



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

October 16, 2017

Tim Ludwig
CarolinaEast Medical Center
Post Office Box 12157
New Bern, North Carolina 28561

Exempt from Review

Record #: 2415
Facility Name: CarolinaEast Medical Center
FID #: 923126
Business Name: CarolinaEast Health System
Business #: 2722
Project Description: Hospital expansion for the diagnostic center and the cancer center
County: Craven

Dear Mr. Ludwig:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your correspondence of October 12, 2017 and October 3, 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 Section and the Acute and Home Care Licensure and Certification Section 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

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




Tim Ludwig
October 16, 2017
Page 2

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

Sincerely,


Jane Rhoe-Jones
Project Analyst


Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR

Received 10.12.17

rhoe-jones, jane e

From: Daniel Carter <DanielCarter@ascendient.com>
Sent: Thursday, October 12, 2017 11:17 AM
To: rhoe-jones, jane e
Subject: [External] Follow up on CarolinaEast Exemption Letter

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you verify that the attachment and content are safe. Send all suspicious email as an attachment to report.spam@nc.gov.

Jane,

In follow up to our call yesterday and your questions about the equipment cost for the projects, I can confirm again that there is no item of equipment which costs \$750,000 or more (including everything necessary to make it operational).

For the Imaging Center, as I mentioned on the phone, most of the expense on Line 13 is for the cost of relocating the existing equipment. In addition, please see the first paragraph under the project descriptions on page 1, which indicates that stereotactic equipment will be replaced as part of the relocation, but that equipment is valued at only \$250,000. No other equipment will be replaced, and no new equipment is proposed.

For the Cancer Center, the expense on Line 13 is for: 1) the IT system (software and equipment--\$3.6 million); 2) minor equipment costs (no single item of diagnostic equipment costs \$750,000 or more), linear accelerator console relocation, and miscellaneous furniture/equipment (e.g. ice makers, refrigerators, microwaves, TVs, etc.--\$1.6 million); and signage at \$150,000.

I hope this information is helpful. If I can provide additional details or if you have other questions, please let me know.

Thank you,

Daniel

Daniel R. Carter, MBA
Principal
Ascendient Healthcare Advisors, Inc.
6320 Quadrangle Drive
Suite 180
Chapel Hill, NC 27517
919.226.1705 (office)
919.368.0001 (cell)
919.403.3302 (fax)
www.ascendient.com



CarolinaEast
Medical Center

October 3, 2017

CarolinaEast
Diagnostic Center

Ms. Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section

CarolinaEast
Surgery Center

Division of Health Service Regulation

CarolinaEast
Rehabilitation
Hospital

809 Ruggles Drive

Raleigh, NC 27603

CarolinaEast
Heart Center

RE: Request for Exemption for CarolinaEast Medical Center Expansion

CarolinaEast
Urology Center

Dear Ms. Frisone:

CarolinaEast
Internal Medicine

Pursuant to N.C.G.S. 131E-184 (g) - Exemptions from Review-of the Certificate of Need Statute, I am writing to request confirmation that the projects described below for CarolinaEast Medical Center (CEMC) are exempt from review.

CarolinaEast
Pediatrics

CarolinaEast
Gastroenterology

Project Descriptions

CarolinaEast
Cardiac, Thoracic &
Vascular Surgery

1. Imaging Project

CarolinaEast
Ear, Nose & Throat

The first project, internally called the "Diagnostic Center Project," consists of the expansion of an existing health service facility, CEMC, through the construction of a one-story, 29,154 square foot expansion of the hospital building on the main campus. The expansion will house existing medical diagnostic equipment, currently located elsewhere within the hospital or at the hospital's diagnostic imaging center at 640 McCarthy Blvd. in New Bern, which is provider-based to CEMC and not a separate health service facility. The existing equipment to be relocated from 640 McCarthy Blvd. is listed in Attachment 1. All of the equipment to be placed in this portion of the main campus expansion currently exists. The equipment costs do include the replacement of the stereotactic mammography unit; however, the cost for that unit is estimated to be \$250,000, well under the \$750,000 major medical equipment threshold. Please see pages 18b and 20c of the 2017 Hospital License Renewal Application for CEMC in Attachment 2 as confirmation that all the equipment to be relocated from the off-campus site already exists and is in use. The remainder of the existing equipment to be relocated to the expansion is in use in the main hospital building. The capital cost for this project is estimated to be \$11,841,657, which includes the cost of relocating the existing equipment to the expansion space. Please see Attachment 3 for a cost estimate from a licensed NC architect.

CarolinaEast
Radiation Oncology

CarolinaEast
Physical Medicine &
Rehabilitation

CarolinaEast
Home Care

CarolinaEast
Foundation

CarolinaEast
Wound Healing &
Hyperbaric Services

Crossroads
Mental Health

The project will allow for the consolidation of diagnostic imaging services in the expansion space. Currently, these services are provided in multiple locations, including the off-campus diagnostic imaging center. Given the predominately outpatient nature of the services involved, patients will benefit from a dedicated entrance and waiting area. The consolidation of imaging equipment will also provide easier access for patients having scans from multiple modalities, and CEMC will experience improved efficiencies in such areas as staffing and maintenance.

2. Cancer Center Project

The second project consists of a three-story, 81,286 square foot expansion of the hospital building on the main campus. The expansion will house existing medical and radiation oncology equipment and services, including two linear accelerators and one simulator. All of the equipment to be placed in this portion of the main campus expansion currently exists and is located on the main campus; no new or replacement major medical equipment is proposed. Please see page 22 of Attachment 2 for confirmation that this equipment exists and is in use at CEMC. The capital cost for this project is estimated to be \$41,034,469. Please see Attachment 4 for a cost estimate from a licensed NC architect.

The project will allow for the consolidation of oncology services in the expansion space. Currently, radiation and medical oncology are provided in different locations on the main campus. Patients will benefit from space dedicated to cancer care, including a dedicated entrance, reception and waiting areas. Having the cancer center consolidated in the expansion space will allow the ancillary and support services that are so vital to cancer patients' well-being to be provided within the cancer center. Specifically, in addition to medical and radiation treatment areas, the expansion space will house space for a chapel, meeting rooms for support groups and other community functions, a pharmacy, and examination rooms. As noted above, all of these services and functions currently exist at CEMC; however, they are not provided within a dedicated cancer center as this project will allow.

CEMC believes both these projects are exempt from review, as described below. Pursuant to N.C.G.S. 131E-184 (g), "[t]he 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 any 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.*

CEMC's Imaging and Cancer Center Projects both have the sole purpose of expanding a portion of an existing health service facility, CarolinaEast Medical Center, which is located on the main campus at 2000 Neuse Blvd., New Bern. No new services will be developed, and all of the major medical equipment is already owned by CEMC and is currently in use, but will be relocated into the expansion space.

N.C.G.S. 131E-176(14n) states "*Main campus' means all of the following for the purposes of G.S. 131E-184(f) and (g) only:*

- a. *The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.*
- b. *Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."*

CEMC's Imaging Center and Cancer Center Projects are both located in the main building of a licensed health service facility which provided clinical patient services and exercises financial and administrative control over the entire facility. The new construction will be contiguous to the main building, and therefore meets the definition of "main campus." Please see Attachment 5 for a copy of CEMC's current hospital license and Attachment 6 for line drawings showing the location of the proposed expansions for both projects, which will be in the same building that houses the CEMC administrative suite, in which CEMC's Chief Executive Officer's office is located. The Chief Financial Officer's office is also located on the main campus, in the Finance building.

