

**PETITION FOR CHANGE TO THE
HOSPICE INPATIENT BED NEED METHODOLOGY**

Petitioners:

Association for Home & Hospice Care of North Carolina
3101 Industrial Drive, Suite 204
Raleigh, NC 27609

Tim Rogers, President & CEO
timrogers@homeandhospicecare.org

and

The Carolinas Center for Hospice and End of Life Care
1230 SE Maynard Rd, Suite 203
Cary, NC 27511

Carol Meyer, President & CEO
cmeyer@cchospice.org

Requested Change:

The Association for Home & Hospice Care of North Carolina (AHHC) and The Carolinas Center for Hospice and End of Life Care (TCC) respectfully submit this petition to the State Health Coordinating Council (SHCC) to modify Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate, rather than the static six percent currently in the methodology.

Background:

The Hospice Inpatient Bed Need Methodology is outlined in Chapter 13 of the State Medical Facilities Plan (SMFP). Historically, the methodology has periodically been evaluated to determine if revisions to the process are necessary and appropriate to reflect current health practices and utilization.

In 2009, a Hospice Methodology Task Force met several times to review, discuss and consider the effectiveness of the hospice inpatient bed need methodology. The Task Force concluded by presenting the Long-Term and Behavioral Health

Committee with recommendations to modify the inpatient bed need methodology. The Committee accepted the recommendations, which were subsequently approved by the SHCC for inclusion in the North Carolina 2010 SMFP. One of the changes approved by the Committee was to reduce the inpatient day percent from eight percent to six percent. This change was made to reflect statewide hospice utilization. In 2007 the statewide inpatient days as a percent of total days was 5.7 percent.

In 2013, several hospice directors began to discuss the need for an update to the methodology due to changes in the hospice general inpatient bed utilization. At the direction of member organizations, TCC and AHHC began to have joint conversations to discuss the methodology.

In February 2014, representatives from TCC, AHHC and several hospice providers met with DHR planning staff to discuss the various factors affecting inpatient utilization, as well as to discuss how best to study changes to the methodology. The SHCC requested that TCC and AHHC form a joint workgroup to evaluate the current methodology and statistics on utilization, and to review recent petitions and comments for/against the petitions to determine if a change in the methodology is needed. TCC and AHHC issued a joint statement in March 2014 seeking volunteers for the workgroup. The workgroup was comprised of representatives from hospices across the state, of varied sizes, and in both urban and rural areas. The workgroup, via several meetings throughout 2014, completed a thorough review of hospice utilization data and identified options for changes to the SMFP methodology. The subject of this petition is the product of the analysis and discussion of the joint workgroup. The detailed rationale for the requested change is described in the following pages.

Reasons Supporting Requested Change:

Hospice care utilization and payment is measured in patient care days and is categorized by four general levels of care: routine home care, continuous home care, general inpatient care (GIP), and inpatient respite care. Step 7 of the hospice inpatient bed need methodology projects hospice inpatient days of care in North Carolina by applying a rate of six percent to the total projected hospice days of care for each county. The six percent inpatient utilization rate has been included in the hospice inpatient bed methodology since the 2010 SMFP.

AHHC and TCC recognize and support the state health planning process and methodologies included in the SMFP and approved by the SHCC and the Governor; however, AHHC and TCC note that the six percent utilization rate,

identified in Step 7 of the hospice inpatient bed need methodology, is no longer consistent with national and statewide hospice utilization. For example, during the last five years, national hospice inpatient utilization accounted for approximately three percent of total hospice days of care. More specifically, the National Hospice and Palliative Care Organization (NHPCO) published the following national utilization data for hospice inpatient days of care as a percent of total hospice days.

**Nationwide Hospice Inpatient Utilization
Percent of Total Hospice Days**

Year	GIP % of Total Hospice Days
2009	2.9%
2010	2.9%
2011	2.2%
2012	2.7%
2013	4.8%

Source: 2010-2014 NHPCO Facts and Figures on Hospice Care

Based on hospice days of care reported in the respective Division of Health Service Regulation hospice data supplements, North Carolina hospice inpatient utilization is generally consistent with national hospice data. Please refer to the following table.

