



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

September 19, 2017

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

Exempt from Review – Replacement Equipment

Record #: 2386
Facility Name: Scotland Memorial Hospital and Edwin Morgan Center
FID #: 933446
Business Name: Scotland Memorial Hospital, Inc.
Business #: 1638
Project Description: Replace existing CT simulator in the Cancer Treatment Center
County: Scotland

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of September 13, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Philips Brilliance CT simulator, serial number to be determined, to replace the existing Nucletron 15T CT simulator, serial number ML9527534. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

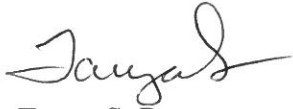
MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

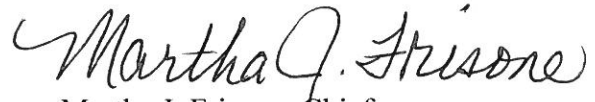


It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Tanya S. Rupp
Project Analyst



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

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

September 6, 2017

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

Via E-Mail and U.S. Mail



Re: Replacement Treatment Simulator
Scotland Memorial Hospital
FID #933446 NR 2386

Dear Martha and Tanya:

We are writing on behalf of Scotland Memorial Health System (“Scotland”) to give prior written notice that Scotland plans to replace its existing treatment simulator with comparable new equipment pursuant to N.C. Gen. Stat. § 131E-184(a)(7).

The existing treatment simulator is located in Scotland’s Cancer Treatment Center in the Outpatient Wing of the main hospital building on the main hospital campus in Laurinburg. Attached as Exhibit A is a copy of Scotland’s 2017 License and License Renewal Application, showing that the Scotland Cancer Treatment Center is licensed as part of Scotland Memorial Hospital.

As background, Scotland acquired and installed a treatment simulator following the CON Section’s no review determination in August 2002 that it could acquire a linear accelerator and expand its cancer program without a CON. See Exhibit B. At that time, acquisition of a treatment simulator was not a new institutional health service, and no CON was issued. In February 2008, a CON was issued to Scotland to replace its original linear accelerator, upgrade its treatment simulator, and construct a new vault. A copy of this CON is attached as Exhibit C. The upgraded treatment simulator now needs to be replaced due to age, outdated technology, and increasing maintenance challenges. The treatment simulator currently in use at Scotland is a Nucletron 15T. Attached as Exhibit D is a letter from Paula Love, RN, BSN, CLNC, Cancer Center Director, Scotland Memorial Hospital, confirming that the existing treatment simulator is currently in use and will be disposed of out of state by the replacement equipment vendor, Phillips.

Martha Frisone, Assistant Chief of CON
Tonya Rupp, Project Analyst
September 6, 2017
Page 2

The existing treatment simulator will be replaced with a new Phillips Brilliance CT Big Bore. The replacement treatment simulator is comparable medical equipment pursuant to 10A NCAC 14C.0303 because it is functionally similar and used for the same diagnostic and treatment purpose as the existing equipment. Both are used for radiation simulation and perform the same types of procedures. The replacement treatment simulator has expanded capabilities due to technological improvements over the last decade. The replacement treatment simulator will not be used to provide a new health service. Furthermore, Scotland does not intend to increase patient charges or per procedure operating expenses within the first 12 months after its acquisition. For further equipment comparison, please refer to Exhibit E, a chart comparing the existing treatment simulator with the replacement treatment simulator.

Minor construction and renovation will be needed to install the replacement treatment simulator. The total cost to acquire, install, and make operational the replacement CT simulator is estimated at \$877,000, which includes construction costs not to exceed \$350,000 and the equipment cost of \$527,000. Architect and engineering fees, testing fees, movable equipment, removal of existing equipment, and a contingency are included in the construction costs. The construction and renovation costs are shown on the cost estimate attached as Exhibit F.

We look forward to receiving your letter confirming that Scotland's replacement of its existing treatment simulator is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(a)(7) based on the information in this letter and the attached documentation. We request expedited consideration to enable Scotland to order the CT simulator as early as possible in September, which will allow installation to take place in December, when downtime in the Cancer Center is already scheduled for equipment maintenance. If you have any questions or need additional information, please let me know.