- (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.*

The capital expenditure does not involve a change in bed capacity, nor the additional of a new health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b. Specifically, no new or replacement major medical equipment is proposed, and all of the existing equipment and services are currently operated as provider-based to CarolinaEast Medical Center. No new services are proposed.

With regard to the portion of the project that involves the relocation of existing equipment from CEMC's imaging center at 640 McCarthy Blvd. in New Bern, the relocation of existing diagnostic medical equipment does not constitute a new institutional health service. Further, as noted above, the equipment to be relocated is operated in an imaging center that is provider-based to CEMC; as such, no changes in reimbursement or billing will result from the project, and no new health service facility will be developed through the relocation of the equipment.

- (3) *The licensed health service facility proposing to incur the capital expenditure shall provide written notice to the Department along with support documentation to demonstrate that it meets the exemption criteria of this subsection."*

Based on the above facts, the proposed project is exempt from Certificate of Need review. This letter and the attachments to it provide documentation support that the project meets the exemption criteria and serve as written notice to the Healthcare Planning and Certificate of Need Section prior to development of the project.

Please let me know if you have any questions or need additional information.

Sincerely,



Tim Ludwig
Vice President, Ancillary Services

Attachment 1

List of Existing Equipment to be Relocated from 340 McCarthy Blvd.

Note: Equipment is listed by modality, brand, acquisition date, serial number and asset number.

Bone Density

Hologic Discovery C, 12/20/2013, s/n: 87659, asset 73787

Diagnostic X-Ray

Fuji DEVO, 09/30/2014, s/n: 36300455, asset 74092

Siemens Axiom Luminos (R&F), 01/30/2007, s/n: 1278, asset 63417

Philips (R&F), 11/10/2006, s/n: 64265, asset 62410

Mammography

Room #2 3D Hologic Selenia Dimensions, 09/30/2013, s/n: 28409072207S, asset 73471

Room #5 Hologic Selenia, 09/01/2007, moved from CIM NB, s/n: 28109071795

Room#1 Lorad M-IV, OCT 2002, s/n: 018109023529, asset 59340

Hologic Multicare Platinum stereotactic, 10/23/2008, s/n: 31509082079, asset 65730

MRI

Siemens Magnetom Aera, 12/07/2011, s/n:1155, asset 71205

Ultrasound

US Room#1 Siemens Acuson Sequoia, 10/12/2006, s/n: 66270, asset 62924

US Room #2 Philips EPIQ 7G, installed 03/17/2014, s/n: US114B0492, asset 74422

US BX Room Siemens Acuson Sequoia, 03/01/2005, s/n: 64496, asset 61164

Attachment 2

REC'D FEB 14 2017

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 # H0201
FID #: 923126

Medicare # 340131

PC LS

Date 2/15/17

License Fee: \$6,675.00

**2017
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: CarolinaEast Health System
(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: CarolinaEast Medical Center

Other: _____
Other: _____

Facility Mailing Address: P O Box 12157
New Bern, NC 28561-2157

Facility Site Address: 2000 Neuse Blvd
New Bern, NC 28560

County: Craven
Telephone: (252) ~~633-8640~~ 633-8880
Fax: (252) ~~636-5376~~ 633-8939

PAID
0654/81
2-14-17
\$ 6,675

Administrator/Director: G Raymond Leggett III

Title: CEO

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

Chief Executive Officer: G. Raymond Leggett, III **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: Gerald Cox, Staff Accountant II **Telephone:** (252) 633-8996

E-Mail: gcox@carolinaeasthealth.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.carolinaeasthealth.com

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

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

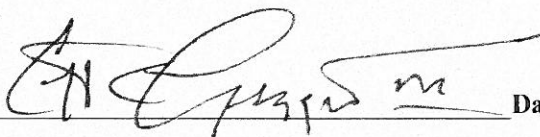
www.carolinaeasthealth.com/patients/financialservices/assistanceprograms/default.aspx

B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy:** (attached)
 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>
We did not respond to these questions, per Mrs. Linda Johnson, due to our exemption from filing IRS form 990.	Please see next page.		

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: 2/13/2017

PRINT NAME
OF APPROVING OFFICIAL G. Raymond Leggett, III President/CEO

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 1801852835

If facility has more than one "Primary" NPI, please provide N/A

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:
CarolinaEast Medical Center	2000 Neuse Blvd., New Bern, NC	Main Hospital
* CarolinaEast Diagnostic Center	640 McCarthy Blvd., New Bern, NC	OP Diagnostic
* CarolinaEast Surgery Center	630 McCarthy Blvd., New Bern, NC	OP Surgery
* Located offsite from main hospital		

Please attach a separate sheet for additional listings (please see next page)

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.

List of NC facilities that are part of CarolinaEast Health System

CarolinaEast Medical Center

This is the main campus of our hospital facility located at 2000 Neuse Blvd.,; New Bern, NC 28561
The next three facilities listed are located at the main hospital location:

CarolinaEast Rehabilitation Hospital

This is a rehabilitation facility offering physical and occupational therapy, orthotics, prosthetics, etc.
It operates under the main hospital license and is located on the main hospital campus.

Crossroads Mental Health

This is an adult behavioral health diagnostic assessment, evaluation and treatment facility.
It operates under the main hospital license and is located on the main hospital campus.

CarolinaEast Home Care

This facility offers health care services in the home setting, including the services of registered nurses, physical therapists, speech therapists, dieticians, hospitalists, etc.. It operates under the main hospital license and is located on the main hospital campus.

The following facilities are **located off-site from the hospital main campus:**

CarolinaEast Diagnostic Center

This facility offers outpatient diagnostic services under the main hospital license.
It is located at 640 McCarthy Blvd.; Newbern, N.C. 28562

CarolinaEast Surgery Center

This facility offers outpatient surgery services under the main hospital license.
It is located at 630 McCarthy Blvd.; Newbern, N.C. 28562

CarolinaEast Physicians (does NOT operate under the hospital license)

This facility offers physician services including cardiologists, orthopedic and general surgery hospitalists, cardiac thoracic, urologists, pediatrics, endoscopy, primary care, rehab, ENT, radiation oncology, and a sleep center. It operates under different licenses from the hospital and has 13 locations from our main hospital:

- 620 Farm Life Ave.; Vanceboro, N. C. 28586
- 1001 Newman Blvd.; New Bern, N. C. 28562
- 4252 Arendell St., Suite E; Morehead City, N.C. 28557
- 705 Newman Blvd.; New Bern, N. C. 28562
- 960 Newman Blvd.; New Bern, N. C. 28562
- 4275 Western Blvd.; Jacksonville, N. C. 28546
- 2604 Dr. M. L. King Jr. Blvd.; New Bern, N. C. 28562
- 2117 Glenburnie Road; New Bern, N. C. 28562
- 137 Medical Lane; Pollocksville, N. C. 28573
- 532 Webb Blvd; Havelock, N. C. 28532
- 906 W. B. McLean Drive; Cape Carteret, N. C. 28584
- 3110 Wellons Blvd; New Bern, N. C. 28562
- 4725 Country Club Rd.; Morehead City, N. C. 28557

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: CarolinaEast Health System
Street/Box: P O Box 12157
City: New Bern State: NC Zip: 28561-2157
Telephone: (252)633-8640 Fax: (252) 633-8939
CEO: G. Raymond Leggett, III, 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*: CarolinaEast Health System

