



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 14, 2023

Terrill Johnson Harris

tjharris@foxrothschild.com

Exempt from Review – Replacement Equipment

Record #: 4152
Date of Request: February 6, 2023
Facility Name: Scotland Memorial Hospital
FID #: 933446
Business Name: Scotland Memorial Hospital, Inc.
Business #: 1638
Project Description: Temporarily replace fixed MRI with a mobile MRI scanner until the permanent replacement fixed MRI scanner is installed
County: Scotland

Dear Ms. Harris:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens Aspreo mobile MRI scanner, serial number 1M9A3A820YH022324 to temporarily replace the Toshiba Titan fixed MRI scanner, serial number 53A0892009, while the permanent replacement MRI scanner approved by the Agency on May 5, 2021 pursuant to Exemption Number 3555 is being installed. This determination is based on your representations that the existing fixed MRI scanner and the temporary mobile MRI scanner identified in this letter will both 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.

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 M. Saporito
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



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TERRI HARRIS
Direct No: 336.378.5383
Email: TJHarris@Foxrothschild.com

February 6, 2023

Micheala Mitchell, Chief (Micheala.Mitchell@dhhs.nc.gov)
Tanya Saporito, Project Analyst (tanya.saporito@dhhs.nc.gov)
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Notice of Exemption for Replacement Equipment Pursuant to N.C.G.S. § 131E-184(a)(7)
Facility: Scotland Memorial Hospital
Description: Replace MRI Scanner with Temporary Mobile MRI Scanner and Replace Temporary
Mobile MRI Scanner with new Fixed MRI Scanner
County: Scotland
FID #: 933446

Dear Micheala and Tanya:

I am writing on behalf of Scotland Memorial Hospital, Inc. (“Scotland”) to give prior written notice pursuant to N.C. Gen. Stat. § 131E-184(a)(7) that it plans to utilize a mobile MRI scanner to replace its existing MRI scanner on an interim basis. As you may recall, Scotland gave an exemption notice on April 28, 2021 for a replacement MRI scanner. The Agency confirmed that the acquisition of the replacement MRI scanner was exempt from CON review by letter dated May 5, 2021. The replacement MRI scanner is part of a major renovation of the first floor of the hospital that will include replacement operating rooms and renovations to its existing imaging suite. The Agency also confirmed that the major renovation project was exempt from CON review by letter dated May 5, 2021.

The major renovation project is well under way, and Scotland has recently determined that it needs to utilize a mobile MRI scanner on a temporary basis until its new replacement MRI scanner can be installed. The existing MRI scanner is located in Scotland’s main hospital building on the main hospital campus in Laurinburg. The existing MRI scanner was purchased in 2010 pursuant to the CON attached as Exhibit 1.¹ The existing MRI scanner at Scotland is a Toshiba Titan 1.5T, and it is currently in use as shown on Exhibit

¹ One of the holders of the CON, Scotland MOB, LLC, has been dissolved and no longer exists. Scotland Memorial Hospital, Inc. is operating the MRI scanner at 500 Lauchwood Drive, Laurinburg, pursuant to this CON.



Micheala Mitchell, Chief
Tanya Saporito, Project Analyst
February 6, 2023
Page 2

2, Scotland's 2023 License Renewal Application. The existing MRI scanner will be removed and disposed of out of state when the temporary mobile MRI scanner is placed into service.

The existing MRI scanner will be replaced with a mobile Siemens Aspree from Alliance Imaging. The temporary mobile MRI scanner is comparable medical equipment pursuant to 10A N.C.A.C. 14C.0303 because it will not be used to provide a new health service. It will be used for the same diagnostic purposes as the existing equipment. It will be located on a mobile pad adjacent to the hospital. Please refer to Exhibit 3 for the chart comparing the existing MRI scanner with the temporary mobile MRI scanner.

When the renovation project is complete, the temporary mobile MRI scanner will be taken out of service and replaced with a new Siemens Magnetom Sola 1.5T MRI scanner, the acquisition of which has already been determined to be exempt from CON review as noted above. Please refer to Exhibit 4 for the chart comparing the temporary mobile MRI scanner with the previously approved replacement MRI scanner.

Based on this letter and the attached documentation, we look forward to receiving your letter confirming that Scotland's proposed use of a mobile MRI scanner on a temporary basis until its approved replacement Siemens Magnetom Sola 1.5T MRI scanner is installed is exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(7). The existing MRI scanner is scheduled to be taken out of service later this month, so we ask that you expedite your review of this exemption notice letter to facilitate Scotland's efforts to avoid a situation in which it does not have a functioning MRI scanner.

Please let me know if you have questions or need any additional information about the temporary mobile MRI scanner.

Sincerely,

A handwritten signature in cursive script that reads 'Terrill Johnson Harris'.

Terrill Johnson Harris

cc: William R. Purcell II (w/enclosures)

TJH:/trh

Exhibit 1

STATE OF NORTH CAROLINA

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

CERTIFICATE OF NEED

for

Project Identification Number #N-7805-07

FID #061346

ISSUED TO: Scotland Memorial Hospital and Scotland MOB, LLC
500 Lauchwood Drive
Laurinburg, NC 28352-5599

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: Acquire a fixed Magnetic Resonance Imaging Scanner and install it in the Urgent Outpatient Imaging Clinic/ Scotland County

CONDITIONS: See Reverse Side

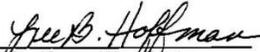
PHYSICAL LOCATION: Scotland Memorial Hospital, Inc.
500 Lauchwood Drive
Laurinburg, NC 28352-5599

MAXIMUM CAPITAL EXPENDITURE: \$2,373,998

TIMETABLE: See Notes Attached

FIRST PROGRESS REPORT DUE: October 15th, 2009

This certificate is effective as of the 17th day of July, 2009


Chief, Certificate of Need Section
Division of Health Service Regulation

CONDITIONS:

1. Scotland Memorial Hospital, Inc. and Scotland MOB, LLC shall materially comply with all representations made in their certificate of need application identified as Project I.D. #N-8705-07, and the supplemental documents provided to the Agency on May 8, May 21, and June 10, 2009. In those instances in which any of these representations conflict, Scotland Memorial Hospital, Inc. and Scotland MOB, LLC shall materially comply with the representations in the last made documents.
2. Scotland Memorial Hospital, Inc. and Scotland MOB, LLC 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.