North Carolina Hospice Inpatient Utilization

Year	Statewide Hospice Days of Care	Statewide GIP Days of Care*	NC GIP % of Total Days
FY2009	2,650,416	91,646	3.46%
FY2010	2,874,121	99,178	3.45%
FY2011	2,915,218	107,468	3.67%
FY2012	2,972,046 [^]	112,476	3.78%
FY2013	2,972,471	123,876	4.17%

Source: 2011-2015 SMFPs, Data from Hospice License Renewal Data Supplements

[^]FY2012 hospice data updated subsequent to 2014 SMFP

*Please note that statewide GIP days of care includes all GIP days of care as reported by North Carolina hospice providers in their respective hospice data supplements, regardless of whether the care was provided in a hospice inpatient facility, acute care hospital, or skilled nursing facility; thus, statewide GIP days of care are higher compared to the hospice inpatient

days of care reported in Table 13D (2) of the SMFP. For information purposes, GIP care can be provided in more than one setting as appropriate to patient need. GIP care is for pain control or symptom management provided in an inpatient facility that cannot be managed in other settings.

Based on recent national and statewide utilization data, the petitioners recommend utilizing the two-year trailing average statewide inpatient utilization rate in Step 7 of the hospice inpatient bed need methodology rather than the static six percent rate currently in the methodology. The two-year trailing average statewide inpatient utilization rate should be updated annually in the SMFP to reflect the most recent hospice utilization data. The petitioners note that using a two-year trailing statewide average inpatient utilization rate is consistent with Step 4 of the hospice inpatient bed methodology which utilizes a two-year trailing average growth rate in statewide number of admissions.

For example, during the most recent two years for which data is available, inpatient days of care represented approximately 3.98 percent of total hospice days in North Carolina. Please refer to the following table.

Two-Year Trailing North Carolina Hospice IP Utilization

Year	Statewide Hospice Days of Care	Statewide GIP Days of Care	GIP % of Total Days
FY2012	2,972,046	112,476	3.78%
FY2013	2,972,471	123,876	4.17%
<i>12-13 Total</i>	<i>5,944,517</i>	<i>236,352</i>	<i>3.98%</i>
Two-Year Trailing Average IP Utilization Rate			3.98%

Source: FY2012 & FY2013 Data from Hospice License Renewal Data Supplements

The petitioners believe this recommendation is reasonable and appropriate for the following reasons:

- It reflects the most current North Carolina statewide hospice inpatient utilization, and is consistent with national hospice inpatient utilization data.
- It is consistent with Step 4 of the Hospice Inpatient Bed Need Methodology, which utilizes a two-year trailing average growth rate in statewide number of admissions.
- A two-year trailing average will reflect relevant changes to industry regulations oversight.
- A two-year trailing average smooths out year-to-year variations.

As described previously, the FY2012-FY2013 two-year trailing average statewide inpatient utilization rate was 3.98 percent. Using the FY2013 Hospice Data (most recent data available to petitioners), no new bed need determination was identified using the existing or the proposed hospice inpatient bed methodology. For information purposes, Attachment 1 includes a sample Table 13C utilizing the FY2012-FY2013 two-year trailing average statewide inpatient utilization rate of 3.98 percent, for comparison with Table 13C in the 2015 SMFP. This is for information purposes only, as the two-year trailing average statewide inpatient utilization rate would be updated to reflect most recent hospice data in the 2016 SMFP.

If the SHCC approves this petition and the methodology is modified accordingly, the 2016 SMFP hospice inpatient bed methodology would reflect a two-year trailing average statewide inpatient utilization rate based on FY2013-FY2014 data. The petitioners would be pleased to support agency staff with ongoing efforts to update and verify annual statewide hospice utilization data.

Alternatives Considered:

The workgroup prudently considered several alternatives for adjusting the hospice inpatient bed need methodology. These alternatives included:

- 1) maintaining the status quo,
- 2) determining a GIP rate based on the most recent one year of data,
- 3) determining a GIP rate based on urban/rural county utilization,
- 4) adjusting Step 6 of the hospice inpatient bed methodology, i.e. county/statewide ALOS, and
- 5) adjusting Step 8 of the hospice inpatient bed methodology, i.e. occupancy rate.

The status quo was rejected because it is evident that the six percent utilization rate in Step 7 of the methodology is no longer consistent with national or statewide hospice utilization data.

