



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

February 3, 2022

Kenneth Burgess  
[kburgess@bakerdonelson.com](mailto:kburgess@bakerdonelson.com)

**Exempt from Review**

**Record #:** 3804  
**Date of Request:** January 20, 2022  
**Facility Name:** McDowell Hospital  
**FID #:** 943492  
**Business Name:** MH Mission Hospital McDowell, LLLP  
**Business #:** 1800  
**Project Description:** Revision of two previous exemption requests (Record # 1756 and Record # 2495) to construct a replacement hospital on the same campus as the existing hospital in multiple phases, including the development of an additional tower, for a total of no more than 65 acute care beds upon completion of the project.  
**County:** McDowell

Dear Mr. Burgess:

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

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

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

Sincerely,

Ena Lightbourne, Project Analyst

Micheala Mitchell, Chief

cc: Construction Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

KENNETH LEE BURGESS, SHAREHOLDER  
Direct Dial: 919.294.0802  
E-Mail Address: [kburgess@bakerdonelson.com](mailto:kburgess@bakerdonelson.com)

January 20, 2022

**VIA U.S. MAIL**

Micheala Mitchell  
Chief  
Healthcare Planning and Certificate of Need Section  
N.C. Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, N.C. 27603  
*Via email to:* [mmitchell@dhhs.nc.gov](mailto:mmitchell@dhhs.nc.gov)

***Re: MH Mission Hospital McDowell, LLLP: Revised Notice of Exemption for Hospital Replacement Project***

Dear Micheala:

I am writing on behalf of our client MH Mission Hospital McDowell, LLLP (“McDowell” or “McDowell Hospital”) in connection with discussions you and I had several weeks ago about a hospital replacement project at McDowell Hospital which was submitted to the N.C. Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the “Agency”) back in 2015 via a Notice of Exemption (the “Replacement Project”), my subsequent Clarified Exemption Notice filed in 2018, and the approval thereof by the Agency. The purpose of this correspondence is to provide you with a Revised Notice of Exemption for the McDowell Hospital Replacement Project.

**Background**

In September of 2015, McDowell’s legal counsel at the time submitted to the Agency a Notice of Exemption notifying the Agency of McDowell’s plans to rebuild its aging hospital facility on the same site at 430 Rankin Drive, Marion, North Carolina. That Notice of Exemption was subsequently approved by the Agency thus authorizing McDowell to proceed with its Replacement Project without first obtaining a certificate of need. See Attachment 1 for McDowell’s 2015 Notice

of Exemption and the Agency's response thereto<sup>1</sup>. In early 2019, as you know, HCA Healthcare acquired the entire Mission Health System, including the McDowell Hospital.

On February 5, 2018, I prepared and submitted to the Agency a Request for Clarification regarding McDowell's 2015 Notice of Exemption. In my correspondence, I explained that McDowell was planning to develop the Replacement Project in two phases – thirty (30) of its sixty-five (65) licensed acute care beds would be developed as part of Phase I of the Replacement Project and the remaining thirty-five (35) acute care beds would be developed at a later date, and that McDowell intended to retain and eventually develop all sixty-five (65) licensed beds. I also explained that McDowell had always presented the Replacement Project to the Agency and to the Construction Section of the Division of Health Service Regulation ("DHSR") as a two-stage development project and that plans submitted to the Construction Section were submitted as Phase I and Phase II construction plans. *See Attachment 2 for McDowell's 2018 Request for Clarification of 2015 Notice of Exemption.*

My February 5, 2018 Request for Clarification requested that the Agency confirm that its approval of McDowell's 2015 Notice of Exemption permitted McDowell to develop the Replacement Project in two stages. The Agency did confirm that its original approval of the McDowell 2015 Notice of Exemption permitted the Replacement Project to be developed in two stages. *See Attachment 3 for Agency's February 8, 2018 response to McDowell's Request for Clarification of Notice of Exemption.*

Phase I of the McDowell Replacement Project was completed and licensed by the DHSR Construction Section in March of 2018. McDowell is now preparing to initiate further stages of the Replacement Project. However, for a variety of reasons, McDowell has determined that it would like to develop the remaining thirty-five (35) beds in multiple stages, rather than all at once. This decision is driven by multiple factors including the current dynamics of the workforce, continued innovations in the delivery of health care, and McDowell's desire to develop its full licensed bed complement in a thoughtful manner.

The next phase of the Replacement Project is scheduled to involve the development of an additional tower that will expand licensed beds to 41 with the ability to expand to 49 beds through additional upfit of shell space on this floor. Additionally, the project will ensure the ability to build out a third floor to complete the complement of sixty-five (65) licensed beds in the future. McDowell plans to submit plans for this next development stage to the DHSR Construction Section in the next few weeks.

Completion of this next stage of the Replacement Project will leave a total of twenty-four (24) of McDowell's total sixty-five (65) beds to be developed at a later time and potentially in multiple stages. We will continue to apprise the Agency and the DHSR Construction Section of plans and timing for the development of those remaining twenty-four (24) licensed acute care beds.

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<sup>1</sup> The original Notice of Exemption is being provided here without its attachments due to the size of the original document. We will be happy to provide those attachments upon request by the Agency.

Micheala Mitchell

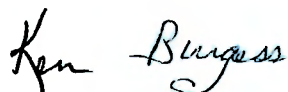
January 20, 2022

Page 3

In our recent discussions about this topic, you recommended the McDowell submit to the Agency a Revised Notice of Exemption specifically setting out McDowell's plans to develop the remaining, undeveloped thirty-five (35) licensed acute care beds in multiple stages to avoid any doubt or confusion on the part of the Agency or the Construction Section. The purpose of this correspondence is to notify the Agency of McDowell's revised staged development plan for its remaining licensed acute care beds and to obtain confirmation that the Agency's approval of McDowell's original 2015 Notice of Exemption and/or McDowell's 2018 Request for Clarification and this Revised Notice of Exemption are sufficient to authorize McDowell to proceed with development of its remaining undeveloped licensed acute care beds in multiple stages, beginning with the development of eleven (11) beds in the next few weeks.

