August 6, 2024

Ms. Valarie Jarvis, Chair, Long-Term and Behavioral Health Committee
Mr. J. Cooper Linton, Vice Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2701

RE: Heart and Soul of the Carolina's, LLC
Petitioner Requesting Special Need Determination for Additional Home Care Office for Mecklenburg County, NC Proposed 2025 SMFP

Dear Ms. Jarvis and Mr. Linton,

Hospice & Palliative Care Charlotte Region dba VIA Health Partners (HPCCR) is submitting this document in objection to the petition from Heart and Soul of the Carolina's, LLC for an adjusted need determination in Mecklenburg County for an additional Hospice Home Care Office. As best we can summarize, the petitioner's rationale for this is as follows:

- Current NC hospice methodology is flawed leading to,
- An overall lack of access to hospice care, and,
- A lack of culturally competent hospice care focused on underserved populations, and,
- Adverse outcomes leading to minority underutilization of hospice services in Mecklenburg County relative to other geographic service areas.

Our response will use objective information to render these arguments invalid and validate that there is access to high quality hospice services for all of Mecklenburg County. Many of our data points will be exactly the same as those included by the petitioner, but correctly interpreted and explained, which will bring into question much of the petitioner's argument. We aim to illustrate that current NC CON methodology has supported high quality outcomes, low rates of fraud and abuse rampant in other states, all with excellent access to hospice care.

Heart and Soul Hospice, LLC is a for-profit limited liability company formed on March 24, 2020, headquartered in Nashville, Tennessee. According to the most recent publicly reported Joint Annual Report of Hospice provided to the Tennessee Department of Health for the reporting period July 1, 2022, through June 30, 2023, Heart and Soul Hospice, LLC served 167 unduplicated patients and provided 10,822 days of care. Of the patients served, 119 (71.3) percent were white, 45 (27) percent were black, and 3 (1.7) percent were classified as other. Heart and Soul, as a relatively new provider, lacks the patient volume and sufficient claims data to report Medicare quality data.

The basis of the adjusted need petition is that the petitioner believes, "reducing racial and ethnic disparities is a critical priority and essential to delivering effective and equitable healthcare in Mecklenburg County." The petition goes on to state that "cultural diversity among healthcare providers is known to improve quality of care, build trust, enhance communication, and correct misunderstandings to reduce health disparities." While all these general statements are valid points regarding providing healthcare services to diverse communities, the petition's assertion that minority communities in Mecklenburg County lack access to hospice services is not factually supported by the petition's narrative or supporting data.

The petition also attempts to demonstrate that Mecklenburg County and the state of North Carolina are underserved in terms of patients utilizing hospice services. Throughout our response, we will present numerous data points, from the same data source the petitioner has used, that prove that this is not a factually accurate representation.

In our response, we will provide data that supports that hospice services are widely available in Mecklenburg County and on a state and national level, the county performs exceptionally well when compared to its peers in providing both access and service to minority communities. Our response will also support the position that the current state methodology produces accurate results and does well in serving and protecting the welfare of the residents of North Carolina.

Our petition response will support our belief that it is not the number of providers in a county or the ethnic makeup of the ownership group that determines culturally competent care. From our performance as a highly competent hospice and palliative care provider, we know it is the diversity and culture of the organization, its people, and its actions, that ultimately reduce racial and ethnic disparities and increase the utilization of high-quality hospice services within diverse communities. This response to the petition will demonstrate our strong actions as it applies to our people, our culture, our focus and our unyielding commitment to serving our entire community regardless of race, ethnicity, geographic location, religious belief, sexual orientation or ability to pay.

Petition Analysis

The petitioner has presented several data points to support their argument that there is an underutilization of hospice services in Mecklenburg County and in the state of North Carolina. While numerous examples of data are provided, much of the data presented in the petition appears to be misunderstood and/or misrepresented.

The initial argument of the petition, **2. Statement of Requested Change**, is that the methodology in the State Medical Facilities Plan, Table 13B, is biased with "Existing providers have a separate process that is completely avoidant of the petitioning process" ignores, in part, how data is collected through the licensure process.

In the North Carolina Hospice Data Supplement provided as a part of the annual licensure process, hospice patients are attributed to the county they identify as their home. For example, a patient receiving hospice inpatient care in one county, but has identified their home in another county, would be classified in the licensure data as receiving hospice services from an out of county provider as the death is attributed to the county of residence. The same scenario is true for a hospice patient receiving care in the home of a family member in another county. The patient data collected would again show that a patient received hospice services from a hospice provider who did not have a license in the county of the patient's residence. A change in the Home Care Office Methodology would not resolve this issue as it is appropriate to classify deaths to the county of residence for the reporting of mortality statistics.

The assumed argument of the petitioner is that the delivery of hospice services in a county, where the hospice does not have a license, has produced a result from the Table 13B, SMFP methodology that does not accurately reflect the actual performance of the incumbent providers, or the actual service need in the county. To validate the accuracy of this assumption for Mecklenburg County, the methodology was recalculated by removing 352 deaths served by hospice providers that did not have a license for the county. This reduced the Mecklenburg hospice deaths from 4,174 to 3,822. The result illustrated in **Exhibit 1** shows the recalculated surplus being reduced to 956 patients, from 1,322, which remains the highest hospice patient surplus in the state and surpasses that of the more populous Wake County by 57 patients.

The complaint that the current methodology failed to appropriately identify a hospice home care need in Mecklenburg County is not supported by the argument in Section 2 of the petition, as no need is identified, even when deaths served by out of county hospice providers are removed. The recalculation also supports the fact that Mecklenburg County residents have a high level of access to hospice services.

In the petitions section **3. Reasons for Proposed Change, sub-section Adverse Effects on Providers/Consumers**, the petitioner is making the representation that the difference between the Mecklenburg Hospice Penetration Rate and the Death Service Ratio, both measures from

HealthPivots, produces a result where 35,559 county Medicare enrollees were missed, presumably for hospice services.

This analysis misses the mark at numerous levels. To be eligible for hospice services, a Medicare beneficiary must have a prognosis of six months or less to live as certified by a physician. A Medicare beneficiary cannot be deemed to have been unserved by hospice unless they have a terminal diagnosis. From the data represented in Table 13 B, in the proposed 2025 SMFP, 7,918 total deaths are projected in Mecklenburg County in 2026, for all reasons including infant mortality. The petitioners suggests that the number of beneficiaries missed for hospice services is 4.5 times the number of the county's annual total deaths, a number that is simply not credible given the eligibility criteria of the hospice benefit.

Part of the flaw in the petitioner's analysis is that the **Hospice Penetration Rate**, according to the producer of the data tool, is a calculation of **hospice patients served/total deaths**. The Hospice Penetration Rate can be positively influenced by abuse of the Hospice Medicare Benefit by admitting patients who are not dying, which is why it is not the best measure of appropriate hospice utilization. A better measure is the **Death Service Ratio**, according to the producer of the data, as it represents **hospice deaths/total deaths**. Using the more appropriate Death Service Ratio calculation, of the ten most populous counties in North Carolina, Mecklenburg ranks third behind the less diverse counties of Buncombe and Union, and both counties have a higher death rate than Mecklenburg. Comparing the difference between the two calculations is not a meaningful number and leads to a misleading conclusion.