With kindest regards, I am

Very truly yours,

SMITH MOORE LEATHERWOOD LLP



Terrill Johnson Harris

Enclosures
cc: Pat Phillips

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

1638
(1781-
Edwin
Morgan
Center)

Effective January 01, 2017, this license is issued to
Scotland Memorial Hospital, Inc.

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

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

Facility ID: 933446
License Number: H0107

Bed Capacity: 104

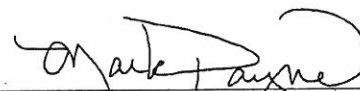
General Acute 97, Rehabilitation 7,

Dedicated Inpatient Surgical Operating Rooms: 1
Dedicated Ambulatory Surgical Operating Rooms: 0
Shared Surgical Operating Rooms: 5
Dedicated Endoscopy Rooms: 2

Authorized by:



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

Director, Division of Health Service Regulation

REC'D FEB 07 2017

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

For Official Use Only

License # H0107
FID #: 933446

Medicare # 340008

PC LJ

Date 2/8/17

License Fee: \$2,270.00

**2017
HOSPITAL LICENSE
RENEWAL APPLICATION**

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

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

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

Facility Mailing Address: 500 Lauchwood Drive
Laurinburg, NC 28352


Facility Site Address: 500 Lauchwood Drive
Laurinburg, NC 28352

County: Scotland
Telephone: (910)291-7000
Fax: (910)291-7029

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

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

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

PAID
CK NO. 241922
DATE 2-7-17
\$2,270 

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

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

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

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

www.scotlandhealth.org

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

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

http://www.scotlandhealth.org/financial-assistance

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

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

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

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H. *Responses for period 10-1-2014 to 9-30-2015*

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
704,547	1,949,413	5,742,627	4,380,718

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: Matthew D. Pracht Date: 2-6-2017

PRINT NAME OF APPROVING OFFICIAL Matthew D. Pracht

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

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

Primary National Provider Identifier (NPI) registered at NPPES 1457345597

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

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

Name(s) of Campus:	Address:	Services Offered:
see attachment		

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

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

Type of Health Care Facilities under the Hospital License

List Name(s) of Facilities	Address	Type of Business/Service
Maxton Family Practice Center	1001 Dr. Martin King, Jr. Dr. Maxton, NC 28364	Rural Clinic
Marlboro Family Practice	957 Cheraw Street Bennettsville, SC 29512	Primary Care Center
Scotland Urgent Care Center	500 Lauchwood Drive Laurinburg, NC 28352	Rural Clinic
Wagram Family Practice Center	24420 Marlboro Street Wagram, NC 28396	Primary Care Center
Pembroke Family Practice Center	410-D South Jones Street Pembroke, NC 28372	Rural Clinic
Harris Family Practice	700-A Progress Place Laurinburg, NC 28352	Primary Care Center
Marlboro OB/Gyn, P.A.	1007 Cheraw Hwy. PO Box 973 Bennettsville, SC 29512	Single Specialty Practice
Scotland Surgical & GI	1600 Medical Drive Laurinburg, NC 28352	Single Specialty Practice
Carolinas Vascular/Laurinburg Urology	521 Lauchwood Drive Laurinburg, NC 28352	Multiple Specialty Practice
Marlboro Surgical Associates	957 Cheraw Street Bennettsville, SC 29512	Single Specialty Practice
Women's Health Center of the Carolinas	105 McAlpine Lane Laurinburg, NC 28352	Single Specialty Practice

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

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

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

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

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

If 'Yes', name of Health System*: Scotland Health Care System

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

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

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

If "YES", name of building owner:

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

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

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

3. Vice President of Nursing and Patient Care Services:

Paula McKinney, MSN

4. Director of Planning: Gray Mills

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

Facility Data

- A. Reporting Period** All responses should pertain to the period **October 1, 2015 to September 30, 2016.**
- 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 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	5179	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	5,072	
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.	514	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
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.	2,092	
f. Number of unlicensed Observation Beds		

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes X No
 Designated Level # _____
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 2-7-2018
5. Is this facility DNV accredited? ___ Yes X No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? ___ Yes X No

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

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

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2016	Operational Beds as of September 30, 2016	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	8	8	1864
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	66 70	66 70	*** 13776
k. Neonatal Level III ** (Not Normal Newborn)	2	2	** 738
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	18 14	18 14	1801
n. Oncology			
o. Orthopedics			
p. Pediatric	3	3	212
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	97	97	18391
2. Comprehensive In-Patient Rehabilitation	7	7	1168
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	104	104	19559

