THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
John D. McLeod, Administrative Law Judge

Case No. 09-ALJ-07-0332-CC

Trident Medical Center, LLC, d/b/a
Berkeley Medical Center, ...Appellant/Respondent,

v.

South Carolina Department of Health and
Environmental Control and Roper St. Francis
Hospital-Berkeley d/b/a Roper St. Francis Hospital,

Of Whom South Carolina Department of Health and
Environmental Control is the .....Respondent, and

Roper St. Francis is the .....Respondent/Appellant.

Case No. 09-ALJ-07-0333-CC

Trident Medical Center, LLC, d/b/a
Berkeley Regional Medical Center, ...Appellant/Respondent,

v.

South Carolina Department of Health and
Environmental Control, and Roper St. Francis
Hospital-Berkeley, Inc. d/b/a Roper St. Francis
Hospital-Berkeley,

Of Whom South Carolina Department of Health and
Environmental Control is the .....Respondent, and

Roper St. Francis is the .....Respondent/Appellant.

RECORD ON APPEAL - VOLUME XV OF XVI

(caption continued from cover page):

Case No. 09-ALJ-07-0336-CC

CareAlliance Health Services and Roper St. Francis Hospital-Berkeley, ...Respondents/Appellants,

v.

South Carolina Department of Health and Environmental Control and Trident Medical Center, LLC .....Respondents,

Of whom Trident Medical Center, LLC is the.....Appellant.

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INDEX

RECORD VOLUME I OF XVI

ORDERS **PAGE**

Order of Judge McLeod, filed November 1, 2012 1

Final Order and Decision of Judge McLeod, filed September 26, 2012 3

Order of Judge McLeod, filed February 10, 2012 55

Order of Judge McLeod, filed January 28, 2011 59

Consent Order of Intervention and Consolidation of Judge McLeod, filed January 7, 2010 62

PLEADINGS

Trident Medical Center, LLC's Petition for Administrative Review and Request for Contested Case Hearing, Docket No. 09-ALJ-07-0332-CC, filed August 7, 2009 68

Trident Medical Center, LLC's Petition for Administrative Review and Request for Contested Case Hearing, Docket No. 09-ALJ-07-0333-CC, filed August 7, 2009 120

CareAlliance Health Services and Roper St. Francis Hospital-Berkeley's Request for Contested Case Hearing, Docket No. 09-ALJ-07-0336-CC, filed August 7, 2009 165

SCDHEC's Memorandum of Law in Opposition to Trident Medical Center's Motion for Summary Judgment, December 15, 2010 192

Joint Deposition Designation and Counter-Designation Master List (with all deposition designations, filed February 21, 2012 271

RECORD VOLUME II OF XVI 493

Trident Medical Center, LLC's Motion to Alter or Amend (Reconsider), filed October 5, 2012 501

CareAlliance Health Services and Roper St. Francis-Berkeley's Memorandum in Opposition to Motion to Alter or Amend, filed October 19, 2012 516

TRANSCRIPTS **PAGE**

Transcript of Administrative Hearing before The Honorable John D. McLeod, January 30, 2012 – February 16, 2012 527

(pp. 10-71 omitted)

JAMES P. RARDIN
Direct Examination by Mr. Thomas 537
Cross Examination by Mr. Long 628
Redirect Examination by Mr. Thomas 701

TODD GALLATI
Direct Examination by Mr. Summer 732
Cross Examination by Mr. Long 889

RECORD VOLUME III OF XVI 987

TODD GALLATI
Cross Examination by Ms. Biggers 987
Redirect Examination by Mr. Summer 992

MICHAEL RIDGEWAY
Direct Examination by Mr. Thomas 1039
Cross Examination by Ms. Hollingsworth 1063
Redirect Examination by Mr. Thomas 1081

BEVERLY BRANDT
Direct Examination by Mr. Summer 1087
Cross Examination by Ms. Biggers 1210
Cross Examination by Mr. Long 1288
Redirect Examination by Mr. Summer 1340

JOHN S. WEST
Direct Examination by Mr. Summer 1401
Cross Examination by Ms. Hollingsworth 1435

LESLEY WOODSON SHELTON, III
Direct Examination by Mr. Summer 1460

RECORD VOLUME IV OF XVI 1479

LESLEY WOODSON SHELTON, III
Cross Examination by Ms. Biggers 1574
Cross Examination by Mr. Long 1609
Redirect Examination by Mr. Summer 1633

TRANSCRIPTS (CONT'D) **PAGE**

RICHARD BAEHR
Direct Examination by Mr. Thomas 1660

RECORD VOLUME V OF XVI 1971

RICHARD BAEHR
Cross Examination by Mr. Long 2001
Redirect Examination by Mr. Thomas 2221

KARL GORRELL
Direct Examination by Mr. Long 2319
Cross Examination by Mr. Thomas 2379
Redirect Examination by Mr. Long 2408

LOUIS F. CAPUTO
Direct Examination by Ms. Hollingsworth 2417

RECORD VOLUME VI OF XVI 2463

LOUIS F. CAPUTO
Cross Examination by Mr. Summer 2470

TERRY J. GUNN
Direct Examination by Ms. Hollingsworth 2500
Cross Examination by Mr. Summer 2582
Redirect Examination by Ms. Hollingsworth 2611

BRET D. JOHNSON
Direct Examination by Mr. Long 2617
Cross Examination by Mr. Thomas 2704
Redirect Examination by Mr. Long 2872

DOUG BOWLING
Direct Examination by Mr. Long 2907

RECORD VOLUME VII OF XVI 2955

DOUG BOWLING
Cross Examination by Mr. Thomas 3084
Redirect Examination by Mr. Long 3230

MATTHEW J. SEVERANCE
Direct Examination by Mr. Long 3255
Cross Examination by Mr. Summer 3289

TRANSCRIPTS (CONT'D) **PAGE**

RICK KNAPP
Direct Examination by Mr. Long....3364
Cross Examination by Mr. Thomas....3432

RECORD VOLUME VIII OF XVI....3447

RICK KNAPP
Redirect Examination by Mr. Long....3525

MARK M. RICHARDSON
Direct Examination by Mr. Long....3545
Cross Examination by Mr. Summer....3716
Redirect Examination by Mr. Long....3879

RICHARD BAEHR
Direct Rebuttal Examination by Mr. Summer....3914

RECORD VOLUME IX OF XVI....3939

RICHARD BAEHR
Cross Rebuttal Examination by Mr. Long....4062
Redirect Rebuttal Examination by Mr. Summer....4198

EXHIBITS

Petitioner Trident Medical Center, LLC

46....4260
112....4321
169....4322
221....4334

Respondent CareAlliance Health Services and Roper St. Francis Hospital-Berkeley

15....4335
25....4336
36....4343
38....4344
41....4345
45....4352
59....4353
70....4359
75....4366
76....4375
77....4381
82....4382

RESPONDENT CAREALLIANCE HEALTH SERVICES AND ROPER ST. FRANCIS HOSPITAL-BERKELEY EXHIBITS (CONT'D) PAGE

138....4384
146....4385

RECORD VOLUME X OF XVI....4386

158....4386
160....4458
163....4459

Joint Exhibits

1....4461

RECORD VOLUME XI OF XVI....4878

RECORD VOLUME XII OF XVI....5366

2....5379

RECORD VOLUME XIII OF XVI....5857

RECORD VOLUME XIV OF XVI....6347

3....6663

RECORD VOLUME XV OF XVI....6838

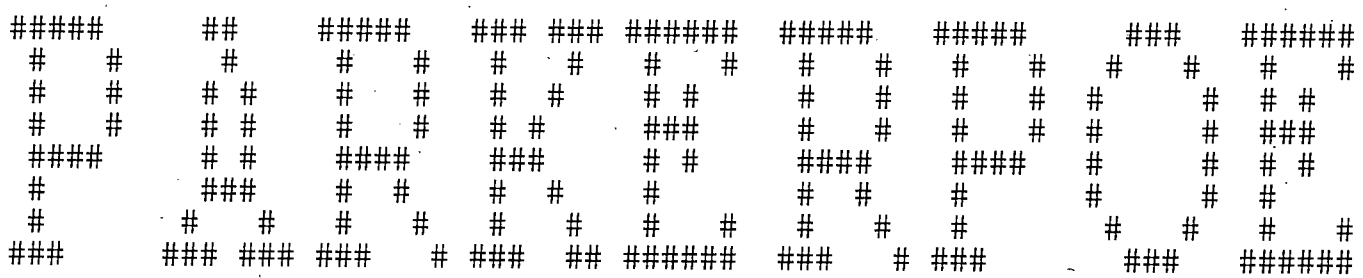
4....6873
8....7052

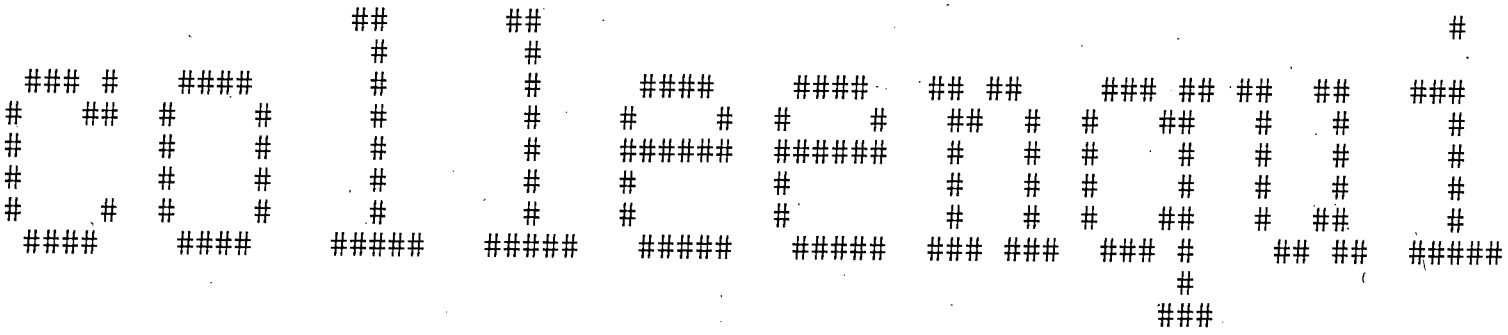
RECORD VOLUME XVI OF XVI....7330

9....7414
10....7450
16....7519

CERTIFICATE OF COUNSEL....7527

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Date: 5/15/2015
Time: 11:41:20 AM

AREA SUMMARY

REGION	NUMBER OF FACILITIES		NUMBER OF BEDS		
	TOTAL EXISTING	TO BE MODERNIZED	TOTAL NEEDED	TOTAL EXISTING	TO BE ADDED
HOSPITALS:					
ANDERSON	2	0	362	495	-133
CHEROKEE	1	0	73	125	-52
GREENVILLE	8	0	1171	1279	-108
OCONEE	1	0	163	160	3
PICKENS	2	0	115	164	-49
SPARTANBURG	4	0	718	848	-130
UNION	1	0	75	143	-68
TOTALS:	19	0	2677	3214	-537
LTC:					
ANDERSON	7	2	948	761	187
CHEROKEE	2	0	262	229	33
GREENVILLE	18	5	1843	1750	93
OCONEE	2	0	511	252	259
PICKENS	7	4	549	411	138
SPARTANBURG	13	1	1310	1227	83
UNION	2	0	191	201	-10
TOTALS:	51	12	5614	4831	783