Inaccurate Petitioner Claim – NC and Mecklenburg Hospice Utilization

Bullet 4 under Adverse Effects on Providers/Consumers

Petitioner's incorrect claim on Bullet 4 under **Adverse Effects on Providers/Consumers** and **Section 6 Reference Tables** is: "*We are reminded of the opportunity that exist across NC for death. As reported below*, ***only 29% of all deaths in North Carolina were through hospice care. There is significant opportunity to improve hospice deaths…***"

TITLE: NC Death Profile, **by Death Type and Percentage**					
SOURCE: Hospice Database, 2023 Hospice Data, Section D					
Hospice	**Values**		**Legend Title**	**Table Sec D Value:**	**%:**
	Sum of lngDeaths_ResCare	3,716.00	Residential Care Facility	3,716.00	7%
*	Sum of lngDeaths_Inpatient	13,536.00	Hospice (Inpt or Residence)	13,536.00	27%
*	Sum of lngDeaths_Hospice	1,026.00	Hospice	1,026.00	2%
	Sum of lngDeaths_Home	22,466.00	Private Residence	22,466.00	44%
	Sum of lngDeaths_NurseFac	6,644.00	Nursing Facility	6,644.00	13%
	Sum of lngDeaths_Hospital	3,541.00	Hospital	3,541.00	7%
		50,929.00		50,929.00	100%

29% of all deaths were through Hospice Care. 71% were other and shows significant opportunity.

Figure A: Image from the petition, incorrectly reflecting 29% death service ratio. The actual number is 52%.

The petitioner again misinterprets or misunderstands the data. The petitioner is totaling hospice deaths as only 14,562, or 29%, of total state deaths. This is wildly inaccurate. In reality, there were 50,929 reported total hospice deaths per the North Carolina Hospice Licensure Data Set. The rows are simply the location of deaths for the total hospice deaths represented. The two elements of Hospice (Inpatient or Residence) are 13,536 and (Hospice) 1,026 which represent a sub-category of the total hospice deaths, not the total hospice deaths. As a point of reference, in 2022, total North Carolina deaths were 112,906. Furthermore, HealthPivots data for 2023 evidences NC hospice penetration at approximately 52% of all deaths, which ranks 17th (**Exhibit 2**) in the nation – not the petitioner's claim of 29% hospice penetration. Their argument of an 'unrealized opportunity that we have identified' (Bullet 4) is simply not accurate.

In Section 4, Evidence of Proposed Change would not Result in Unnecessary Duplication, the petition states that VIA Health Partners has 85 percent of the county licensed market share. While true for days of care, when measured by the more appropriate measures of admissions and deaths, VIA Health Partners market share among Mecklenburg County's licensed providers is 61.65% and 59.42% respectively. (See **Exhibit 3**)

In this section, the petition again repeats the assertion that, "when utilizing data reported by Medicaid (we believe the petitioner meant to reference the broader Medicare data) to HealthPivots, Mecklenburg County continues to struggle with hospice penetration rates". From the Health Pivots data, based upon the more correct Death Service Ratio, the results illustrate that this statement made by the petitioner is not factually accurate. The facts are, as shown in the data tables supplied by Health Pivots, (see **Exhibit 2**) North Carolina Ranks 17th in the nation for the Hospice Death Service Ratio.

In addition, the 2023 Medicare Claims data shows that among the ten most populous counties in North Carolina, Mecklenburg ranks second behind Forsyth County with a Black Death Service Ratio of 45.8. Among the most populous counties in the states of Florida, Georgia, North Carolina, South Carolina, and Tennessee, Mecklenburg County ranks 14th for the Black Death Service ratio (**Exhibit 4 & 5**). The petitioner continues to promote a false premise to portray Mecklenburg County and the State of North Carolina as poor performers with the Medicare Hospice Benefit in terms of overall utilization and service to the African American community.

Another area of misinterpreted data is with the table labeled, "Ranking of States on End of Life (EOL) - % died in Home Health Agency (HHA) w/out Hospice". The table in section 6 of the petition as presented shows data going from high to low with North Carolina ranking 40th. Since the table represents **patients dying without hospice,** a low percentage is desirable as that shows a high number dying with hospice. The table as presented is upside down as the state with the most patients not receiving hospice, Alaska, is shown at the top and the best state under this measure, Rhode Island, is shown at the bottom. North Carolina's ranking is most appropriately shown as 12th, due to the small number of patients that did not receive hospice services.