The workgroup also rejected determining a GIP rate based on the most recent one year of data to minimize the potential impact of data errors and/or anomalies.

The workgroup analyzed several scenarios for determining separate hospice inpatient utilization rates for urban and rural counties; however, the workgroup ultimately decided this was a less effective alternative. Due to the subjectivity of

urban versus rural definitions (i.e. US census bureau definition is different than the U.S. Office of Budget and Management definition), the workgroup determined to not differentiate counties as urban or rural.

The workgroup considered adjusting Step 6 of the hospice inpatient bed methodology, i.e. county vs. statewide ALOS; however, the workgroup ultimately determined the petition process affords hospice providers sufficient opportunity to request an adjusted need determination for the unique circumstances of their respective county. Further, last year the SHCC considered a petition that proposed the same modification. The SHCC rejected the petition.

Finally, the workgroup considered adjusting Step 8 of the hospice inpatient bed methodology, i.e. occupancy rate; however, workgroup members determined that 85 percent occupancy is appropriate for hospice inpatient facilities, given the relatively substantive capital cost associated with developing hospice inpatient beds. Workgroup members also agreed that this occupancy rate provides facilities with sufficient capacity for processing patient admissions/discharges. Also, due to the nature of hospice utilization, there are often fluctuations in patient volumes that can significantly impact a facility's occupancy rate. In consideration of these factors, the 85 percent occupancy rate is a realistic measure of practical capacity for a hospice inpatient facility.

No Unnecessary Duplication:

The proposed adjustment to Step 7 of the hospice inpatient bed methodology will not result in unnecessary duplication of services. In fact, utilizing a two-year trailing statewide inpatient utilization rate will provide improved accuracy by using actual and current statewide hospice data that is updated annually. As described previously, the FY2012-FY2013 two-year trailing average North Carolina inpatient utilization rate was 3.98 percent. To measure the impact of the proposed change using the 2013 Hospice Data (most recent data available to petitioners), the petitioners applied 3.98 percent instead of six percent in Step 7 of the hospice inpatient bed methodology. No new bed need determinations were identified using either the existing or the proposed hospice inpatient bed methodology. For information purposes, Attachment 1 includes a sample Table 13C utilizing the FY2012-FY2013 two-year trailing average statewide inpatient utilization rate of 3.98 percent, for comparison with Table 13C in the 2015 SMFP.

Quality, Access & Value:

This petition supports the Basic Principles governing the development of the State Medical Facilities Plan. First, the petition is consistent with the foundational principle that it is essential to provide equitable access to timely, clinically appropriate and high quality health care for all people of North Carolina. Updating the hospice inpatient bed methodology will improve the SMFP's ability to accurately and timely identify the need for additional hospice inpatient beds throughout North Carolina.

Second, the petition acknowledges the importance of systematic and on-going improvement in the safety and quality of health services. Having an appropriate number of beds to provide hospice inpatient services increases the likelihood that quality services will be delivered in a safe and efficient manner, while ensuring patient and family satisfaction.

Finally, the petition supports the basic principle of maximizing health benefits for the entire population while avoiding unnecessary expensive capital costs. Achieving maximum population-based health care value requires that North Carolina's medical facilities planning process target peak efficiency. Improvements to the hospice inpatient bed methodology will enable hospice providers to timely develop appropriately sized health service facilities, and thus more efficiently compete, innovate, and enhance the level of hospice service.

Adverse Effects of No Adjustment to the Methodology:

The adverse effect of no adjustment is a methodology that is inconsistent with current national and statewide hospice utilization; therefore, increasing the potential for unnecessary duplication and less accurate inpatient bed need determinations.

On the other hand, for providers who consider the proposed change inconsistent with their local hospice utilization, the petition process affords sufficient opportunity to request inclusion of an adjusted need determination for their respective county.

Conclusion:

In summary, AHHC and TCC request a modification of Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate. This proposed change will improve the accuracy of the hospice inpatient bed methodology, and is consistent with the basic principles of the state health planning process.

Thank you for your consideration.