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** As defined in 10A NCAC 14C .1401.
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

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

E. Swing Beds

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

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

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

Campus – If multiple sites: _____

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as G.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	1481	11,792	4,831	73	86
Medicare & Medicare Managed Care	11,097	13,216	38,544	656	1,382
Medicaid	3,399	20,672	13,415	452	741
Commercial Insurance	286	4,923	3,978	94	333
Managed Care	2,012	5,965	16,068	218	729
Other (Specify)	116	38	205	0	2
TOTAL	18,391	56,606	82,041	1,493	3,323

G. Services and Facilities

1. Obstetrics

Enter Number of Infants

a. Live births (Vaginal Deliveries)	409
b. Live births (Cesarean Section)	259
c. Stillbirths	8

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

2. Abortion Services

Number of procedures per Year 0

(Feel free to footnote the type of abortion procedures reported)

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

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 33

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: 56,606

c. Total Number of admits from the ED for reporting period: 3,755

d. Total Number of Urgent Care visits for reporting period: 0

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No

If no, specify days/hours physician is on duty:

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

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

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

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

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 1008

HIV Culture N/A

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

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

6. Transplantation Services - Number of transplants

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

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

7. Telemedicine

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

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

(a) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	0
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	0
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	0
4. Total Open Heart Surgery Procedures (2. + 3.)	0

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

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

(b) Cardiac Catheterization and Electrophysiology

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization ICD-10 / CPT Codes ¹	Interventional Cardiac Catheterization ICD-10 / CPT Codes ²
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	269	41
4. Number of Procedures* Performed in Mobile Units	0	0
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment	0	
6. Number of Procedures on Dedicated EP Equipment	0	

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

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: 0 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

¹ Diagnostic Cardiac Catheterizations

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

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

² Interventional Cardiac Catheterizations

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

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

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

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

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

NOTE: If this License includes more than one campus, please copy pages 11-14 (through Section 9) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-14 for each campus.

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

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

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	5
Total of Surgical Operating Rooms	6

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

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

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

Total Number of Procedure Rooms: 0

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 2

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	56	1218	60	1416
Non-GI Endoscopy	0	0	0	0

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

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

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

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

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 27 and 28.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	0	0
Open Heart Surgery (from 8.(a) 4. on page 9)	0	
General Surgery	452	787
Neurosurgery	0	0
Obstetrics and GYN (excluding C-Sections)	120	235
Ophthalmology	0	527
Oral Surgery	1	766 5
Orthopedics	523	412 766
Otolaryngology	6	0 412
Plastic Surgery	0	215 0
Urology	20	331 215
Vascular	63	331
Other Surgeries (specify)	0	0
Other Surgeries (specify)	0	0
Number of C-Sections Performed in Dedicated C-Section ORs	308	
Number of C-Sections Performed in Other ORs	0	
Total Surgical Cases Performed Only in Licensed ORs	1,493	3,328

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 11.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	0	0
Cystoscopy	8	3
Non-GI Endoscopies (not reported in 9. C on page 11)	0	0
GI Endoscopies (not reported in 9. C on page 11)	0	0
YAG Laser	0	0
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	8	3

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

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

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	2
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	26
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	103
42820	Tonsillectomy and adenoidectomy; younger than age 12	119
42830	Adenoidectomy, primary; younger than age 12	55
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)	4
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	44
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	0
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	10
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	6
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	30
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	7
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	49
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	6
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	479
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	69

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

(Campus – If multiple sites: _____)

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

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

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

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

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average “Case Time” ** in Minutes for Inpatient Cases	Average “Case Time” ** in Minutes for Ambulatory Cases
8.3	255	127	88

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

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

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

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

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

Imaging Procedures

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

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	5,830
70486	Computed tomography, facial bone; without contrast material	754
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	538
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	255
71020	Radiologic examination, chest; two views, frontal and lateral	5,664
71250	Computed tomography, thorax; without contrast material(s)	432
71260	Computed tomography, thorax; with contrast material(s)	1,257
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	896
72100	Radiologic examination, spine, lumbosacral; two or three views	1,250
72110	Radiologic examination, spine, lumbosacral; minimum of four views	751
72125	Computed tomography, cervical spine; without contrast material	1,847
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	337
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	720
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	153
73630	Radiologic examination, foot, complete, minimum of three views	1,983
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	265
74000	Radiologic examination, abdomen; single anteroposterior view	4,062
74176	Computed tomography, abdomen and pelvis; without contrast material	2,439
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	4,974
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	138