TIMETABLE:

| | |
|---------------------------------|--------------------|
| Contract Award..... | March 1, 2010 |
| Order Equipment..... | February 1, 2010 |
| 50% Completion..... | May 1, 2010 |
| Completion of Construction..... | September 15, 2010 |
| Offering of Service..... | October 1, 2010 |

Exhibit 2



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

2023 LICENSE RENEWAL APPLICATION FOR HOSPITAL

| | |
|---------------------------|----------------------------------|
| Licensee | Scotland Memorial Hospital, Inc. |
| Facility Name | Scotland Memorial Hospital |
| License # | H0107 |
| FID # | 933446 |
| Application Status | Approved |

APPROVED LICENSE DATES

| | |
|-------------------------|-----------------------------|
| Effective Date | 01/01/2023 |
| Origination Date | 01/01/1947 |
| Approved By | Linda Johnson on 01/13/2023 |

**** All responses should pertain to October 1, 2021 thru September 30, 2022 ****

Introduction

Welcome to the Division of Health Service Regulation Licensure and Certification website.

This is your online **2023** license application. The deadline to complete and submit the application is **January 15, 2023**. Failure to possess a valid license by **January 16, 2023** may compromise your facility's ability to operate and/or adversely impact its funding sources.

Data on file indicates that your entity is a **Hospital totaling 104 beds**.

Your annual licensure fee, as authorized by **G.S. 131E-77** is **\$2,270.00**. This amount is comprised of a base fee of **\$450.00** plus an additional per bed fee of **\$17.50**.

Following is a list of types of facilities with required fee, including the base fee and the per bed fee.

| Facility Type | Number of Beds | Base Fee | Bed Fee |
|-------------------------|----------------|----------|---------|
| General Acute Hospitals | 1-49 Beds | \$250.00 | \$17.50 |
| | 50-99 Beds | \$350.00 | \$17.50 |
| | 100-199 Beds | \$450.00 | \$17.50 |
| | 200-399 Beds | \$550.00 | \$17.50 |
| | 400-699 Beds | \$750.00 | \$17.50 |
| | 700+ Beds | \$950.00 | \$17.50 |

Important Messages

- This application contains pre-populated information from our data systems based on your last renewal application or the most recent information reported to the Division of Health Service Regulation.
- A request for a change of ownership, location, or facility name will not be processed with this application. If these changes apply to your license, please notify the Division of Health Service Regulation.
- If the number of licensed beds is incorrect in your renewal application, please contact the Acute Care Licensure Section to determine next steps (919) 855-4620.
- If you have questions regarding transparency data and what is needed with the submission of your renewal application, please contact the Acute Care Licensure Section (919) 855-4620.

Questions

| Name | Phone | Email |
|-----------------|----------------|-----------------------------|
| Linda Johnson | (919) 855-4620 | linda.m.johnson@dhhs.nc.gov |
| Azzie Y. Conley | (919) 855-4646 | Azzie.Conley@dhhs.nc.gov |

Legal Name and Address

Legal Identity of the Applicant: Scotland Memorial Hospital, Inc.

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service)

Doing Business As (DBA)

* Name(s) under which the facility or services are advertised or presented to the public

Primary: Scotland Memorial Hospital

Other DBA:

Facility Address

Facility Mailing Address:

500 Lauchwood Drive
Laurinburg, NC 28352

Facility Site Address:

500 Lauchwood Drive
Laurinburg NC 28352
County: Scotland

Has the Facility Mailing Address
Changed?

No

Facility Site Contact Information

Contact Name: Lucien StOnge

Email: lucien.stonge@scotlandhealth.org

Phone Number: (910) 291-7547

Fax: (910) 291-7029

Contact Information

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

Hospital Director

Name: _____ Title: _____

Email: _____

Has the Director information changed? Yes

- New Director Information:

Name: Gregory Wood Title: President & Chief Executive Officer

Email: greg.wood@scotlandhealth.org

Director of Planning

Name: David Pope, COO

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

Chief Executive Officer

Name: _____ Title: _____

Email: _____

Has the Chief Executive Officer information changed? Yes

- New Chief Executive Officer Information:

Name: Gregory Wood Title: President & Chief Executive Officer

Email: greg.wood@scotlandhealth.org

Chief Nursing Officer / Vice President of Nursing and Patient Care Services

Name: Beatrice Holt

Medical Director

Name: _____ Title: _____

Email: _____

Has the Medical Director information changed? Yes

- New Medical Director Information:

Name of Medical Director: Jennifer Isenhour, MD Title: Chief of Staff

Email: jennifer.isenhour@scotlandhealth.org

Contact for Questions

Name of the person to contact for any questions regarding this form/facility.

Name: Lucien St.Onge Title: CFO

Phone: (910) 291-7547 Email: lucien.stonge@scotlandhealth.org

Ownership Disclosure

National Provider Identifier (NPI): 1457345597

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

| Additional NPI |
|----------------|
| 1902890742 |

* For questions regarding NPI, contact 1-800-465-3203 (NPI Toll-Free) or visit the NPI Web Site.

Legal Identity of Licensee

Owner: Scotland Memorial Hospital Inc
Address: 500 Lauchwood Drive Business Phone: (910) 291-7000
Laurinburg, NC 28352 Fax: (910) 291-7029
Email: greg.wood@scotlandhealth.org
Chief Executive Officer (CEO) : Gregory C. Wood, President & CEO

Legal Entity

Legal Entity Is: Not For Profit
Legal Entity Is: Corporation (CORP)

Does the above entity (individual, partnership, corporation, etc.) LEASE the building from which services are offered? No

Is the business operated under a management contract? Yes

- If Yes, Name and Address of the Management company.

Name: Atrium Health Phone: (704) 355-2000
Address: 1000 Blythe Blvd Fax: _____
Charlotte NC 28203 Email: _____

Health System

- 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

-- Name of Health System: Not Listed

-- Please provide the name of the Health System if it is not listed Scotland Health Care System

-- Name of the CEO: Gregory Wood

Definition of Health System for Operating Room Need Determination Methodology

* The Operating Room need determination methodology uses the following definition of "health system" that differs from the definition above. (Note that for most facilities, the health system entered here will be the same health system entered above, but it may not be. Please read this definition carefully.)

A "health system" includes all licensed health service facilities located in the same county that are owned or leased by:

(1) the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or

(2) the same parent corporation or holding company; or

(3) a subsidiary of the same parent corporation or holding company; or

(4) a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? No

List all Campuses

* List all Campuses as defined in NCGS 131E-176(2c) under the hospital license. Include offsite emergency departments.

| Name of Campus and Address | Services Offered | | | | | | Other Services Offered |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------|
| | Beds | ORs/GI Endoscopy | Imaging | LINAC | Reimb. Source | Lithotripsy | |
| Scotland Memorial Hospital 500 Lauchwood Drive, Laurinburg, NC 28352 | <input checked="" type="checkbox"/> | |

Accreditation

* If surveyed within the last twelve (12) months, attach a copy of the accreditation report and grid. If applicable, attach a copy of the plan of correction.

| Accredited | Accrediting Organization | Expiration Date | Deemed Letter? |
|------------|--|-----------------|----------------|
| Yes | THE JOINT COMMISSION (TJC) | 07/10/2024 | ---- |
| ---- | DET NORSKE VERITAS (DNV) | ---- | ---- |
| ---- | AOA / HFAP Healthcare Facilities Accreditation Program | ---- | ---- |
| ---- | Improvement in Healthcare Quality (CIHQ) | ---- | ---- |

Facility Data

CMS Certification Number (CCN): 340008

Reporting Period

All responses should pertain to October 1, 2021 to September 30, 2022.