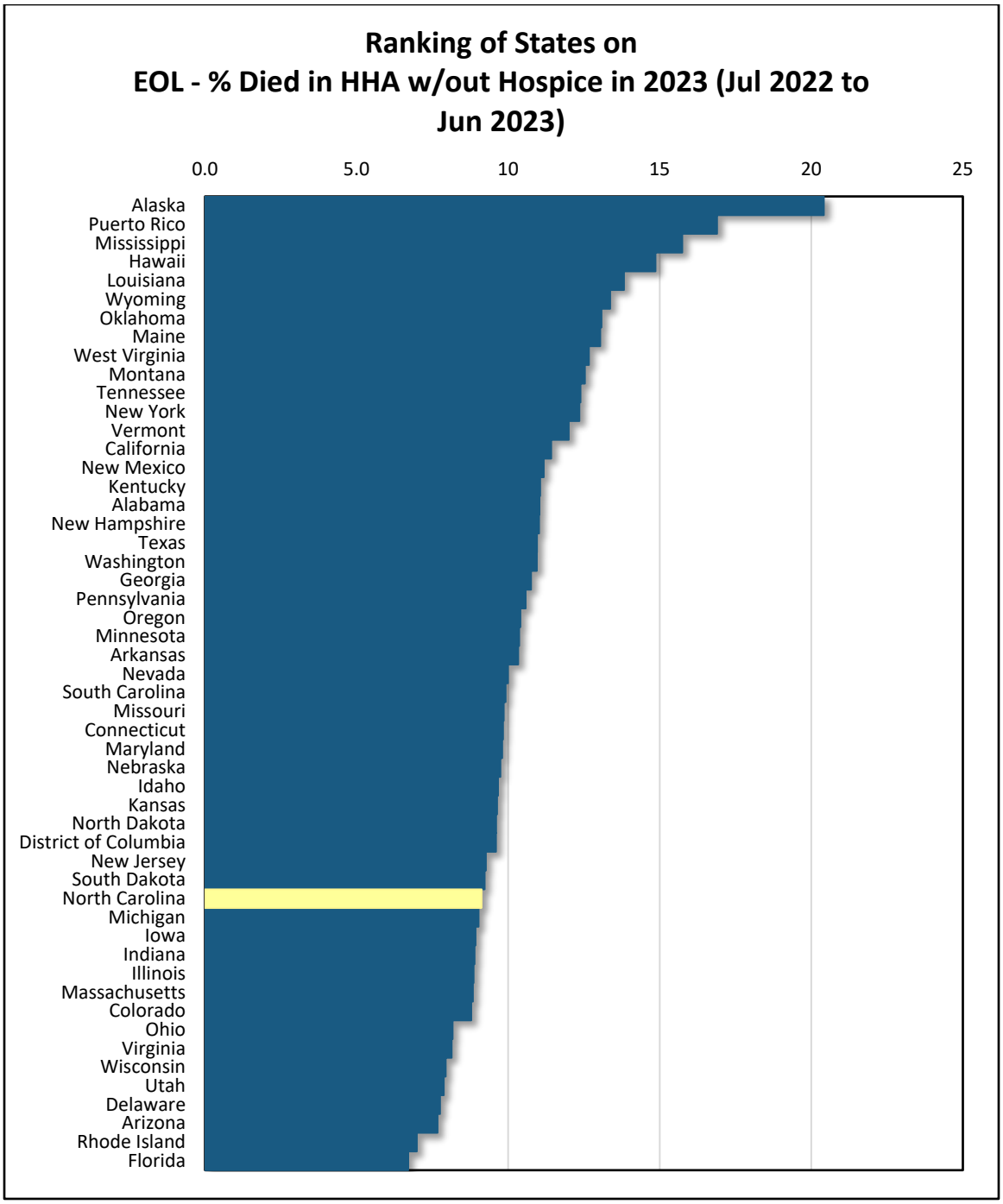


Figure B: Chart from the petition, incorrectly interpreting state ranking for patients dying with HHA (lower is actually better)

The last technical commentary regarding the petition's comment that "The current providers are members of a central hospice association that has defined what providers should govern and practice a reduced belief in hospice practices. The largest donor to the organization is one of the largest hospice providers in the county and state. If we are to understand how services and perspectives have been limited, we trace the source of concern to this central point."

In reading this paragraph, it is unclear what the petitioner is trying to say, but we assume it is regarding the Association for Home & Hospice Care of North Carolina (AHHC). AHHC is a membership organization, and of the two licensed hospice providers in Mecklenburg County, NOVANT is not a member, and VIA Health Partners, while a member, is not the organization's largest dues-paying member. Besides being a factually incorrect statement, we are puzzled why the petitioner saw these statements as relative to the petition's argument.

In summary, the petitioner's claim of inadequate hospice services to hospice appropriate Medicare beneficiaries in Mecklenburg County and the state of North Carolina is not supported by the facts. The data clearly shows that hospice services are robust in both. In addition, the data clearly shows that the African American community in Mecklenburg County is well served for hospice services.

Heart and Soul Nashville, Tennessee Analysis

In the opening statements of the petition, Heart and Soul hospice speaks to their experience and unique approach to hospice care. It would be reasonable to assume that their existing business model in Nashville, Tennessee (Davidson County) would be applied to their operations in North Carolina if they were awarded a Certificate of Need for Mecklenburg County. If the representations they stated in their petition for a hospice home care need in Mecklenburg Count are valid, with their three years of operation in Davidson County, Tennessee, there should be data that supports an increase in minority utilization, specifically within the African American community.

Examining data from HealthPivots, we see that Heart and Soul admitted 172 Medicare beneficiaries in 2023 for hospice services. They have about a 6 percent market share in Davidson County and served about 1.7 percent of the county's total deaths and 1.4 percent of the county's black deaths. Based upon additional data, the admissions of Heart and Soul are primarily neurodegenerative patients, and they are kept under care for much longer than state and county averages which has contributed to their overall growth.

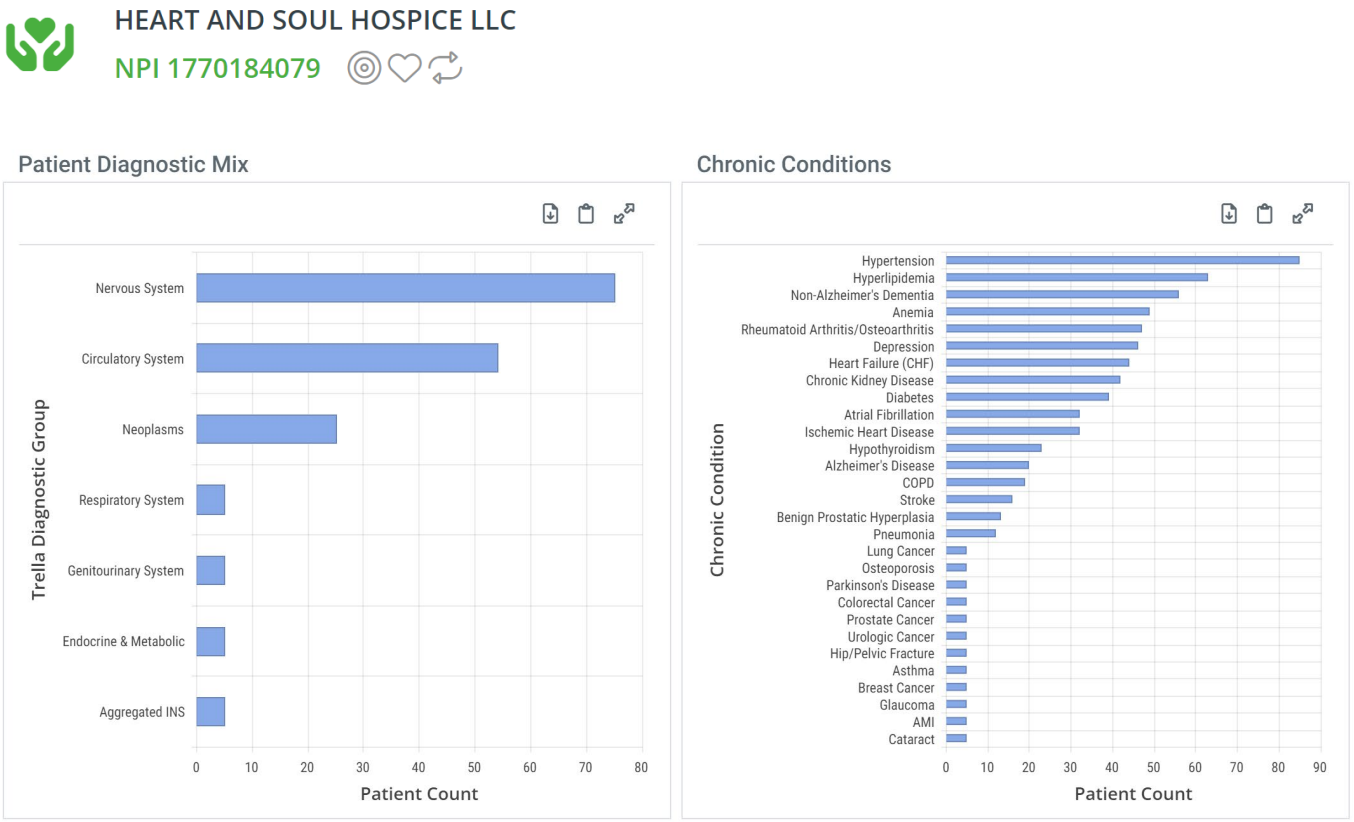


Figure C: Data from Trella Health. Heart and Soul Hospice LLC - Patient Diagnosis Mix.