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

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

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

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

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o		1	1
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		14	14
70544	MRA Head w/o	39	43	82
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o	6	10	16
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	1	1	2
70551	MRI Brain w/o	168	370	538
70552	MRI Brain with contrast	3	1	4
70553	MRI Brain w/o & with	15	240	255
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		1	1
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		2	2
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	12	325	337
72142	MRI Cervical Spine with contrast		5	5
72156	MRI Cervical Spine w/o & with	2	22	24
72146	MRI Thoracic Spine w/o	3	49	52
72147	MRI Thoracic Spine with contrast		4	4
72157	MRI Thoracic Spine w/o & with	4	16	20
72148	MRI Lumbar Spine w/o	7	713	720
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	5	68	73
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	5	17	22
72196	MRI Pelvis with contrast		1	1
72197	MRI Pelvis w/o & with	2	31	33
72198	MRA Pelvis w/o OR with contrast			
Subtotals for this page		272	1,934	2,206

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

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

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

Campus – if multiple sites: _____

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	44	280	324	501	2057	2558	2882
Mobile (Scans on mobile MRI performed only at this site)							
TOTAL**							

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

** Totals must match totals in Table 10a on page 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

10c. Fixed MRI Scanners

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

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

10d. Mobile MRI Services:

During the reporting period,

1. Did the facility own one or more mobile MRI scanners? ___ Yes ___ No
 If Yes, how many? _____

2. Did the facility contract for mobile MRI services? ___ Yes ___ No
 If Yes, name of vendor/contractor: _____

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

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 33 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

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

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

10f. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	68	68

Lithotripsy Vendor/Owner:
 Catawba
 Lithotripsy

10g. Computed Tomography (CT)

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

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

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

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	8572	X	1.00	=	8572
2	Head with contrast	333	X	1.25	=	416.25
3	Head without and with contrast	89	X	1.75	=	155.75
4	Body without contrast	3772	X	1.50	=	5658
5	Body with contrast	7493	X	1.75	=	13112.75
6	Body without contrast and with contrast	177	X	2.75	=	486.75
7	Biopsy in addition to body scan with or without contrast	64	X	2.75	=	176
8	Abscess drainage in addition to body scan with or without contrast	17	X	4.00	=	68
	Total	20,517				28,145.50

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

10g. Computed Tomography (CT) continued

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

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

10h. Positron Emission Tomography (PET)

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1	0	101	101
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 35.

Name of Mobile Provider: Alliance Imaging

10i. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	4	964	7280	8244
Mammography equipment	2	0	6328	6328
Bone Density Equipment	1	0	723	723
Fixed X-ray Equipment (excluding fluoroscopic)		6169	33959	40128
Fixed Fluoroscopic X-ray Equipment	2	144	510	654
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera. Vendor:				
SPECT	1	126	309	435
Mobile SPECT. Vendor:				
Gamma Camera	1	31	555	586
Mobile Gamma Camera. Vendor:				

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

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

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	-
77402	Radiation treatment delivery (<=5 MeV)	44
77403	Radiation treatment delivery (6-10 MeV)	-
77404	Radiation treatment delivery (11-19 MeV)	-
77406	Radiation treatment delivery (>=20 MeV)	-
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	-
77408	Radiation treatment delivery (6-10 MeV)	-
77409	Radiation treatment delivery (11-19 MeV)	-
77411	Radiation treatment delivery (>=20 MeV)	-
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV) All complex tx-no	2675
77413	Radiation treatment delivery (6-10 MeV) distinction on energy	-
77414	Radiation treatment delivery (11-19 MeV) level	-
77416	Radiation treatment delivery (>= 20 MeV)	-
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 ✓	1050
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	-
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	-
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	-
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	-
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	-
	Pediatric Patient under anesthesia	-
	Neutron and proton radiation therapy	-
	Limb salvage irradiation	-
	Hemibody irradiation	-
	Total body irradiation	-
Imaging Procedures Not Included Above 77014 - CBCT		1165
77417	Additional field check radiographs	454
Total Procedures - Linear Accelerators		5,388
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
Total Procedures - Gamma Knife®		