REGION: I — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	HOSPITALS:												
XYZ	ANDERSON AREA MEDICAL CENTER		ANDERSON	ANDERSON	NPA	495	423			17,676	90,923	495	50.3%
CON	WOMEN & CHILDREN'S HOSPITAL	13	ANDERSON	ANDERSON	NPA		72						
	ANDERSON COUNTY		TOTAL			495	495			17,676	90,923	495	50.3%
XYZ	UPSTATE CAROLINA MEDICAL CENTER		CHEROKEE	GAFFNEY	PROP	125	125			4,453	16,985	125	35.0%
	CHEROKEE COUNTY		TOTAL			125	125			4,453	16,985	125	35.0%
XYZ	ALLEN BENNETT MEMORIAL	1	GREENVILLE	GREER	NPA	58	58			3,424	15,719	58	74.3%
APP	GRENVILLE HOSPITAL SYSTEM - PATEWOOD	1	GREENVILLE	GREENVILLE	NPA		72						
XYZ	GREENVILLE MEMORIAL MEDICAL CENTER	1	GREENVILLE	GREENVILLE	NPA	710	710			35,035	192,736	632.3	83.5%
XYZ	HILLCREST	1	GREENVILLE	SIMPSONVILLE	NPA	43	43			2,211	10,755	52.9	55.7%
XYZ	NORTH GREENVILLE LTC ACUTE CARE HOSP (W.J. BARGE)	1	GREENVILLE	TRAVELERS REST	NPA	45	45			13	233	4.9	13.0%
		2	(GREENVILLE)	(GREENVILLE)	NPA	(79)	(90)	(3)	c	(1231)	(2955)		
XYZ	REGENCY HOSPITAL OF GREENVILLE	15	GREENVILLE	GREENVILLE	NPA	32	32						
XYZ	SAINT FRANCIS HOSPITAL	7	GREENVILLE	GREENVILLE	NPA	206	226			8,792	50,082	206	66.5%
XYZ	SAINT FRANCIS WOMAN'S & FAMILY HOSPITAL	7	GREENVILLE	GREENVILLE	NPA	62	93			4,518	13,721	62	60.6%
	GREENVILLE COUNTY		TOTAL			1,155	1,279			53,993	283,246	1,016.1	76.4%
XYZ	OCONEE MEMORIAL HOSPITAL		OCONEE	SENECA	NPA	160	160			7,776	32,867	160	56.3%
	OCONEE COUNTY					160	160			7,776	32,867	160	56.3%
XYZ	PALMETTO BAPTIST MED CTR - EASLEY	6	PICKENS	EASLEY	NPA	109	109			5,087	18,623	96	53.1%
XYZ	CANNON MEMORIAL		PICKENS	PICKENS	NPA	55	55			1,356	5,784	55	28.8%
	PICKENS COUNTY		TOTAL			164	164			6,443	24,407	151	44.3%
XYZ	B.J. WORKMAN MEMORIAL		SPARTANBURG	WOODRUFF	CO	43	43			991	2,842	43	16.8%
XYZ	MARY BLACK MEMORIAL		SPARTANBURG	SPARTANBURG	PROP	176	176			6,236	24,527	176	38.2%
XYZ	SPARTANBURG HOSP RESTORATIVE CARE		SPARTANBURG	SPARTANBURG	CO	97	97			883	22,595	97	63.8%
XYZ	SPARTANBURG REGIONAL MEDICAL CTR.		SPARTANBURG	SPARTANBURG	CO	532	532			21,272	125,217	532	64.5%
	SPARTANBURG COUNTY		TOTAL			848	848			29,382	174,981	848	56.5%
	HOPE HOSPITAL	16	UNION	LOCKHART	CO	(0)	(0)	7	cd	-	-	16	0.0%
XYZ	WALLACE THOMSON		UNION	UNION	DIST	143	143	6	c	3,929	17,570	143	33.7%
	UNION COUNTY		TOTAL			143	143	13		3,929	17,570	159	30.3%
	TOTAL					3,091	3,214	13		123,552	639,979	2,954.1	59.4%
	MENTAL FACILITIES:												
XYZ	ANDERSON AREA MEDICAL CENTER		ANDERSON	ANDERSON	NPA	38	38			699	4,525	38	32.6%
	ANDERSON COUNTY		TOTAL			38	38			699	4,525	38	32.6%
YZ	CAROLINA CENTER FOR BEHAVIORAL HEALTH	4	GREENVILLE	GREENVILLE	PROP	53	64			1,713	16,228	53	78.7%
YZ	SPRINGBROOK BEHAVIORAL HEALTHCARE SYSTEM (LTC PSYCHIATRIC)	5	GREENVILLE	TRAVELERS REST	PROP	5	5			199	2,201		
YZ	SPRINGBROOK BEHAV. HEALTHCARE SYSTEM	5	GREENVILLE	TRAVELERS REST	PROP	15	15						
XYZ	GREENVILLE MEMORIAL MEDICAL CTR.	1	GREENVILLE	GREENVILLE	NPA	53	46			1,551	13,594	63	59.1%
	GREENVILLE COUNTY		TOTAL			136	130			3,463	31,023	116	73.3%
XYZ	MARY BLACK MEMORIAL HOSPITAL		SPARTANBURG	SPARTANBURG	PROP	15	15			321	3,958	15	72.5%
XYZ	SPARTANBURG REGIONAL MEDICAL CTR.		SPARTANBURG	SPARTANBURG	CO	56	56			786	7,276	56	35.5%

RECORD 006839

Joint Exhibit 003-0177

REGION: I — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	SPARTANBURG COUNTY		TOTAL			71	71			1,107	11,244	71	43.4%
	TOTAL					245	239			5,269	46,792	225	57.0%
	RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:												
YZ	SPRINGBROOK BEHAV. HEALTHCARE SYSTEM	5	GREENVILLE	TRAVELERS REST	PROP	68	68			85	20,102	68	81.0%
YZ	MARSHALL I. PICKENS CHILDREN'S PROGRAM		GREENVILLE	GREENVILLE	NPA	22	22			30	7,888	22	98.2%
	TOTAL					90	90			95	27,990	90	85.2%
	DRUG AND ALCOHOL INPATIENT TREATMENT:												
YZ	ANMED - WELLSPRING		ANDERSON	WILLIAMSON	NPA	27	27			374	1,207	27	12.2%
YZ	CAROLINA CENTER FOR BEHAVIORAL HEALTH		GREENVILLE	GREENVILLE	PROP	13	13			100	889	13	18.7%
	TOTAL					40	40			474	2,096	40	14.4%
	REHABILITATION FACILITIES:												
XYZ	ANMED HEALTHSOUTH REHAB HOSPITAL	12	ANDERSON	ANDERSON	PROP	30	30			519	8,070	28	79.0%
	ANDERSON COUNTY		TOTAL			30	30			519	8,070	28	79.0%
XYZ	GREENVILLE MEMORIAL MEDICAL CTR.		GREENVILLE	GREENVILLE	NPA	53	53			1,156	16,752	53	86.6%
XYZ	SAINT FRANCIS HOSPITAL		GREENVILLE	GREENVILLE	NPA	19	19			708	5,797	19	83.6%
	GREENVILLE COUNTY		TOTAL			72	72			1,864	22,549	72	85.8%
XYZ	MARY BLACK MEMORIAL HOSPITAL		SPARTANBURG	SPARTANBURG	PROP	18	18			539	5,804	18	88.3%
	SPARTANBURG COUNTY		TOTAL			18	18			539	5,804	18	88.3%
	TOTAL					120	120			2,922	36,423	118	84.6%
	INPATIENT HOSPICE FACILITIES:												
YZ	CALLIE & JOHN RAINEY HOSPICE HOUSE	17	ANDERSON	ANDERSON	NPA	32	32			553	7,384	24.5	82.6%
CON	THE HOSPICE HOME OF GRACE	20	SPARTANBURG	DUNCAN	NPA		12			-	-	0	
	TOTAL		TOTAL			32	44			553	7,384	24.5	82.6%
	LONG TERM CARE FACILITIES:												
YZ	ANMED HEALTHSOUTH REHAB HOSPITAL	12	ANDERSON	ANDERSON	PROP	10	10			220	2,918	12	66.6%
YZ	(ANDERSON MED CTR SUBACUTE)	8	ANDERSON	ANDERSON	NPA	(12)	(12)			-	-	0	
YZ	ANDERSON PLACE		ANDERSON	ANDERSON	PROP	44	44			34	16,060	44	100.0%
YZ	BROOKSIDE NURSING CTR		ANDERSON	ANDERSON	PROP	88	88	19	c	196	30,483	88	94.9%
YZ	ELLENBURG NURSING CENTER		ANDERSON	ANDERSON	PROP	181	181			194	64,136	181	97.1%
YZ	NHC HEALTHCARE ANDERSON		ANDERSON	ANDERSON	PROP	290	290			454	102,347	290	96.7%
YZ	RIVERSIDE NURSING CENTER		ANDERSON	ANDERSON	PROP	88	88			156	31,313	88	97.5%
ZI	WILLOW CREEK NURSING CENTER		ANDERSON	IVA	PROP	60	60	(15)	cd	88	21,057	60	96.2%

RECORD 006840

Joint Exhibit 003-0178

REGION: I — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	ANDERSON COUNTY		TOTAL			761	761	19		1,344	268,313	763	96.3%
YZ	BROOKVIEW HEALTHCARE CENTER		CHEROKEE	GAFFNEY	PROP	132	132			128	46,789	132	97.1%
YZ	CHEROKEE COUNTY LTC	19	CHEROKEE	GAFFNEY	CO	85	97			36	30,958	85	99.8%
	CHEROKEE COUNTY		TOTAL			217	229			164	77,747	217	98.2%
Z	ALLEN BENNETT NURSING HOME	1	GREENVILLE	GREER	NPA	10	10			239	3,365	10	92.2%
YZ	BRIARWOOD NURSING CENTER		GREENVILLE	SIMPSONVILLE	PROP	42	39			30	12,803	42	83.5%
NHM	BRIGHTON GARDENS		GREENVILLE	GREENVILLE	PROP	45	45			110	14,483	45	88.2%
Z	FOUNTAIN INN NURSING HOME		GREENVILLE	FOUNTAIN INN	PROP	44	44	26	cd	19	15,347	44	95.6%
YZ	LAUREL BAYE HEALTHCARE OF GREENVILLE		GREENVILLE	GREENVILLE	CO	132	132			304	44,282	132	91.9%
YZ	GREENVILLE NURSING CENTER		GREENVILLE	GREENVILLE	PROP	79	79	18	d	88	22,995	79	79.7%
NHM	GREENVILLE MEM CTR SUBACUTE UNIT	1	GREENVILLE	GREENVILLE	NPA	18	(3)			-	-	3	0.0%
YZ	NORTH GREENVILLE	1	GREENVILLE	TRAVELERS REST	NPA	(27)	(27)			210	4,035	14.9	74.2%
YZ	MAGNOLIA MANOR - GREENVILLE		GREENVILLE	GREENVILLE	PROP	99	99	25	d	76	35,176	99	97.3%
YZ	MAGNOLIA PLACE - GREENVILLE		GREENVILLE	GREENVILLE	PROP	120	120			130	42,650	120	97.4%
Y	NHC CENTER GREENVILLE		GREENVILLE	GREER	PROP	176	176			319	60,701	176	94.5%
YZ	NHC CENTER OF MAULDIN		GREENVILLE	MAULDIN	PROP	120	120			185	42,198	120	96.3%
YZ	OAKMONT EAST NURSING CENTER		GREENVILLE	GREENVILLE	PROP	132	132			207	46,649	132	96.8%
Z	OAKMONT WEST NURSING CENTER		GREENVILLE	GREENVILLE	PROP	125	125			154	44,021	125	96.5%
Z	PIEDMONT NURSING AND REHABILITATION		GREENVILLE	GREER	PROP	132	132			110	46,851	132	97.2%
YZ	ROGER HUNTINGTON NURSING CTR	14	GREENVILLE	GREENVILLE	NPA	88	176	(12)	c	68	31,014	88	96.6%
NHM	ROLLING GREEN VILLAGE HEALTH CARE FAC	11	GREENVILLE	GREENVILLE	NPA	10	10			17	3,180	10	87.1%
SW	(ROLLING GREEN VILLAGE HEALTH CARE FAC)		GREENVILLE	GREENVILLE	NPA	(34)	(34)					(34)	
YZ	ST FRANCIS TRANSITIONAL CARE UNIT	15	GREENVILLE	GREENVILLE	NPA	32	(32)			409	9,251	32	79.2%
YZ	SUMMIT PLACE		GREENVILLE	SIMPSONVILLE	PROP	132	132			137	46,610	132	96.7%
Z	STROUD NURSING HOME		GREENVILLE	MARIETTA	NPA	44	44	1	c	13	15,573	44	97.6%
YZ	WESTSIDE NURSING CENTER		GREENVILLE	GREENVILLE	PROP	132	132			143	46,653	132	96.8%
	GREENVILLE COUNTY		TOTAL			1,712	1,747	70		2,968	587,917	1,711.9	94.1%
YZ	LILA DOYLE NURSING CARE	10	OCONEE	SENECA	CO	120	120			251	27,612	79	95.8%
YZ	MARINER HEALTH CARE OF SENECA		OCONEE	SENECA	PROP	132	132			258	44,531	132	92.4%
	OCONEE COUNTY		TOTAL			252	252			509	72,143	211	93.7%
Z	BLUE RIDGE NURSING CENTER		PICKENS	EASLEY	PROP	66	66	33	d	52	23,609	66	98.0%
Y	CLEMSON AREA RETIREMENT CENTER HEALTH		PICKENS	CLEMSON	PROP	30	30			35	8,019	30	73.2%
SW	(CLEMSON AREA RETIREMENT CENTER HEALTH)		PICKENS	CLEMSON	PROP	(22)	(22)					(22)	
NHM	COUNTRYSIDE CARE CENTER		PICKENS	EASLEY	PROP	44	44			44	9,932	44	61.8%
YZ	EASLEY NURSING CENTER		PICKENS	EASLEY	PROP	103	100	50	d	214	36,022	103	95.8%
Z	HARVEY'S NURSING HOME		PICKENS	SIX MILE	PROP	44	41	27	cd	23	15,721	44	97.9%
YZ	LAUREL HILL		PICKENS	PICKENS	PROP	80	80			47	28,705	80	98.3%
Z	ROSEMOND NURSING CTR		PICKENS	PICKENS	PROP	44	44	22	d	29	15,527	44	96.7%
Y	PALMETTO MED CTR-EASLEY TRANS CARE UNI	6	PICKENS	EASLEY	NPA	(13)	(13)			-	-	0	
	PICKENS COUNTY		TOTAL			411	405	132		445	137,535	411	91.7%
Z	CAMP CARE		SPARTANBURG	INMAN	PROP	88	88			47	31,369	88	97.7%
YZ	(SPARTANBURG HOSP RESTORATIVE CARE SNI	3	SPARTANBURG	SPARTANBURG	CO	(11)	(11)						
Z	GOLDEN AGE-INMAN		SPARTANBURG	INMAN	PROP	44	44			31	15,007	44	93.4%
YZ	INMAN HEALTHCARE		SPARTANBURG	INMAN	PROP	40	35			22	14,522	40	99.5%
YZ	MAGNOLIA MANOR - INMAN		SPARTANBURG	INMAN	PROP	176	176			175	62,741	176	97.7%
YZ	MAGNOLIA MANOR - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	95	89	62	ad	168	32,519	95	93.8%
YZ	MAGNOLIA PLACE - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	88	88			88	31,705	88	98.7%
YZ	MOUNTAINVIEW NURSING HOME		SPARTANBURG	SPARTANBURG	CO	132	132			42	47,624	132	98.8%
NHN	ROSECREST NURSING CENTER	9	SPARTANBURG	INMAN	NPA	75	75			216	15,874	63.2	68.8%
YZ	SKYLYN HEALTH CENTER		SPARTANBURG	SPARTANBURG	PROP	33	33			65	9,128	33	75.8%
SW	(SKYLYN HEALTH CENTER)		SPARTANBURG	SPARTANBURG	PROP	(11)	(11)					(11)	
YZ	VALLEY FALLS TERRACE		SPARTANBURG	SPARTANBURG	PROP	88	88			72	31,483	88	98.0%
YZ	WHITE OAK MANOR - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	192	192			210	68,254	192	97.4%
Y	WHITE OAK ESTATES		SPARTANBURG	SPARTANBURG	PROP	88	88			106	31,423	88	97.8%
YZ	WOODRUFF MANOR		SPARTANBURG	WOODRUFF	PROP	88	88			35	31,842	88	99.1%