Designation

- 1. Are you a designated trauma center? No
- 2. Are you a critical access hospital (CAH)? No
- 3. Are you a long term care hospital (LTCH)? No

4. Are you a designated stroke center? No
5. Does this hospital have licensed nursing facility beds? No
6. Does this hospital have a swing bed agreement with CMS? No

General Information

| | |
|---|-------------|
| 1. Admissions to Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry). | <u>5667</u> |
| 2. Discharges from Licensed Acute Care Beds: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry). | <u>5696</u> |
| 3. Average Daily Census: Exclude normal newborn bassinets, swing beds, and all other types of beds (inpatient rehabilitation, inpatient hospice, substance use disorder, psychiatry). | <u>71</u> |
| 4. Was there a permanent change in the total number of licensed beds during the reporting period? | <u>No</u> |
| 5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients. | <u>3103</u> |
| 6. Number of unlicensed Observation Beds | <u>0</u> |
| - Do you have any outstanding plans of correction with the DHSR Construction Section? | <u>No</u> |

Transparency

* For questions regarding this Tab, please contact Acute Care at (919) 855-4620.

In accordance with Session Law 2013-382 and 10A NCAC 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.

Please provide the main website address for the facility licensed on this application:

www.scotlandhealth.org

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

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

http://www.scotlandhealth.org/patients-and-visitors/financial-assistance-and-standard-charges

* Please attach a copy of the facility's charity care policy and financial assistance policy.

Do you File Form 990 or Form 990 Schedule H? Yes

- If Yes, enter the data in the table below.

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

| Contribution, Gifts, Grants and other similar Amounts (Form 990; Part VIII 1(h)) | Annual Financial Assistance at Cost (Form 990; Schedule H Part I, 7(a)(c)) | Bad Debt Expense (Form 990; Schedule H Part III, Section A(2)) | Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy (Form 990; Schedule H Part III, Section A(3)) |
|--|--|--|---|
| 15558290 | 3974347 | 12776622 | 0 |

AUTHENTICATING SIGNATURE: This attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Lucien St.Onge Title: CFO Date: 12/20/2022

Itemized Charges

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

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

20 Most Common Outpatient Surgical Cases Table

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

| CPT Code | Description | Cases |
|----------|---|-------|
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | 77 |
| 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 | 25 |
| 29881 | 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 | 71 |
| 42820 | Tonsillectomy and adenoidectomy; younger than age 12 | 72 |

| | | |
|-------|--|-----|
| 42830 | Adenoidectomy, primary; younger than age 12 | 42 |
| 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) | 45 |
| 43239 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple | 589 |
| 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 insertion of guide wire followed by dilation of esophagus over guide wire Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter) | 23 |
| 45378 | Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) | 449 |
| 45380 | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple | 71 |
| 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 | 421 |
| 45385 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 88 |
| 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 | 61 |
| 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 | 5 |
| 66984 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification) | 445 |
| 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia | 58 |

20 Most Common Outpatient Imaging Procedures Table

Enter the number of the top 20 most common imaging procedures performed in the ambulatory surgical center in the table below by CPT code. Submit one record for the licensed hospital.

| CPT Code | Description | Cases |
|----------|--|-------|
| 70450 | Computed tomography, head or brain; without contrast material | 6627 |
| 70486 | Computed tomography, facial bone; without contrast material | 706 |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | 833 |
| 70553 | Magnetic resonance(e.g., proton) imaging, brain(including brain stem); without contrast material followed by contrast material(s) and further sequenses. | 352 |
| 71020 | Radiologic examination, chest; two views, frontal and lateral | 1584 |
| 71250 | Computed tomography, thorax; without contrast material(s) | 993 |
| 71260 | Computed tomography, thorax; with contrast material(s) | 1645 |
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | 2695 |
| 72100 | Radiologic examination, spine, lumbosacral; two or three views | 1265 |
| 72110 | Radiologic examination, spine, lumbosacral; minimum of four views | 271 |
| 72125 | Computed tomography, cervical spine; without contrast material | 2267 |
| 72141 | Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material | 294 |
| 72148 | Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material | 708 |
| 73221 | Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material | 134 |
| 73630 | Radiologic examination, foot; complete, minimum of three views | 1566 |
| 73721 | Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material | 240 |
| 74000 | Radiologic examination, abdomen; single anteroposterior view | 1361 |
| 74176 | Computed tomography, abdomen and pelvis; without contrast material | 3367 |
| 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | 5637 |
| 74178 | Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material | 193 |

Services - for Entire Facility

Services and Facilities

1. Obstetrics

| | Number of Infants |
|-------------------------------------|-------------------|
| a. Live births (Vaginal Deliveries) | 526 |
| b. Live births (Cesarean Section) | 305 |
| c. Stillbirths | 11 |

| | Number of Rooms |
|--|------------------------|
| d. Delivery Rooms - Delivery Only (Not Cesarean Section) | 0 |
| e. Delivery Rooms - Labor and Delivery, Recovery | 4 |
| f. Delivery Rooms – LDRP | 0 |
| g. Number of Normal Newborn Bassinets (Level I Neonatal Services). | 20 |

2. Abortion Services

Number of procedures per Year 0

3. Emergency Department Services

a. Total number of ED exam rooms: 34

Of this total, how many are:

1. Trauma Rooms 2

2. Fast Track Rooms 5

3. Urgent Care Rooms 0

b. Total number of ED visits for reporting period: 49092

c. Total number of inpatient admissions from the ED for reporting period: 4223

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

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes

4. Medical Air Transport

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

5. Pathology and Medical Lab

a. Blood Bank/Transfusion Services Yes

b. Histopathology Laboratory Yes

c. HIV Laboratory Testing Yes

- Number of tests performed during reporting period:

| | |
|--------------|------------|
| HIV Serology | <u>478</u> |
| HIV Culture | <u>0</u> |

| | |
|------------------------|-----------|
| d. Organ Bank | <u>No</u> |
| e. Pap Smear Screening | <u>No</u> |

6. Transplantation Services

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

Do you perform living donor transplants? No

7. Telehealth/Telemedicine

Telehealth/telemedicine is defined by the U.S. Health Resources & Services Administration as "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine. A service may apply to more than one category. **Check all that apply.**

| Service | Provide service to other facilities via telemedicine | Receive service from other facilities via telemedicine |
|---|--|--|
| Emergency Department | <input type="checkbox"/> | <input type="checkbox"/> |
| Imaging | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Psychiatric | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Alcohol and/or substance use disorder (other than tobacco cessation) services | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

8. Specialized Cardiac Services

8-a. Open Heart Surgery

| 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 |

* For questions on this section, contact Healthcare Planning at 919-855-3865.