Attachment 1:

Table 13C: Year 2018 Hospice Inpatient Bed Need Projections

Using 2-Yr Trailing Statewide IP Utilization Rate (3.98%)

Table 13C: Year 2018 Hospice Inpatient Bed Need Projections (Using Two-Yr Trailing Statewide Avg IP % Rate: 3.98%)

Column A	Column B	Column C	Column D	Column E	Column F	Column D	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2013 Data)	Total Days of Care (2013 Data)	ALOS per Admission	Total 2018 Admissions	2018 Days of Care at County ALOS	2018 Days of Care at Statewide ALOS	Projected 2018 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ (Surplus) for Facilities not at 85% Occupancy
Source or Formula =>	2014 License Data Supplement	2014 License Data Supplement	Col. C / Col. B	CoL B x 5 Years Growth at 3.0% annually	Col. D x Col. E	Col. E. x Statewide Median ALOS per Admission (66.1)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.98%	(Col. I/365) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2014 License Data Supplement	
Alamance	969	90,796	93.70	1,123	105,257	74,253	74,253	2,952	10	14	0	(4)	61.64%	-
Alexander	177	16,254	91.83	205	18,843	13,563	13,563	539	2		0	2		2
Alleghany	84	12,523	149.08	97	14,518	6,437	6,437	256	1		0	1		1
Anson	111	7,851	70.73	129	9,101	8,506	8,506	338	1		0	1		1
Ashe	159	9,482	59.64	184	10,992	12,184	10,992	437	1		0	1		1
Avery	86	6,901	80.24	100	8,000	6,590	6,590	262	1		0	1		1
Beaufort	264	16,918	64.08	306	19,613	20,230	19,613	780	3		0	3		3
Bertie	98	3,971	40.52	114	4,603	7,510	4,603	183	1		0	1		1
Bladen	161	14,534	90.27	187	16,849	12,337	12,337	491	2		0	2		2
Brunswick	598	48,356	80.86	693	56,058	45,824	45,824	1,822	6	7	0	(1)	72.17%	-
Buncombe	1,353	116,271	85.94	1,568	134,790	103,678	103,678	4,122	13	25	0	(12)	93.41%	(12)
Burke	579	49,045	84.71	671	56,857	44,368	44,368	1,764	6	8	0	(2)	53.90%	-
Cabarrus	761	47,431	62.33	882	54,986	58,314	54,986	2,186	7	14	0	(7)	68.88%	-
Caldwell	551	53,449	97.00	639	61,962	42,222	42,222	1,679	5	9	0	(4)	94.00%	(4)
Camden	21	815	38.81	24	945	1,609	945	38	0		0	0		0
Carteret	292	14,022	48.02	339	16,255	22,375	16,255	646	2	6	0	(4)	52.63%	-
Caswell	111	10,195	91.85	129	11,819	8,506	8,506	338	1		0	1		1
Catawba	979	77,654	79.32	1,135	90,022	75,019	75,019	2,983	10	17	0	(7)	85.08%	(7)
Chatham	285	24,650	86.49	330	28,576	21,839	21,839	868	3	0	12	(9)		(9)
Cherokee	93	2,990	32.15	108	3,466	7,126	3,466	138	0		0	0		0
Chowan	44	2,927	66.52	51	3,393	3,372	3,372	134	0		0	0		0
Clay	48	1,040	21.67	56	1,206	3,678	1,206	48	0		0	0		0
Cleveland	677	53,858	79.55	785	62,436	51,877	51,877	2,063	7	10	0	(3)	85.92%	(3)
Columbus	353	35,063	99.33	409	40,648	27,050	27,050	1,075	3	6	0	(3)	82.05%	(3)
Craven	469	37,424	79.80	544	43,385	35,939	35,939	1,429	5		0	5		5
Cumberland	870	66,935	76.94	1,009	77,596	66,666	66,666	2,651	9	8	0	1	18.22%	-
Currituck	105	4,320	41.14	122	5,008	8,046	5,008	199	1		0	1		1
Dare	121	7,555	62.44	140	8,758	9,272	8,758	348	1		0	1		1
Davidson	734	51,026	69.52	851	59,153	56,245	56,245	2,236	7	8	0	(1)	74.69%	-
Davie	233	19,362	83.10	270	22,446	17,854	17,854	710	2		0	2		2
Duplin	266	14,861	55.87	308	17,228	20,383	17,228	685	2	6	0	(4)	37.28%	-
Durham	1,020	51,322	50.32	1,182	59,496	78,161	59,496	2,366	8	12	0	(4)	83.95%	-
Edgecombe	162	9,590	59.20	188	11,117	12,414	11,117	442	1		0	1		1
Forsyth	1,500	105,877	70.58	1,739	122,740	114,942	114,942	4,570	15	30	0	(15)	81.99%	-
Franklin	120	7,684	64.03	139	8,908	9,195	8,908	354	1		0	1		1
Gaston	1,159	69,395	59.87	1,344	80,448	88,812	80,448	3,199	10	13	0	(3)	91.81%	(3)
Gates	41	1,405	34.27	48	1,629	3,142	1,629	65	0		0	0		0