RECORD 006841

Joint Exhibit 003-0179

REGION: I

INPATIENT INVENTORY OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	SPARTANBURG COUNTY		TOTAL			1,227	1,216	62	1,277	423,491	1,215.2	95.5%
YZD	ELLEN SAGAR	18	UNION	UNION	CO	113	113		153	40,805	113	98.9%
YZD	OAKMONT OF UNION		UNION	UNION	PROP	88	88		56	31,481	88	98.0%
	UNION COUNTY		TOTAL			201	201		209	72,286	201	98.5%
	TOTAL					4,781	4,611	283	6,916	1,639,432	4,730.1	95.0%

RECORD 006842

Joint Exhibit 003-0180

FOOTNOTES

2004 PLAN

REGION I

CON - Certificate of Need
UC - Under Construction
X - JCAH Accredited
Y - Medicare
Z - Medicaid
APP - Approved

NPA - Non Profit
ST - State
CO - County
PROP- Proprietary
N - Nursing Home
SW - Statewide Facility

1. CON issued to transfer 13 beds from Hillcrest to GM resulting in 43 at Hillcrest & 641 at GM, 7/3/2000 SC-00-35. CON issued to transfer 5 general acute beds from NG to GM resulting in 646 general acute beds at GM and 0 acute beds at NG with the closure of the acute facility & the transfer of 28 nursing home beds to NG with 20 at GM & 28 at GM, SC-01-09 2/20/01. CON issued to add 55 new acute beds & convert 9 psych beds at GM for a total of 710 general & 63 psych beds, SC-01-57 10/10/01. NG licensed for 27 nursing beds and GM licensed nursing home beds reduced from 48 to 21 licensed and 20 survey beds 3/14/02. The nursing beds at NG reduced from 28 survey beds to 27 and the 1 bed added back to GM for 21 existing. CON issued for 45 bed LTC Acute Hosp at NG by converting the 27 nursing beds & moving 18 nursing beds from GM, leaving 3 nursing home beds at GM 4/15/03 SC-03-17. GM nursing home beds reduced from 21 to 3, 8/27/03. GM licensed general beds increased from 628 to 646, Hillcrest licensed beds decreased by 13 from 56 to 43 & NG licensed beds decreased from 5 to 0 to fulfill CONs SC-00-35 & SC-01-09 6/04/03. CON issued 8/25/03 for a 72 bed general acute hospital by transferring the 52 beds to be added from Allen Bennett with the reduction of 17 psych beds from Memorial and the transfer of the 3 nursing beds from GM, SC-03-46. This results in a new 72 bed licensed acute hospital, & GM with 710 general, 53 rehab, 46 psych beds and 0 licensed nursing beds. GM licensed general beds increased from 646 to 710 & licensed psych beds reduced from 72 to 63, 1/1/04. CON issued 4/21/04 to temporarily transfer 18 approved nursing home beds from Roger Huntington to GM, SC-04-21; licensed 10/26/04.
2. Facility use restricted to students.
3. Nursing home unit at Spartanburg Restorative de-licensed and closed 8/31/02.
4. CON issued to add 11 psych beds for a total of 64 psych and 13 substance abuse beds10/11/04 SC-04-46.
5. CON issued to reduce 24 long term psych beds from 44 to 20 and add 24 RFT beds from 44 to 68 RFT and 20 Long Term Psych beds, 6/12/01. Facility licensed for 68 RFT and 20 LTC Psych, 8/10/01. CON issued to convert 15 ltc psych beds to 15 acute psych beds & 5 ltc psych beds, 2/19/03, SC-03-12. Facility licensed for 5 ltc psych & 15 psych, 3/10/03.
6. CON issued to convert 13 nursing home beds to general for 109 general beds, 3/9/04 SC-04-13. Licensed for 109 general beds & Transitional Care Unit de-licensed 9/7/04.
7. CON issued to add 20 general beds to SF's 206 general beds for a total of 226, & 31 to SFW&F's 62 general beds for a total of 93, 8/25/03 SC-03-47.
8. E-02-15 issued 3/20/02 to permanently reduce the 27 nursing beds by 15 to 12 nursing beds. Licensed beds reduced to 12, 7/11/02. E-02-67 issued for permanent reduction of the 12 nursing home beds; de-licensed 12/24/02.
9. CON issued for 32 additional nursing home beds (non-Medicaid) for a total 75, 1/16/02 SC-02-80. Licensed beds increased 2/13/03..
10. CON issued for an additional 41 nursing home beds (25 Medicaid & 16 non-Medicaid) for a total of 120, 08/04/00, SC-00-40; licensed 4/15/03.

11. CON issued to convert 10 institutional beds to 10 community beds for 34 inst & 10 comm. 11/13/01 SC 01-67. Licensed 3/8/02.
12. CON issued for construction of a 40 bed hospital with 28 rehab & 12 nurs beds, SC-02-10 1/25/02; licensed 12/20/02. CON issued for conversion of 2 nursing beds to rehab for 30 rehab & 10 nursing home beds, 2/18/04 SC-04-09. Licensed 6/21/04.
13. SC-03-02 issued for a 72 bed Women & Children's hospital resulting in 423 general beds, 38 psych & 12 nursing beds at Anderson Area Med Ctr, 1/13/03.
14. CON issued for relocation and expansion of existing nursing home & adding 88 non-Medicaid beds for a total of 176, 11/12/03 SC-03-71. CON issued for the temporary transfer of 18 nursing beds from SC-03-71 from Roger Huntington to GM, 4/12/04, SC-04-21. Licensed for 18 beds at Memorial, 10/26/04.
15. CON issued to convert 32 nursing home beds to a 32 bed LTACH, 5/12/04 SC-04-26., licensed 12/19/04.
16. Hospital closed 5/16/04.
17. CON issued for 16 additional non-Medicaid beds for a total of 32. SC-01-12 2/20/01. Facility licensed as a 32 bed Inpatient Hospice Facility 8/16/02.
18. CON issued to increase beds by 5 to 113, SC-02-47, 8/12/02. Licensed beds increased by 5 from 108 to 113, 9/12/02.
19. CON issued 11/22/04 to add 12 non-Medicaid nursing home beds for a total of 97; SC-04-56.
20. CON issued 10/11/04 for a 12 bed inpatient hospice facility.

INVENTORY OF EMERGENCY FACILITIES 2004 PLAN

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2003 ER VISITS
REGION I:	EMERGENCY FACILITIES			
II	ANDERSON AREA MEDICAL CENTER	ANDERSON	ANDERSON	64,197
III	UPSTATE CAROLINA MEDICAL CENTER	CHEROKEE	GAFFNEY	24,847
III	NORTH GREENVILLE HOSPITAL	GREENVILLE	TRAVELERS REST	19,373
I	GREENVILLE MEMORIAL HOSPITAL	GREENVILLE	GREENVILLE	81,050
II	ST FRANCIS HOSPITAL	GREENVILLE	GREENVILLE	28,337
II	ST FRANCIS WOMENS & FAMILY HOSP	GREENVILLE	GREENVILLE	21,316
(*)	WJ BARGE	GREENVILLE	GREENVILLE	7,431
II	ALLEN BENNETT MEMORIAL HOSPITAL	GREENVILLE	GREER	24,659
II	HILLCREST HOSPITAL	GREENVILLE	SIMPSONVILLE	23,672
III	OCONEE MEMORIAL HOSPITAL	OCONEE	SENECA	34,363
III	PALMETTO BAPTIST MED CTR-EASLEY	PICKENS	EASLEY	30,454
III	CANNON MEMORIAL HOSPITAL	PICKENS	PICKENS	15,456
III	MARY BLACK MEMORIAL HOSPITAL	SPARTANBURG	SPARTANBURG	25,466
I	SPARTANBURG REGIONAL MED CTR	SPARTANBURG	SPARTANBURG	81,337
III	BJ WORKMAN MEMORIAL HOSPITAL	SPARTANBURG	WOODRUFF	9,446
III	WALLACE THOMSON HOSPITAL	UNION	UNION	15,742
			TOTAL	507,146

(*) Met insufficient criteria to be classified.

REGION I:	TRAUMA CENTERS		
II	ANDERSON AREA MEDICAL CENTER	ANDERSON	ANDERSON
I	GREENVILLE MEMORIAL HOSPITAL	GREENVILLE	GREENVILLE
III	ALLEN BENNETT MEMORIAL HOSPITAL	GREENVILLE	GREER
I	SPARTANBURG REGIONAL MED CTR	SPARTANBURG	SPARTANBURG

REGION NARRATIVE

REGION: II

FISCAL YEAR: 2004

1. Unusual Characteristics: This region has a military base at Fort Jackson with a military hospital to provide health care services for the active duty and dependents residing in this region. A 457 bed Veterans Administration Hospital and 120 bed Veterans Nursing Home is located in Columbia. There are no barriers to transportation and communications. Most State owned psychiatric facilities and the largest substance abuse treatment facility are located in this region.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only. All facilities are conforming. After a review of patient origin information, the population used to calculate Richland County hospital bed need is 95% of the Richland County population plus 45% of the population of Lexington County. For Lexington County, 55% of the Lexington County population plus 5% of the Richland County population is used. The bed needs are developed separately with a separate need indicated for each county.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: These needs are determined by psychiatric service areas. See Chapter II for discussion and calculation of needs. There are acute psychiatric beds in six facilities and two Federal facilities in this region. There is a need for additional psychiatric beds in this region.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations. There are inpatient treatment beds in the three different service areas of this region.