8-b. Cardiac Catheterization and Electrophysiology

1. Does this facility provide cardiac catheterization on fixed units or electrophysiology services? Yes

* Cardiac Catheterization procedures (as defined in G.S. § 131E-176 (2g))

Number of units of fixed cardiac catheterization equipment with a CON: 1

* CON Project IDs for fixed equipment:

N-8097-08

* Number of units of legacy fixed cardiac catheterization equipment (i.e., equipment obtained before a CON was required): 0

| | Diagnostic Cardiac Catheterization** | Interventional Cardiac Catheterization*** |
|--|--------------------------------------|---|
| Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger: | 0 | 0 |
| Number of procedures* performed in fixed units on patients age 15 and older: | 297 | 46 |

- Electrophysiology procedures on dedicated electrophysiology equipment

* Number of units of fixed dedicated electrophysiology equipment: 0

2. Does this facility provide cardiac catheterization on mobile equipment? No

* A procedure is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. If the visit includes both diagnostic and interventional procedures, count the interventional procedures only. For example, if a patient has both a diagnostic and an interventional procedure in one visit, Count all EP procedures separately.

***a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery." 10A NCAC 14C .1601(9)

****a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery." 10A NCAC 14C .1601(16)

Number of fixed or mobile units of legacy cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): 0

CON Project ID numbers for all non-legacy fixed or mobile units of cardiac catheterization equipment owned by hospital:

Name of Mobile Vendor, if not owned by hospital: _____

Number of 8-hour days per week the mobile unit is onsite (*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*):

0

9-a. Does this facility provide any of the following services?

- | | |
|--|---|
| <input checked="" type="checkbox"/> 1. Outpatient Cardiac Rehabilitation Program | <input checked="" type="checkbox"/> 5. Rehabilitation Outpatient Unit |
| <input checked="" type="checkbox"/> 2. Chemotherapy | <input checked="" type="checkbox"/> 6. Podiatric Services |
| <input checked="" type="checkbox"/> 3. Clinical Psychology Services | <input type="checkbox"/> 7. Genetic Counseling Service |
| <input type="checkbox"/> 4. Dental Services | <input checked="" type="checkbox"/> 8. Inpatient Dialysis Services |

- Enter number of dialysis stations

4

9-b. Acute Hospital Care at Home

* Acute Hospital Care at Home is a delivery model for acute care services in a patient's home as a substitute for traditional inpatient acute hospital care provided in the acute care beds of physical hospitals, regardless of whether care was delivered under a CMS waiver. Please note these services do NOT include those provided under hospice care or home health care.

- This facility provided acute hospital care at home services between October 1, 2021 and September 30, 2022?

9-c. Does this facility have a hospital-based hospice unit with licensed inpatient hospice beds?

No

9-d. Does this facility have a psychiatric unit with licensed psychiatric beds?

No

9-e. Does this facility have a substance use disorder treatment unit with licensed substance use disorder treatment beds?

No

Services - By Campus

Source of Reimbursement for Services

* For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.

Scotland Memorial Hospital

| Primary Payer Source | Inpatient Days of Care (total should be the same as The Total General Acute Care Days in Beds by Service) | Emergency Visits on this campus. For multi-campus hospitals, the total for the cumulative record should match the number of ED visits in Services and Facilities, Item 3b, from the Services for Entire Facility tab. | Outpatient Visits (excluding Emergency Visits and Surgical Cases, including Imaging services) | Inpatient Surgical Cases (total should be same as Total Surgical Cases-Inpatient Cases by Speciality Area) | Ambulatory Surgical Cases (total should be same Total Surgical Cases-Ambulatory Cases in Surgical Cases by Speciality Area) |
|----------------------|---|---|---|--|---|
| Self Pay | 1031 | 5506 | 8129 | 62 | 219 |
| Charity Care | 774 | 1473 | 4003 | 46 | 108 |
| Medicare * | 15485 | 12738 | 42644 | 926 | 1147 |
| Medicaid * | 5361 | 16594 | 28826 | 320 | 776 |
| Insurance * | 2759 | 10072 | 30396 | 165 | 818 |
| Other (Specify) | 401 | 2709 | 2520 | 24 | 67 |
| TOTAL | 25811 | 49092 | 116518 | 1543 | 3135 |

* Including any managed care plans.

Beds by Service

* Inpatient Only – do Not Include Observation Beds or Days of Care. Do not include acute inpatient hospital care at home.

Scotland Memorial Hospital

* 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, you will need to complete the Nursing Care Facility/Unit Beds Annual Data Supplement section.

* NOTE: The licensed beds on record should match the Total General Acute Care Beds/Days. The licensed beds on record should match the licensed beds this includes 2 through 8.

| Licensed Acute Care Beds | Licensed Beds as of 9/30/2022 | Operational Beds as of 9/30/2022 | Inpatient Days of Care |
|--|-------------------------------|----------------------------------|------------------------|
| Intensive Care Units | | | |
| 1. General Acute Care Beds/Days | | | |
| a. Burn | 0 | 0 | 0 |
| b. Cardiac | 0 | 0 | 0 |
| c. Cardiovascular Surgery | 0 | 0 | 0 |
| d. Medical/Surgical | 8 | 8 | 2084 |
| e. Neonatal Beds Level IV (Not Normal Newborn) Neonatal service levels are defined in 10A NCAC 14C. 1401. | 0 | 0 | 0 |
| f. Pediatric | 0 | 0 | 0 |
| g. Respiratory Pulmonary | 0 | 0 | 0 |

a. Surgical Operating Rooms

* A Surgical Operating Room is defined as a room "used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room" (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

| Type of Room | Number of Rooms |
|--|-----------------|
| Dedicated Open Heart Surgery * Dedicated Open Heart Surgery Operating rooms on record = 0 | 0 |
| Dedicated C-Section * Dedicated C-Section Operating rooms on record = 1 | 1 |
| Other Dedicated Inpatient Surgery (Do not include dedicated Open Heart or C-Section rooms) * Other Dedicated Inpatient Surgery Operating rooms on record = 0 | 0 |
| Dedicated Ambulatory Surgery * Dedicated Ambulatory Surgery Operating rooms on record = 0 | 0 |
| Shared - Inpatient / Ambulatory Surgery * Shared - Inpatient / Ambulatory Surgery Operating rooms on record = 5 | 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." 0

b. Gastrointestinal Endoscopy Rooms, Procedures, and Cases

* Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location** .