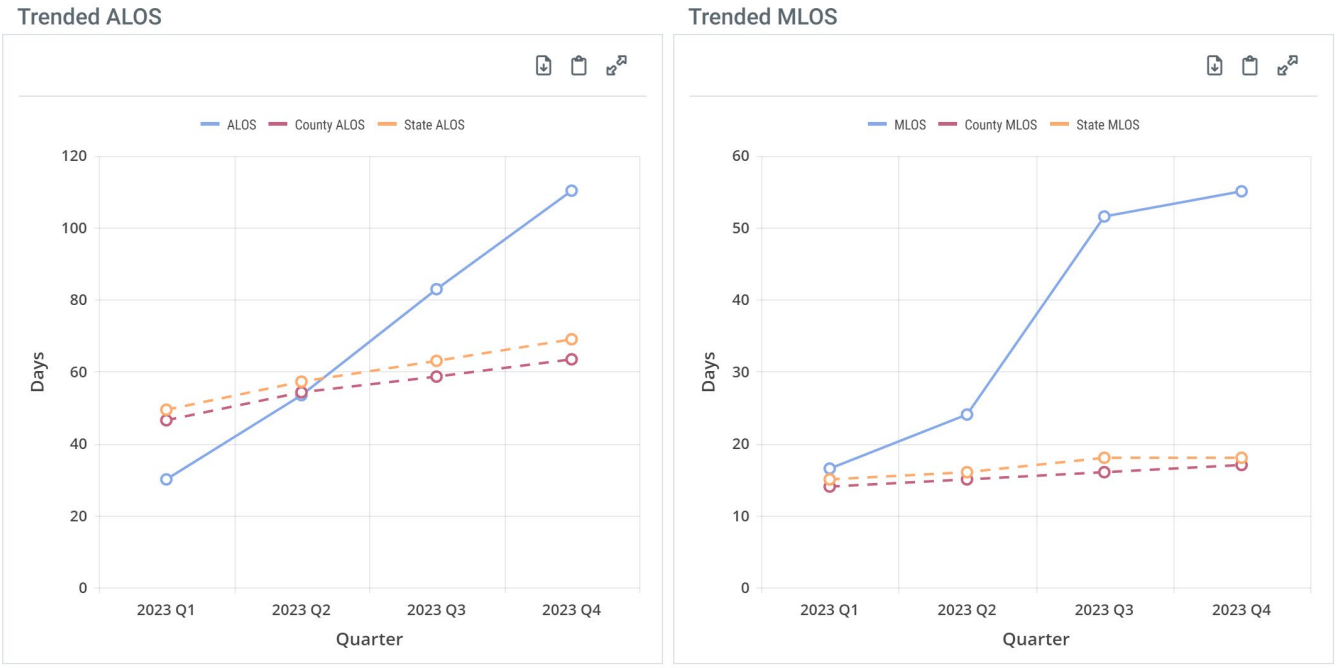


Figure D: Data from Trella Health. Heart and Soul Hospice LLC – Average and Mean Length of Stay.

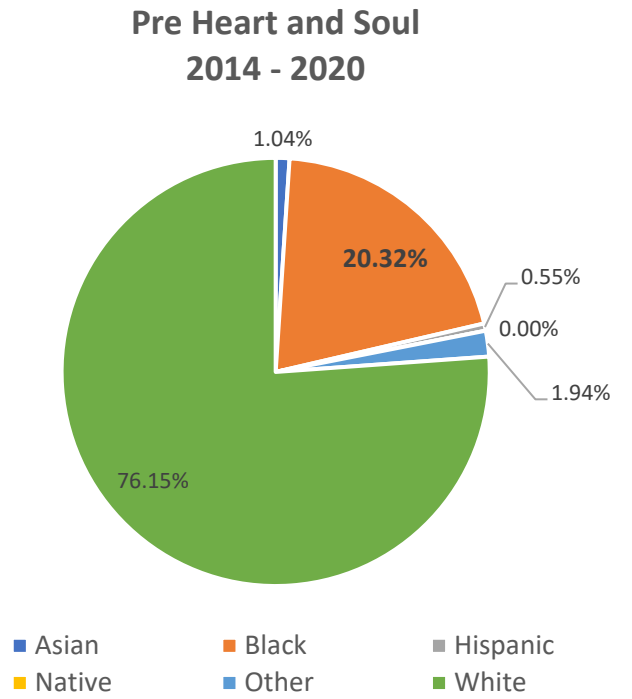
The Black Death Service Ratio of Davidson County, TN for 2023 is reported at 40.8, compared to Mecklenburg County's rate of 45.8. The Black Death Service in Davidson County has yet to return to the pre-pandemic level when that death rate reached 41.4, in 2017, at its highest point. The trends shown for the various death ratio measurements in the county are consistent with other counties in Tennessee and the state. In fact, overall, the state data for Tennessee shows a better utilization of hospice services than Davidson County. (See **Exhibits 6 & 7**)

In comparison, Mecklenburg County's Black Death Service ratio in 2023 of 45.8 percent was the highest ever recorded. In addition, the North Carolina Black Death Service Ratio of 41.1 percent is also higher than Davidson County.

The data is clear that Heart and Soul hospice operations in Davidson County, TN, despite their efforts, are not making an impact in the market as a whole and are also not making an impact in reaching minority communities for hospice services in particular, the African American community (see **Figure E**).

However, the data does highlight the reality that North Carolina's hospice SMFP need methodology and CON laws are not constraining access to, and utilization of, hospice services as the state outperforms most states in the nation in terms of access and utilization of hospice services.

The share of Black Hospice patients served increased by a mere 0.23% in Heart and Soul's service area since they entered the market in 2021. Since entering the market in 2021, Heart and Soul have only served 72 or less than 6% of Black Hospice patients in its service area.