* (please attach a list of NC facilities that are part of your Health System) (Please see previous page)

If 'Yes', name of CEO: G. Raymond Leggett, III

- 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:

N/A

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

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

Name: N/A

Street/Box: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

3. Vice President of Nursing and Patient Care Services:

Roseanne Leahy

4. Director of Planning: Leslie Allen

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> <u>CarolinaEast Medical Center</u>			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery	5	3	985
d. Medical/Surgical	29	13	4,303
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)	50	41	14,239
<i>Other Units</i>	84	57	
i. Gynecology /Obstetrics	22	9	3,008
j. Medical/Surgical ***	110	36	***6,214
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology	23	22	7,641
o. Orthopedics	30	21	6,348
p. Pediatric			
q. Other (List) Nephrology; Neurology	38	34	11,954
Total General Acute Care Beds/Days (a through q)	307	179	54,692
2. Comprehensive In-Patient Rehabilitation	20	8	2,832
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	23	20	6,941
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	350	207	64,465

* 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 *	0
Number of Skilled Nursing days in Swing Beds	0

* 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: Cumulative

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	1,829	13,257	2,642	148	202
Medicare & Medicare Managed Care	37,070	18,467	41,905	2,247	4,893
Medicaid	5,080	16,204	6,762	226	1,018
Commercial Insurance	6,984	14,381	21,834	899	2,888
Managed Care	0	0	0	0	0
Other (Specify) *	3,729	7,722	9,851	435	1,615
TOTAL	54,692	70,031	82,994	3,955	10,616

* Federal and State government, State employees, Hospice, Tricare, and Workers Compensation.

G. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	957
b. Live births (Cesarean Section)	233
c. Stillbirths	107

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	6
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	22

2. Abortion Services

Number of procedures per Year 4
 (Feel free to footnote the type of abortion procedures reported)

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

E. Swing Beds

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0

* 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: CarolinaEast Medical Center

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	1,829	13,257	2,205	148	136
Medicare & Medicare Managed Care	37,070	18,467	35,923	2,247	1,428
Medicaid	5,080	16,204	5,333	226	282
Commercial Insurance	6,984	14,381	16,113	899	1,179
Managed Care	0	0	0	0	0
Other (Specify) *	3,729	7,722	7,626	435	558
TOTAL	54,692	70,031	67,200	3,955	3,583

* Federal and State government, State employees, Hospice, Tricare and Workers Compensation.

G. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	957
b. Live births (Cesarean Section)	233
c. Stillbirths	107

d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	6
f. Delivery Rooms – LDRP (include Item "D.I.m" on Page 6)	
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	22

2. Abortion Services

Number of procedures per Year 4
 (Feel free to footnote the type of abortion procedures reported)

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

E. Swing Beds

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0

* 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: CarolinaEast Surgery Center

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					66
Medicare & Medicare Managed Care					3,465
Medicaid					736
Commercial Insurance					1,709
Managed Care					0
Other (Specify) *					1,057
TOTAL	0	0	0	0	7,033

* Federal and State government, State employees, Hospice, Tricare and Workers Compensation.

G. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	0
b. Live births (Cesarean Section)	0
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
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)	0

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.

E. Swing Beds

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0

* 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: CarolinaEast Diagnostic Center

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			437		
Medicare & Medicare Managed Care			5,982		
Medicaid			1,429		
Commercial Insurance			5,721		
Managed Care			0		
Other (Specify) *			2,225		
TOTAL	0	0	15,794	0	0

* Federal and State government, State employees, Hospice, Tricare, and Workers Compensation.

G. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	0
b. Live births (Cesarean Section)	0
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
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)	0

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: 50

Of this total, how many are:

a.1. # Trauma Rooms 1

a.2 # Fast Track Rooms 15

a.3 # Urgent Care Rooms N/A

b. Total Number of ED visits for reporting period: 70,031

c. Total Number of admits from the ED for reporting period: 8,051

d. Total Number of Urgent Care visits for reporting period: N/A

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 292

HIV Culture 0

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	0	f. Kidney/Liver	0	k. Lung	0
b. Bone Marrow-Autologous	0	g. Liver	0	l. Pancreas	0
c. Cornea	42	h. Heart/Liver	0	m. Pancreas/Kidney	0
d. Heart	0	i. Heart/Kidney	0	n. Pancreas/Liver	0
e. Heart/Lung	0	j. Kidney	0	o. Other	0

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

7. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? ____ Yes ____
- b. Does your facility read telemedicine images? ____ No ____

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
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	221
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	4
4. Total Open Heart Surgery Procedures (2. + 3.)	225

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	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1,198	639
4. Number of Procedures* Performed in Mobile Units	0	0
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment	1	
6. Number of Procedures on Dedicated EP Equipment	642	

*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: _____ N/A _____

Number of 8-hour days per week the mobile unit is onsite: _____ N/A _____ 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: CarolinaEast Medical Center)

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	2
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	12

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0 *
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* We are in the process of building 2 hybrid OR rooms.

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: 1

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	736	1,063	1,201	1,501
Non-GI Endoscopy	657	347	787	440

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

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: CarolinaEast Surgery Center)

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	0
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	6
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	6

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	0
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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: 1

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: 0

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	0	0	0	0
Non-GI Endoscopy	0	0	0	0

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: cumulative)

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)	568	267
Open Heart Surgery (from 8.(a) 4. on page 9)	225	
General Surgery	519	1,212
Neurosurgery	441	404
Obstetrics and GYN (excluding C-Sections)	45	809
Ophthalmology	0	3,083
Oral Surgery	2	300
Orthopedics	1,737	2,789
Otolaryngology	36	937
Plastic Surgery	0	56
Urology	88	252
Vascular	0	0
Other Surgeries (specify) Cystoscopy	61	507
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	233	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	3,955	10,616

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 from surgical procedures report	0	156
Cystoscopy (see above)		
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) *Organ procurement	2	0
Other (specify) *Breast biopsies	0	243
Other (specify) Chemotherapy & Misc. non-surgical	3	636
Total Non-Surgical Cases	5	1,035

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: CarolinaEast Medical Center)

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)	568	267
Open Heart Surgery (from 8.(a) 4. on page 9)	225	
General Surgery	519	807
Neurosurgery	441	404
Obstetrics and GYN (excluding C-Sections)	45	463
Ophthalmology	0	5
Oral Surgery	2	4
Orthopedics	1,737	769
Otolaryngology	36	102
Plastic Surgery	0	4
Urology	88	251
Vascular	0	0
Other Surgeries (specify) Cystoscopy	61	507
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	233	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	3,955	3,583

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 from surgical procedures report	0	8
Cystoscopy (see above)		
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) *Organ procurement	2	0
Other (specify)		
Other (specify) Chemotherapy & Misc. non-surgical	3	636
Total Non-Surgical Cases	5	644

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: CarolinaEast Surgery Center)

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)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	0	405
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	0	346
Ophthalmology	0	3,078
Oral Surgery	0	296
Orthopedics	0	2,020
Otolaryngology	0	835
Plastic Surgery	0	52
Urology	0	1
Vascular	0	0
Other Surgeries (specify)	0	0
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	0	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	0	7,033

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 from surgical procedures report	0	148
Cystoscopy (see above)		
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) *Breast Biopsies	0	243
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	0	391

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

cumulative

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	61
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	138
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	384
42820	Tonsillectomy and adenoidectomy; younger than age 12	145
42830	Adenoidectomy, primary; younger than age 12	69
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)	72
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	325
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	17
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)	23
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)	99
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	105
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	25
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	110
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)	5
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	362
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	619
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	2,103
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	210

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	26
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	118
42820	Tonsillectomy and adenoidectomy; younger than age 12	20
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)	60
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	295
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	17
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)	22
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)	95
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	103
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	25
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	109
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)	1
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	32
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	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	2

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

CarolinaEast Surgery Center

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	35
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	107
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	266
42820	Tonsillectomy and adenoidectomy; younger than age 12	125
42830	Adenoidectomy, primary; younger than age 12	68
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)	12
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	30
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)	1
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)	4
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	2
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	0
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)	4
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	330
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	619
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	2,103
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	208

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

(Campus – If multiple sites: CarolinaEast Medical Center)

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
11.11	260	104	83

* 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.