* Total Number of Licensed Gastrointestinal Endoscopy Rooms on record = 2

Total Number of Licensed Gastrointestinal Endoscopy Rooms 2

| GI Endoscopies * | Procedures* | | Cases** | | Total Cases |
|--|-------------|------------|-----------|------------|-------------|
| | Inpatient | Outpatient | Inpatient | Outpatient | |
| Performed in Licensed GI Endoscopy Rooms | 124 | 2084 | 121 | 1965 | 2086 |
| NOT Performed in Licensed GI Endoscopy Rooms | 124 | 71 | 120 | 66 | 186 |
| TOTAL CASES –For hospitals with multiple campuses, the total number of cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Table. | | | | | 2272 |

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

** A GI endoscopy case is defined as a single trip to the GI endoscopy room or other location where one or more procedures are performed.

c. Procedure Rooms

* Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms.

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms 1

d. Non-Surgical Cases by Category

* 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. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

| Non-Surgical Category | Inpatient Cases | Ambulatory Cases |
|--|-----------------|------------------|
| Endoscopies OTHER THAN GI Endoscopies | | |
| Performed in Licensed GI Endoscopy Room | 0 | 0 |
| NOT Performed in Licensed GI Endoscopy Room | 2 | 39 |
| Other Non-Surgical Cases | | |
| Pain Management | 0 | 0 |
| Cystoscopy | 27 | 27 |
| YAG Laser | 0 | 0 |
| Other (Specify) | 0 | 0 |

e. Surgical Cases by Specialty Area

* Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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.** For hospitals with multiple campuses, the total number of surgical cases on the cumulative record should match the total number of cases (patients) listed in the Patient Origin Tables.

| Surgical Specialty Area | Inpatient Cases | Ambulatory Cases |
|---|-----------------|------------------|
| Cardiothoracic (excluding Open Heart Surgery) | 0 | 0 |
| Open Heart Surgery | 0 | |
| General Surgery | 581 | 621 |
| Neurosurgery | 0 | 0 |
| Obstetrics and GYN (excluding C-Sections) | 107 | 380 |
| Ophthalmology | 0 | 496 |
| Oral Surgery/Dental | 0 | 0 |
| Orthopedics | 394 | 824 |
| Plastic Surgery | 0 | 0 |
| Podiatry | 0 | 0 |
| Urology | 13 | 83 |
| Vascular | 133 | 443 |
| ENT | 6 | 288 |
| Number of C-Sections Performed in Dedicated C-Section ORs | 306 | |

| | |
|---|---|
| Number of C-Sections Performed in Other ORs | 3 |
|---|---|

Total Surgical Cases Performed in Licensed ORs 1543 3135

f. Surgical procedures performed in unlicensed Procedure Rooms

Number of surgical procedures performed in unlicensed Procedure Rooms 0

g. Average Operating Room Availability and Average Case Times

* Based on **your facility's** experience, please complete the table below by showing the information for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. When reporting case times, be sure to include set-up and clean-up times.

| Average Hours per Day Routinely Scheduled for Use Per Room * | 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 |
|--|---|---|--|
| 8.16 | 260 | 86.16 | 66.2 |

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

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

** Add up the case times separately for inpatient and ambulatory surgeries for all cases listed in the "Surgical Cases by Specialty Area" table.

*** Case Time = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the American Association of Clinical Directors, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR.

Imaging

Scotland Memorial Hospital

Does this campus have at least one of the following: fixed MRI scanner, mobile MRI scanner, and/or any other fixed or mobile MRI services? Yes

MRI Procedures

Indicate the number of procedures performed during the 12-month reporting period at your facility. Healthcare Planning and Certificate of Need may request CPT codes if further clarification is needed.

| Procedures | Inpatient Procedures * | | | Outpatient Procedures * | | | TOTAL Procedures |
|--------------------------------------|------------------------|------------|-----------------|-------------------------|------------|------------------|------------------|
| | Base** | Complex** | TOTAL Inpatient | Base** | Complex** | TOTAL Outpatient | |
| Fixed | 498 | 150 | 648 | 2085 | 893 | 2978 | 3626 |
| Mobile (performed only at this site) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL*** | 498 | 150 | 648 | 2085 | 893 | 2978 | 3626 |

* 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.

** Base = an MRI scan without contrast or IV sedation.
Complex = an MRI scan with contrast or IV sedation.

*** The grand totals of both fixed and mobile procedures on the cumulative record must be greater than or equal to the total in the MRI Patient Origin Table, below.

Fixed MRI Scanners

* Indicate the number of MRI scanners at this facility (even if no procedures were performed) during the 12-month reporting period.

| Fixed Scanners | Number |
|---|----------|
| Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners) | 1 |
| Number of fixed MRI scanners-closed, including open-bore scanners (do not include any Policy AC-3 scanners) | 0 |
| Number of Policy AC-3 MRI scanners used for general clinical purposes | 0 |
| Total Fixed MRI Scanners | 1 |

Number of legacy fixed MRI scanners on this campus 0

CON Project ID numbers for all other fixed MRI scanners on this campus or hospital-owned mobile scanners that serve this campus:

N-7085-07

Mobile MRI Services

During the reporting period, did the facility own one or more mobile MRI scanners? No

Did the facility contract for mobile MRI services? No

Other MRI (Inpatient and Outpatient Procedures)

* Patients served on units listed in the next table should not be included in then MRI Patient Origin Table.

| Other Scanners | Inpatient Procedures * | | | | Outpatient Procedures * | | | |
|-----------------------------------|------------------------|--------|-----------|-----------------|-------------------------|-----------|------------------|------------------|
| | Number | Base** | Complex** | TOTAL Inpatient | Base** | Complex** | TOTAL Outpatient | TOTAL Procedures |
| Other Human Research MRI scanners | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Intraoperative MRI (iMRI) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

** Base = an MRI scan without contrast or IV sedation.
Complex = an MRI scan with contrast or IV sedation.

Does this campus own a computed tomography (CT) scanner or contract for mobile CT services? Yes

Computed Tomography (CT)

How many fixed CT scanners does the hospital own? 3

Does the hospital contract for mobile CT scanner services? No

Identify the mobile CT vendor _____

Complete the following table for fixed and mobile CT scanners.