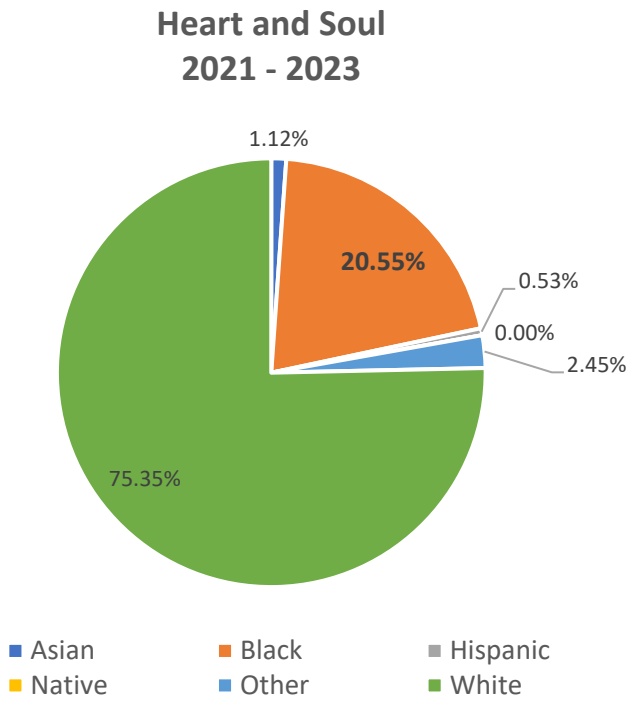


Figure E: Data from Health Pivots. Hospice patients served in Heart and Soul's Service area by race.

Cultural and Clinical Competencies of Incumbent Mecklenburg Hospice Providers

During the 2024 State Health Coordinating Council Public Hearing, employees of VIA Health Partners made compelling statements about the cultural competence, awareness, and clinical competence of our work in Mecklenburg County for all who are in need of hospice services. The following narratives are a synopsis of those Public Hearing presentations.

Medical and Clinical Programming

One of the key pillars of our organization is to provide culturally competent care that enhances and impacts the quality of life of residents within North Carolina. We define our care delivery as recommended by the institute of medicine's six domains of quality health care which are safety, efficiency, patient centered, timely, efficient and equitable.

Below are specific examples of the exceptional and culturally competent hospice and palliative care being delivered in Mecklenburg County.

1. **Palliative Care:**

   For over 20 years, VIA Health Partners has run a robust palliative care program in Mecklenburg County by enhancing the quality of life for patients with serious illnesses while focusing on social determinants of health and equitable care. Palliative care supports patients and families before hospice, ensuring a seamless transition when needed. This approach builds trust and addresses cultural and socioeconomic factors, particularly within the African American population. In Mecklenburg County, we currently care for 800 palliative care patients, including those in the county's most economically disadvantaged zip codes. In 2021, the Center to Advance Palliative Care (CAPC) found that Black patients have higher rates of hospitalization and ICU admissions and are more likely to die in the hospital compared to white patients. Recently, the Journal of the American Geriatrics Society reported that Black patients are less likely to have documented end-of-life care. These findings underscore the importance of our initiatives to reach minority patients sooner.

2. **Direct Emergency Department to Hospice Program:**

   In early 2022, VIA Health Partners partnered with Atrium Health to launch a program aimed at improving hospital capacity, healthcare utilization, and patient-centered care in the Emergency Department (ED) of Mecklenburg County's largest hospital. With 37% of hospital deaths being Black patients, the program sought to improve clinical outcomes by identifying hospice-eligible patients in the ED and transferring them to one of our six hospice houses. The average age of patients was 85, with 21% being Black. Atrium's commitment to health equity has allowed us to

expand this program to over three hospitals, with plans to grow further by 2025. Our next target is Charlotte's University area, with VIA's two nearby hospice houses.

3. **Heart Failure Program:**

   In 2024, we received the American Heart Association Post-Acute Palliative and Hospice Certification, demonstrating our ability to deliver equitable care with a focus on social determinants of health. The mortality rate for African Americans with heart failure is significantly higher compared to other groups. A recent study published on June18, 2024, in the Journal of the American College of Cardiology noted that from 2000 to 2022, Black Americans experienced 800,000 excess age-adjusted deaths and 24 million excess years of potential life lost due to cardiovascular disease compared to White counterparts. Additionally, a 2020 review article from Circulation found that the rate of heart failure hospitalization for Black men and women is 2.5 times higher than for Whites, with significantly higher costs in the first year after hospitalization. As a non-profit entity, VIA Health Partners provides care for all regardless of their ability to pay. This certification from the American Heart Association distinguishes us in terms of quality and comprehensiveness of our Heart Failure Program.

In conclusion, we are an organization committed to evolving our medical and clinical practice to meet and exceed care needs in all segments of our community. As such, Mecklenburg County already has a progressive, culturally competent provider who delivers high quality and compassionate care across all demographics.

Spiritual and Bereavement Care in the Community

Our program is dedicated to empathy, peace, empowerment, love, inclusivity, and connection, recognizing that each person's journey through grief—whether anticipatory, preparatory, or realized—is unique and must be individualized. Since 1978, VIA Health Partners has championed this cause, focusing on growth in healthcare delivery and embracing the whole self for the betterment of worth and personhood. But what does this look like in practice as a culturally competent hospice and palliative care provider?

Our clinicians reflect the diversity of the communities we serve, with 44% of chaplains in Mecklenburg County representing the Black community and historically Black denominations, such as the National Baptist Convention USA, AME Zion Church, and Progressive National Baptist Convention. Our chaplains receive monthly education to adapt to changing contexts. This includes partnerships with Imam Anis and local mosques to support the growing Black Islamic community in the area, ensuring adherence to ritual, speedy burial, and purity laws. Additionally, Rev. Dr. Virgil Lattimore, III, President of Hood Theological Seminary, instructs chaplains on the importance of narrative and song in Black theology. Our approach also embraces open fellowship with diverse spiritual entities that enhance cultural competency and support people of all backgrounds, races, and beliefs.

Human Resources and Cultural Competence

1. **Recruitment:**

The Human Resources (HR) team at VIA Health Partners leads our efforts to recruit a diverse team that reflects the communities we serve. We actively seek individuals from diverse cultural, ethnic, and socioeconomic backgrounds to join our hospice care team. Through targeted recruitment strategies and inclusive hiring practices, we ensure that our workforce is equipped to provide culturally competent care to the communities we serve. Regarding Mecklenburg County, we align favorably with the African American population. At present, based on the 2021 Vital Statistics for Mecklenburg County, African Americans make up around 32% of the population. At VIA, African Americans are 42.13% of our direct care staff. When we look at the Direct Care Staff, African Americans make up 25.71% of our RN's; 42.11% of LPN's; 77.27% of NA's; 25% of MD's; 40% of SW's and 44.44% of Chaplains. We have been very intentional about making sure that we can provide the level of culturally competent care our community needs.

2. **Training and Development:**

Our training department designs programs that promote cultural competence and sensitivity among new and existing staff. These programs provide ongoing education to deliver culturally competent healthcare focusing on the unique end-of-life care needs of diverse and underserved populations. This training enhances the skills of our caregivers and fosters an inclusive environment where everyone feels respected and valued. Staff are equipped with knowledge of cultural awareness, communication styles, religious and spiritual beliefs, and end-of-life traditions. Continuous training ensures our staff remains sensitive and responsive to the evolving needs of our diverse patient population.