Please let me know if you need additional information regarding the Revised Notice of Exemption. As always, we appreciate your assistance with this matter.

Best regards,

A handwritten signature in cursive script that reads "Ken Burgess".

Kenneth Lee Burgess, Shareholder

KLB02

Enclosures

cc: Carol Wolfenbarger  
Sondra Smith

# Attachment 1

September 23, 2015

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

Re: Notice of Exemption for Replacement Hospital  
The McDowell Hospital  
Facility I.D. No. 943492

Dear Martha and Julie:

Pursuant to N.C. Gen. Stat. § 131E-184(g), The McDowell Hospital gives this prior written notice of its intent to construct a replacement hospital on the same site as the existing hospital.

The sole purpose of the replacement hospital project is to replace on the same site an existing health service facility that is located on the main campus. The site map attached as Exhibit A shows that the replacement hospital will be on the same site and campus as the existing hospital, where clinical patient services are provided. As shown in its 2015 License Renewal Application, attached as Exhibit B, The McDowell Hospital is located at 430 Rankin Drive, Marion, North Carolina 28752, and this location is the main and only campus for the licensed health service facility. The address for the replacement hospital will remain the same. Carol C. Wolfenbarger currently serves as the President of The McDowell Hospital, and her office is located at The McDowell Hospital. Her role as the President of The McDowell Hospital includes the exercise of administrative and financial control of the Hospital and the grounds and buildings adjacent to the main hospital building.

The replacement hospital is needed because the existing hospital is over 30 years old and is becoming functionally obsolete. The McDowell Hospital assessed the possibility of significant renovations and determined that the limitations of the existing facility with regard to ceiling height, room size, electrical and mechanical systems, and HVAC systems make renovation impractical. The McDowell Hospital has evolved in recent years to have a significant ambulatory focus for its entire campus, and the existing facility, even with significant renovations, could not accommodate the needs of future patients, clinicians, and technology.

The McDowell Hospital plans to continue operating the existing facility during the construction process, and it will work to minimize disruptions to operations and parking during the construction process. Because of its age and related operational challenges, the existing hospital will be demolished after the replacement hospital becomes fully operational, and the site of the existing hospital will be used for surface parking.

The proposed replacement hospital project does not constitute the development of any new institutional health service for the following reasons:

- The project does not involve a change in bed capacity. The McDowell Hospital is currently licensed for 65 acute care beds and does not plan to add any new beds. There will be no redistribution of beds from one category to another as part of this project.
- The project does not involve the addition of any operating rooms. The McDowell Hospital is currently licensed for three shared operating rooms and one dedicated C-Section operating room, and it expects to be licensed for three shared operating rooms and one dedicated C-Section operating room after the project is complete.
- There is currently one GI endoscopy room at The McDowell Hospital, and there will be one GI endoscopy room when the project is complete.
- The project does not involve the acquisition of any major medical equipment. The McDowell Hospital will transfer its existing imaging equipment, including a CT scanner and an MRI scanner, to the replacement hospital.
- The project does not involve the addition of a health service that is not currently offered at The McDowell Hospital.
- The project does not involve the addition of a health service facility.
- The project does not involve a change in a project for which a CON was issued. The McDowell Hospital does not have any CON projects under development or completed within the last year.

The McDowell Hospital plans to locate its three shared operating rooms and one endoscopy suite in leased space in a physician office building to be constructed on its campus and connected to the replacement hospital. A separate exemption notice is being provided by the developer of the office building. The leased space for the operating rooms and endoscopy room will be constructed according to applicable licensure and construction standards and licensed as part of the Hospital. Less than 30% of the surgeries performed at The McDowell Hospital are

Martha Frisone, Assistant Chief of CON  
Julie Halatek, Project Analyst  
September 23, 2015  
Page 3

performed on inpatients, so the location of the operating rooms in the connected physician office building is designed to maximize their use and efficiency for ambulatory surgery while still making them easily accessible for inpatient surgery.

The capital expenditure for the replacement hospital project will exceed \$2 million. The current estimated capital expenditure for the replacement hospital, including the operating rooms and endoscopy room, is \$28.3 million.

Pursuant to N.C. Gen. Stat. §131E-184(g), we request that you confirm in writing that The McDowell Hospital's replacement of its existing, licensed hospital on the same site, which is located on its main campus, is exempt from certificate of need review. Please let me know if you have questions or need any additional information.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP

