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12. Do not include patients from the “Non-GI Endoscopy Cases” fields on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	10	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	4
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	1
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	56	63. Moore		99. Yadkin	
28. Dare	719	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	808

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin - Psychiatric and Substance Abuse

Facility County: Dare

Complete the following table below for inpatient Days of Care reported under Section .5200 on page 24-25.

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

Continued on next page

All responses should pertain to October 1, 2015 through September 30, 2016.

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

Continued on next page

All responses should pertain to **October 1, 2015 through September 30, 2016.**

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										

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin - MRI Services

Facility County: Dare

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 17.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	4
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	
5. Ashe		41. Guilford		77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	2	82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde	35	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden	3	51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	12
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	5
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	139	63. Moore		99. Yadkin	
28. Dare	1278	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange	1	103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	45
34. Forsyth	2	70. Pasquotank	3	105. Other States	36
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	3	Total No. of Patients	1582

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin – Linear Accelerator Treatment

Facility County: Dare

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 22 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	1	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	1	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	2
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	10	63. Moore		99. Yadkin	
28. Dare	97	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	111

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin – PET Scanner

Facility County: Dare

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 10h on page 20.**

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

All responses should pertain to October 1, 2015 through September 30, 2016.

Patient Origin – Emergency Department Services

Facility County: Dare

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	10	37. Gates	17	73. Person	3
2. Alexander		38. Graham		74. Pitt	73
3. Alleghany	4	39. Granville	5	75. Polk	12
4. Anson		40. Greene	23	76. Randolph	10
5. Ashe		41. Guilford	40	77. Richmond	0
6. Avery	1	42. Halifax	9	78. Robeson	4
7. Beaufort	37	43. Harnett	4	79. Rockingham	29
8. Bertie	26	44. Haywood	3	80. Rowan	9
9. Bladen	1	45. Henderson	7	81. Rutherford	1
10. Brunswick	13	46. Hertford	20	82. Sampson	4
11. Buncombe	10	47. Hoke	1	83. Scotland	1
12. Burke	9	48. Hyde	417	84. Stanly	3
13. Cabarrus	8	49. Iredell	11	85. Stokes	9
14. Caldwell	4	50. Jackson	3	86. Surry	8
15. Camden	68	51. Johnston	16	87. Swain	1
16. Carteret	11	52. Jones	1	88. Transylvania	2
17. Caswell		53. Lee	13	89. Tyrrell	192
18. Catawba	12	54. Lenoir	3	90. Union	31
19. Chatham	9	55. Lincoln	9	91. Vance	2
20. Cherokee	3	56. Macon		92. Wake	143
21. Chowan	34	57. Madison	15	93. Warren	43
22. Clay	4	58. Martin	28	94. Washington	120
23. Cleveland	1	59. McDowell	1	95. Watauga	1
24. Columbus	1	60. Mecklenburg	42	96. Wayne	26
25. Craven	13	61. Mitchell	1	97. Wilkes	2
26. Cumberland	44	62. Montgomery	162	98. Wilson	7
27. Currituck	2053	63. Moore	9	99. Yadkin	2
28. Dare	11956	64. Nash	20	100. Yancey	4
29. Davidson	17	65. New Hanover	23		
30. Davie	3	66. Northampton	28	101. Georgia	49
31. Duplin	1	67. Onslow	20	102. South Carolina	54
32. Durham	20	68. Orange	58	103. Tennessee	35
33. Edgecombe	11	69. Pamlico	3	104. Virginia	2452
34. Forsyth	37	70. Pasquotank	131	105. Other States	2673
35. Franklin	82	71. Pender	2	106. Other	134
36. Gaston	8	72. Perquimans	38	Total No. of Patients	21841


2017 Renewal Application for Hospital:
The Outer Banks Hospital, Inc.

License No: **H0273**
Facility ID: **980550**

All responses should pertain to October 1, 2015 through September 30, 2016.

This application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2017 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2017 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: _____

PRINT NAME
OF APPROVING OFFICIAL Ronnie Sloan

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.