3. **Policy Development:**

HR works closely with leadership to develop policies that promote equity and inclusivity across our organization. This includes policies related to language access, accommodation for cultural practices, and equitable access to care resources. By embedding DEI principles into our policies and procedures, we create a supportive environment where both our staff and the community can thrive.

Finally, The HR department's commitment to cultural competency is integral to our mission of providing high-quality hospice care to all individuals, regardless of their background. By fostering a diverse workforce, providing ongoing education, developing inclusive policies, engaging with the community, supporting our staff, and continuously improving our practices, HR ensures that we deliver compassionate and culturally sensitive care to every patient and family we serve, including those from underserved populations.

VIA is committed to minority outreach. We accomplish this through educational activities that promote a better understanding of the hospice benefit and by building relationships and trust in

those communities. VIA engaged in numerous initiatives aimed at cultural competency and minority outreach.

We are also well represented in the area of Mecklenburg County referred to as the Crescent, an area made up of communities of color and high poverty levels. VIA Health Partners has a substantial number of employees who live in the Crescent and understand that community's needs. Below is a statistical analysis of our Mecklenburg County workforce.

- 245 staff members reside in Mecklenburg
- 140 or 57% are Minority
- 119 or 49% are African American/Black
- 73 or 30% reside in the Crescent
- 60 or 82% who reside in the Crescent are African American/Black

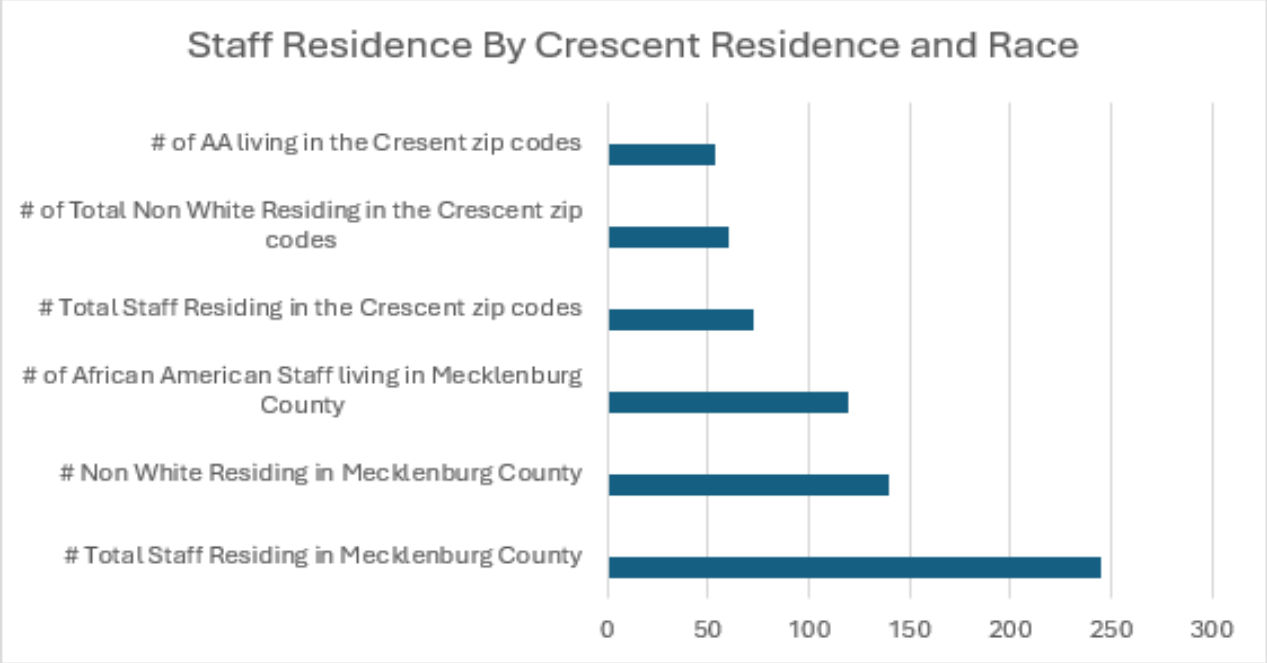


Figure F: Graphic illustrating the numbers of VIA Health Partners staff that live in Mecklenburg County and within the Crescent.

Comment Summary

In summary, Heart and Soul Hospice, LLC has made a petition to the North Carolina Healthcare Planning and Certificate of Need Section for an additional hospice home care office, for Mecklenburg County, to be added to the 2025 State Medical Facilities Plan. The petition is based on the premise that Mecklenburg County, and the State of North Carolina, perform poorly in terms of hospice utilization. An additional premise is that Mecklenburg County lacks culturally competent and culturally aware hospice service which results in an underutilization of hospice care by minority residents of Mecklenburg County. The last argument from the petitioner is that the state methodology for determining hospice home care needs, as Shown in Table 13 B, is biased due to the inclusion of activity of providers who do not have a license for an office in Mecklenburg County.

Throughout our response, we have provided credible Medicare claims data that demonstrate the premise of the petitioner is not supported by data or through a recalculation of the need methodology. What the data does support is that Mecklenburg County and the state of North Carolina have the 17th highest Death Service Ratio in the nation and does an excellent job in providing high quality hospice services to these populations.

The data also shows that minority residents in Mecklenburg are well served by the existing hospice providers, and that Heart and Soul Hospice, in their Nashville, Tennessee operations, has not been effective in increasing access or utilization of hospice services to minority residents in that community.

Certificate of Need Methodology cannot address every scenario where an unmet need could be identified. There are CON mechanisms in place to cover these unique needs through the Special Needs Petition process. However, to allow a new need in a geographic service area, a county, when that county is performing at the top in the state in terms of meeting the needs of the community, would then create a scenario where every need becomes a unique need, and no need is an exception. Under these scenarios, we can easily envision CON law becoming so compromised that it is essentially eliminated.

The Certificate of Need laws of North Carolina have served the state well in terms of ensuring the citizens of the state have access to high-quality health care services and that the state is free from the broad practices of fraud and abuse that harm unsuspecting patients and unfairly inure unscrupulous providers.

We firmly believe that the petitioner has been unable to prove their premise that Mecklenburg County residents are underserved by the existing hospice providers, as validated by the data, or that the current CON methodology is accurate in terms of determining the need for hospice services.

In conclusion, we respectfully request this petition be denied.