(Campus – If multiple sites: CarolinaEast Surgery Center)

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
8.5	248	0	31

* 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** **cumulative**

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	5,548
70486	Computed tomography, facial bone; without contrast material	784
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	530
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	624
71020	Radiologic examination, chest; two views, frontal and lateral	9,560
71250	Computed tomography, thorax; without contrast material(s)	580
71260	Computed tomography, thorax; with contrast material(s)	716
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,528
72100	Radiologic examination, spine, lumbosacral; two or three views	845
72110	Radiologic examination, spine, lumbosacral; minimum of four views	530
72125	Computed tomography, cervical spine; without contrast material	1,898
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	335
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	663
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	218
73630	Radiologic examination, foot; complete, minimum of three views	1,129
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	389
74000	Radiologic examination, abdomen; single anteroposterior view	1,243
74176	Computed tomography, abdomen and pelvis; without contrast material	2,217
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3,098
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	370

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

CarolinaEast Medical Center

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	5,548
70486	Computed tomography, facial bone; without contrast material	784
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	450
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	382
71020	Radiologic examination, chest; two views, frontal and lateral	9,184
71250	Computed tomography, thorax; without contrast material(s)	580
71260	Computed tomography, thorax; with contrast material(s)	716
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,528
72100	Radiologic examination, spine, lumbosacral; two or three views	741
72110	Radiologic examination, spine, lumbosacral; minimum of four views	393
72125	Computed tomography, cervical spine; without contrast material	1,898
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	159
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	258
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	62
73630	Radiologic examination, foot; complete, minimum of three views	1,094
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	104
74000	Radiologic examination, abdomen; single anteroposterior view	542
74176	Computed tomography, abdomen and pelvis; without contrast material	2,217
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3,098
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	370

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	0
70486	Computed tomography, facial bone; without contrast material	0
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	80
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	242
71020	Radiologic examination, chest; two views, frontal and lateral	376
71250	Computed tomography, thorax; without contrast material(s)	0
71260	Computed tomography, thorax; with contrast material(s)	0
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	0
72100	Radiologic examination, spine, lumbosacral; two or three views	104
72110	Radiologic examination, spine, lumbosacral; minimum of four views	137
72125	Computed tomography, cervical spine; without contrast material	0
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	176
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	405
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	156
73630	Radiologic examination, foot; complete, minimum of three views	35
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	285
74000	Radiologic examination, abdomen; single anteroposterior view	701
74176	Computed tomography, abdomen and pelvis; without contrast material	0
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	0
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	0

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:* CarolinaEast Medical Center

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	0	1	1
70540	MRI Orbit/Face/Neck w/o	0	1	1
70542	MRI Orbit/Face/Neck with contrast	0	0	0
70543	MRI Orbit/Face/Neck w/o & with	1	8	9
70544	MRA Head w/o	99	178	277
70545	MRA Head with contrast	0	0	0
70546	MRA Head w/o & with	2	4	6
70547	MRA Neck w/o	27	38	65
70548	MRA Neck with contrast	0	0	0
70549	MRA Neck w/o & with	10	16	26
70551	MRI Brain w/o	315	450	765
70552	MRI Brain with contrast	1	3	4
70553	MRI Brain w/o & with	144	382	526
70554	MR functional imaging, w/o physician admin	0	0	0
70555	MR functional imaging, with physician admin	0	0	0
71550	MRI Chest w/o	0	1	1
71551	MRI Chest with contrast	0	0	0
71552	MRI Chest w/o & with	0	1	1
71555	MRA Chest with OR without contrast	0	0	0
72141	MRI Cervical Spine w/o	24	159	183
72142	MRI Cervical Spine with contrast	0	0	0
72156	MRI Cervical Spine w/o & with	22	29	51
72146	MRI Thoracic Spine w/o	16	40	56
72147	MRI Thoracic Spine with contrast	0	1	1
72157	MRI Thoracic Spine w/o & with	18	27	45
72148	MRI Lumbar Spine w/o	60	258	318
72149	MRI Lumbar Spine with contrast	0	0	0
72158	MRI Lumbar Spine w/o & with	40	99	139
72159	MRA Spinal Canal w/o OR with contrast	0	0	0
72195	MRI Pelvis w/o	3	29	32
72196	MRI Pelvis with contrast	0	1	1
72197	MRI Pelvis w/o & with	6	174	180
72198	MRA Pelvis w/o OR with contrast	0	0	0
Subtotals for this page		788	1,900	2,688

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:* CarolinaEast Diagnostic Center

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	0	0	0
70540	MRI Orbit/Face/Neck w/o	0	0	0
70542	MRI Orbit/Face/Neck with contrast	0	0	0
70543	MRI Orbit/Face/Neck w/o & with	0	4	4
70544	MRA Head w/o	3	20	23
70545	MRA Head with contrast	1	0	1
70546	MRA Head w/o & with	0	0	0
70547	MRA Neck w/o	0	0	0
70548	MRA Neck with contrast	0	0	0
70549	MRA Neck w/o & with	0	2	2
70551	MRI Brain w/o	11	80	91
70552	MRI Brain with contrast	0	1	1
70553	MRI Brain w/o & with	3	242	245
70554	MR functional imaging, w/o physician admin	0	0	0
70555	MR functional imaging, with physician admin	0	0	0
71550	MRI Chest w/o	0	3	3
71551	MRI Chest with contrast	0	0	0
71552	MRI Chest w/o & with	0	1	1
71555	MRA Chest with OR without contrast	0	0	0
72141	MRI Cervical Spine w/o	4	176	180
72142	MRI Cervical Spine with contrast	0	1	1
72156	MRI Cervical Spine w/o & with	1	24	25
72146	MRI Thoracic Spine w/o	1	30	31
72147	MRI Thoracic Spine with contrast	0	0	0
72157	MRI Thoracic Spine w/o & with	0	13	13
72148	MRI Lumbar Spine w/o	1	405	406
72149	MRI Lumbar Spine with contrast	0	1	1
72158	MRI Lumbar Spine w/o & with	0	84	84
72159	MRA Spinal Canal w/o OR with contrast	0	0	0
72195	MRI Pelvis w/o	0	11	11
72196	MRI Pelvis with contrast	0	2	2
72197	MRI Pelvis w/o & with	1	13	14
72198	MRA Pelvis w/o OR with contrast	0	0	0
Subtotals for this page		26	1,113	1,139

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:* CarolinaEast Medical Center

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	316	660	976	829	1,381	2,210	3,186
Mobile (Scans on mobile MRI performed only at this site)	0	0	0	0	0	0	0
TOTAL**	316	660	976	829	1,381	2,210	3,186