6. Rehabilitation Facilities: There is a need for additional rehabilitation beds in this region.

RECORD 006846

Joint Exhibit 003-0184

AREA SUMMARY

REGION	NUMBER OF FACILITIES		NUMBER OF BEDS		
	TOTAL EXISTING	TO BE MODERNIZED	TOTAL NEEDED	TOTAL EXISTING	TO BE ADDED
II					
HOSPITALS:					
ABBEVILLE	1	0	18	25	-7
CHESTER	1	0	43	82	-39
EDGEFIELD	1	0	15	25	-10
FAIRFIELD	1	0	17	25	-8
GREENWOOD	1	0	259	334	-75
KERSHAW	1	0	108	121	-13
LANCASTER	1	0	171	168	3
LAURENS	1	0	77	76	1
LEXINGTON	1	0	384	346	38
NEWBERRY	1	0	54	90	-36
RICHLAND	5	0	1263	1281	-18
'ORK	2	0	332	268	64
TOTALS:	17	0	2741	2841	-100
LTC:					
ABBEVILLE	2	0	155	116	39
CHESTER	1	0	175	100	75
EDGEFIELD	1	0	116	120	-4
FAIRFIELD	2	1	122	262	-140
GREENWOOD	4	0	362	357	5
KERSHAW	2	0	288	236	52
LANCASTER	3	0	294	288	6
LAURENS	4	0	393	402	-9
LEXINGTON	6	0	1043	824	219
MCCORMICK	1	0	100	120	-20
NEWBERRY	2	0	215	276	-61
RICHLAND	12	3	1289	1167	122
SALUDA	1	0	120	176	-56
YORK	8	0	757	699	58
TOTALS:	49	4	5429	5143	286

REGION: II — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	HOSPITALS:											
YZ	ABBEVILLE COUNTY MEMORIAL	8	ABBEVILLE	ABBEVILLE	CO	25	25		1,374	4,046	52	21.3%
	ABBEVILLE COUNTY		TOTAL			25	25		1,374	4,046	52	21.3%
XYZ	CHESTER REGIONAL MEDICAL CENTER	20	CHESTER	CHESTER	DIST	82	82		2,371	9,393	82	31.4%
	CHESTER COUNTY		TOTAL			82	82		2,371	9,393	82	31.4%
XYZ	EDGEFIELD COUNTY HOSPITAL	26	EDGEFIELD	EDGEFIELD	CO	25	25		874	3,042	40	20.8%
	EDGEFIELD COUNTY		TOTAL			25	25		874	3,042	40	20.8%
XYZ	FAIRFIELD MEMORIAL HOSPITAL	21	FAIRFIELD	WINNSBORO	NPA	25	25		793	3,751	33	31.1%
	FAIRFIELD COUNTY		TOTAL			25	25		793	3,751	33	31.1%
XYZ	SELF MEMORIAL HOSPITAL		GREENWOOD	GREENWOOD	NPA	334	334		13,360	62,628	334	51.4%
	GREENWOOD COUNTY		TOTAL			334	334		13,360	62,628	334	51.4%
XYZ	KERSHAW COUNTY MEDICAL CENTER		KERSHAW	CAMDEN	CO	121	121		5,405	22,911	121	51.9%
	KERSHAW COUNTY		TOTAL			121	121		5,405	22,911	121	51.9%
XYZ	SPRINGS MEMORIAL HOSPITAL	9	LANCASTER	LANCASTER	NPA	168	168		8,164	38,434	135	78.0%
	LANCASTER COUNTY		TOTAL			168	168		8,164	38,434	135	78.0%
XYZ	LAURENS COUNTY HOSPITAL		LAURENS	LAURENS	DIST	76	76		3,906	16,197	76	58.4%
	LAURENS COUNTY		TOTAL			76	76		3,906	16,197	76	58.4%
XYZ	LEXINGTON MEDICAL CENTER	22	LEXINGTON	WEST COLUMBIA	CO	319	346		18,427	84,126	292	78.9%
	LEXINGTON COUNTY		TOTAL			319	346		18,427	84,126	292	78.9%
XYZ	NEWBERRY COUNTY MEMORIAL		NEWBERRY	NEWBERRY	CO	90	90		2,711	11,915	90	36.3%
	NEWBERRY COUNTY		TOTAL			90	90		2,711	11,915	90	36.3%
XYZ	PALMETTO HEALTH BAPTIST	1	RICHLAND	COLUMBIA	NPA	363	363		16,198	73,802	363	55.7%
XYZ	PROVIDENCE HOSPITAL	10	RICHLAND	COLUMBIA	PROP	258	258		13,020	69,642	228	83.7%
XYZ	PROVIDENCE HOSPITAL NORTHEAST		RICHLAND	COLUMBIA	PROP	46	46		2,967	12,363	46	73.6%
Y	INTERMEDICAL HOSPITAL OF SC	1	RICHLAND	COLUMBIA	NPA	35	35		218	9,038	35	70.7%
XYZ	PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	CO	579	579		28,779	141,919	579	67.2%
X	W J B DORN VA HOSPITAL	2	RICHLAND	COLUMBIA	FED		(400)		(4197)	(23607)		
X	MONCRIEF ARMY HOSPITAL	2	RICHLAND	COLUMBIA	FED		(63)		(1037)	(4856)		
	RICHLAND COUNTY		TOTAL			1,281	1,281		61,182	305,764	1170	71.8%
XYZ	PIEDMONT MEDICAL CENTER	19	YORK	ROCK HILL	PROP	268	268		15,603	73,432	268	75.1%
	YORK COUNTY		TOTAL			268	268		15,603	73,432	268	75.1%
	TOTAL					2,814	2,841		134,170	636,639	2693	64.8%
	MENTAL FACILITIES:											
XYZ	SELF MEMORIAL		GREENWOOD	GREENWOOD	NPA	36	36		636	5,938	36	45.2%

RECORD 006848

Joint Exhibit 003-0186

REGION: II

INPATIENT INVENTORY OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	GREENWOOD COUNTY		TOTAL			36	36		636	5,936	36	45.2%
YZ	THREE RIVERS BEHAVIORAL CARE		LEXINGTON	WEST COLUMBIA	PROP	39	39		1,490	13,675	39	96.1%
	LEXINGTON COUNTY		TOTAL			39	39		1,490	13,675	39	96.1%
XYZ	PALMETTO HEALTH BAPTIST		RICHLAND	COLUMBIA	NPA	104	104		2,537	22,975	104	60.5%
XYZ	PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	CO	60	60		1,837	14,769	60	67.4%
X	MONCRIEF ARMY HOSPITAL	2	RICHLAND	COLUMBIA	FED		(20)		(377)	(3020)		
X	W J B DORN VA	2	RICHLAND	COLUMBIA	FED		(60)		(515)	(4245)		
	RICHLAND COUNTY		TOTAL			164	164		4,374	37,744	164	63.1%
XYZ	PIEDMONT MEDICAL CENTER		YORK	ROCK HILL	PROP	20	20		362	2,360	20	32.3%
	YORK COUNTY		TOTAL			20	20		362	2,360	20	32.3%
	TOTAL					259	259		6,862	59,717	259	63.2%
	RESIDENTIAL TRATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
	THREE RIVERS BEHAVIORAL CARE	3	LEXINGTON	WEST COLUMBIA	PROP	20	20		20	6,321	18	96.2%
	NEW HOPE MIDLANDS	4	LEXINGTON	WEST COLUMBIA	PROP	59	59		45	17,929	59	83.3%
	YORK PLACE		YORK	YORK	PROP	40	40		36	9,115	40	62.4%
	TOTAL					119	119		101	33,365	117	78.1%
	DRUG AND ALCOHOL INPATIENT TREATMENT:											
	THREE RIVERS BEHAVIORAL CARE		LEXINGTON	WEST COLUMBIA	PROP	27	27		427	2,840	27	28.8%
	SPRINGS MEMORIAL HOSPITAL	9	LANCASTER	LANCASTER	NPA	12	12		437	1,977	45	12.0%
	FAIRFIELD MEMORIAL HOSPITAL	21	FAIRFIELD	WINNSBORO	NPA	(17)	(17)		-	-	17	0.0%
	PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	CO	10	10		388	3,498	10	95.8%
	SELF MEMORIAL HOSPITAL		GREENWOOD	GREENWOOD	NPA	24	24		-	-	24	0.0%
	TOTAL					73	73		1,252	8,315	123	18.5%
	REHABILITATION FACILITIES:											
YZ	HEALTHSOUTH REHAB. HOSP. COLUMBIA	11	RICHLAND	COLUMBIA	PROP	96	96		1,602	26,824	96	76.6%
	RICHLAND COUNTY		TOTAL			96	96		1,602	26,824	96	76.6%
	HEALTHSOUTH REHAB. HOSP. ROCK HILL	18	YORK	ROCK HILL	PROP	34	34		663	10,588	32	90.7%
	YORK COUNTY		TOTAL			34	34		663	10,588	32	90.7%
	TOTAL					130	130		2,265	37,412	128	80.1%
	INPATIENT HOSPICE FACILITIES:											
CON	HOSPICE HOUSE HOSPICECARE PIEDMONT	24	GREENWOOD	GREENWOOD	NPA	-	15					
CON	PORTSBRIDGE INPATIENT HOSPICE	28	RICHLAND	COLUMBIA	PROP		12					
APP	HOSPICE AND COMMUNITY CARE	23	YORK	ROCK HILL	NPA	-	16					

RECORD 006849

Joint Exhibit 003-0187

REGION: II

INPATIENT INVENTORY OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	TOTAL					-	43			-	-	-	-
	LONG TERM CARE FACILITIES:												
YZ	ABBEVILLE NURSING HOME		ABBEVILLE	ABBEVILLE	PROP	94	94			50	32,545	94	94.9%
Z	CARLISLE NURSING CENTER		ABBEVILLE	DUE WEST	NPA	22	22			9	7,121	22	88.7%
	ABBEVILLE COUNTY		TOTAL			116	116			59	39,666	116	93.7%
YZ	CHESTER NURSING CENTER		CHESTER	CHESTER	CO	100	100			98	35,779	100	98.0%
	CHESTER COUNTY		TOTAL			100	100			98	35,779	100	98.0%
Z	EDGEFIELD HEALTH CARE CENTER	17	EDGEFIELD	EDGEFIELD	PROP	120	120			56	32,662	96.4	92.8%
	EDGEFIELD COUNTY		TOTAL			120	120			56	32,662	96.4	92.8%
Z	FAIRFIELD HEALTHCARE CENTER		FAIRFIELD	RIDGEWAY	PROP	112	104	36	C	46	38,522	112	94.2%
Z	RIDGEWAY HEALTH & REHABILITATION CTR		FAIRFIELD	RIDGEWAY	PROP	150	150			123	52,103	150	95.2%
	FAIRFIELD COUNTY		TOTAL			262	254	36		169	90,625	262	94.8%
YZ	HEALTH CARE CENTER OF WESLEY COMMONS	25	GREENWOOD	GREENWOOD	NPA	102	90			79	32,688	102	87.8%
YZ	MAGNOLIA MANOR - GREENWOOD		GREENWOOD	GREENWOOD	PROP	88	88			53	31,854	88	99.2%
YZ	NHC HEALTHCARE - GREENWOOD		GREENWOOD	GREENWOOD	PROP	152	152			161	52,242	152	94.2%
YZ	TRANSITIONAL CARE SELF REGIONAL HEALTH		GREENWOOD	GREENWOOD	NPA	27	27			557	7,002	27	71.1%
	GREENWOOD COUNTY		TOTAL			369	357			850	123,786	369	91.9%
YX	A SAM KARESH LTC		KERSHAW	CAMDEN	CO	88	88			18	31,956	88	99.5%
Y	SPRINGDALE HEALTHCARE CTR		KERSHAW	CAMDEN	PROP	148	148			442	48,180	148	89.2%
	KERSHAW COUNTY		TOTAL			236	236			460	80,136	236	93.0%
YZ	LANCASTER CONVALESCENT CENTER		LANCASTER	LANCASTER	NPA	142	142			101	49,985	142	96.4%
YZ	TRANSITIONAL CARE UNIT-SPRINGS MEMORIAL		LANCASTER	LANCASTER	NPA	14	14			376	4,631	14	90.6%
YZ	WHITE OAK MANOR - LANCASTER		LANCASTER	LANCASTER	NPA	132	132			68	48,792	132	101.3%
	LANCASTER COUNTY		TOTAL			288	288			545	103,408	288	98.4%
NHM	LAURENS COUNTY HOSPITAL SNF		LAURENS	LAURENS	DIST	14	14			199	3,167	14	62.0%
YZ	NHC HEALTHCARE - LAURENS		LAURENS	LAURENS	PROP	176	176			162	61,232	176	95.3%
NHM	MARTHA FRANK BAPTIST RETIREMENT CTR	5	LAURENS	LAURENS	NPA	81	81			159	28,117	88	87.5%
SW	(MARTHA FRANK BAPTIST RETIREMENT CTR)		LAURENS	LAURENS	NPA	(7)	(7)					(7)	
YZ	NHC HEALTHCARE - CLINTON		LAURENS	CLINTON	PROP	131	131			101	46,927	131	98.1%
	LAURENS COUNTY		TOTAL			402	402			621	139,443	395	96.7%
NHM	AGAPE NURSING AND REHABILIATION	16	LEXINGTON	W.COLUMBIA	PROP	44	44						
YZ	BRIAN CENTER - ST ANDREWS		LEXINGTON	COLUMBIA	PROP	120	120			106	40,801	120	93.2%
YZ	LEXINGTON MED CTR EXTENDED CARE	6	LEXINGTON	LEXINGTON	NPA	388	388			546	132,299	388	93.4%
YZ	HEARTLAND LEXINGTON REHAB & NURSING CTR		LEXINGTON	W.COLUMBIA	PROP	132	132			271	41,952	132	87.1%
NHM	NHC HEALTHCARE - LEXINGTON		LEXINGTON	W.COLUMBIA	PROP	120	120			322	42,069	120	96.0%
NHM	SC EPISCOPAL HOME AT STILL HOPES		LEXINGTON	W.COLUMBIA	NPA	20	20			14	6,947	20	95.2%
SW	(SC EPISCOPAL HOME AT STILL HOPES)		LEXINGTON	W.COLUMBIA	NPA	(42)	(42)					(42)	
	LEXINGTON COUNTY		TOTAL			824	824	-		1,259	264,068	780	92.8%
YZD	MCCORMICK NURSING CENTER		MCCORMICK	MCCORMICK	CO	120	120			42	43,203	120	98.6%
	MCCORMICK COUNTY		TOTAL			120	120			42	43,203	120	98.6%
YZ	J P HAWKINS NURSING HOME		NEWBERRY	NEWBERRY	CO	118	118			76	42,443	118	98.5%
Y	NE[illegible]RY CO MEM HOSP - TRANS CARE UNIT		NEWBERRY	NEWBERRY	CO	12	12			200	2,676	12	61.1%