Respectfully,

Peter A. Brunnick
President & Chief Executive Officer
Hospice & Palliative Care Charlotte Region
dba VIA Health Partners

Exhibit 1

Mecklenburg County Table 13B with Adjusted Deaths Removing Out of County Providers

A	B	C	D	E	F	G	H	I	J	K
	2018 - 2022 Death Rate/1000 Population	N.C. Office of State Budget and Management	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths - Adjusted	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 Hospice Deaths	Placeholder for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)
Source or Formula			Col. B X (Col, C /1,000)	2024 License Renewal Application	Col. E X 3 Year Growth at 1.9% Annually	Col, D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D Projected Statewide Median Percent Deaths Served (39.0%)		Col. H + Col J - Col. I
Mecklenburg	6.4	1,230,039	7,918	3,822	4,044	4,751	4,044	3,088	-	956

Exhibit 2

Ranking of States on Death Service Ratio for 2023

State	Value	Rank	State	Value	Rank
Utah	63.3	**1**	Nevada	49.8	**27**
Rhode Island	60.4	**2**	Oregon	49.7	**28**
Florida	58.8	**3**	Tennessee	49.4	**29**
Delaware	56.1	**4**	Massachusetts	48.7	**30**
Wisconsin	56.0	**5**	Arkansas	48.5	**31**
Iowa	55.7	**6**	Virginia	48.4	**32**
Arizona	55.5	**7**	Connecticut	48.0	**33**
Ohio	55.3	**8**	Pennsylvania	47.8	**34**
Minnesota	54.6	**9**	Maryland	47.0	**35**
South Carolina	54.6	**10**	Mississippi	46.8	**36**
Texas	54.4	**11**	New Mexico	46.5	**37**
Kansas	54.1	**12**	New Jersey	46.0	**38**
Indiana	53.0	**13**	West Virginia	45.0	**39**
Michigan	52.7	**14**	Vermont	44.7	**40**
Colorado	52.6	**15**	Kentucky	44.7	**41**
Maine	52.5	**16**	California	44.6	**42**
North Carolina	52.3	**17**	Hawaii	43.5	**43**
Idaho	52.0	**18**	South Dakota	43.4	**44**
Georgia	51.5	**19**	Washington	43.3	**45**
Louisiana	51.3	**20**	North Dakota	39.8	**46**
Oklahoma	51.2	**21**	Wyoming	38.3	**47**
Alabama	51.2	**22**	Montana	35.3	**48**
New Hampshire	50.6	**23**	District of Columbia	28.9	**49**
Nebraska	50.5	**24**	New York	26.8	**50**
Missouri	50.3	**25**	Alaska	25.5	**51**
Illinois	50.0	**26**	Puerto Rico	22.6	**52**

Exhibit 3

VIA Health Partners Mecklenburg % served Admissions and Deaths

North Carolina Hospice Licensure Data

2023	ID		Total Admissions	Days of Care	Deaths
HOS 1702	103	Lake Norman	271	29,173	220
HOS 3132	166	7845 Little	1,790	165,129	1,556
HOS 4436	248	7600 Little	513	7,496	495
HOS 1445, H0010, H0270	262	Novant	1,601	31,205	1,551
Total			**4,175**	**233,003**	**3,822**
County Total			4,590	292,857	4,174
VIA & Novant % Total			90.96%	79.56%	91.57%
VIA % Total			61.65%	86.61%	59.42%

Exhibit 4

Black Death Service Ratio - North Carolina Ten Most Populous Counties

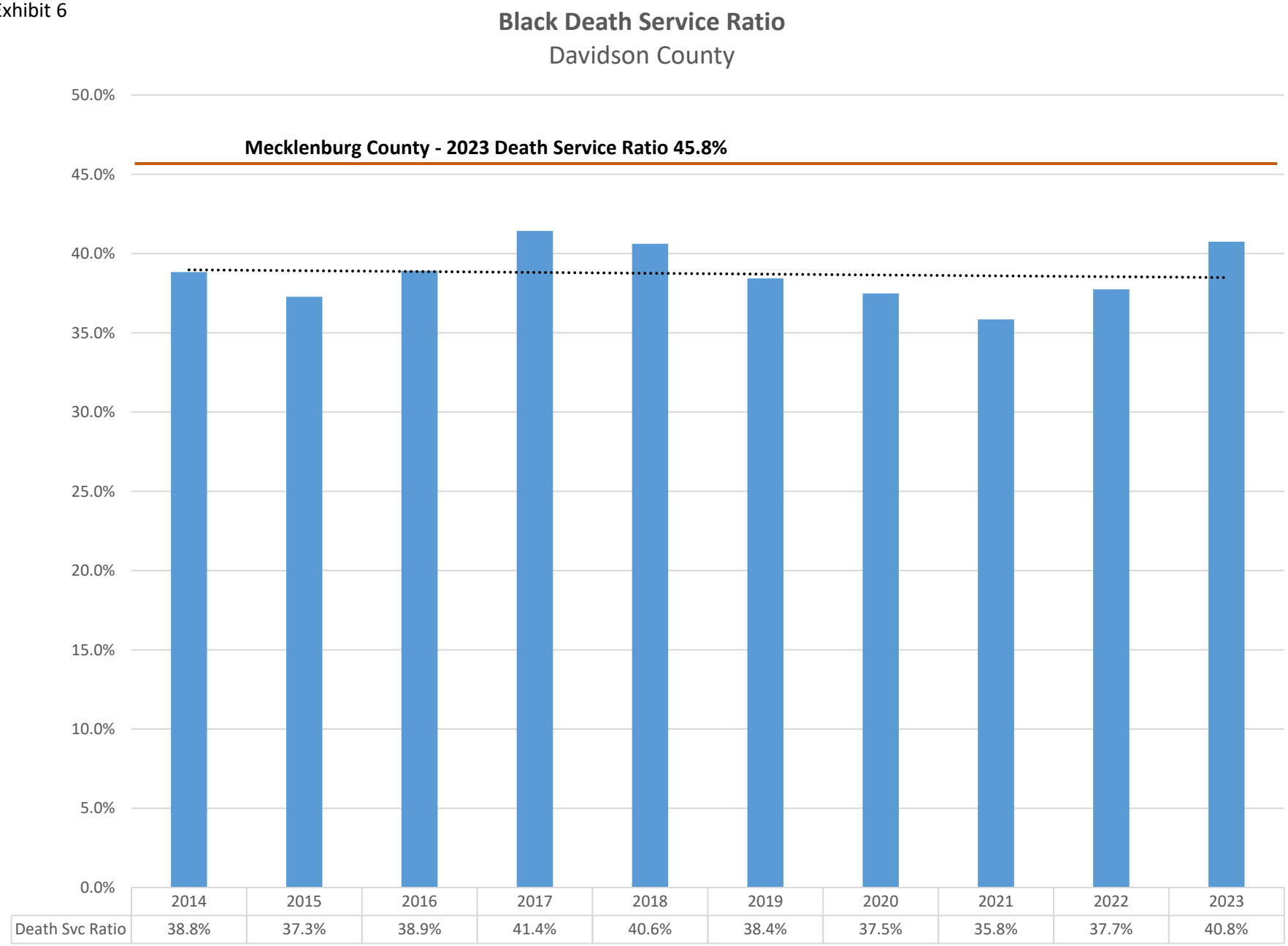
State	County	Medicare Enrollment	Black Death Service Ratio
North Carolina	Forsyth	88,630	48.70
North Carolina	Mecklenburg	169,332	45.80
North Carolina	Durham	55,500	45.60
North Carolina	New Hanover	54,686	43.80
North Carolina	Brunswick	61,169	43.40
North Carolina	Guilford	110,919	42.70
North Carolina	Wake	188,234	41.90
North Carolina	Buncombe	67,989	38.80
North Carolina	Gaston	50,269	37.10
North Carolina	Cumberland	62,540	32.00