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

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three.
 # Patients _____ (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 34.)

b. Linear Accelerators

1. TOTAL number of Linear Accelerator(s) 1
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery
3. Of the TOTAL number above, Number of CyberKnife® Systems: 0
4. Of the TOTAL number above, -other specialized linear accelerators 0

c. Number of Gamma Knife® units 0

d.

e. Number of treatment 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))) 1

12. Additional Services:

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

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

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

12. Additional Services: continued

c) Mental Health and Substance Abuse (continued)

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

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

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

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

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

12. Additional Services: continued

c) Mental Health and Substance Abuse continued

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

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

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

Patient Origin - General Acute Care Inpatient Services

Facility County: Scotland

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility. **Must match number of admissions on page 5, Section B-a.**

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	3	40. Greene		76. Randolph	2
5. Ashe		41. Guilford	1	77. Richmond	148
6. Avery	1	42. Halifax		78. Robeson	1543
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	2
11. Buncombe		47. Hoke	20	83. Scotland	2362
12. Burke		48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	2
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	2	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	11	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	12	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	3
31. Duplin	1	67. Onslow		102. South Carolina	1039
32. Durham	2	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	9
36. Gaston		72. Perquimans		Total No. of Patients	5179

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

Patient Origin – Inpatient Surgical Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	1
5. Ashe		41. Guilford		77. Richmond	46
6. Avery	1	42. Halifax		78. Robeson	476
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	6	83. Scotland	622
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	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	1	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland	5	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	5	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin	1	67. Onslow		102. South Carolina	320
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	2
36. Gaston		72. Perquimans		Total No. of Patients	1493

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

Patient Origin – Ambulatory Surgical Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	154
6. Avery		42. Halifax		78. Robeson	1067
7. Beaufort		43. Harnett	1	79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	2
11. Buncombe		47. Hoke	13	83. Scotland	1412
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	2	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	2
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	4	60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	8	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	11	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow	1	102. South Carolina	637
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe	1	69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin	1	71. Pender		106. Other	2
36. Gaston	1	72. Perquimans		Total No. of Patients	3328

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

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Scotland

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

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

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	38
6. Avery		42. Halifax		78. Robeson	363
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	5	83. Scotland	579
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	2	89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	4	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	5	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	275
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	1274

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

Patient Origin - Psychiatric and Substance Abuse

Facility County: **Scotland**

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

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

Continued on next page

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

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

Continued on next page

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

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

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

Patient Origin - MRI Services

Facility County: Scotland

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 17.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	112
6. Avery		42. Halifax		78. Robeson	836
7. Beaufort		43. Harnett	2	79. Rockingham	+
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke	16	83. Scotland	1228
12. Burke	1	48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	3	52. Jones		88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	2	90. Union	3
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	5	60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	5	62. Montgomery		98. Wilson	
27. Currituck		63. Moore	13	99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	1	67. Onslow		102. South Carolina	424
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe	1	69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	5
36. Gaston	1	72. Perquimans		Total No. of Patients	2721

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

Patient Origin – Linear Accelerator Treatment

Facility County: Scotland

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. on page 22 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	19
6. Avery		42. Halifax		78. Robeson	59
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke	4	83. Scotland	59
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	3	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	3	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	38
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	188

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

Patient Origin – PET Scanner

Facility County: Scotland

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10h on page 20.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	11
6. Avery		42. Halifax		78. Robeson	35
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	36
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	17
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	101

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

Patient Origin – Emergency Department Services

Facility County: Scotland

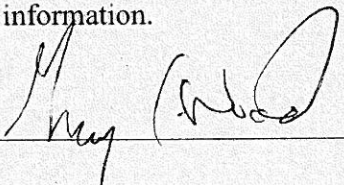
In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits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