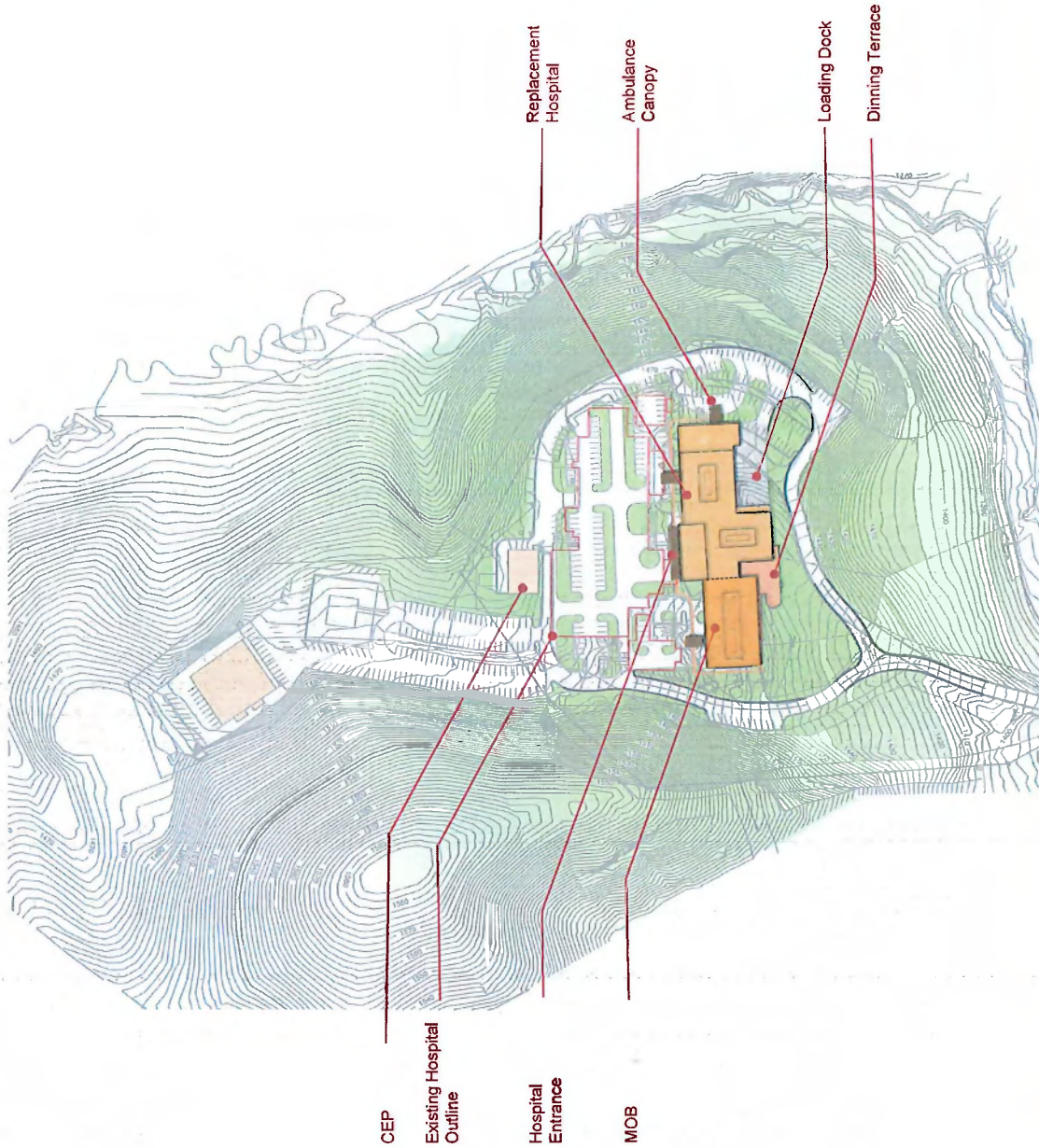


Terrill Johnson Harris

Enclosures

cc: Brian Moore





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

**For Official Use Only**  
 License # H0097 Medicare # 340087  
 FID #: 943492  
 PC 15 Date 2/5/15  
 License Fee: \$1,487.50

**2015  
 HOSPITAL LICENSE  
 RENEWAL APPLICATION**

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

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

PRIMARY: The McDowell Hospital  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

Facility Mailing Address: P O Box 730  
 Marion, NC 28752

Facility Site Address: 430 Rankin Dr  
 Marion, NC 28752

County: McDowell  
 Telephone: (828)659-5000  
 Fax: (828)652-1626

**PAID**  
 CK NO. 725431  
 DATE 1-16-15  
\$1,487.50

Administrator/Director: ~~Lynn Boggs~~ Bob Bedwarek  
 Title: ~~President/Ceo~~ Interim President  
 (Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Bob Bedwarek Title: Interim President  
 (Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Clint Stewart Telephone: 828/659-5196  
 E-Mail: clint.stewart@msj.org

*Clint  
2/6/15  
PUC*

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

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e)(f) 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.

- 1) Please provide the main website address for the hospital:

www.mcdowellhospital.org

- 2) Please provide the website address and / or link to access the hospital's charity care policy

www.mcdowellhospital.org Patients Financial Assistance

- 3) Please provide the website address and / or link to access the hospital's schedule H 990 form.

www.guidestar.org

**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: Bob Bedward

Date: 11/12/2014

PRINT NAME

OF APPROVING OFFICIAL Bob Bedward

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

Primary National Provider Identifier (NPI) registered at NPPES 1699772657

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

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

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

List Name(s) of facilities:	Address:	Type of Business / Service:
<i>McDowell Pediatrics</i>	<i>387 HS 70 W, Marion, NC 28752</i>	<i>Physician Practice</i>
<i>Community Medicine Old Fort</i>	<i>32 East Main St., Old Fort, NC 28762</i>	<i>Physician Practice</i>
<i>Family Medicine Nebo</i>	<i>339 Nebo School Road, Nebo, NC 28761</i>	<i>Physician Practice</i>
<i>Family Medicine Glenwood</i>	<i>5623 221A, Marion, NC 28752</i>	<i>Physician Practice</i>
<i>McDowell Pain Management</i>	<i>100 Spaulding Rd., Marion, NC 28752</i>	<i>Physician Practice</i>

Please attach a separate sheet for additional listings

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

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

Type of Health Care Facilities under Hospital License (continued)