RECORD 006850

Joint Exhibit 003-0188

REGION: II — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
YZ	WHITE OAK MANOR - NEWBERRY		NEWBERRY	NEWBERRY	PROP	146	146			142	52,618	146	98.7%
	NEWBERRY COUNTY					276	276			418	97,737	276	97.0%
Y	RICE NURSING FACILITY	13	RICHLAND	COLUMBIA	NPA	32	32			76	10,914	32	93.4%
y	(BERNADIN HOSPICE HOUSE)	15	RICHLAND	COLUMBIA	NPA	(12)							
YZ	CAROLINA HEALTH & REHAB	29	RICHLAND	COLUMBIA	PROP	257	250	146	cd	317	87,191	257	92.9%
YZ	LIFE CARE CENTER OF COLUMBIA	7	RICHLAND	COLUMBIA	PROP	179	179			310	56,317	152.7	101.0%
YZ	LOWMAN HOME NURSING CENTER		RICHLAND	WHITEROCK	NPA	129	129			108	45,319	129	96.2%
SW	(LOWMAN HOME NURSING CENTER)		RICHLAND	WHITEROCK	NPA	(47)	(47)					(47)	
YZ	MAGNOLIA MANOR - COLUMBIA		RICHLAND	COLUMBIA	PROP	88	88			221	30,641	88	95.4%
YZ	HEARTLAND COLUMBIA REHAB & NURSING CTR		RICHLAND	COLUMBIA	PROP	132	132			328	41,358	132	85.8%
Y	NHC HEALTHCARE - PARKLANE		RICHLAND	COLUMBIA	PROP	120	120			141	42,287	120	96.5%
Y	PROVIDENCE HOSPITAL NE - TRANS CARE UNIT		RICHLAND	COLUMBIA	PROP	18	18			398	5,298	18	80.6%
Y	PALMETTO BAPTIST MEDICAL CENTER		RICHLAND	COLUMBIA	NPA	22	22			662	6,324	22	78.8%
YZ	RIDGEVIEW MANOR	12	RICHLAND	HOPKINS	PROP	38	38			40	10,787	30	98.5%
YZ	WHITE OAK MANOR - COLUMBIA		RICHLAND	COLUMBIA	PROP	120	120			73	42,825	120	97.8%
YZ	WILDEWOOD DOWNS NURSING CENTER	27	RICHLAND	COLUMBIA	PROP		32						
FED	W J B DORN VA		RICHLAND	COLUMBIA	FED		(150)			(248)	(33307)		
	RICHLAND COUNTY		TOTAL			1,135	1,160	146		2,674	379,259	1100.7	94.4%
YZ	SALUDA NURSING CENTER		SALUDA	SALUDA	CO	176	176			151	62,088	176	96.7%
	SALUDA COUNTY		TOTAL			176	176			151	62,088	176	96.7%
NHM	CAROLINA VILLAGE HEALTH CARE CENTER		YORK	ROCK HILL	PROP	40	40			79	10,826	40	74.2%
NHM	EBENEZER SENIOR SERVICES	14	YORK	ROCK HILL	PROP	99	99			220	22,709	80.8	77.0%
YZ	MAGNOLIA MANOR - ROCK HILL		YORK	ROCK HILL	PROP	106	106			103	37,396	106	96.7%
YZ	ROCK HILL HEALTHCARE		YORK	ROCK HILL	PROP	132	132			198	46,720	132	97.0%
YZ	HEALTHSOUTH REHABILITATION HOSP (SNF)	18	YORK	ROCK HILL	PROP	6	6			287	4,298	14	84.1%
NHM	WESTMINSTER HEALTH & REHABILITATION		YORK	ROCK HILL	PROP	66	66			195	20,211	66	83.9%
YZ	WHITE OAK MANOR - ROCK HILL		YORK	ROCK HILL	PROP	141	141			106	51,007	141	99.1%
YZ	WHITE OAK MANOR - YORK		YORK	YORK	NPA	109	109			61	39,327	109	98.8%
	YORK COUNTY		TOTAL			699	699			1,249	232,494	688.8	92.5%
	TOTAL					5,123	5,128	182		8,651	1,724,354	4883.9	96.7%

RECORD 006851

Joint Exhibit 003-0189

FOOTNOTES

2004 PLAN

REGION II

CON - Certificate of Need
UC - Under Construction
X - JCAH Accredited
Y - Medicare
Z - Medicaid
APP - Approved

NPA - Non Profit
ST - State
CO - County
PROP- Proprietary
N - Nursing Home
SW - Statewide Facility

1. CON issued for conversion of 12 general beds from Palmetto Baptist to increase the number of long-term acute beds at InterMedical Hospital from 35 to 47, 11/13/01 SC-01-74; voided, 5/13/03.
2. Bed use restricted. Beds reported by facility.
3. CON issued to add 4 RTF beds for a total of 18 RTF beds, SC-02-26. Facility licensed for 18 beds 12/3/02. CON issued for 2 additional RTF beds for a total of 20, 4/12/04 SC-04-24; additional beds licensed 6/24/04.
4. CON issued for 5 additional beds for a total of 59, 11/13/01 SC-01-65; licensed 1/22/03.
5. CON issued to convert 37 institutional nursing home beds to community beds, for a total of 81 community & 7 institutional beds, 11/12/03 SC-03-69. Licensed 4/28/04.
6. CON issued for 36 non-Medicaid beds for a total of 388, SC-00-12 2/29/00; licensed beds increased 4/15/02.
7. CON issued for 39 additional non-Medicaid nursing beds for a total of 179, 5/20/03 SC-03-32; licensed 9/11/03.
8. CON issued for a 28 bed replacement hospital, 11/24/03 SC-03-73. Permanent licensed capacity at both the existing facility and replacement hospital reduced to 25 beds, E-04-36 6/28/04. Licensed for 25 beds, 8/27/04.
9. CON issued to increase general beds by 10 & reduce D&A beds by 10 for 145 general & 35 D&A, SC-03-18 4/15/03. Approved to reduce D&A beds by 23 resulting in 12 D&A & convert these beds to general for a total of 168 general, 11/20/03 SC-03-72. Facility licensed for 168 general and 12 substance abuse beds 7/19/04.
10. CON issued to add 11 general beds for 258 general beds, 4/13/04 SC-04-19; licensed 10/26/04.
11. CON issued to increased beds for Columbia from 89 to 96, 9/25/00 SC-00-47. Licensed beds increased from 89 to 96 2/1/02. CON issued for 15 additional rehab beds for a total of 111, 10/15/02 SC-02-63. CON voided 10/8/04.
12. CON issued for 8 additional non-Medicaid beds for total of 38 12/23/02. Facility licensed for 38 beds, 4/9/03.
13 Merger of Bernadine Hospice House's 12 beds with the existing 20 at Rice Nursing Ctr for total of 32 beds, 3/12/02 SC-02-18. Licensed for 32 nursing beds, 5/28/02.
14. CON issued to add 55 non-Medicaid beds for a total of 99, SC-00-08 2/1/2000. Licensed for 99 nursing home beds, 1/30/02.
15 Merged with Rice Nursing home (see footnote #13).
16. CON issued for 44 non-Medicaid nursing beds, SC-01-55 10/9/01. Licensed 12/19/02.
17. CON issued for 32 add non-Medicaid beds for a total of 120, SC-01-75, 11/16/01. Facility licensed for 120 beds, 6/27/03.
18. CON issued to convert 12 nursing beds to rehab for a total of 8 nursing & 32 rehab beds, 2/28/02 SC-02-17. Facility licensed for 8 nursing & 32 rehab beds, 4/1/02. CON issued to

convert 2 nursing beds to 2 rehab beds for a total of 34 rehab beds & 6 nursing beds, 12/3/03, SC-03-74. Licensed for 34 rehab & 6 nursing beds 4/1/04.

19. CON issued to add 20 general beds for a total of 268 general & 20 psych beds, 6/12/02 SC-02-37. License increased by 8 beds from 248 to 256, 11/27/02. Licensed beds increased by 12 from 256 to 268 12/19/02.
20. Facility discontinued provision of OB services 11/30/02. Name changed 10/7/04, formerly Chester County Hospital and Nursing Center, Inc.
21. CON issued for conversion & closure of 17 A&D beds to general for a total of 50 general beds, 11/12/03 SC- 03-70. Facility licensed for 50 general beds, 2/10/04. Exemption issued 5/14/04 E-04-27 to de-license 25 beds for a total of 25 beds in order to qualify as a Critical Access Hospital; licensed for 25 beds 8/23/04.
22. CON issued to add 54 additional general beds for a total of 346, 12/29/03 SC-03-77; licensed beds increased from 292 to 319 on 10/11/04.
23. Approved for construction of a 16 bed hospice, under appeal.
24. CON issued for construction of a 15 bed hospice 3/9/04 SC-04-15.
25. Permanent reduction of 12 licensed beds for a total of 90, 7/7/04 E-04-39.
26. Exemption issued 8/20/04 to de-license 15 beds from 40 for a total of 25 beds in order to qualify as a Critical Access Hospital; licensed for 25 beds 8/31/04.
27. CON issued 10/18/04 for a 32-bed nursing home that does not participate in the Medicaid program, SC-04-50.
28. CON issued 1/19/05 for a 12 bed inpatient hospice.
29. Name changed 12/17/04, formerly Central Carolina Health and Rehabilitation Center.

INVENTORY OF EMERGENCY FACILITIES 2004 PLAN

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2003 ER VISITS
REGION II:	EMERGENCY FACILITIES			
III	ABBEVILLE CO MEMORIAL HOSPITAL	ABBEVILLE	ABBEVILLE	9,807
II	CHESTER MEDICAL CENTER	CHESTER	CHESTER	13,692
III	EDGEFIELD CO HOSPITAL	EDGEFIELD	EDGEFIELD	7,002
III	FAIRFIELD CO HOSPITAL	FAIRFIELD	FAIRFIELD	11,013
II	SELF MEM REGIONAL HEALTH CARE	GREENWOOD	GREENWOOD	54,043
III	KERSHAW CO MEMORIAL HOSPITAL	KERSHAW	CAMDEN	24,979
II	SPRINGS MEMORIAL HOSPITAL	LANCASTER	LANCASTER	28,842
II	LAURENS COUNTY HOSPITAL	LAURENS	LAURENS	23,911
II	LEXINGTON MEDICAL CENTER	LEXINGTON	W. COLUMBIA	74,745
III	NEWBERRY CO MEMORIAL HOSPITAL	NEWBERRY	NEWBERRY	15,141
II	PALMETTO HEALTH BAPTIST	RICHLAND	COLUMBIA	33,743
II	PROVIDENCE HOSPITAL	RICHLAND	COLUMBIA	17,232
II	PROVIDENCE HOSPITAL NE	RICHLAND	COLUMBIA	26,060
I	PALMETTO HEALTH RICHLAND	RICHLAND	COLUMBIA	64,782
II	PIEDMONT MEDICAL CENTER	YORK	ROCK HILL	48,765
			TOTAL	453,757

REGION II:	TRAUMA CENTERS		
III	SELF MEM REGIONAL HEALTH CARE	GREENWOOD	GREENWOOD
III	LEXINGTON MEDICAL CENTER	LEXINGTON	W. COLUMBIA
III	PALMETTO HEALTH BAPTIST	RICHLAND	COLUMBIA
I	PALMETTO HEALTH RICHLAND	RICHLAND	COLUMBIA
III	PIEDMONT MEDICAL CTR	YORK	ROCK HILL

REGION NARRATIVE

REGION: III FISCAL YEAR: 2004

1. Unusual Characteristics: This region has a large transient summer population, particularly along the "Grand Strand." Shaw Air Force Base near Sumter has a military hospital to provide health care services for the active duty and dependents residing in this region. The inland waterway is a barrier to transportation.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only. All facilities are conforming.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: These needs are determined by psychiatric service areas. See Chapter II for discussion and calculation of needs. There are acute psychiatric beds in three facilities in this region. There is a need for additional psychiatric beds in the this area.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations. To make these services more accessible, there is some need in this region.