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	5	37. Gates	1	73. Person	1
2. Alexander	3	38. Graham		74. Pitt	9
3. Alleghany		39. Granville		75. Polk	
4. Anson	14	40. Greene	2	76. Randolph	10
5. Ashe		41. Guilford	35	77. Richmond	975
6. Avery	2	42. Halifax	1	78. Robeson	2017
7. Beaufort		43. Harnett	36	79. Rockingham	3
8. Bertie		44. Haywood	2	80. Rowan	6
9. Bladen	16	45. Henderson	3	81. Rutherford	1
10. Brunswick	11	46. Hertford		82. Sampson	25
11. Buncombe	4	47. Hoke	305	83. Scotland	23,218
12. Burke	5	48. Hyde		84. Stanly	8
13. Cabarrus	7	49. Iredell	7	85. Stokes	1
14. Caldwell	1	50. Jackson	2	86. Surry	1
15. Camden	1	51. Johnston	9	87. Swain	
16. Carteret	39	52. Jones		88. Transylvania	
17. Caswell		53. Lee	14	89. Tyrrell	
18. Catawba	3	54. Lenoir	2	90. Union	18
19. Chatham	12	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	41
21. Chowan		57. Madison		93. Warren	4
22. Clay		58. Martin		94. Washington	6
23. Cleveland	3	59. McDowell	2	95. Watauga	
24. Columbus	27	60. Mecklenburg	63	96. Wayne	
25. Craven	5	61. Mitchell		97. Wilkes	1
26. Cumberland	196	62. Montgomery	4	98. Wilson	11
27. Currituck	2	63. Moore	120	99. Yadkin	1
28. Dare		64. Nash	4	100. Yancey	1
29. Davidson	10	65. New Hanover	10		
30. Davie	2	66. Northampton		101. Georgia	21
31. Duplin	12	67. Onslow	33	102. South Carolina	9518
32. Durham	14	68. Orange		103. Tennessee	8
33. Edgecombe		69. Pamlico	1	104. Virginia	34
34. Forsyth	14	70. Pasquotank		105. Other States	139
35. Franklin	1	71. Pender	3	106. Other	1345
36. Gaston	10	72. Perquimans		Total No. of Patients	56,606

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

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

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2017 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  Date: 2/6/17

PRINT NAME
OF APPROVING OFFICIAL Gregory C. Wood

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



North Carolina Department of Health and Human Services
 Division of Facility Services
 Certificate of Need Section
 2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
 Carmen Hooker Odom, Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief
 Phone: 919-855-3873
 Fax: 919-733-8139

October 14, 2002

Ruth A. Glaser, V.P., Operations
 Scotland Memorial Hospital
 500 Lauchwood Drive
 Laurinburg, NC 28352-5599

RE: No Review / Scotland Memorial Hospital / Acquire linear accelerator and expand oncology treatment services / Scotland County
 FID #933446

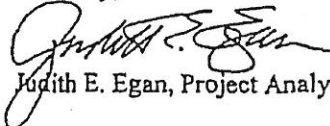
Dear Ms. Glaser:

In response to your letters of August 30, September 27, October 10, and October 11, 2002, and the Bovis Lend Lease, Inc. letter of October 11, which you forwarded to our office, the proposal described in your correspondence is not regulated under the Certificate of Need Law and, therefore, does not require a certificate of need. However, you should contact the Licensure and Certification Section and the Construction Section of the Division of Facility Services to determine if they have any requirements for development of the proposed project.

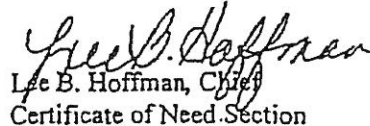
It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. ~~Changes in a project include, but are not limited to:~~ (1) increases in the capital cost; (2) acquisition of medical equipment not included in 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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,


 Judith E. Egan, Project Analyst

JEE:LBH


 Lee B. Hoffman, Chief
 Certificate of Need Section

cc: Section Chief, Licensure and Certification Section, DFS
 Section Chief, Construction Section, DFS
 Medical Facilities Planning Section, DFS



CERTIFICATE OF SERVICE

The undersigned hereby certifies that he is an attorney at law licensed to practice in the State of North Carolina, is attorney for Petitioners and is a person of such age and discretion as to be competent to serve process.