List Name(s) of Facilities:	Address:	Type of Business/Service:
McDowell Orthopedics	100 Spaulding Road, Marion, NC 28752	Physician Practice
McDowell Hospitalists	430 Rankin Drive, Marion, NC 28752	Inpatient Physician Practice
Mission MyCare Specialty	149 West Parker Road, Morganton, NC 28655	Rotating Physician Practice
Health Plus of McDowell Hospital <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• McDowell Surgical Services</li> <li>• Wound Healing</li> <li>• Urology</li> <li>• McDowell Women's Care</li> </ul>	472 Rankin Drive, Marion, NC 28752	Rural Health Clinic
Mission Health – Sugar Hill <ul style="list-style-type: none"> <li>• McDowell Internal Medicine</li> <li>• McDowell OB/Gyn</li> </ul>	1633 Sugar Hill Road, Marion, NC 28752	Physician Office Practices

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

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

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

Owner: The McDowell Hospital Inc  
Street/Box: 430 Rankin Dr  
City: Marion State: NC Zip: 28752  
Telephone: (828)659-5100 Fax: (828)652-1626  
CEO: ~~Lynn Boggs President/CEO~~ Bob Bedward - Interim President

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

If 'Yes', name of Health System\*: Missin Health System

\* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: Arnold Paulus, MD

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

If "YES", name of building owner:  
\_\_\_\_\_

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

If 'Yes', name and address of the management company.  
Name: \_\_\_\_\_  
Street/Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

3. Vice President of Nursing and Patient Care Services:  
Kathy Heffner, CNO

4. Director of Planning: \_\_\_\_\_

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

## Facility Data

**A. Reporting Period** All responses should pertain to the period **October 1, 2013 to September 30, 2014.**

**B. General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>2,087</i>				
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 5; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>2,101</i>				
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	<i>19.43</i>				
d. Was there a permanent change in the total number of licensed beds during the reporting period?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No		<input checked="" type="checkbox"/>
Yes	No				
	<input checked="" type="checkbox"/>				
If 'Yes', what is the current number of licensed beds?					
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:					
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	<i>836</i>				

**C. Designation and Accreditation**

1. Are you a designated trauma center? \_\_\_ Yes ( \_\_\_ Designated Level # )  No
2. Are you a critical access hospital (CAH)? \_\_\_ Yes  No
3. Are you a long term care hospital (LTCH)? \_\_\_ Yes  No
4. Is this facility TJC accredited?  Yes  No Expiration Date: *02/18/2015*
5. Is this facility DNV accredited? \_\_\_ Yes  No Expiration Date: \_\_\_\_\_
6. Is this facility AOA accredited? \_\_\_ Yes  No Expiration Date: \_\_\_\_\_
7. Are you a Medicare deemed provider?  Yes \_\_\_ No

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

**D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)**

**[Please provide a Beds by Service (p. 5) for each hospital campus (see G.S. 131E-176(2c))]**

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

<b>Licensed Acute Care (provide details below)</b>	<b>Licensed Beds as of September 30, 2014</b>	<b>Operational Beds as of September 30, 2014</b>	<b>Annual Census Inpt. Days of Care</b>
<i>Campus</i> _____			
<b>Intensive Care Units</b>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	9	9	1,746
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<b>Other Units</b>			
i. Gynecology			
j. Medical/Surgical ***	51	35	*** 4,888
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	5	5	549
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
<b>Total General Acute Care Beds/Days (a through q)</b>	<b>65</b>	<b>49</b>	<b>7,183</b>
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
<b>10. Totals (1 through 9)</b>	<b>65</b>	<b>49</b>	<b>7,183</b>

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

\*\* Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

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



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

**D. Beds by Service (Inpatient) continued**

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

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

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

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a - q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 13)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 13)
Self Pay/Indigent/Charity	318	3,787	4,139	14	70
Medicare & Medicare Managed Care	4,577	5,754	27,763	109	267
Medicaid	1,356	6,638	9,428	125	179
Commercial Insurance	24	377	550	1	7
Managed Care	734	3,354	17,771	67	262
Other (Specify)	174	499	2,655	2	12
<b>TOTAL</b>	<b>7,183</b>	<b>20,409</b>	<b>62,306</b>	<b>318</b>	<b>797</b>

**F. Services and Facilities**

**1. Obstetrics**

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	130
b. Live births (Cesarean Section)	89
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	3
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)	7

**2. Abortion Services**

Number of procedures per Year

N/A

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

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

- a. Total Number of ED Exam Rooms: 11. Of this total, how many are:
- a.1. # Trauma Rooms 2
  - a.2 # Fast Track Rooms 0
  - a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 20,409
- c. Total Number of admits from the ED for reporting period: 4,736
- d. Total Number of Urgent Care visits for reporting period: \_\_\_\_\_
- e. Does your ED provide services 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours of operation: \_\_\_\_\_
- f. Is a physician on duty in your ED 24 hours a day 7 days per week?  Yes  No  
 If no, specify days/hours physician is on duty: \_\_\_\_\_

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

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

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

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

- a. Blood Bank/Transfusion Services  Yes  No
- b. Histopathology Laboratory  Yes  No
- c. HIV Laboratory Testing  Yes  No  
 Number during reporting period  
 HIV Serology 27  
 HIV Culture 0
- d. Organ Bank  Yes  No
- e. Pap Smear Screening  Yes  No

**6. Transplantation Services** - Number of transplants N/A

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

Do you perform living donor transplants?  Yes  No.

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

N/A

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

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

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

Name of Mobile Vendor: \_\_\_\_\_

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

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

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

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

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

**NOTE:** If this License includes more than one campus, please copy pages 10 - 13 for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 13 for each campus.