* 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:* CarolinaEast Medical Center

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	1
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

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.**

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:* CarolinaEast Diagnostic Center

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	9	20	29	670	1,239	1,909	1,938
Mobile (Scans on mobile MRI performed only at this site)	0	0	0	0	0	0	0
TOTAL**	9	20	29	670	1,239	1,909	1,938

* 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:* CarolinaEast Diagnostic Center

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (<i>do not include any Policy AC-3 scanners</i>)	1
# of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

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*: CarolinaEast Medical Center

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	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

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

10f. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0	0	0	0
Mobile	1	1	78	79

Lithotripsy Vendor/Owner: <u>Carolina Lithotripsy</u>
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10g. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 4
 Does the hospital contract for mobile CT scanner services? ___ Yes X No
 If yes, identify the mobile CT vendor N/A

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	7,835	X	1.00	=	7,835
2	Head with contrast	150	X	1.25	=	188
3	Head without and with contrast	211	X	1.75	=	369
4	Body without contrast	7,736	X	1.50	=	11,604
5	Body with contrast	5,293	X	1.75	=	9,263
6	Body without contrast and with contrast	3,241	X	2.75	=	8,913
7	Biopsy in addition to body scan with or without contrast	600	X	2.75	=	1,650
8	Abscess drainage in addition to body scan with or without contrast	216	X	4.00	=	864
	Total	25,282				40,686

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: CarolinaEast Diagnostic Center

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	0	0	0	0	0	0	0	0
Intraoperative MRI (iMRI)	0	0	0	0	0	0	0	0

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

10f. Lithotripsy

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

Lithotripsy Vendor/Owner: <u>N/A</u>

10g. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 0

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor N/A

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	0	X	1.00	=	0
2	Head with contrast	0	X	1.25	=	0
3	Head without and with contrast	0	X	1.75	=	0
4	Body without contrast	0	X	1.50	=	0
5	Body with contrast	0	X	1.75	=	0
6	Body without contrast and with contrast	0	X	2.75	=	0
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0
	Total	0				0

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) cumulative

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	25	790	815
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **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: N/A

10i. Other Imaging Equipment cumulative

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	7	1,492	7,136	8,628
Mammography equipment	4	7	15,501	15,508
Bone Density Equipment	1	0	345	345
Fixed X-ray Equipment (excluding fluoroscopic)	4	16,675	36,031	52,706
Fixed Fluoroscopic X-ray Equipment	4	911	2,192	3,103
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1,477	932	2,409
Coincidence Camera	0			
Mobile Coincidence Camera. Vendor:	0			
SPECT	0			
Mobile SPECT. Vendor:	0			
Gamma Camera	3	984	3,006	3,990
Mobile Gamma Camera. Vendor:	0			

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)

CarolinaEast Medical Center

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	25	790	815
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. 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: _____ N/A

10i. Other Imaging Equipment

CarolinaEast Medical Center

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	4	1,472	4,061	5,533
Mammography equipment	0	0	0	0
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	3	16,672	33,954	50,626
Fixed Fluoroscopic X-ray Equipment	2	906	1,014	1,920
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	1,477	932	2,409
Coincidence Camera	0			
Mobile Coincidence Camera. Vendor:	0			
SPECT	0			
Mobile SPECT. Vendor:	0			
Gamma Camera	2	982	2,655	3,637
Mobile Gamma Camera. Vendor:	0			

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)

CarolinaEast Diagnostic Center

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0	0	0	0
Mobile PET Scanner	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0
Other PET Scanners used for Human Research only	0	0	0	0

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. 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: _____ N/A

10i. Other Imaging Equipment

CarolinaEast Diagnostic Center

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	3	20	3,075	3,095
Mammography equipment	4	7	15,501	15,508
Bone Density Equipment	1	0	345	345
Fixed X-ray Equipment (excluding fluoroscopic)	1	3	2,077	2,080
Fixed Fluoroscopic X-ray Equipment	2	5	1,178	1,183
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	0	0	0	0
Coincidence Camera	0			
Mobile Coincidence Camera. Vendor:	0			
SPECT	0			
Mobile SPECT. Vendor:	0			
Gamma Camera	1	2	351	353
Mobile Gamma Camera. Vendor:	0			

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	0
77402	Radiation treatment delivery (<=5 MeV)	3
77403	Radiation treatment delivery (6-10 MeV)	0
77404	Radiation treatment delivery (11-19 MeV)	0
77406	Radiation treatment delivery (>=20 MeV)	0
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	0
77408	Radiation treatment delivery (6-10 MeV)	0
77409	Radiation treatment delivery (11-19 MeV)	0
77411	Radiation treatment delivery (>=20 MeV)	0
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV) corrected desc = >1 MeV	3,816
77413	Radiation treatment delivery (6-10 MeV)	0
77414	Radiation treatment delivery (11-19 MeV)	0
77416	Radiation treatment delivery (>= 20 MeV)	0
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386	4,079
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	0
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	77
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	0
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	0
	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	228
Total Procedures – Linear Accelerators		8,203
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
Total Procedures – Gamma Knife®		0

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

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients <u>391</u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 34.)
b. Linear Accelerators <ol style="list-style-type: none"> 1. TOTAL number of Linear Accelerator(s) <u>2</u> 2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery <u>1</u> 3. Of the TOTAL number above, Number of CyberKnife® Systems: <u>0</u> 4. Of the TOTAL number above, -other specialized linear accelerators <u>0</u>
c. Number of Gamma Knife® units <u>0</u> d.
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>

12. 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		7. Inpatient Dialysis Services. If checked, number of stations: <u>6</u>	✓

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. 800 Hospital Dr, Suite 800, B, New Bern, NC							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness	N/A						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness	N/A						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances	N/A						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness	N/A						
.5000 Facility Based Crisis Center	N/A						

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	Same as CEMC	0	0	0	0	23	23

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	N/A						
.3200 Social setting detoxification for substance abusers	N/A						
.3300 Outpatient detoxification for substance abusers	N/A						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders	N/A						
.3500 Outpatient facilities for individuals with substance abuse disorders	N/A						
.3600 Outpatient narcotic addiction treatment	N/A						
.3700 Day treatment facilities for individuals with substance abuse disorders	N/A						

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 _____	N/A						

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

Patient Origin - General Acute Care Inpatient Services

Facility County: Craven

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	2	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	89
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	8	76. Randolph	
5. Ashe		41. Guilford	5	77. Richmond	1
6. Avery		42. Halifax	2	78. Robeson	2
7. Beaufort	185	43. Harnett		79. Rockingham	
8. Bertie	3	44. Haywood		80. Rowan	
9. Bladen	9	45. Henderson	2	81. Rutherford	
10. Brunswick	4	46. Hertford	1	82. Sampson	1
11. Buncombe		47. Hoke	1	83. Scotland	1
12. Burke		48. Hyde	6	84. Stanly	
13. Cabarrus	1	49. Iredell	6	85. Stokes	1
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden	1	51. Johnston	15	87. Swain	
16. Carteret	1,207	52. Jones	560	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir	105	90. Union	
19. Chatham	1	55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	10
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin	5	94. Washington	2
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	4	96. Wayne	44
25. Craven	7,117	61. Mitchell	1	97. Wilkes	
26. Cumberland	5	62. Montgomery		98. Wilson	38
27. Currituck		63. Moore	1	99. Yadkin	1
28. Dare		64. Nash	57	100. Yancey	
29. Davidson		65. New Hanover	6		
30. Davie		66. Northampton	2	101. Georgia	6
31. Duplin	31	67. Onslow	816	102. South Carolina	12
32. Durham	4	68. Orange	1	103. Tennessee	3
33. Edgecombe	21	69. Pamlico	935	104. Virginia	17
34. Forsyth		70. Pasquotank	1	105. Other States	144
35. Franklin	7	71. Pender	14	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	11,530