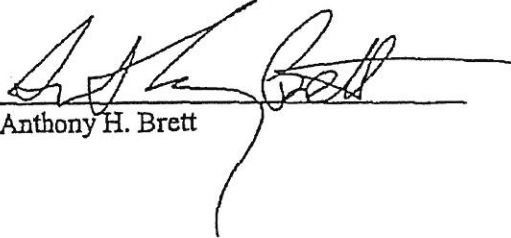
That on November 11, 2002, he served a copy of the foregoing Petition for Contested Case Hearing via certified mail, return receipt requested by placing said copy in postpaid envelopes and addressed to the persons hereinafter named, at the places and addresses stated below, which are the last known addresses, and by depositing said envelopes and their contents in the United States mail in Winston-Salem, North Carolina,

ADDRESSEE:

Satana T. Deberry
Office of Legal Affairs
N. C. Department of Health and Human Services
Adams Building--Room 154
2005 Mail Service Center
Raleigh, NC 27699-2005

Lee B. Hoffman, Chief
Certificate of Need Section
Division of Facility Services
N.C. Department of Health and Human Services
701 Barbour Drive
2704 Mail Service Center
Raleigh, NC 27699-2704

Ruth A. Glaser
VP-Operations
Scotland Memorial Hospital
500 Lauchwood Drive
Laurinburg, NC 28352-5599


Anthony H. Brett

STATE OF NORTH CAROLINA

*Department of Health and Human Services
Division of Health Service Regulation*

CERTIFICATE OF NEED

for

Project Identification Number #N-7872-07

FID# 061346

ISSUED TO: **Scotland Memorial Hospital, Inc.**
500 Lauchwood Drive
Laurinburg, NC 28352

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Replace existing linear accelerator with a new linear accelerator, upgrade existing simulator, and construct a new vault at the hospital/ Scotland County

CONDITIONS: See Reverse Side

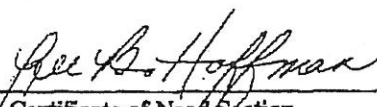
PHYSICAL LOCATION: Scotland Memorial Hospital, Inc.
500 Lauchwood Drive
Laurinburg, NC 28352

MAXIMUM CAPITAL EXPENDITURE: \$4,937,470

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: August 15, 2008

This certificate is effective as of the 22nd day of February, 2008.



Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS

1. Scotland Memorial Hospital, Inc. shall materially comply with all representations made in its certificate of need application identified as Project I. D. #N-7872-07, and the supplemental documents provided to the Agency on January 9, 2008. In those instances in which any of these representations conflict, Scotland Memorial Hospital shall materially comply with the last made documents.
2. Scotland Memorial Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Scotland Memorial Hospital, Inc. shall replace its existing Varian 2100 Cliniac linear accelerator with a new linear accelerator and shall upgrade its existing Nucletron simulator, as described in its certificate of need application.
4. Before offering services on the new linear accelerator, Scotland Memorial Hospital, Inc. shall dispose of the existing linear accelerator and remove it from service in North Carolina.

TIMETABLE

Contract Award	-----	April 1, 2008
Order Equipment	-----	April 1, 2008
25% Completion of construction	-----	June 1, 2008
50% Completion of construction	-----	July 15, 2008
Completion of construction	-----	November 1, 2008
Offering of service(s)	-----	January 1, 2009

 **SCOTLAND CANCER
TREATMENT CENTER**
DukeMedicine AFFILIATE

August 29, 2017

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

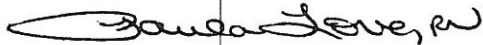
Re: Replacement Simulator
Scotland Memorial Hospital
FID #933446

Dear Ms. Frisone and Ms. Rupp:

I am the Director of the Cancer Treatment Center at Scotland Memorial Hospital, and I am very familiar with the cancer treatment equipment located at Scotland Memorial Hospital and the capabilities of our equipment. The Nucletron 15T simulator is our only treatment simulator, and it is currently in use on a regular basis.

In connection with Scotland Memorial Hospital's planned replacement of its existing treatment simulator with a new CT simulator, Philips has agreed to remove the existing equipment and dispose of it out of state. The cost of disposal is included in the equipment cost.

Sincerely,



Paula Love, RN, BSN, CLNC
Cancer Center Director
Scotland Memorial Hospital
Telephone: 910-291-7505
paula.love@scotlandhealth.org