(Campus – If multiple sites: \_\_\_\_\_)

**a) Surgical Operating Rooms**

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	3
<b>Total of Surgical Operating Rooms</b>	<b>4</b>

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

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

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

Total Number of Procedure Rooms: 1

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	0
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	0
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	14
42820	Tonsillectomy and adenoidectomy; younger than age 12	9
42830	Adenoidectomy, primary; younger than age 12	3

Continued on next page

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

**20 Most Common Outpatient Surgical Cases Table – Continued**

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)	20
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	150
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	1
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)	7
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)	87
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	197
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	2
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	120
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)	179
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	11
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	11
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

Continued on next page

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

**20 Most Common Outpatient Surgical Cases Table – Continued**

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	11

**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: 1

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

CON Project ID Number(s) \_\_\_\_\_

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	39	494	59	669
Non-GI Endoscopy				
<b>Totals</b>	<b>39</b>	<b>494</b>	<b>59</b>	<b>669</b>

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

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

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

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

(Campus – If multiple sites: \_\_\_\_\_)

**d) Surgical Cases by Specialty Area Table**

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

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	118	285
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	32	173
Ophthalmology		
Oral Surgery		
Orthopedics	52	104
Otolaryngology		30
Plastic Surgery		
Urology	26	189
Vascular		
Other Surgeries (specify) <i>Podiatry</i>	1	16
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
<b>Total Surgical Cases Performed Only in Licensed ORs</b>	<b>318</b>	<b>797</b>

**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 12.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		289
Cystoscopy		90
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) <i>Dental</i>		122
Other (specify) <i>Lithotripsy</i>	1	23
Other (specify)		
<b>Total Non-Surgical Cases</b>	<b>1</b>	<b>524</b>

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

**Imaging Procedures**

*N/A*

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

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



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

Imaging Procedures

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

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	1,267
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	138
71010	Radiologic examination, chest; single view, frontal	1,486
71020	Radiologic examination, chest; two views, frontal and lateral	2,728
71260	Computed tomography, thorax; with contrast material(s)	261
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	208
72100	Radiologic examination, spine, lumbosacral; two or three views	640
72110	Radiologic examination, spine, lumbosacral; minimum of four views	67
72125	Computed tomography, cervical spine; without contrast material	399
73030	Radiologic examination, shoulder; complete, minimum of two views	626
73110	Radiologic examination, wrist; complete, minimum of three views	639
73130	Radiologic examination, hand; minimum of three views	425
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	582
73564	Radiologic examination, knee; complete, four or more views	548
73610	Radiologic examination, ankle; complete, minimum of three views	565
73630	Radiologic examination, foot; complete, minimum of three views	467
74000	Radiologic examination, abdomen; single anteroposterior view	179
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	106
74176	Computed tomography, abdomen and pelvis; without contrast material	580
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	808

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

**9. Average Operating Room Availability and Average Case Times:**

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
8	260	180	90

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

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

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

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

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

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

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

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and 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*:

Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	# 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	
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )								
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures		43	115	158	356	1,058	1,414	1,572
Procedures performed on mobile MRI scanners <b>only at this site</b>								
Name(s) of Mobile MRI Provider(s):								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 34 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 34 of this application.								
Other Human Research MRI scanners								

\* 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.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	3
70544	MRA Head w/o	41
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	3
70549	MRA Neck w/o & with	7
70551	MRI Brain w/o	273
70552	MRI Brain with contrast	
	Subtotal for this page	328

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

**10b. MRI Procedures by CPT Codes *continued*. . . .**

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	141
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	1
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	160
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	18
72146	MRI Thoracic Spine w/o	32
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	15
72148	MRI Lumbar Spine w/o	327
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	105
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	17
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	8
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	1
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	6
73221	MRI Upper Ext, any joint w/o	108
73222	MRI Upper Ext, any joint with contrast	8
73223	MRI Upper Ext, any joint w/o & with	6
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	22
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	12
73721	MRI Lower Ext any joint w/o	175
73722	MRI Lower Ext any joint with contrast	1
73723	MRI Lower Ext any joint w/o & with	14
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	8
74182	MRI Abdomen with contrast	
	Subtotal for this page	1,186

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

**10b. MRI Procedures by CPT Codes *continued* . . . .**

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	56
74185	MRA Abdomen w/o OR with contrast	2
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		58
Total Number of Procedures for all pages		1,572

**10c. Computed Tomography (CT)**

How many fixed CT scanners does the hospital have? 1

Does the hospital contract for mobile CT scanner services? \_\_\_ Yes  No

If yes, identify the mobile CT vendor \_\_\_\_\_

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	1115	X	1.00	=	1115
2	Head with contrast	3	X	1.25	=	3.75
3	Head without and with contrast	20	X	1.75	=	35
4	Body without contrast	1196	X	1.50	=	1794
5	Body with contrast	1299	X	1.75	=	2273.25
6	Body without contrast and with contrast	551	X	2.75	=	1515.25
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

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

N/A

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

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

**10d. Other Imaging Equipment**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	0			
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	2	369	3737	4106
Mammography equipment	1	0	1217	1217
Bone Density Equipment	1	0	149	149
Fixed X-ray Equipment (excluding fluoroscopic)	5	967	12,658	13,625
Fixed Fluoroscopic X-ray Equipment	1	65	425	491
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	1	0	0	0
Mobile SPECT				
Vendor:				
Gamma Camera	1	41	168	209
Mobile Gamma Camera				
Vendor:				

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

**10e. Lithotripsy**

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0			
Mobile	1		23	24

Lithotripsy Vendor/Owner:  
*Truettville Lithotripsy*

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

N/A

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

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

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

**11. Linear Accelerator Treatment Data *continued***

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

**12. Telemedicine**

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

**13. Additional Services:**

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

	Check		Check
1. Cardiac Rehab Program (Outpatient)	<input checked="" type="checkbox"/>	5. Rehabilitation Outpatient Unit	<input checked="" type="checkbox"/>
2. Chemotherapy	<input checked="" type="checkbox"/>	6. Podiatric Services	
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. <b>Number</b> of Acute Dialysis Stations	





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

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	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						
.5000 Facility Based Crisis Center						