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

cumulative

Patient Origin – Inpatient Surgical Cases

Facility County: Craven

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	50
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	4	76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax	2	78. Robeson	2
7. Beaufort	66	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden	1	51. Johnston	10	87. Swain	
16. Carteret	463	52. Jones	167	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	55	90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	2
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	1	96. Wayne	41
25. Craven	2,273	61. Mitchell	1	97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	37
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	55	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	2	101. Georgia	1
31. Duplin	15	67. Onslow	361	102. South Carolina	2
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	21	69. Pamlico	271	104. Virginia	3
34. Forsyth		70. Pasquotank	1	105. Other States	19
35. Franklin	4	71. Pender	7	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	3,955

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

CarolinaEast Medical Center

Patient Origin – Inpatient Surgical Cases

Facility County:

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	50
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	4	76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax	2	78. Robeson	2
7. Beaufort	66	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden	1	51. Johnston	10	87. Swain	
16. Carteret	463	52. Jones	167	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	55	90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	2
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	1	96. Wayne	41
25. Craven	2,273	61. Mitchell	1	97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	37
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	55	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	2	101. Georgia	1
31. Duplin	15	67. Onslow	361	102. South Carolina	2
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	21	69. Pamlico	271	104. Virginia	3
34. Forsyth		70. Pasquotank	1	105. Other States	19
35. Franklin	4	71. Pender	7	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	3,955

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

CarolinaEast Surgery Center

Patient Origin – Inpatient Surgical Cases

Facility County:

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		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		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	
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	0

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

cumulative

Patient Origin – Ambulatory Surgical Cases

Facility County: Craven

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		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	55
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	8	76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	
7. Beaufort	162	43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	11	46. Hertford		82. Sampson	2
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	5	87. Swain	
16. Carteret	1,710	52. Jones	436	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir	161	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	7
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	3	94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	3	96. Wayne	24
25. Craven	5,891	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	9
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	14	100. Yancey	
29. Davidson		65. New Hanover	11		
30. Davie	2	66. Northampton		101. Georgia	5
31. Duplin	42	67. Onslow	1,156	102. South Carolina	7
32. Durham	2	68. Orange	2	103. Tennessee	
33. Edgecombe	5	69. Pamlico	748	104. Virginia	9
34. Forsyth	2	70. Pasquotank		105. Other States	87
35. Franklin		71. Pender	23	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	10,616

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

CarolinaEast Medical Center

Patient Origin – Ambulatory Surgical Cases

Facility County:

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		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	24
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	2	76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	56	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	2
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		51. Johnston	2	87. Swain	
16. Carteret	417	52. Jones	184	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	46	90. Union	
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		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	14
25. Craven	2,041	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	7
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	11	100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie	2	66. Northampton		101. Georgia	1
31. Duplin	12	67. Onslow	435	102. South Carolina	6
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe	4	69. Pamlico	265	104. Virginia	5
34. Forsyth	2	70. Pasquotank		105. Other States	26
35. Franklin		71. Pender	14	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	3,583

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

CarolinaEast Surgery Center

Patient Origin – Ambulatory Surgical Cases

Facility County:

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		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	31
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	6	76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	
7. Beaufort	106	43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	10	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	3	87. Swain	
16. Carteret	1,293	52. Jones	252	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir	115	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	5
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	3	94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	3	96. Wayne	10
25. Craven	3,850	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	2
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson		65. New Hanover	9		
30. Davie		66. Northampton		101. Georgia	4
31. Duplin	30	67. Onslow	721	102. South Carolina	1
32. Durham	2	68. Orange	2	103. Tennessee	
33. Edgecombe	1	69. Pamlico	483	104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	61
35. Franklin		71. Pender	9	106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	7,033

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

cumulative

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Craven

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	6
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	42	43. Harnett		79. Rockingham	
8. Bertie	2	44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson	1	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		51. Johnston		87. Swain	
16. Carteret	300	52. Jones	104	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	10	90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	1,051	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	1
31. Duplin	4	67. Onslow	136	102. South Carolina	
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	1	69. Pamlico	114	104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	9
35. Franklin		71. Pender	7	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,799

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

CarolinaEast Medical Center

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County:

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	6
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	42	43. Harnett		79. Rockingham	
8. Bertie	2	44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson	1	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		51. Johnston		87. Swain	
16. Carteret	300	52. Jones	104	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	10	90. Union	
19. Chatham		55. Lincoln	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	1,051	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	1
31. Duplin	4	67. Onslow	136	102. South Carolina	
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	1	69. Pamlico	114	104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	9
35. Franklin		71. Pender	7	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,799

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

Patient Origin - Psychiatric and Substance Abuse

Facility County: Craven

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				6	6					
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort				31	31					
8. Bertie										
9. Bladen										
10. Brunswick				17	17					
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden				8	8					
16. Carteret				595	595					
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus				6	6					
25. Craven				4,796	4,796					
26. Cumberland				4	4					
27. Currituck				4	4					
28. Dare				7	7					
29. Davidson										
30. Davie										
31. Duplin				42	42					
32. Durham										
33. Edgecombe				5	5					
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford				14	14					
42. Halifax										
43. Harnett				6	6					

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				28	28					
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston				13	13					
52. Jones				195	195					
53. Lee										
54. Lenoir				59	59					
55. Lincoln										
56. Macon										
57. Madison										
58. Martin				8	8					
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash				27	27					
65. New Hanover				21	21					
66. Northampton										
67. Onslow				552	552					
68. Orange				4	4					
69. Pamlico				263	263					
70. Pasquotank				6	6					
71. Pender				8	8					
72. Perquimans										
73. Person										
74. Pitt				144	144					
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				18	18					

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				8	8					
97. Wilkes										
98. Wilson				8	8					
99. Yadkin										
100. Yancey										
101. Out of State				38	38					
TOTAL					6,941					

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

CarolinaEast Medical Center

Patient Origin - MRI Services

Facility County: Craven

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	9
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	29	43. Harnett		79. Rockingham	
8. Bertie	2	44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson	1	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
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	245	52. Jones	159	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	16	90. Union	
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	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	1,715	61. Mitchell	1	97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	2	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	2
31. Duplin	5	67. Onslow	156	102. South Carolina	2
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	2	69. Pamlico	189	104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	19
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans	1	Total No. of Patients	2,567

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

CarolinaEast Diagnostic Center

Patient Origin - MRI Services

Facility County:

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	7
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	23	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	2
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret	148	52. Jones	100	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	7	90. Union	
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	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	1
25. Craven	1,346	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin	2	67. Onslow	77	102. South Carolina	1
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	85	104. Virginia	5
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,818

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

Patient Origin – Linear Accelerator Treatment

Facility County: Craven

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	1
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	6	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		51. Johnston		87. Swain	
16. Carteret	30	52. Jones	27	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	3	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	1
25. Craven	262	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	25	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	33	104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	2
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	391

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

Patient Origin – PET Scanner

Facility County: Craven

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		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	2	76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	12	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	1
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	177	52. Jones	33	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	4	90. Union	
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	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	423	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	1
31. Duplin	2	67. Onslow	105	102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	45	104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	815