| Type of CT Scan | FIXED CT Scanner # of Scans | MOBILE CT Scanner # of Scans |
|---|-----------------------------|------------------------------|
| 1. Head without contrast | 7342 | 0 |
| 2. Head with contrast | 327 | 0 |
| 3. Head without and with contrast | 75 | 0 |
| 4. Body without contrast | 8567 | 0 |
| 5. Body with contrast | 11206 | 0 |
| 6. Body without contrast and with contrast | 542 | 0 |
| 7. Biopsy in addition to body scan with or without contrast | 83 | 0 |
| 8. Abscess drainage in addition to body scan with or without contrast | 1 | 0 |
| Total | 28143 | 0 |

Does this campus have at least one of the following: fixed Positron Emission Tomography (PET) scanner, mobile PET scanner, and/or any other fixed or mobile PET services? Yes

Positron Emission Tomography (PET)

| SCAN TYPE | Number of Units | Number of Procedures* | | |
|---|-----------------|-----------------------|------------|-------|
| | | Inpatient | Outpatient | Total |
| Dedicated Fixed PET Scanner | 0 | 0 | 0 | 0 |
| Mobile PET Scanner | 1 | 0 | 262 | 262 |
| PET pursuant to Policy AC-3 | 0 | 0 | 0 | 0 |
| Other PET Scanners used for Human Research only | 0 | 0 | 0 | 0 |

* **PET procedure** means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. For hospitals with multiple campuses, the total number of PET procedures on the cumulative record should match the total number of patients listed in the Patient Origin Table.

CON Project ID numbers for all non-legacy fixed PET scanners on this campus

N/A

Does the hospital own a mobile PET scanner that performed procedures on this campus?

No

- Name of Mobile PET Provider, if any: Alliance Mobile Imaging

Other Imaging Equipment

| | Number of Units | Number of Procedures | | |
|---|-----------------|----------------------|------------|-------|
| | | Inpatient | Outpatient | Total |
| Ultrasound equipment | 4 | 1048 | 8819 | 9867 |
| Mammography equipment | 2 | 1 | 8345 | 8346 |
| Bone density equipment | 1 | | 1121 | 1121 |
| Fixed X-ray equipment (excluding fluoroscopic) | 6 | 3534 | 31618 | 35152 |
| Fixed fluoroscopic X-ray equipment | 1 | 167 | 835 | 1002 |
| Special procedures/ Angiography equipment (neuro & vascular, but not including cardiac cath.) | 0 | | | |
| Coincidence camera | 0 | | | |
| Mobile coincidence camera | 0 | | | |
| SPECT | 1 | 191 | 741 | 932 |
| Mobile SPECT | 0 | | | |
| Gamma camera | 1 | 18 | 411 | 429 |
| Mobile gamma camera | 0 | | | |
| Proton therapy equipment | 0 | | | |

Linear Accelerator

Scotland Memorial Hospital

a. Procedure by CPT Code

| CPT Code | Description | # of Procedures |
|----------|---|-----------------|
| | Simple Treatment Delivery | |
| | Intermediate Treatment Delivery | |
| | Complex Treatment Delivery | |
| | Other Treatment Delivery Not Included Above | |
| | Imaging Procedures Not Included Above | |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator | 0 |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | 0 |
| 77401 | Radiation treatment delivery | 0 |
| 77402 | Radiation treatment delivery (<=5 MeV) | 0 |
| 77403 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77404 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77406 | Radiation treatment delivery (>=20 MeV) | 0 |
| 77407 | Radiation treatment delivery (<=5 MeV) | 0 |
| 77408 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77409 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77411 | Radiation treatment delivery (>=20 MeV) | 0 |
| 77412 | Radiation treatment delivery (<=5 MeV) | 871 |
| 77413 | Radiation treatment delivery (6-10 MeV) | 0 |
| 77414 | Radiation treatment delivery (11-19 MeV) | 0 |
| 77416 | Radiation treatment delivery (>=20 MeV) | 0 |
| 77417 | Additional field check radiographs | 0 |
| 77418 | Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015 | 2120 |
| G0339 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction | 0 |
| G0340 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd - 5th fraction | 0 |
| OTHER1 | Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC) | 0 |
| OTHER10 | | 0 |
| OTHER2 | Pediatric Patient under anesthesia | 0 |
| OTHER3 | Limb salvage irradiation | 0 |
| OTHER4 | Hemibody irradiation | 0 |
| OTHER5 | Total body irradiation | 0 |
| OTHER6 | | 0 |
| OTHER7 | | 0 |

| | | |
|--------|--|---|
| OTHER8 | | 0 |
| OTHER9 | | 0 |

Total Procedures – Linear Accelerators 2991

| Gamma Knife® Procedures | | |
|-------------------------|--|---|
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®) | 0 |

b. Linear Accelerator Treatment Data

* 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. For hospitals with multiple campuses, the total number of patients on the cumulative record should match the total number of patients listed in the Patient Origin Table.

Number of Patients: 113

TOTAL number of Linear Accelerator: 1

Of the TOTAL above:

- Number of Linear Accelerators configured for **stereotactic radiosurgery**

- Number of **CyberKnife®** Systems

- Number of **other specialized linear accelerators**

Number of **Gamma Knife®** units:

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)))

Number of legacy Linear Accelerators: 0

CON Project ID numbers for all **non-legacy** Linear Accelerators

N/A

Lithotripsy

Scotland Memorial Hospital

Mobile Lithotripsy Vendor/Owner: Carolina Lithotripsy

| | Number of Units | Number of Procedures | | |
|--------|-----------------|----------------------|------------|-------|
| | | Inpatient | Outpatient | Total |
| Fixed | 0 | 0 | 0 | 0 |
| Mobile | 1 | 0 | 77 | 77 |

Patient Origin

Patient Origin - General Acute Care Inpatient Services

* Provide the county of residence for each inpatient admission to this hospital, across all campuses (if this hospital is a multi-campus facility). The total must match the number of admissions entered in Admissions to Licensed Acute Care Beds in Facility Data Tab.

| County of Residence | No. of Admissions |
|---------------------|-------------------|
| Alamance | 1 |
| Anson | 3 |
| Beaufort | 1 |
| Bladen | 8 |
| Brunswick | 3 |
| Cabarrus | 2 |
| Catawba | 1 |
| Chatham | 1 |
| Cleveland | 1 |
| Columbus | 5 |
| Cumberland | 12 |
| Davidson | 1 |
| Davie | 1 |
| Durham | 2 |
| Franklin | 1 |
| Gaston | 1 |
| Guilford | 3 |
| Hoke | 69 |
| Iredell | 1 |
| Johnston | 1 |
| Lincoln | 1 |
| Mecklenburg | 18 |
| Moore | 5 |
| Onslow | 1 |
| Richmond | 139 |
| Robeson | 1788 |
| Rowan | 1 |
| Sampson | 1 |

| | |
|-----------------------|------|
| Scotland | 2575 |
| Stanly | 1 |
| Union | 2 |
| Wake | 4 |
| Out of State | 1013 |
| Total No. of Patients | 5667 |