Exhibit 5

Southeastern Black Death Service Ratio

State	County	Medicare Enrollment	Black Death Service Ratio
Tennessee	Robertson	15,629	54.8
Florida	Sarasota	184,340	53.3
Florida	Brevard	179,742	52
North Carolina	Forsyth	88,630	48.7
Florida	Broward	370,681	48.3
Tennessee	Wilson	28,999	47.7
Florida	Orange	225,010	47.3
Florida	Palm Beach	370,025	47.1
South Carolina	York	66,228	46.9
Georgia	Cobb	154,061	46.5
South Carolina	Lexington	66,253	46.2
South Carolina	Greenville	114,505	46.1
Florida	Duval	191,417	46.1
North Carolina	Mecklenburg	169,332	45.8
North Carolina	Durham	55,000	45.6
Georgia	Gwinnett	119,648	45.3
Tennessee	Rutherford	50,110	44.8
Florida	Lee	222,741	44.6
Georgia	Chatham	58,285	44.1
South Carolina	Spartanburg	79,321	43.9
North Carolina	New Hanover	54,686	43.8
South Carolina	Aiken	45,268	43.8
North Carolina	Brunswick	61,169	43.4
South Carolina	Anderson	46,984	43.3
North Carolina	Guilford	110,919	42.7
Tennessee	Williamson	43,466	42
North Carolina	Wake	188,234	41.9
Tennessee	Sumner	38,920	41.5
Florida	Hillsborough	272,687	41.3
Georgia	Henry	41,111	41
South Carolina	Horry	123,686	40.9
Tennessee	Davidson	108,781	40.8
South Carolina	Richland	75,355	40.7
Georgia	Fulton	140,967	40.7
Georgia	Hall	40,627	40.5
South Carolina	Charleston	102,269	40.3
North Carolina	Buncombe	67,989	38.8
Florida	Miami-Dade	519,034	38.5
Georgia	DeKalb	112,156	37.9
Florida	Pinellas	270,195	37.8
Georgia	Clayton	63,603	37.8
South Carolina	Beaufort	62,746	37.5
North Carolina	Gaston	50,269	37.1
Georgia	Richmond	44,851	35.2
Georgia	Muscogee	42,218	34.2
North Carolina	Cumberland	62,540	32.0

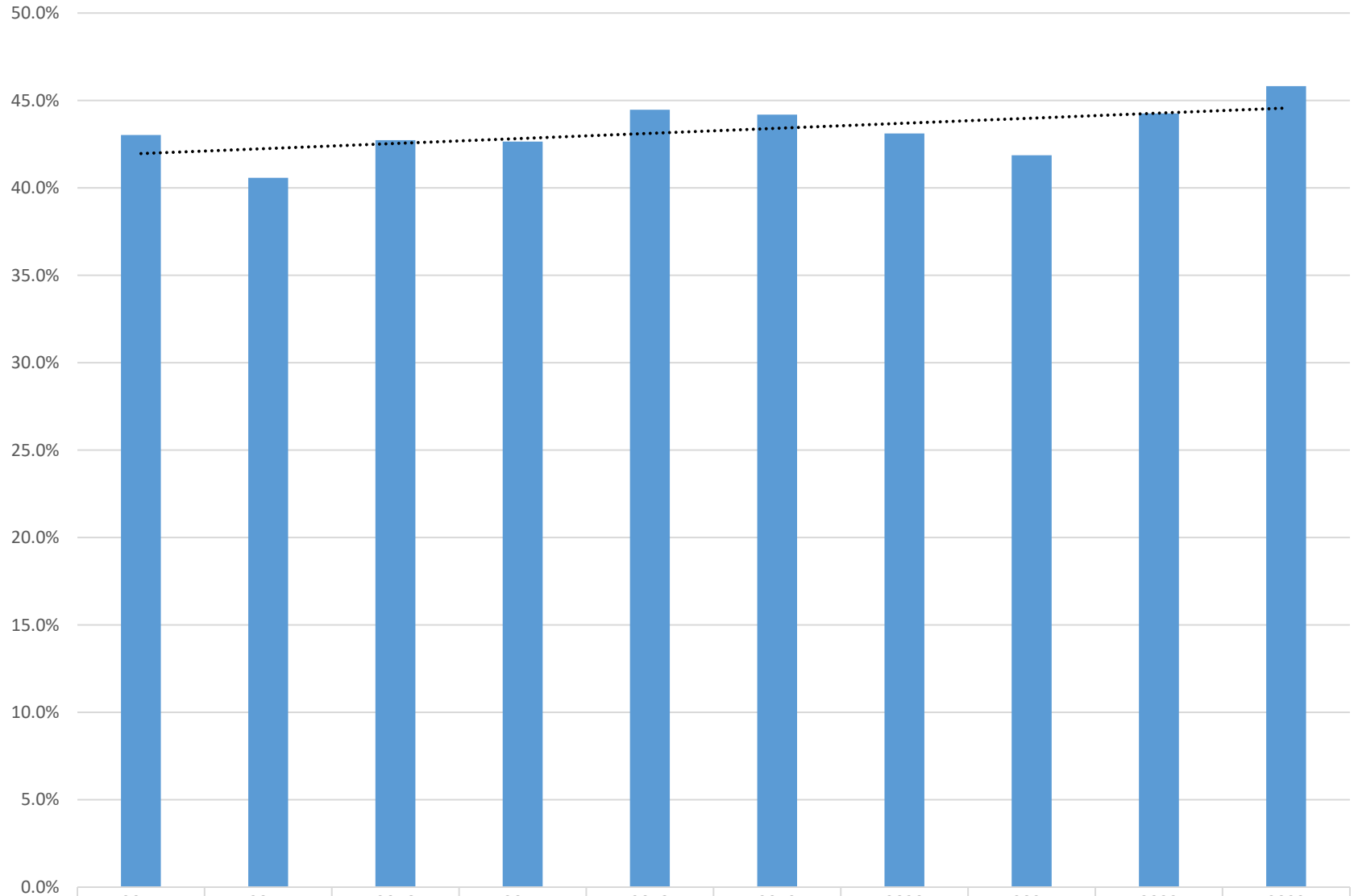
Exhibit 6



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Death Svc Ratio	38.8%	37.3%	38.9%	41.4%	40.6%	38.4%	37.5%	35.8%	37.7%	40.8%

Exhibit 7

Black Death Service Ratio
Mecklenburg County



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Death Svc Ratio	43.0%	40.6%	42.7%	42.6%	44.5%	44.2%	43.1%	41.9%	44.3%	45.8%