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

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

**13. Additional Services: *continued***

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

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

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

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

**Patient Origin - General Acute Care Inpatient Services**

Facility County: **McDowell**

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

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		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	5	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	2	80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	38
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	35	47. Hoke		83. Scotland	
12. Burke	50	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	1
16. Carteret		52. Jones		88. Transylvania	4
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	4	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	1,882	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	23	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	7
29. Davidson		65. New Hanover		<i>NC Total</i>	2,060
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	/	102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	22
35. Franklin		71. Pender		106. Other	
36. Gaston	/	72. Perquimans		<b>Total No. of Patients</b>	<b>2,087</b>

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

**Patient Origin – Inpatient Surgical Cases**

**Facility County: McDowell**

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 13.**

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	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	8
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	10	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	1	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	1	59. McDowell	275	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	8	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson		65. New Hanover		NC Total	313
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	318

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

**Patient Origin – Ambulatory Surgical Cases**

**Facility County: McDowell**

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 13.

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	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	5	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	26
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	5	47. Hoke		83. Scotland	
12. Burke	29	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison	1	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	680	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	26	97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	8
29. Davidson		65. New Hanover		NC Total	790
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	4
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	797

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

**Patient Origin – Gastrointestinal Endoscopy (GI) Cases**

**Facility County: McDowell**

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

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 12 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 13.

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	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	2	81. Rutherford	20
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke	11	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	2	54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	481	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	5	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover		NC Total	530
30. Davie		66. Northampton		101. Georgia	3
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	533

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

**Patient Origin - Psychiatric and Substance Abuse**

*n/a*

Facility County: **McDowell**

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

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

Continued on next page



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

*N/A*

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

Continued on next page

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

*N/A*

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

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

Continued on next page

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

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

Continued on next page

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

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

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

**Patient Origin - MRI Services**

Facility County: **McDowell**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	29
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	11	47. Hoke		83. Scotland	
12. Burke	48	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell	4	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	1	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell	1,280	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	21	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	4
29. Davidson		65. New Hanover		NC Total	1,406
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		Total No. of Patients	1,415

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

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

**Patient Origin – Linear Accelerator Treatment**

N/A

**Facility County: McDowell**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
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		<b>Total No. of Patients</b>	

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

**Patient Origin – PET Scanner**

*N/A*

**Facility County: McDowell**

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
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		<b>Total No. of Patients</b>	

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

**Patient Origin – Emergency Department Services**

**Facility County: McDowell**

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	2	37. Gates		73. Person	
2. Alexander	4	38. Graham	1	74. Pitt	1
3. Alleghany		39. Granville	1	75. Polk	8
4. Anson		40. Greene		76. Randolph	2
5. Ashe	2	41. Guilford	7	77. Richmond	
6. Avery	47	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	3	79. Rockingham	3
8. Bertie		44. Haywood	19	80. Rowan	
9. Bladen		45. Henderson	40	81. Rutherford	410
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	437	47. Hoke		83. Scotland	1
12. Burke	707	48. Hyde		84. Stanly	2
13. Cabarrus	1	49. Iredell	7	85. Stokes	2
14. Caldwell	21	50. Jackson	1	86. Surry	1
15. Camden		51. Johnston	6	87. Swain	5
16. Carteret		52. Jones		88. Transylvania	30
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	40	54. Lenoir	2	90. Union	3
19. Chatham	1	55. Lincoln	14	91. Vance	1
20. Cherokee	1	56. Macon	1	92. Wake	11
21. Chowan		57. Madison	5	93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland	50	59. McDowell	17,781	95. Watauga	8
24. Columbus	1	60. Mecklenburg	28	96. Wayne	
25. Craven	3	61. Mitchell	236	97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	4	99. Yadkin	1
28. Dare	1	64. Nash		100. Yancey	106
29. Davidson		65. New Hanover	3	<i>NC Total</i>	<i>20,101</i>
30. Davie	1	66. Northampton		101. Georgia	21
31. Duplin		67. Onslow	2	102. South Carolina	61
32. Durham	1	68. Orange	1	103. Tennessee	26
33. Edgecombe	1	69. Pamlico		104. Virginia	18
34. Forsyth	9	70. Pasquotank	1	105. Other States	175
35. Franklin	2	71. Pender		106. Other	7
36. Gaston	4	72. Perquimans		<b>Total No. of Patients</b>	<b>20,409</b>



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

**This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2015 hospital license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2015 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: Bob Bednarek Date: 1/12/2015

PRINT NAME  
OF APPROVING OFFICIAL Bob Bednarek, Interim President

**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.



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Drexdal Pratt  
Division Director

October 2, 2015

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

**Exempt from Review**

**Record #:** 1756  
**Facility Name:** The McDowell Hospital  
**FID #:** 943492  
**Business Name:** The McDowell Hospital  
**Business #:** 1800  
**Project Description:** Construct a replacement hospital on the same campus as the existing hospital  
**County:** McDowell

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of September 25, 2015 and September 29, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

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

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

**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

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

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

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

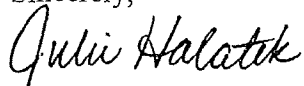
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Terri Harris  
October 2, 2015  
Page 2

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

Sincerely,



Julie Halatek  
Project Analyst



Martha J. Frisone, Assistant Chief  
Certificate of Need

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

## Halatek, Julie F

---

**From:** Terri Harris <Terri.Harris@smithmoorelaw.com>  
**Sent:** Tuesday, September 29, 2015 4:37 PM  
**To:** Halatek, Julie F  
**Subject:** RE: Additional information needed - exemption request for McDowell Hospital  
**Attachments:** Site Plan - Exhibit B.pdf

Julie – please see the attached map. This one should work.

Thanks.