EQUIPMENT COMPARISON – EXISTING AND REPLACEMENT EQUIPMENT

EQUIPMENT COMPARISON	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Simulator with radiographic imaging	CT Simulator
Manufacturer of Equipment	Nuclotron	Philips Brilliance CT Big Bore
Model Number	15 T	TBD
Serial Number	ML 9527534	TBD
Provider's Method of Identifying Equipment	Asset Tag	Asset tag
Specify if Mobile or Fixed	Fixed	Fixed
Date of Acquisition of Each Component	2002	Late 2017 or early 2018
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title
Specify if Equipment Was/Is New or Used When Acquired	Used	New
Total Capital Cost of Project (Including Construction, etc)	\$749,490 (including linear accelerator, vault, and simulator)	\$877,000 (including construction cost not to exceed \$350,000)
Total Cost of Equipment	\$267,365	\$527,000
Fair Market Value of Equipment	N/A	\$527,000
Net Purchase Price of Equipment	N/A	\$527,000
Locations Where Operated	Scotland Memorial Hospital	Cancer Treatment Center
Number of Days in Use/To be Used in N.C. Per Year	252 days/year (weekdays only)	252 days/year (weekdays only)
Percent Change in Patient Charges (by Procedure)	N/A	0%
Percent Change in Per Procedure Operating Expenses	N/A	0%
Type of Procedures Currently Performed on Existing Equipment	Radiation therapy simulations using fluoroscopy and static images to delineate the treatment volume in 2-D format	N/A
Type of Procedures New Equipment is Capable of Performing	N/A	Radiation therapy simulations using CT scanning that produces 3-D and 4-D volumetric images

PROPOSED CAPITAL COSTS

Project Name: Replacement Treatment Simulator

Proponent: Scotland Memorial Hospital

A. Site Costs

(1)	Full purchase price of land	\$ _____
	Acres _____ Price per Acre	\$ _____
(2)	Closing costs	\$ _____
(3)	Site Inspection and Survey	\$ _____
(4)	Legal fees and subsoil investigation.	\$ _____
(5)	Site Preparation Costs	\$ _____
	Soil Borings	\$ _____
	Clearing-Earthwork	\$ _____
	Fine Grade For Slab	\$ _____
	Roads-Paving	\$ _____
	Concrete Sidewalks	\$ _____
	Water and Sewer	\$ _____
	Footing Excavation	\$ _____
	Footing Backfill	\$ _____
	Termite Treatment	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Site Preparation Costs	\$ _____
(6)	Other (Specify)	\$ _____
(7)	Sub-Total Site Costs	\$ 0

B. Construction Contract

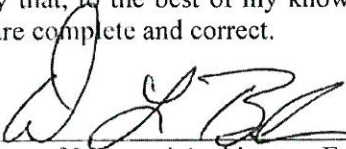
(8)	Cost of Materials	
	General Requirements	_____
	Concrete/Masonry	_____
	Woods/Doors & Windows/Finishes	_____
	Thermal & Moisture Protection	_____
	Equipment/Specialty Items	_____
	Mechanical/Electrical	_____
	Other (Specify)	_____
	Sub-Total Cost of Materials	\$ _____
(9)	Cost of Labor	\$ _____
(10)	Other (Specify)	\$ _____
(11)	Sub-Total Construction Contract	\$350,000

C. Miscellaneous Project Costs

(12)	Building Purchase	\$ _____
(13)	Fixed Equipment Purchase/Lease	\$527,000
(14)	Movable Equipment Purchase/Lease	\$ _____
(15)	Furniture	\$ _____
(16)	Landscaping	\$ _____
(17)	Consultant Fees	
	Architect and Engineering Fees	\$ _____

	Legal Fees	\$ _____
	Market Analysis	\$ _____
	Other (Specify)	\$ _____
	Sub-Total Consultant Fees	\$ _____
(18)	Financing Costs (e.g. Bond, Loan, etc.)	\$ _____
(19)	Interest During Construction	\$ _____
(20)	Other (Specify) _____	\$ _____
(21)	Sub-Total Miscellaneous	\$ 0
(22)	Total Capital Cost of Project (Sum A-C above)	\$877,000

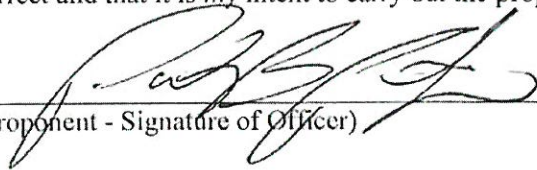
I certify that, to the best of my knowledge, the above construction related costs of the proposed project named above are complete and correct.



 (Signature of Licensed Architect or Engineer)

Director of Engineering


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



 (Proponent - Signature of Officer)

COO

 (Title of Officer)