6. Rehabilitation Facilities: There is a need for additional rehabilitation beds in this region.

RECORD 006855

Joint Exhibit 003-0193

AREA SUMMARY

REGION	NUMBER OF FACILITIES		NUMBER OF BEDS		
	TOTAL EXISTING	TO BE MODERNIZED	TOTAL NEEDED	TOTAL EXISTING	TO BE ADDED
III					
HOSPITALS:					
CHESTERFIELD	1	0	30	59	-29
CLARENDON	1	0	60	56	4
DARLINGTON	2	0	153	215	-62
DILLON	1	0	59	79	-20
FLORENCE	5	0	865	811	54
GEORGETOWN	2	0	236	213	23
HORRY	3	0	514	484	30
MARION	1	0	155	124	31
MARLBORO	1	0	25	94	-69
SUMTER	1	0	268	248	20
WILLIAMSBURG	1	0	23	25	-2
TOTALS:	19	0	2388	2408	-20
LTC:					
CHESTERFIELD	2	0	205	204	1
CLARENDON	2	1	217	152	65
DARLINGTON	4	0	332	366	-34
DILLON	2	1	135	195	-60
FLORENCE	8	1	626	777	-151
GEORGETOWN	3	0	424	249	175
HORRY	7	0	1502	676	826
LEE	1	0	108	120	-12
MARION	2	1	168	180	-12
MARLBORO	1	1	126	110	16
SUMTER	4	1	537	428	109
WILLIAMSBURG	2	1	198	176	22
TOTALS:	38	7	4578	3633	945

REGION: III — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	HOSPITALS:											
XYZ	CHESTERFIELD GENERAL		CHESTERFIELD	CHERAW	PROP	59	59		2,263	7,408	59	34.4%
	CHESTERFIELD COUNTY		TOTAL			59	59		2,263	7,408	59	34.4%
XY	CLARENDON MEMORIAL		CLARENDON	MANNING	CO	56	56		2,643	12,569	56	61.5%
	CLARENDON COUNTY		TOTAL			56	56		2,643	12,569	56	61.5%
XYZ	CAROLINA PINES REGIONAL MEDICAL CTR	16	DARLINGTON	HARTSVILLE	NPA	116	166		7,913	31,337	116	74.0%
XYZ	WILSON MEDICAL CENTER		DARLINGTON	DARLINGTON	NPA	49	49		748	3,085	49	17.2%
	DARLINGTON COUNTY		TOTAL			165	215		8,661	34,422	165	57.2%
XYZ	SAINT EUGENE MEDICAL CENTER	7	DILLON	DILLON	NPA	79	79		4,063	13,809	79	47.9%
	DILLON COUNTY		TOTAL			79	79		4,063	13,809	79	47.9%
XYZ	CAROLINAS HOSPITAL SYSTEM	1	FLORENCE	FLORENCE	PROP	262	262		13,674	72,260	262	75.6%
XYZ	CAROLINAS HOSPITAL SYSTEM LAKE CITY		FLORENCE	LOWER FLORENCE	DIST	48	48		923	3,801	48	21.7%
XYZ	MCLEOD REGIONAL MEDICAL CENTER	2	FLORENCE	FLORENCE	NPA	336	453		23,453	111,121	336	90.6%
YZ	REGENCY HOSPITAL OF SC	1	FLORENCE	FLORENCE	PROP	28	28		342	9,251	28	90.5%
YZ	WOMEN'S CENTER CAROLINA HOSP SYSTEM		FLORENCE	FLORENCE	PROP	20	20		1,141	2,984	20	40.9%
	FLORENCE COUNTY		TOTAL			694	811		39,533	199,417	694	78.7%
XYZ	GEORGETOWN MEMORIAL HOSPITAL	8	GEORGETOWN	GEORGETOWN	NPA	131	131		7,452	35,458	142	68.4%
XYZ	WACCAMAW COMMUNITY HOSPITAL	8	GEORGETOWN	MURRELLS INLET	NPA	82	82		2,992	11,125	38.8	78.6%
	GEORGETOWN COUNTY		TOTAL			213	213		10,444	46,583	180.8	70.6%
XYZ	CONWAY HOSPITAL		HORRY	CONWAY	NPA	160	160		9,047	34,022	160	58.3%
XYZ	GRAND STRAND REGIONAL MEDICAL CENTER	5	HORRY	MYRTLE BEACH	PROP	219	219		11,032	49,757	219	62.2%
XYZ	LORIS COMMUNITY HOSPITAL		HORRY	LORIS	DIST	105	105		4,405	19,242	105	50.2%
	HORRY COUNTY		TOTAL			484	484		24,484	103,021	484	58.3%
XYZ	MARION COUNTY MEDICAL CENTER		MARION	MARION	DIST	124	124		7,695	34,753	124	76.8%
	MARION COUNTY		TOTAL			124	124		7,695	34,753	124	76.8%
	MARLBORO PARK		MARLBORO	BENNETTSVILLE	PROP	94	94		1,825	6,020	94	17.5%
	MARLBORO COUNTY		TOTAL			94	94		1,825	6,020	94	17.5%
X	SHAW AFB	3	SUMTER	SUMTER	FED		(11)		(429)	(961)		
XYZ	TUOMEY	6	SUMTER	SUMTER	NPA	248	248		7,267	61,627	248	68.1%
	SUMTER COUNTY		TOTAL			248	248		7,267	61,627	248	68.1%
XYZ	WILLIAMSBURG REGIONAL HOSPITAL	17	WILLIAMSBURG	KINGSTREE	CO	25	25		1,351	5,236	78	18.4%
	WILLIAMSBURG COUNTY		TOTAL			25	25		1,351	5,236	78	18.4%
	TOTAL					2,241	2,408		110,229	524,865	2261.8	63.6%
	MENTAL FACILITIES:											
CON	WILSON MEDICAL CENTER	2	DARLINGTON	DARLINGTON			23					

RECORD 006857

Joint Exhibit 003-0195

REGION: III — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	DARLINGTON COUNTY		TOTAL				23					
XYZ	MCLEOD REGIONAL MEDICAL CENTER	2	FLORENCE	FLORENCE	NPA	35	(35)		801	5,160	35	40.4%
	FLORENCE COUNTY		TOTAL			35	-		801	5,160	35	40.4%
XYZ	LIGHTHOUSE CARE CENTER OF CONWAY	12	HORRY	CONWAY	PROP	28	28		53	353	2.7	35.8%
	HORRY COUNTY		TOTAL			28	28		53	353	2.7	35.8%
XYZ	MARLBORO PARK		MARLBORO	BENNETSVILLE	PROP	8	8		151	1,485	8	50.9%
	MARLBORO COUNTY		TOTAL			8	8		151	1,485	8	50.9%
XYZ	TUOMEY	6	SUMTER	SUMTER	NPA	(19)	(19)		32	139	19	2.0%
	SUMTER COUNTY		TOTAL			-	-		32	139	19	2.0%
	TOTAL					43	8		984	6,784	62	30.0%
	RESIDENTIAL TRATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
YZ	PALMETTO PEE DEE RTF	4	FLORENCE	FLORENCE	PROP	59	59		82	13,967	59	64.9%
CON	LIGHTHOUSE CARE CENTER OF CONWAY	12	HORRY	CONWAY	PROP	16	16		23	1,701	16	29.1%
	TOTAL					75	75		105	15,668	75	57.2%
	DRUG AND ALCOHOL INPATIENT TREATMENT:											
	CAROLINAS HOSP SYSTEM - CEDAR TOWERS		FLORENCE	FLORENCE	PROP	4	4				4	
	CAROLINAS HOSP SYSTEM - CEDAR TOWERS		FLORENCE	FLORENCE	PROP	18	18		415	2,198	18	33.5%
	TOTAL					22	22		415	2,198	22	27.4%
	REHABILITATION FACILITIES:											
YZ	HEALTHSOUTH REHAB. HOSPITAL FLORENCE		FLORENCE	FLORENCE		88	88		1,440	25,639	88	79.8%
	CAROLINAS HOSP SYSTEM - CEDAR TOWERS	13	FLORENCE	FLORENCE	NPA	42	42		666	8,713	33.2	71.9%
	FLORENCE COUNTY		TOTAL			130	130		2,106	34,352	121.2	77.7%
YZ	GEORGETOWN MEMORIAL HOSPITAL	8	GEORGETOWN	GEORGETOWN	NPA		10					
YZ	WACCAMAW COMMUNITY HOSPITAL	8	GEORGETOWN	MURRELLS INLET	NPA	29	24		527	6,923	29	65.4%
	GEORGETOWN COUNTY		TOTAL			29	34		527	6,923	29	65.4%
	TOTAL					159	164		2,633	41,275	150	75.3%
	INPATIENT HOSPICE FACILITIES:											
CON	MCLEOD HOSPICE AND PALLIATIVE CARE	14	FLORENCE	FLORENCE	NPA	-	12					
CON	HOSPICE OF MARLBORO COUNTY	15	MARLBORO	BENNETTSVILLE	NPA	-	10					
	TOTAL					-	22		-	-	-	-