Patient Origin - Emergency Department Services

* Provide the county of residence for all patients served by your Emergency Department, for all campuses combined (if this hospital is a multi-campus facility). The total must match the number entered in Total Number of ED visits for reporting period from the Services for Entire Facility Tab.

| County of Residence | No. of Patients |
|---------------------|-----------------|
| Alamance | 6 |
| Anson | 53 |
| Ashe | 5 |
| Beaufort | 2 |
| Bladen | 30 |
| Brunswick | 16 |
| Buncombe | 4 |
| Burke | 1 |
| Cabarrus | 18 |
| Carteret | 1 |
| Caswell | 1 |
| Catawba | 8 |
| Chatham | 2 |
| Clay | 1 |
| Cleveland | 7 |
| Columbus | 39 |
| Craven | 4 |
| Cumberland | 213 |
| Davidson | 7 |
| Davie | 1 |
| Duplin | 1 |
| Durham | 16 |
| Edgecombe | 1 |
| Forsyth | 6 |
| Franklin | 2 |
| Gaston | 10 |
| Gates | 1 |
| Graham | 1 |
| Guilford | 58 |
| Harnett | 18 |

| | |
|-----------------------|-------|
| Henderson | 1 |
| Hoke | 1831 |
| Iredell | 4 |
| Johnston | 11 |
| Lee | 9 |
| Lenoir | 6 |
| Lincoln | 3 |
| Martin | 2 |
| Mcdowell | 2 |
| Mecklenburg | 135 |
| Mitchell | 2 |
| Montgomery | 16 |
| Moore | 72 |
| Nash | 8 |
| New Hanover | 14 |
| Northampton | 3 |
| Onslow | 4 |
| Orange | 4 |
| Pender | 3 |
| Perquimans | 2 |
| Pitt | 4 |
| Randolph | 6 |
| Richmond | 990 |
| Robeson | 15647 |
| Rockingham | 2 |
| Rowan | 7 |
| Rutherford | 1 |
| Sampson | 14 |
| Scotland | 20505 |
| Stanly | 13 |
| Stokes | 3 |
| Union | 41 |
| Wake | 37 |
| Warren | 1 |
| Watauga | 7 |
| Wayne | 1 |
| Wilkes | 1 |
| Yadkin | 1 |
| Out of State | 9146 |
| Total No. of Patients | 49092 |

Patient Origin - Psychiatric and Substance Use Disorder

* Enter the county of residence corresponding to the days of care provided to psychiatric patients from each county. Provide this data for patients admitted to beds licensed under Section 10A NCAC 13B .5200. The total days of care should match the psychiatry days of care entered in 'Beds by Service' on the Services – by Campus tab

Psychiatric Treatment Days of Care

| County of Patient Origin | Psychiatric Treatment Days of Care | | | | Total |
|--------------------------|------------------------------------|----------|-----------|----------|-------|
| | Age < 6 | Age 6-12 | Age 13-17 | Age 18 + | |
| Total No. of Patients | | | | | 0 |

Substance Use Disorder Treatment Days of Care

* The total days of care should match the Substance Abuse / Chemical Dependency Treatment days of care entered in 'Beds by Service' on the Services – by Campus tab (either the cumulative record or the only record for this hospital)

| County of Patient Origin | Substance Use Disorder Treatment Days of Care | | | | Total |
|--------------------------|---|----------|-----------|----------|-------|
| | Age < 6 | Age 6-12 | Age 13-17 | Age 18 + | |
| Total No. of Patients | | | | | 0 |

Patient Origin - Gastrointestinal Endoscopy (GI) Cases

* Provide the county of residence corresponding to GI Endoscopy cases performed at this hospital. The total from the chart below should match the total GI Endoscopy cases reported on the Gastrointestinal rooms, Procedures and Cases table on the last record, on the Services-by campus tab(either the cumulative record or the only record for this hospital).

| County of Residence | No. of Patients |
|-----------------------|-----------------|
| Anson | 1 |
| Bladen | 3 |
| Brunswick | 1 |
| Columbus | 3 |
| Cumberland | 6 |
| Guilford | 1 |
| Halifax | 1 |
| Hoke | 51 |
| Lenoir | 1 |
| Mecklenburg | 2 |
| Moore | 2 |
| Richmond | 61 |
| Robeson | 719 |
| Scotland | 1143 |
| Out of State | 277 |
| Total No. of Patients | 2272 |

Patient Origin - Inpatient Surgical Cases

* 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.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" on the Services-by campus (either the cumulative record or the only record for this hospital).

| County of Residence | No. of Patients |
|-----------------------|-----------------|
| Anson | 1 |
| Beaufort | 1 |
| Bladen | 1 |
| Carteret | 1 |
| Catawba | 1 |
| Columbus | 2 |
| Cumberland | 9 |
| Davidson | 1 |
| Guilford | 1 |
| Hoke | 72 |
| Johnston | 2 |
| Mecklenburg | 4 |
| Richmond | 53 |
| Robeson | 585 |
| Sampson | 1 |
| Scotland | 570 |
| Wake | 1 |
| Out of State | 237 |
| Total No. of Patients | 1543 |

Patient Origin - Ambulatory Surgical Cases

* 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 should match the Total Ambulatory Surgical cases reported on the 'Surgical cases by Specialty area' table on Services-by campus (either the cumulative record or the only record for this hospital).

| County of Residence | No. of Patients |
|---------------------|-----------------|
| Alexander | 1 |
| Anson | 5 |
| Bladen | 6 |
| Brunswick | 1 |
| Buncombe | 1 |
| Cabarrus | 2 |
| Camden | 1 |

| | |
|-----------------------|------|
| Columbus | 4 |
| Cumberland | 25 |
| Guilford | 2 |
| Hoke | 117 |
| Johnston | 1 |
| Mecklenburg | 4 |
| Montgomery | 1 |
| Moore | 13 |
| Nash | 1 |
| Onslow | 1 |
| Pender | 2 |
| Pitt | 1 |
| Richmond | 167 |
| Robeson | 1070 |
| Scotland | 1144 |
| Surry | 1 |
| Out of State | 564 |
| Total No. of Patients | 3135 |

Patient Origin - MRI Services

* Provide the 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 the 'MRI Procedures' table on the Services-by campus tab(either the cumulative record or the only record for this hospital).