**Terri Harris**  
**Smith Moore Leatherwood LLP**  
300 North Greene Street, Suite 1400  
Greensboro, NC 27401  
Direct: 336.378.5383 | vCard  
[www.smithmoorelaw.com](http://www.smithmoorelaw.com)

**SMITH MOORE  
LEATHERWOOD**  
ATTORNEYS AT LAW

---

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**From:** Halatek, Julie F [mailto:julie.halatek@dhhs.nc.gov]  
**Sent:** Tuesday, September 29, 2015 4:10 PM  
**To:** Terri Harris  
**Subject:** RE: Additional information needed - exemption request for McDowell Hospital

Terry, that map is exactly the same one as the one included in the request. I'm not sure if you meant to attach a different one.

Julie Halatek  
N.C. Department of Health and Human Services  
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, NC 27603  
(Office) 919.855.3873  
(Fax) 919.715.4413

[julie.halatek@dhhs.nc.gov](mailto:julie.halatek@dhhs.nc.gov)  
[www2.ncdhhs.gov/dhsr](http://www2.ncdhhs.gov/dhsr)

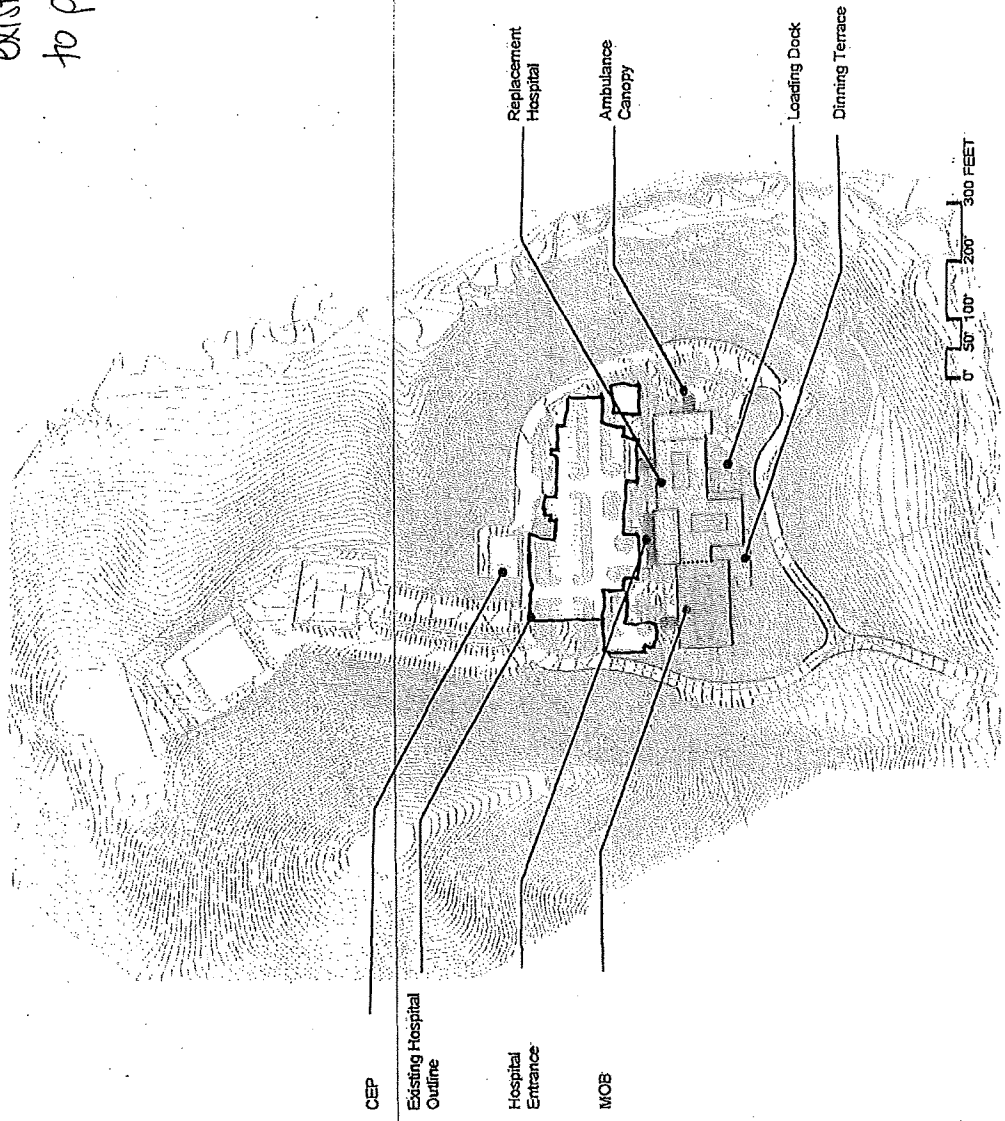
Julie Halatek  
N.C. Department of Health and Human Services  
Project Analyst, Healthcare Planning and Certificate of Need Section - Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, NC 27603  
(Office) 919.855.3873  
(Fax) 919.715.4413

[julie.halatek@dhhs.nc.gov](mailto:julie.halatek@dhhs.nc.gov)  
[www2.ncdhhs.gov/dhsr](http://www2.ncdhhs.gov/dhsr)

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Drew over outline of  
existing hospital outline due  
to print quality issues  
JAH  
9/26/15

Exhibit B



# Site Plan



DesignStrategies

# Attachment 2

February 5, 2018

Kenneth L. Burgess  
Partner  
D: 919.783.2917  
F: 252.972.7045  
kburgess@poynerspruill.com

VIA HAND-DELIVERY AND U.S. MAIL

Martha Frisone, Chief  
Julie Faenza, Project Analyst  
Healthcare Planning and Certificate of Need Section  
N.C. Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, N.C. 27603