Table 13C: Year 2018 Hospice Inpatient Bed Need Projections (Using Two-Yr Trailing Statewide Avg IP % Rate: 3.98%)

Column A	Column B	Column C	Column D	Column E	Column F	Column D	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2013 Data)	Total Days of Care (2013 Data)	ALOS per Admission	Total 2018 Admissions	2018 Days of Care at County ALOS	2018 Days of Care at Statewide ALOS	Projected 2018 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ (Surplus) for Facilities not at 85% Occupancy
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Graham	35	1,465	41.86	41	1,698	2,682	1,698	68	0		0	0		0
Granville	140	9,012	64.37	162	10,447	10,728	10,447	415	1		0	1		1
Greene	57	3,203	56.19	66	3,713	4,368	3,713	148	0		0	0		0
Guilford	1,839	164,856	89.64	2,132	191,113	140,919	140,919	5,603	18	18	21	(21)	77.44%	-
Halifax	237	17,102	72.16	275	19,826	18,161	18,161	722	2		0	2		2
Harnett	427	24,179	56.63	495	28,030	32,720	28,030	1,114	4	8	0	(4)	13.60%	-
Haywood	373	17,092	45.82	432	19,814	28,582	19,814	788	3	6	0	(3)	32.19%	-
Henderson	871	60,237	69.16	1,010	69,831	66,743	66,743	2,654	9	19	0	(10)	66.47%	-
Hertford	53	2,643	49.87	61	3,064	4,061	3,064	122	0		0	0		0
Hoke	102	8,375	82.11	118	9,709	7,816	7,816	311	1		0	1		1
Hyde	30	1,058	35.27	35	1,227	2,299	1,227	49	0		0	0		0
fredell	795	62,133	78.15	922	72,029	60,919	60,919	2,422	8	15	0	(7)	66.18%	-
Jackson	166	9,133	55.02	192	10,588	12,720	10,588	421	1		0	1		1
Johnston	535	26,281	49.12	620	30,467	40,996	30,467	1,211	4	12	0	(8)	27.79%	-
Jones	30	2,301	76.70	35	2,667	2,299	2,299	91	0		0	0		0
Lee	310	23,044	74.34	359	26,714	23,755	23,755	944	3		7	(4)		(4)
Lenoir	236	13,626	57.74	274	15,796	18,084	15,796	628	2		0	2		2
Lincoln	342	29,834	87.23	396	34,586	26,207	26,207	1,042	3	0	6	(3)		(3)
Macon	187	11,728	62.72	217	13,596	14,329	13,596	541	2	0	6	(4)		(4)
Madison	131	8,479	64.73	152	9,829	10,038	9,829	391	1		0	1		1
Martin	140	4,002	28.59	162	4,639	10,728	4,639	184	1		0	1		1
McDowell	292	42,187	144.48	339	48,906	22,375	22,375	890	3		6	(3)		(3)
Mecklenburg	2,925	191,650	65.52	3,391	222,175	224,137	222,175	8,834	28	37	16	(25)	85.44%	(25)
Mitchell	118	16,729	141.77	137	19,393	9,042	9,042	360	1		0	1		1
Montgomery	134	11,011	82.17	155	12,765	10,268	10,268	408	1		0	1		1
Moore	622	58,039	93.31	721	67,283	47,663	47,663	1,895	6	11	0	(5)	56.11%	-
Nash	267	19,180	71.84	310	22,235	20,460	20,460	813	3		0	3		3
NewHanover	1,019	99,305	97.45	1,181	115,122	78,084	78,084	3,105	10	12	6	(8)	96.42%	(8)
Northampton	89	5,470	61.46	103	6,341	6,820	6,341	252	1		0	1		1
Onslow	340	23,864	70.19	394	27,665	26,054	26,054	1,036	3		0	3		3
Orange	448	26,134	58.33	519	30,296	34,329	30,296	1,205	4	6	0	(2)	51.96%	-
Pamlico	52	3,706	71.27	60	4,296	3,985	3,985	158	1		0	1		1
Pasquotank	158	7,552	47.80	183	8,755	12,107	8,755	348	1		0	1		1
Pender	245	22,319	91.10	284	25,874	18,774	18,774	746	2		0	2		2
Perquimans	48	1,420	29.58	56	1,646	3,678	1,646	65	0		0	0		0
Person	122	10,674	87.49	141	12,374	9,349	9,349	372	1		0	1		1
Pitt	550	33,429	60.78	638	38,753	42,145	38,753	1,541	5	8	0	(3)	38.42%	-