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

Patient Origin – Emergency Department Services

Facility County: Craven

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	15	37. Gates		73. Person	3
2. Alexander		38. Graham		74. Pitt	457
3. Alleghany		39. Granville	3	75. Polk	
4. Anson		40. Greene	33	76. Randolph	10
5. Ashe	2	41. Guilford	50	77. Richmond	7
6. Avery		42. Halifax	4	78. Robeson	16
7. Beaufort	1,205	43. Harnett	16	79. Rockingham	2
8. Bertie	1	44. Haywood	2	80. Rowan	1
9. Bladen	14	45. Henderson	7	81. Rutherford	2
10. Brunswick	20	46. Hertford	5	82. Sampson	8
11. Buncombe	6	47. Hoke	5	83. Scotland	1
12. Burke		48. Hyde	7	84. Stanly	1
13. Cabarrus	10	49. Iredell	8	85. Stokes	4
14. Caldwell	2	50. Jackson	1	86. Surry	5
15. Camden	2	51. Johnston	30	87. Swain	
16. Carteret	2,400	52. Jones	3,959	88. Transylvania	
17. Caswell		53. Lee	8	89. Tyrrell	
18. Catawba	3	54. Lenoir	295	90. Union	4
19. Chatham	5	55. Lincoln	1	91. Vance	1
20. Cherokee		56. Macon		92. Wake	152
21. Chowan	2	57. Madison		93. Warren	1
22. Clay		58. Martin	11	94. Washington	13
23. Cleveland	3	59. McDowell	4	95. Watauga	2
24. Columbus	7	60. Mecklenburg	50	96. Wayne	64
25. Craven	53,003	61. Mitchell	2	97. Wilkes	3
26. Cumberland	50	62. Montgomery	2	98. Wilson	21
27. Currituck	5	63. Moore	4	99. Yadkin	4
28. Dare	7	64. Nash	18	100. Yancey	3
29. Davidson	6	65. New Hanover	48		
30. Davie	12	66. Northampton	2	101. Georgia	71
31. Duplin	60	67. Onslow	1,440	102. South Carolina	79
32. Durham	34	68. Orange	4	103. Tennessee	34
33. Edgecombe	16	69. Pamlico	4,950	104. Virginia	204
34. Forsyth	10	70. Pasquotank	2	105. Other States	946
35. Franklin	7	71. Pender	28	106. Other	3
36. Gaston	2	72. Perquimans	1	Total No. of Patients	70,031

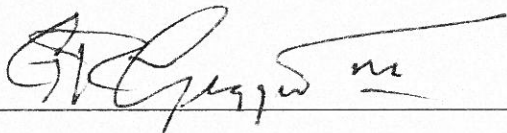
2017 Renewal Application for Hospital:
CarolinaEast Medical Center

License No: H0201
Facility ID: 923126

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: 2/13/2017

PRINT NAME

OF APPROVING OFFICIAL G. Raymond Leggett III, President/CEO

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.

Attachment 3

Renovation/Expansion
Proposed Total Capital Cost of Project Table

Project Name: Diagnostic Center

Proponent: CarolinaEast Medical Center

A. Site Costs

(1) Full purchase price of land		\$0	
Acres _____ Price per Acre		\$0	
(2) Closing costs		\$0	
(3) Site Inspection and Survey		\$0	
(4) Legal fees and subsoil investigation		\$0	
(5) Site Preparation Costs			
Soil Borings (Geotechnical and Mtl. Testing)	\$10,689		
Clearing-Earthwork	\$69,659		
Fine Grade For Slab	\$1,122		
Roads-Paving	\$305,316		
Concrete Sidewalks	\$43,771		
Water and Sewer	\$16,104		
Footing Excavation	\$ incl w/ Earthwork		
Footing Backfill	\$ incl w/ Earthwork		
Termite Treatment	3,073		
Other (Specify) Demolish AHEC Building (5,526 sf)	12,519		
Other (Specify) Site Demolition (Existing asphalt and concrete)	25,786		
Other (Specify) Erosion Control and Stabilization	29,578		
Other (Specify) Foundation Drainage	7,540		
Other (Specify) Fire Water Line	13,809		
Other (Specify) Misc. Concrete	7,236		
Other (Specify) Glass and Glazing on Canopy	60,672		
Other (Specify) Selective Building Demolition	12,519		
Other (Specify) Storm Sewer System	50,257		
Sub-Total Site Preparation Costs		669,650	
(6) Other (Specify) Landscape Irrigation & Hardscape		59,080	
(7) Sub-Total Site Costs			728,729

B. Construction Contract

(8) Cost of Materials			
Fees (DHSR Review Fees & City of NB Development Fees)	26,605		
General Requirements	380,751		
Concrete/Masonry (Foundations, Substructure & Superstructure)	636,279		
Woods/Doors & Windows/Finishes (Interiors)	1,062,849		
Thermal & Moisture Protection (Building Skin and Roofing)	573,596		
Equipment/Specialty Items	196,951		
Mechanical/Electrical	2,129,640		
Other (Specify) Controls	258,674		
Other (Specify) Deduct Sales Tax	-230,100		
Sub-Total Cost of Materials		5,035,246	
(9) Cost of Labor		1,322,164	
(10) Other (Specify) Insurance, Bonds, Contingencies and Contractor's Fee		1,319,813	
(11) Sub-Total Construction Contract			7,677,223

C. Miscellaneous Project Costs

(12) Building Purchase		0	
(13) Fixed Equipment Purchase/Lease (Equipment and Specialty Systems)		1,749,067	
(14) Movable Equipment Purchase/Lease		0	
(15) Furniture		190,348	
(16) Landscaping		130,000	
(17) Consultant Fees			
Architect and Engineering Fees	838,714		
Legal Fees	0		
Market Analysis	0		
Other (Specify) Consultants/Specialty Contractors	83,681		
Sub-Total Consultant Fees.....		922,395	
(18) Financing Costs (e.g. Bond, Loan, etc.).		0	
(19) Interest During Construction.		0	
(20) Other (Specify) Owner Contingency		443,895	
(21) Sub-Total Miscellaneous..			3,435,705
(22) Total Capital Cost of Project (Sum A-C above)			11,841,657

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

Leslie A. Allen, N.C. LICENSE # 4304

(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.