RECORD 006858

Joint Exhibit 003-0196

REGION: III

INPATIENT INVENTORY OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	LONG TERM FACILITIES:											
YZ	CHERAW HEALTHCARE		CHESTERFIELD	CHERAW	PROP	100	99		36	35,680	100	97.8%
Z	(CHESTERFIELD GENERAL HOSPITAL SNF)	11	CHESTERFIELD	CHERAW	PROP	(7)	(7)					
YZ	CHESTERFIELD CONVALESCENT CTR		CHESTERFIELD	CHERAW	PROP	104	104		42	37,308	104	98.3%
	CHESTERFIELD COUNTY		TOTAL			204	203		78	72,988	204	98.0%
YX	LAKE MARION NURSING FACILITY		CLARENDON	SUMMERTON	PROP	88	88		44	31,162	88	97.0%
YX	WINDSOR MANOR		CLARENDON	MANNING	PROP	64	43	26 cd	39	22,503	64	96.3%
	CLARENDON COUNTY		TOTAL			152	131	26	83	53,665	152	96.7%
YZ	BETHEA BAPTIST HOME		DARLINGTON	DARLINGTON	NPA	36	36		39	6,543	36	49.8%
SW	(BETHEA BAPTIST HOME)		DARLINGTON	DARLINGTON	NPA	(52)	(52)				(52)	
YZ	MEDFORD PLACE		DARLINGTON	DARLINGTON	PROP	88	88		92	31,541	88	98.2%
YZ	MORRELL MEMORIAL CONVALESCENT CTR		DARLINGTON	HARTSVILLE	PROP	154	154		99	55,290	154	98.4%
YZ	OAKHAVEN CONVALESCENT CTR		DARLINGTON	DARLINGTON	PROP	88	88		61	31,379	88	97.7%
	DARLINGTON COUNTY		TOTAL			366	366		291	124,753	366	93.4%
YZ	THE PINES	18	DILLON	DILLON	PROP	84	84		49	29,822	84	97.3%
YZ	SUNNY ACRES		DILLON	FORK	PROP	111	106	58 cd	43	39,720	111	98.0%
YZ	(ST EUGENE MEDICAL CENTER - SNF)	7	DILLON	DILLON	NPA	(13)	(13)					
	DILLON COUNTY		TOTAL			195	190	58	92	69,542	195	97.7%
YZ	CAROLINAS HOSP SYSTEM TRANS CARE UNIT		FLORENCE	FLORENCE	PROP	26	26		383	4,699	44	29.3%
YZ	COMMANDER HEALTH CARE		FLORENCE	FLORENCE	PROP	163	152		83	58,769	163	98.8%
YZ	FAITH HEALTHCARE CENTER		FLORENCE	FLORENCE	PROP	104	93		128	36,040	104	94.9%
Z	COOKE ASSOCCIATES OF FLORENCE		FLORENCE	FLORENCE	PROP	88	88	44 d	34	28,940	88	90.1%
YZ	HERITAGE HOME OF FLORENCE		FLORENCE	FLORENCE	PROP	132	132		50	47,871	132	99.4%
YZ	HONORAGE HOME OF FLORENCE		FLORENCE	FLORENCE	PROP	88	88		85	31,389	88	97.7%
YZ	LAKE CITY/SCRANTON HEALTH CARE CENTER		FLORENCE	SCRANTON	PROP	88	88		40	30,382	88	94.6%
YZ	SOUTHLAND HEALTH CARE CENTER		FLORENCE	FLORENCE	PROP	88	88	(42) cd	41	31,705	88	98.7%
	FLORENCE COUNTY		TOTAL			777	755	44	844	269,795	795	93.0%
	(GEORGETOWN MEMORIAL HOSPITAL SNF)	8	(GEORGETOWN)	(GEORGETOWN)	NPA		(10)					
CON	LAKES AT LITCHFIELD SKILLED NURSING CTR	9	GEORGETOWN	PAWLEYS ISLAND	PROP	17	17		43	1,678	17	27.0%
	(LAKES AT LITCHFIELD SKILLED NURSING CTR)	9	(GEORGETOWN)	(PAWLEYS ISLAND	(PROP	(7)	(7)					
YZ	PRINCE GEORGE HEALTHCARE CENTER		GEORGETOWN	GEORGETOWN	PROP	148	148		524	52,030	148	96.3%
YZ	WINYAH EXTENDED CARE CENTER		GEORGETOWN	GEORGETOWN	PROP	84	84		98	25,381	84	82.8%
	GEORGETOWN COUNTY		TOTAL			249	249		665	79,089	232	93.4%
Y	COVENANT TOWERS		HORRY	MYRTLE BEACH	PROP	30	30		43	7,551	30	69.0%
YZ	CONWAY NURSING CENTER		HORRY	CONWAY	PROP	190	190		148	63,419	190	91.4%
Y	GRAND STRAND HEALTH CARE		HORRY	CONWAY	PROP	88	88		145	31,226	88	97.2%
NH	(GRAND STRAND REGIONAL EXTEND CARE UNI	5	HORRY	MYRTLE BEACH	PROP	(18)	(18)		613	5,116	18	77.9%
YZ	KINGSTON NURSING CENTER		HORRY	CONWAY	PROP	88	88		396	29,689	88	92.4%
YZ	LORIS EXTENDED CARE CENTER		HORRY	LORIS	DIST	88	88		149	29,940	88	93.2%
YZ	MYRTLE BEACH MANOR		HORRY	MYRTLE BEACH	PROP	104	104		342	29,532	104	77.8%
Y	NHC HEALTHCARE GARDEN CITY		HORRY	MYRTLE BEACH	PROP	88	88		294	30,317	88	94.4%
	HORRY COUNTY		TOTAL			676	676		2,130	226,790	694	89.5%
YZ	MCCOY MEMORIAL NURSING CENTER		LEE	BISHOPVILLE	PROP	120	120		105	41,621	120	95.0%
	LEE COUNTY		TOTAL			120	120		105	41,621	120	95.0%
YZ	MARION NURSING CENTER		MARION	MARION	PROP	88	88	1 c	52	31,269	88	97.4%
YZ	MULLINS NURSING CENTER		MARION	MARION	NPA	92	92		29	33,366	92	99.4%

RECORD 006859

Joint Exhibit 003-0197

REGION: III — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	MARION COUNTY		TOTAL			180	180	1		29	33,366	92	99.4%
YZ	DUNDEE NURSING HOME		MARLBORO	BENNETTSVILLE	PROP	110	110	(24)	(a)	59	31,729	110	79.0%
Y	MARLBORO PARK HOSPITAL SNF	10	MARLBORO	BENNETTSVILLE	PROP	(7)	(7)			61	974	7	38.1%
	MARLBORO COUNTY		TOTAL			110	110			120	32,703	117	76.6%
YZ	HOPEWELL HEALTH CARE CENTER		SUMTER	SUMTER	PROP	96	96	(48)	cd	44	32,473	96	92.7%
YZ	MARINER HEALTH CARE SUMTER - EAST		SUMTER	SUMTER	PROP	176	176			219	61,486	176	95.7%
YZ	NHC HEALTHCARE SUMTER		SUMTER	SUMTER	PROP	138	138			119	44,422	138	88.2%
Y	TUOMEY HOSPITAL - SNF		SUMTER	SUMTER	NPA	18	18			475	4,746	18	72.2%
	SUMTER COUNTY		TOTAL			428	428	-		857	143,127	428	91.6%
YZ	KINGSTREE NURSING FACILITY		WILLIAMSBURG	KINGSTREE	PROP	88	88	(45)	d	64	30,686	88	95.5%
YZ	RONALD E. MCNAIR NURSING CENTER		WILLIAMSBURG	CADES	PROP	88	88			66	30,536	88	95.1%
	WILLIAMSBURG COUNTY		TOTAL			176	176	-		130	61,222	176	95.3%
	TOTAL					3,633	3,584	129		5,424	1,208,661	3571	92.7%

RECORD 006860

Joint Exhibit 003-0198

FOOTNOTES

2004 PLAN

REGION III

CON - Certificate of Need
UC - Under Construction
X - JCAH Accredited
Y - Medicare
Z - Medicaid
APP - Approved

NPA - Non Profit
ST - State
CO - County
PROP- Proprietary
N - Nursing Home
SW - Statewide Facility

1. CON issued to transfer 28 general beds to establish a 28 bed LT acute care hosp, SC-00-03 1/20/2000. NextCare licensed for 28 LT acute care beds and Carolinas Hospital licensed for 262, 7/17/01. NextCare changed name to Regency Hospital. CON issued for construction of a 4 floor addition with 98 observation beds with no change of licensed capacity, 2/20/04 SC-04-10.
2. CON issued for 105 new general beds to increase from 336 to 441 general beds 9/22/03 SC-03-53. CON issued to convert 12 psych beds to general for 453 general & transfer 23 psych beds to Wilson Med Center 1/20/04 SC-04-04.
3. Bed use restricted.
4. Exemption issued for Charter Conway to purchase the facility, 9/21/98. 18 RTF beds closed in Horry County & moved to Florence, 3/14/00. Approved for 41 additional beds for a total of 59 beds, 4/19/01. Licensed for 59 beds 4/29/02.
5. CON issued for 47 additional beds, with 18 coming from the closing of the 18 bed nursing home, for a total of 219 general beds 10/30/2000 SC-00-52. General beds increased by 18 from 172 to 190 with the de-licensing of the 18 bed nursing home 1/16/01. Licensed general beds increased from 190 to 210, 4/4/01. Licensed general beds increased from 210 to 218 10/30/01 and increased from 218 to 219 4/30/02.
6. CON issued to convert 19 psych beds to general for 248 general & 18 nursing home beds, 6/12/02 SC-02-35. Facility licensed for 248 general beds and psych beds de-licensed 9/10/02.
7. Facility closed the 13 nursing home beds 2/25/02.
8. CON issued to transfer 40 acute beds from Georgetown Memorial to construct a new 40 hosp and add a 10 bed nursing home, resulting in 102 acute & 10 nursing home beds at Georgetown Mem, SC-00-07 2/7/00. CON issued to add 19 bed rehab unit at Waccamaw, 5/26/00 SC-00-27. CON issued for 43 general beds & delete the 10 bed nursing home for a total of 145 general beds, SC-02-07, 1/9/02. CON issued for 10 additional rehab beds for a total of 29 rehab beds, 2/11/02 SC-02-15. Waccamaw Comm Hosp licensed for 40 general beds & 29 rehab beds, 10/21/02. Transfer 14 general beds from Georgetown to Waccamaw for 131 general at Georgetown & 54 general at Waccamaw, 11/10/03 SC-03-65. Waccamaw CON to add 28 acute beds for a total of 82 general & 29 rehab beds, 4/12/04 SC-04-20. CON issued to establish a 10 bed rehab unit at Georgetown by adding 5 new beds and transferring 5 rehab beds from Waccamaw, for a total licensed capacity of 82 acute beds and 24 rehab beds at Waccamaw and 131 acute beds and 10 rehab beds at Georgetown, 8/19/04 SC-04-44. Licensed general beds decreased from 142 to 131 at Georgetown and increased from 40 to 54 at Waccamaw, 8/16/04. Licensed beds at Waccamaw increased from 54 to 82 beds, 11/1/04.
9. CON issued to construct a 24 bed nursing home with 17 community beds and 7 institutional beds SC-01-72 11/13/01. Facility licensed 12/03/02.
10. Facility closed 04/8/02.

RECORD 006861

11. Facility closed 05/8/02.
12. CON issued for 16 RTF and 8 Psychiatric beds SC-02-71 11/25/02. Facility licensed for 16 RTF beds 4/29/03. Facility licensed for 8 psych beds 6/3/03. Facility licensed for 28 psych beds 1/22/04.
13. CON issued to convert 18 nursing beds to rehabilitation beds for a total of 26 nursing home beds & 42 rehabilitation beds, SC-03-20 4/15/03. Licensed 6/27/03.
14. CON issued for 12 bed inpatient hospice, 1/27/04 SC-04-08.
15. CON issued for 10 bed inpatient hospice 1/20/04 SC-04-06.
16. CON issued 7/30/04 to add 50 general beds for a total of 166 general beds, SC-04-41.
17. Exemption issued 8/2/04 E-04-46 to de-license 53 beds from 78 for a total of 25 beds in order to qualify as a Critical Access Hospital; licensed for 25 beds 9/20/04.
18. Name changed 10/25/04, formerly Dillon Healthcare, Inc. and earlier Beverly Healthcare-The Pines.

INVENTORY OF EMERGENCY FACILITIES 2004 PLAN

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2003 ER VISITS
REGION III:	EMERGENCY FACILITIES			
II	CHESTERFIELD GENERAL HOSPITAL	CHESTERFIELD	CHERAW	15,416
III	CLARENDON MEMORIAL HOSPITAL	CLARENDON	MANNING	21,342
III	WILSON MEDICAL CENTER	DARLINGTON	DARLINGTON	CLOSED
III	CAROLINA PINES REGIONAL MED CTR	DARLINGTON	HARTSVILLE	27,896
III	ST EUGENE REGIONAL MED CTR	DILLON	DILLON	22,861
III	CAROLINAS HOSPITAL SYSTEM	FLORENCE	FLORENCE	34,971
II	MCLEOD REGIONAL MED CENTER	FLORENCE	FLORENCE	58,983
III	CAROLINAS HOSPITAL SYSTEM LAKE C	FLORENCE	LAKE CITY	18,536
II	GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	GEORGETOWN	27,758
II	WACCAMAW COMMUNITY HOSPITAL	GEORGETOWN	MURRELLS INLET	11,797
II	CONWAY HOSPITAL	HORRY	CONWAY	30,821
III	LORIS COMMUNITY HOSPITAL	HORRY	LORIS	31,245
II	GRAND STRAND REGIONAL MED CTR	HORRY	MYRTLE BEACH	56,176
III	MARION COUNTY MEDICAL CENTER	MARION	MARION	23,545
III	MARLBORO PARK HOSPITAL	MARLBORO	BENNETTSVILLE	14,137
II	TUOMEY	SUMTER	SUMTER	46,836
III	WILLIAMSBURG REGIONAL	WILLIAMSBURG	KINGSTREE	13,093
			TOTAL	455,413

REGION III:	TRAUMA CENTERS		
III	CAROLINA PINES REGIONAL MED CTR	DARLINGTON	HARTSVILLE
III	CAROLINAS HOSPITAL SYSTEM	FLORENCE	FLORENCE
II	MCLEOD REGIONAL MED CENTER	FLORENCE	FLORENCE
III	CONWAY HOSPITAL	HORRY	CONWAY
III	LORIS COMMUNITY HOSPITAL	HORRY	LORIS
III	GRAND STRAND REGIONAL MED CTR	HORRY	MYRTLE BEACH
III	MARION COUNTY MEDICAL CENTER	MARION	MARION

REGION NARRATIVE

REGION: IV FISCAL YEAR: 2004

1. Unusual Characteristics: This region has a military presence in Charleston. A naval hospital provides health care services for the active duty and dependents residing in this region. A 376 bed Veterans Administration Hospital is located in Charleston. The only medical university hospital in the State is located in Charleston. The Marine Air Base and Parris Island Marine Base are located near Beaufort with naval hospital to provide care to the active duty and dependents. There are no barriers to communications in this region. The sea islands, rivers and sounds are barriers to transportation.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only. All facilities are conforming.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: These needs are determined by psychiatric service areas. See Chapter II for discussion and calculation of needs. There are acute psychiatric beds in four facilities in this region and one Federal facility. There is a need for additional psychiatric beds in this region.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations. There is a small need for additional inpatient treatment beds in this region. The William J. McCord Adolescent Treatment Center in Orangeburg County serves adolescents exclusively from throughout the state and is excluded from the calculations.