Table 13C: Year 2018 Hospice Inpatient Bed Need Projections (Using Two-Yr Trailing Statewide Avg IP % Rate: 3.98%)

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Polk	135	18,388	136.21	157	21,317	10,345	10,345	411	1		0	1		1
Randolph	722	45,018	62.35	837	52,188	55,325	52,188	2,075	7	12	0	(5)	56.92%	-
Richmond	413	36,214	87.69	479	41,982	31,647	31,647	1,258	4	6	0	(2)	76.39%	(2)
Robeson	596	38,290	64.24	691	44,389	45,670	44,389	1,765	6	12	14	(20)	42.60%	(20)
Rockingham	446	19,429	43.56	517	22,524	34,176	22,524	896	3	5	0	(2)	54.46%	-
Rowan	601	35,296	58.73	697	40,918	46,053	40,918	1,627	5	7	0	(2)	42.71%	-
Rutherford	507	46,536	91.79	588	53,948	38,850	38,850	1,545	5	10	0	(5)	79.75%	-
Sampson	212	19,431	91.66	246	22,526	16,245	16,245	646	2		0	2		2
Scotland	293	24,909	85.01	340	28,876	22,452	22,452	893	3	6	0	(3)	64.29%	-
Stanly	355	16,781	47.27	412	19,454	27,203	19,454	773	2		0	2		2
Stokes	233	26,841	115.20	270	31,116	17,854	17,854	710	2		0	2		2
Surry	563	55,082	97.84	653	63,855	43,142	43,142	1,715	6	13	3	(10)	90.96%	(10)
Swain	89	4,669	52.46	103	5,413	6,820	5,413	215	1		0	1		1
Transylvania	196	13,029	66.47	227	15,104	15,019	15,019	597	2		0	2		2
Tyrrell	9	393	43.67	10	456	690	456	18	0		0	0		0
Union	740	42,790	57.82	858	49,605	56,705	49,605	1,972	6	6	0	0	75.43%	-
Vance	169	8,212	48.59	196	9,520	12,950	9,520	379	1		0	1		1
Wake	2,758	181,054	65.65	3,197	209,891	211,340	209,891	8,345	27	14	10	3	84.38%	-
Warren	56	4,902	87.54	65	5,683	4,291	4,291	171	1		0	1		1
Washington	66	918	13.91	77	1,064	5,057	1,064	42	0		0	0		0
Watauga	195	10,196	52.29	226	11,820	14,942	11,820	470	2		0	2		2
Wayne	587	21,236	36.18	680	24,618	44,981	24,618	979	3	12	0	(9)	71.39%	-
Wilkes	348	17,754	51.02	403	20,582	26,667	20,582	818	3		0	3		3
Wilson	363	17,780	48.98	421	20,612	27,816	20,612	820	3		0	3		3
Yadkin	183	17,361	94.87	212	20,126	14,023	14,023	558	2	0	4	(2)		(2)
Yancey	113	13,758	121.75	131	15,949	8,659	8,659	344	1		0	1		1
Grand Totals	41,067	2,972,471	66.1	47,608	3,445,909	3,146,883	2,951,071	117,334	378	448	111			(51)