| County of Residence | No. of Patients |
|---------------------|-----------------|
| Brunswick | 1 |
| Camden | 2 |
| Catawba | 1 |
| Chatham | 1 |
| Columbus | 6 |
| Craven | 1 |
| Cumberland | 7 |
| Durham | 1 |
| Franklin | 1 |
| Gaston | 1 |
| Guilford | 3 |
| Harnett | 2 |
| Hoke | 109 |
| Lee | 2 |
| Lenoir | 1 |
| Mecklenburg | 9 |

| | |
|-----------------------|------|
| Mitchell | 1 |
| Moore | 7 |
| New Hanover | 1 |
| Randolph | 1 |
| Richmond | 94 |
| Robeson | 1069 |
| Scotland | 1645 |
| Stanly | 1 |
| Stokes | 1 |
| Union | 2 |
| Wake | 2 |
| Wayne | 2 |
| Wilson | 1 |
| Out of State | 651 |
| Total No. of Patients | 3626 |

Patient Origin - PET Scanner

* 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the "Positron Emission Tomography (PET)" table on the Services-by Campus.

| County of Residence | No. of Patients |
|-----------------------|-----------------|
| Anson | 1 |
| Bladen | 1 |
| Cumberland | 2 |
| Hoke | 4 |
| Moore | 2 |
| Richmond | 24 |
| Robeson | 54 |
| Scotland | 105 |
| Out of State | 69 |
| Total No. of Patients | 262 |

Patient Origin - Linear Accelerator Treatment

* 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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The number of patients reported here should match the number of patients reported in Section 11.a. on Services-by campus tab.

| County of Residence | No. of Patients |
|----------------------------|------------------------|
| Brunswick | 1 |
| Cumberland | 1 |
| Richmond | 12 |
| Robeson | 23 |
| Scotland | 50 |
| Out of State | 26 |
| Total No. of Patients | 113 |

Authenticating Signature

Electronic Signature Agreement: By checking the two boxes below you acknowledge and agree to the following statements:

- You agree to sign and submit this application electronically as your name appears in the NCID system.
- You have reviewed the entire application before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.
- You understand and agree that this electronic application may be used in any way that the paper application is used.
- The undersigned attests that he/she is the owner, officer, or duly authorized representative of the applicant for a Hospital license pursuant to North Carolina General Statute Article 5, Chapter 131E and the information in this application is truthful, accurate, and complete.

Hospitals - The undersigned submits this application **for 2023** 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.

I have read and agree to the **Electronic Signature Agreement**.

Name: Lucien StOnge Date: 01/13/2023

Exhibit 3

EQUIPMENT COMPARISON

| | EXISTING EQUIPMENT | REPLACEMENT Mobile EQUIPMENT |
|--|-------------------------------------|--|
| Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment) | MRI Scanner | MRI Scanner |
| Manufacturer | Toshiba | Siemens |
| Model number | Titan | Aspree |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #) | Serial # 53A0892009 | Serial # 1M9A3A820YH02 2324 |
| Is the equipment mobile or fixed? | Fixed | Mobile |
| Date of acquisition | 2010 | February 2023 |
| Was the existing equipment new or used when acquired? / Is the replacement equipment new or used? | New | N/A |
| Total projected capital cost of the project <Attach a signed Projected Capital Cost form> | NA | N/A |
| Total cost of the equipment | \$2,373,998 | \$40,000/month |
| Location of the equipment <Attach a separate sheet for mobile equipment if necessary> | Main Hospital | Mobile pad adjacent to Main Hospital |
| Document that the existing equipment is currently in use | 2023 License Renewal Application | NA |
| Type of procedures performed on the existing equipment <Attach a separate sheet if necessary> | MRI scans | NA |
| Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary> | NA | MRI scans |

Exhibit 4

EQUIPMENT COMPARISON

| | REPLACEMENT Mobile EQUIPMENT | REPLACEMENT EQUIPMENT |
|--|---|---|
| Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment) | MRI Scanner | MRI Scanner |
| Manufacturer | Siemens | Siemens |
| Model number | Aspree | Magneton Sola |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #) | Serial # 1M9A3A820YH022324 | Unavailable at this time |
| Is the equipment mobile or fixed? | Mobile | Fixed |
| Date of acquisition | February 2023 | Anticipated late 2023 |
| Was the existing equipment new or used when acquired? / Is the replacement equipment new or used? | N/A | New |
| Total projected capital cost of the project <Attach a signed Projected Capital Cost form> | N/A | Detailed cost not yet available but expected to exceed \$2,000,000 (previously determined to be exempt) |
| Total cost of the equipment | \$40,000/month | \$1,850,000 |
| Location of the equipment <Attach a separate sheet for mobile equipment if necessary> | Mobile pad adjacent to Main Hospital | Main Hospital |
| Document that the existing equipment is currently in use | In use until replacement scanner is installed and operational | NA |
| Type of procedures performed on the existing equipment <Attach a separate sheet if necessary> | MRI scans | NA |
| Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary> | NA | MRI scans |

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Cc: [Tanya, Saporito](#)
Subject: FW: [External] Scotland Health - temporary replacement mobile MRI
Date: Monday, February 6, 2023 5:04:30 PM
Attachments: [Scotland MRI Replacement Exemption Letter-C.pdf](#)

Tiffany,

Would you mind logging this as an exemption and assigning to Tanya?

Thanks,

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

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From: Harris, Terri <TJHarris@foxrothschild.com>
Sent: Monday, February 6, 2023 4:53 PM
To: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>; Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: Bill (William R, II) Purcell (wrp@purcell-law.net) <wrp@purcell-law.net>; MPA-HA CHC J. Greg Stanley MPA-HA, CHC (Greg.Stanley@scotlandhealth.org) <greg.stanley@scotlandhealth.org>
Subject: [External] Scotland Health - temporary replacement mobile MRI

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

Hi Micheala and Tanya – I hope you are both well. I am writing on behalf of Scotland Memorial Hospital (“Scotland”). Attached is a letter regarding the temporary use of a mobile MRI scanner at Scotland. For background, in April 2021, Scotland provided an exemption notice for a replacement MRI scanner. The Agency’s letter confirming the exemption is at: <https://info.ncdhhs.gov/dhsr/coneed/reviews/2021/may/3555%20Scotland%20Memorial%20Hospital%20933446%20Exemption.pdf>. The MRI replacement is occurring in the context of an exempt renovation project. For ease of reference, the Agency’s letter confirming the exemption for the renovation project is at: <https://info.ncdhhs.gov/dhsr/coneed/reviews/2021/may/3554%20Scotland%20Memorial%20Hospital%20933446%20Exemption.pdf>. Scotland is on track with the replacement MRI project as planned, but the logistics of the renovation project are such that a mobile MRI scanner will be needed on a temporary basis after the existing MRI scanner is removed and until the new MRI scanner is installed and operational.

Please let me know if you have questions or need any other information. As noted in the attached letter, we respectfully request an expedited response.

Kind regards.

Terri Harris (she/her)

Partner

Fox Rothschild LLP

230 N. Elm St.

Suite 1200

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