Leslie A. Allen
LESLIE A. ALLEN, VICE PRESIDENT FACILITIES SAFETY

(signature of Officer Authorized to Represent Provider/Company (Title of Officer))

Attachment 4

Renovation/Expansion
Proposed Total Capital Cost of Project Table

Project Name: Cancer Center

Proponent: CarolinaEast Medical Center

A. Site Costs

(1) Full purchase price of land		\$0	
Acres _____ Price per Acre		\$0	
(2) Closing costs		\$0	
(3) Site Inspection and Survey		\$0	
(4) Legal fees and subsoil investigation		\$0	
(5) Site Preparation Costs			
Soil Borings (Geotechnical and Mtl. Testing)	\$30,421		
Clearing-Earthwork	\$198,261		
Fine Grade For Slab	\$3,193		
Roads-Paving	\$868,975		
Concrete Sidewalks	\$124,580		
Water and Sewer	\$45,335		
Footing Excavation	\$ Incl w/ Earthwork		
Footing Backfill	\$ Incl w/ Earthwork		
Termite Treatment	8,747		
Other (Specify) Demolish AHEC Building (5,526 sf)	35,630		
Other (Specify) Site Demolition (Existing asphalt and concrete)	73,390		
Other (Specify) Erosion Control and Stabilization	84,185		
Other (Specify) Foundation Drainage	21,461		
Other (Specify) Fire Water Line	39,303		
Other (Specify) Misc. Concrete	20,595		
Other (Specify) Glass and Glazing on Canopy	172,682		
Other (Specify) Selective Building Demolition	35,630		
Other (Specify) Storm Sewer System	143,038		
Sub-Total Site Preparation Costs		1,905,926	
(6) Other (Specify) Landscape Irrigation & Hardscape		168,149	
(7) Sub-Total Site Costs			2,074,075


B. Construction Contract

(8) Cost of Materials			
Fees (DHSR Review Fees & City of NB Development Fees)	75,721		
General Requirements	1,083,445		
Concrete/Masonry (Foundations, Substructure & Superstructure)	1,810,949		
Woods/Doors & Windows/Finishes (Interiors)	3,025,032		
Thermal & Moisture Protection (Building Skin and Roofing)	1,632,544		
Equipment/Specialty Items	560,554		
Mechanical/Electrical	6,061,283		
Other (Specify) Controls	736,226		
Other (Specify) Infection Control Measures	15,000		
Other (Specify) Deduct Sales Tax	654,900		
Sub-Total Cost of Materials		14,345,854	
(9) Cost of Labor		10,623,332	
(10) Other (Specify) Insurance, Bonds, Contingencies and Contractor's Fee		3,756,391	
(11) Sub-Total Construction Contract			28,725,576

C. Miscellaneous Project Costs

(12) Building Purchase		0	
(13) Fixed Equipment Purchase/Lease (Equipment and Specialty Systems)		5,339,083	
(14) Movable Equipment Purchase/Lease		0	
(15) Furniture		896,480	
(16) Landscaping		370,000	
(17) Consultant Fees			
Architect and Engineering Fees	2,390,489		
Legal Fees	0		
Market Analysis	0		
Other (Specify) Consultants/Specialty Contractors	238,766		
Sub-Total Consultant Fees.....		2,629,255	
(18) Financing Costs (e.g. Bond, Loan, etc.).		0	
(19) Interest During Construction.		0	
(20) Other (Specify) Owner Contingency		1,000,000	
(21) Sub-Total Miscellaneous..			10,234,818
(22) Total Capital Cost of Project (Sum A-C above)			41,034,469

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



SAN McDONALD, AIA
(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.



LESLIE H ALLEN, VICE PRESIDENT FACILITIES & SAFETY
(Signature of Officer Authorized to Represent Provider/Company (Title of Officer))

Attachment 5

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2017, this license is issued to

CarolinaEast Health System

to operate a hospital known as

CarolinaEast Medical Center

located in New Bern, North Carolina, Craven 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: 923126

License Number: H0201

Bed Capacity: 350

General Acute 307, Rehabilitation 20, Psych 23,

Dedicated Inpatient Surgical Operating Rooms: 3

Dedicated Ambulatory Surgical Operating Rooms: 6

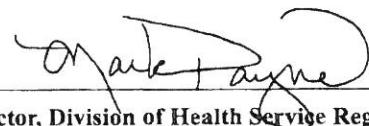
Shared Surgical Operating Rooms: 9

Dedicated Endoscopy Rooms: 2

Authorized by:

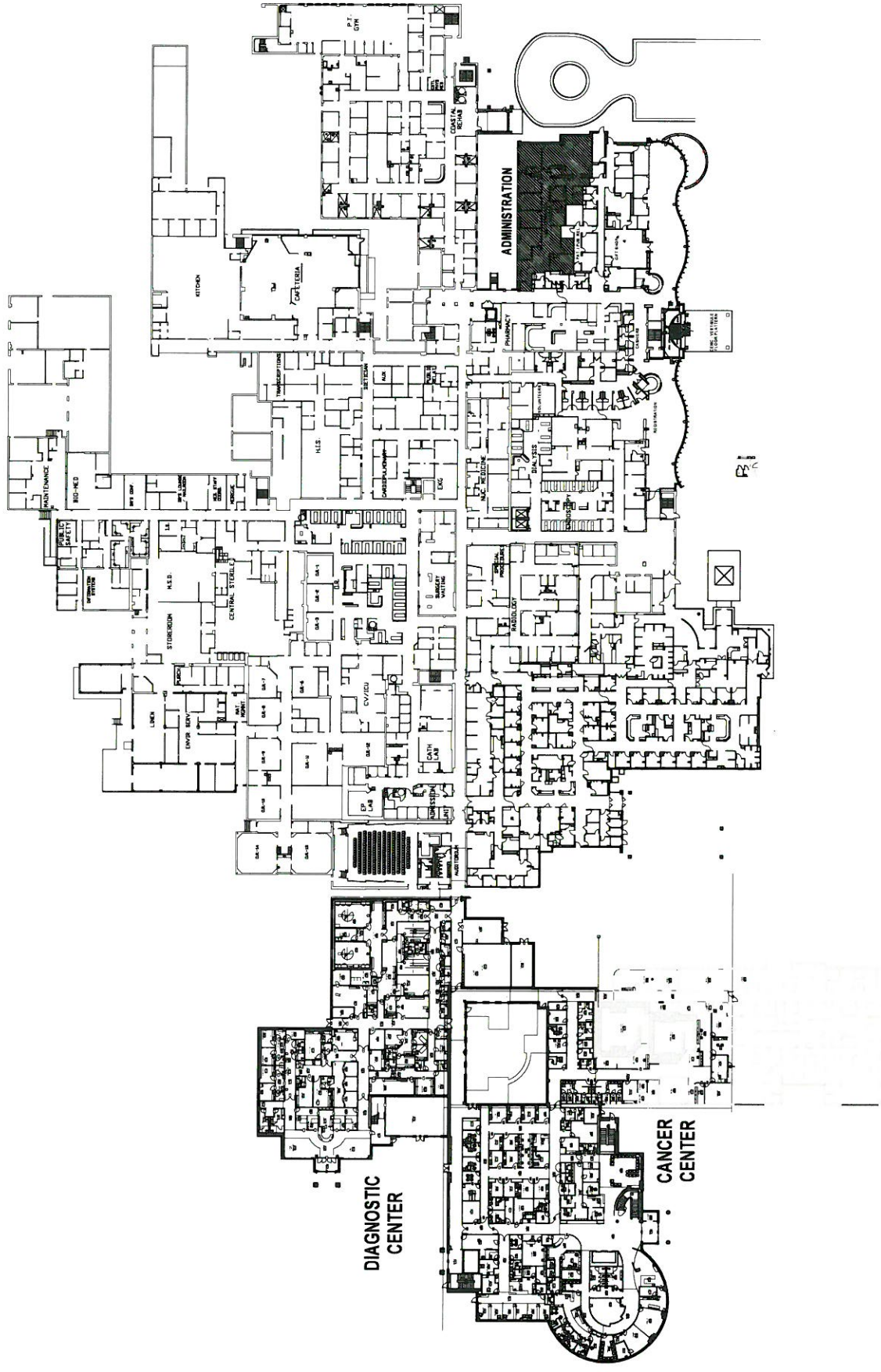


Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation

Attachment 6



CAROLINA EAST MEDICAL CENTER - NEW BERN, NORTH CAROLINA

OVERALL FIRST FLOOR PLAN