**RE: *Request for Clarification Regarding Notice of Exemption For The McDowell Hospital Replacement Hospital***

Dear Martha and Julie:

I am writing on behalf of our client, The McDowell Hospital, located at 430 Rankin Drive, Marion, North Carolina 28752, Facility I.D. No. 943492, to request clarification of a Notice of Exemption issued by the N.C. Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section ("CON Section"), dated October 2, 2015, in which the CON Section confirmed that The McDowell Hospital's plans to construct a replacement hospital on the same site as the existing hospital ("the Project") was exempt from Certificate of Need ("CON") review pursuant to N.C. Gen. Stat. section 131E-184(g). For your convenience, I have attached a copy of our client's Notice of Exemption from CON review, dated September 23, 2015 and the CON Section's confirmation of the exempt status of the Project. **See** Attachments 1 (The McDowell Hospital's Notice of Exemption) and 2 (the CON Section's confirmation of the exempt status of the Project).

The Project is now nearing completion and our client is undergoing reviews and inspections by the Division of Health Service Regulation's Construction Section ("the Construction Section"). As you know, The McDowell Hospital is licensed for a total of sixty-five (65) general acute beds. When the Project was designed, our client elected to develop the Project in two phases, with Phase 1 including the construction of thirty (30) general acute beds first, followed by the Phase II construction of the remaining thirty-five (35) beds at a later date. This phased development was explained to representatives of the Construction Section back in 2015 and construction plans for both Phase I and Phase II were submitted to the Construction Section. At all times during the conception and development of the Project, The McDowell Hospital indicated its intent to preserve and ultimately develop and operate all sixty-five (65) of its licensed beds.

Consistent with that intent, The McDowell Hospital's September 23, 2015 Notice of Exemption to the CON Section indicated that The McDowell Hospital was licensed for sixty-five (65) beds and that the project "does not involve a change in bed capacity." **See** Attachment 1, p. 2. The Construction Section has suggested that we obtain clarification from the CON Section that, via the CON Section's confirmation of our client's Notice of Exemption, development of the Project in two phases, including all sixty-five (65) licensed general acute beds, was permissible.



Martha Frisone  
February 5, 2018  
Page 2

As such, I am writing to request written confirmation that pursuant to the CON S9ection's October 2, 2015 acknowledgement of the Project's status as exempt from CON review, The McDowell Hospital was permitted to develop the Project in two phases, encompassing all sixty-five (65) of the hospital's currently-licensed general acute beds.

Please let me know if you have questions about this correspondence or need additional information. We appreciate your prompt response to this request.

Very truly yours,



**Kenneth L. Burgess**  
*Partner*

cc: Lisa Pittman, Assistant Chief, Certificate of Need Section  
Don Esposito, Esq.  
Carol Wolfenbarger

Attachments

# Attachment 3



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

February 8, 2018

Kenneth L. Burgess  
301 Fayetteville Street, Suite 1900  
Raleigh, NC 26701

**Exempt from Review**

**Record #:** 2495  
**Facility Name:** McDowell Hospital  
**FID #:** 943492  
**Business Name:** The McDowell Hospital, Inc.  
**Business #:** 1800  
**Description:** Clarification of a previous exemption request (Record #1756) to construct a replacement hospital on the same campus as the existing hospital in two phases for a total of 65 acute care beds upon completion of the project  
**County:** McDowell

Dear Mr. Burgess:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of February 5, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(g). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

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

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

**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

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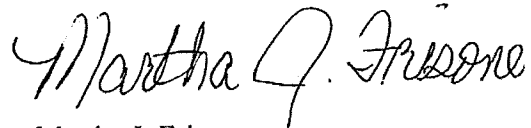
Kenneth L. Burgess  
February 8, 2018  
Page 2

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

Sincerely,



Julie M. Faenza  
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

**From:** [Mitchell, Micheala L](#)  
**To:** [Waller, Martha K](#)  
**Cc:** [Pittman, Lisa](#)  
**Subject:** FW: [External] MH Mission Hospital McDowell, LLLP Revised Notice of Exemption  
**Date:** Thursday, January 20, 2022 10:45:36 AM  
**Attachments:** [4887-3319-2970 v.1 McDowell Filed Revised Notice of Exemption for Hospital Replacement Project.pdf](#)

---

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).  
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---

**From:** Burgess, Ken <[kburgess@bakerdonelson.com](mailto:kburgess@bakerdonelson.com)>  
**Sent:** Thursday, January 20, 2022 9:30 AM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Subject:** [External] MH Mission Hospital McDowell, LLLP Revised Notice of Exemption

**CAUTION:** External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Hi Micheala, you probably recall that several weeks ago you, me and Lisa Pittman had some discussions about a 2018 Notice of Exemption I sent to the CON Section in connection with our client MH Mission Hospital McDowell, LLLP. When we spoke, I shared that McDowell had determined that, as part of its ongoing hospital replacement project, McDowell preferred to develop its 35 licensed but currently-undeveloped acute care beds in multiple stages rather than all at once. We discussed whether my 2018 "Clarified" Notice of Exemption was sufficient to accommodate multiple phases and initially you thought it was sufficient. After speaking with Jeff Harms at the Construction Section you recommended that I provide the Agency with a revised exemption notice. That revised exemption notice is attached, per our discussions. Please let me know if you have questions or need additional information regarding this request. Thanks, Ken Burgess

Kenneth (Ken) L. Burgess

Shareholder

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC  
2530 Meridian Parkway, Suite 300  
Durham, NC 27713

Phone: 919-294-0802

Cell: 919-449-4754

Email address: [kburgess@bakerdonelson.com](mailto:kburgess@bakerdonelson.com)  
[www.bakerdonelson.com](http://www.bakerdonelson.com)

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