6. Rehabilitation Facilities: There is a need for additional rehabilitation beds in this region.

RECORD 006864

Joint Exhibit 003-0202

AREA SUMMARY

REGION	NUMBER OF FACILITIES		NUMBER OF BEDS		
	TOTAL EXISTING	TO BE MODERNIZED	TOTAL NEEDED	TOTAL EXISTING	TO BE ADDED
IV					
HOSPITALS:					
AIKEN	1	0	217	183	34
ALLENDALE	1	0	9	25	-16
BAMBERG	1	0	25	59	-34
BARNWELL	1	0	25	53	-28
BEAUFORT	2	0	341	288	53
BERKLY/DORCH/ CHARLESTON	7	1	1689	1669	20
COLLETON	1	0	128	131	-3
HAMPTON	1	0	17	68	-51
JASPER	1	0	0	31	-31
ORANGEBG/CALHN	1	0	208	247	-39
TOTALS:	17	1	2659	2754	-95
LTC:					
AIKEN	6	1	834	718	116
ALLENDALE	1	0	63	44	19
BAMBERG	1	0	84	88	-4
BARNWELL	3	1	128	169	-41
BEAUFORT	6	0	1050	390	660
BERKELEY	3	0	658	325	333
CALHOUN	1	0	88	120	-32
CHARLESTON	12	0	1610	1281	329
COLLETON	1	0	207	132	75
DORCHESTER	4	0	490	278	212
HAMPTON	1	0	108	104	4
JASPER	1	0	100	88	12
ORANGEBURG	4	1	519	393	126
TOTALS:	44	3	5939	4130	1809

REGION: IV — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	HOSPITALS:											
XYZ	AIKEN REGIONAL MEDICAL CENTER	23	AIKEN	AIKEN	PROP	178	183		9,541	44,858	178	69.0%
	AIKEN COUNTY		TOTAL			178	183		9,541	44,858	178	69.0%
YZ	ALLENDALE COUNTY HOSPITAL	1	ALLENDALE	FAIRFAX	CO	25	25		591	1,897	25	20.8%
	ALLENDALE COUNTY HOSPITAL		TOTAL			25	25		591	1,897	25	20.8%
XYZ	BAMBERG COUNTY MEMORIAL		BAMBERG	BAMBERG	CO	59	59		1,765	5,771	59	26.8%
	BAMBERG COUNTY		TOTAL			59	59		1,765	5,771	59	26.8%
YZ	BARNWELL COUNTY HOSPITAL		BARNWELL	BARNWELL	CO	53	53		1,394	5,335	53	27.6%
	BARNWELL COUNTY		TOTAL			53	53		1,394	5,335	53	27.6%
X	NAVAL HOSPITAL	2	BEAUFORT	BEAUFORT	FED		(64)		(1438)	(4325)		
XYZ	BEAUFORT COUNTY MEMORIAL	15	BEAUFORT	BEAUFORT	CO	153	195		9,563	40,255	130	84.8%
XYZ	HILTON HEAD REGIONAL MEDICAL CENTER		BEAUFORT	HILTON HEAD	NPA	93	93		5,719	23,456	93	69.1%
	BEAUFORT COUNTY		TOTAL			246	288		15,282	63,711	223	78.3%
XYZ	BON-SECOURS ST. FRANCIS XAVIER	4	CHARLESTON	CHARLESTON	NPA	141	141		8,326	38,579	141	75.0%
XYZ	CHARLESTON MEMORIAL HOSPITAL		CHARLESTON	CHARLESTON	CO	98	(98)		291	4,890	98	13.7%
YZ	EAST COOPER REGIONAL MEDICAL CENTER		CHARLESTON	MT PLEASANT	PROP	100	100		5,246	20,800	100	57.0%
YZ	KINDRED HOSPITAL - CHARLESTON		CHARLESTON	CHARLESTON	PROP	59	59		446	11,975	59	55.6%
XYZ	MEDICAL UNIVERSITY HOSPITAL	3	CHARLESTON	CHARLESTON	ST	466	504		29,551	128,182	466	75.4%
XYZ	ROPER HOSPITAL		CHARLESTON	CHARLESTON	NPA	414	414		15,362	93,489	414	61.9%
	(ROPER HOSPITAL NORTH)	4	(CHARLESTON)	(CHARLESTON)	NPA	(60)	(60)					
XYZ	TRIDENT MEDICAL CENTER	5	CHARLESTON	CHARLESTON	PROP	271	271		16,111	74,225	264.4	76.9%
X	RALPH H JOHNSON VETERANS MEDICAL CTR	2	CHARLESTON	CHARLESTON	FED		(197)		(3,475)	(22,192)		
	CHARLESTON COUNTY		TOTAL			1,549	1,589	-	69,333	372,140	1542.4	66.1%
XYZ	COLLETON MEDICAL CENTER	12	COLLETON	WALTERBORO	PROP	131	131		4,974	27,211	116	64.3%
	COLLETON COUNTY		TOTAL			131	131		4,974	27,211	116	64.3%
XYZ	SUMMERVILLE MEDICAL CENTER	6	DORCHESTER	SUMMERVILLE	PROP	80	80		4,860	20,817	80	71.3%
	DORCHESTER COUNTY		TOTAL			80	80		4,860	20,817	80	71.3%
YZ	HAMPTON REGIONAL MEDICAL CENTER		HAMPTON	VARNVILLE	CO	68	68		1,055	3,627	68	14.6%
	HAMPTON COUNTY		TOTAL			68	68		1,055	3,627	68	14.6%
XYZ	COASTAL CAROLINA MEDICAL CENTER	14	JASPER	HARDEEVILLE	PROP	31	31					
	(LOW COUNTRY GENERAL HOSPITAL)	14	JASPER	RIDGELAND	PROP	(31)	(31)				31	0.0%
	JASPER COUNTY		TOTAL			31	31		-	-	31	0.0%
XYZ	REGIONAL MED CTR ORANGEBURG-CALHOUN	28	ORANGEBURG	ORANGEBURG	CO	247	247		9,504	49,169	247	54.5%
	ORANGEBURG COUNTY		TOTAL			247	247		9,504	49,169	247	54.5%
	TOTAL					2,657	2,754	- -	118,299	594,536	2622.4	62.1%
	MENTAL FACILITIES:											
XYZ	AI[illegible]EGIONAL MEDICAL CENTER		AIKEN	AIKEN	PR[illegible]	29	29		1,144	7,192	29	67.9%

RECORD 006866

Joint Exhibit 003-0204

REGION: IV — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	AIKEN COUNTY		TOTAL			29	29		1,144	7,192	29	67.9%
XYZ	BEAUFORT MEMORIAL HOSPITAL	15	BEAUFORT	BEAUFORT	CO	20	14		608	3,026	20	41.5%
	BEAUFORT COUNTY		TOTAL			20	14		608	3,026	20	41.5%
XYZ	CHARLESTON MEMORIAL HOSPITAL	13	CHARLESTON	CHARLESTON	CO	15	(15)				15	0.0%
XYZ	MEDICAL UNIVERSITY HOSPITAL		CHARLESTON	CHARLESTON	ST	82	82		2,576	20,923	82	69.9%
XY	PALMETTO LOWCOUNTY BEHAVIORAL HEALTH	7	CHARLESTON	CHARLESTON	PROP	60	70		1,912	14,679	60	67.0%
XYZ	TRIDENT MEDICAL CENTER	6	CHARLESTON	CHARLESTON	PROP	(20)	(20)					
X	RALPH H JOHNSON VETERANS MEDICAL CTR		CHARLESTON	CHARLESTON	FED		(36)		(599)	(4244)		
	CHARLESTON COUNTY		TOTAL			157	152		4,488	35,602	157	62.1%
	REGIONAL MED CTR ORANGEBURG-CALHOUN		ORANGEBURG	ORANGEBURG	CO	15	15		360	2,284	15	41.7%
	ORANGEBURG COUNTY		TOTAL			15	15		360	2,284	15	41.7%
	TOTAL					221	210		5,992	45,078	221	55.9%
	RESIDENTIAL TRATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
	PALMETTO LOWCOUNTY BEHAV. HEALTH RTC		CHARLESTON	CHARLESTON	PROP	32	32		2	683	32	5.0%
	NEW HOPE SUMMERVILLE	8	SUMMERVILLE	DORCHESTER	PROP	60	60		23	17,491	52	92.2%
	TOTAL					92	92		25	18,074	84	58.9%
	DRUG AND ALCOHOL INPATIENT TREATMENT:											
	AIKEN REGIONAL MEDICAL CENTER		AIKEN	AIKEN	PROP	18	18		218	1,128	18	17.2%
	(ROPER HOSPITAL NORTH)	19	CHARLESTON	N CHARLESTON	NPA	(44)	(44)					
	PALMETTO LOWCOUNTY BEHAVIORAL HEALTH		CHARLESTON	N CHARLESTON	PROP	10	10		304	1,787	10	49.0%
	MEDICAL UNIVERSITY HOSPITAL		CHARLESTON	CHARLESTON	ST	23	23		999	5,417	23	64.5%
	TOTAL					51	51		1,521	8,332	51	44.8%
	REHABILITATION FACILITIES:											
XYZ	BEAUFORT MEMORIAL HOSPITAL	15	BEAUFORT	BEAUFORT	CO	14	(14)		330	4,417	14	86.4%
	BEAUFORT COUNTY		TOTAL			14	-		330	4,417	14	86.4%
XYZ	MEDICAL UNIVERSITY HOSPITAL	9	CHARLESTON	CHARLESTON	ST	25	(25)					
XYZ	ROPER HOSPITAL		CHARLESTON	CHARLESTON	NPA	39	39		1,099	11,150	39	78.3%
XYZ	HEALTHSOUTH CHARLESTON	10	CHARLESTON	CHARLESTON	PROP	46	46		858	14,494	42	94.5%
	CHARLESTON COUNTY		TOTAL			110	85		1,957	25,644	81	86.7%
APP	COASTAL CAROLINA MEDICAL CENTER	14	JASPER	RIDGELAND	PROP		10					
	JASPER COUNTY		TOTAL				10					
CON	REGIONAL MED CTR ORANGEBURG-CALHOUN	26	ORANGEBURG	ORANGEBURG	CO	24	24		442	7,360	24	84.0%
	ORANGEBURG COUNTY		TOTAL			24	24		442	7,360	24	84.0%

RECORD 006867

Joint Exhibit 003-0205

REGION: IV — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
	TOTAL											
	INPATIENT HOSPICE FACILITIES:											
CON	THE HOSPICE OF CHARLESTON	24	CHARLESTON	CHARLESTON	NPA	-	20				-	
	TOTAL					-	20					
	LONG TERM FACILITIES:											
YZ	ANNE MARIA REHAB & NURSING CENTER		AIKEN	N. AUGUSTA	PROP	132	132		198	46,367	132	96.2%
YZ	AZALEA WOODS		AIKEN	AIKEN	PROP	86	86		40	29,158	86	92.9%
YZ	CARRIAGE HILLS PLANTATION REHAB CTR		AIKEN	AIKEN	PROP	60	60		272	20,397	60	93.1%
YZ	MATTIE CHAFEE HALL HEALTH CARE		AIKEN	AIKEN	PROP	176	176		227	62,196	176	96.8%
YZ	NHC HEALTHCARE N. AUGUSTA		AIKEN	N. AUGUSTA	PROP	132	132		131	46,062	132	95.6%
YZ	PEPPER HILL NURSING CENTER		AIKEN	AIKEN	PROP	132	132		161	45,287	132	94.0%
	AIKEN COUNTY		TOTAL			718	718	-	1,029	249,467	718	95.2%
YZ	JOHN E HARTER NURSING HOME		ALLENDALE	FAIRFAX	CO	44	44		19	15,332	44	95.5%
	ALLENDALE COUNTY		TOTAL			44	44		19	15,332	44	95.5%
YZ	BAMBERG COUNTY MEMORIAL NURSING CTR		BAMBERG	BAMBERG	CO	88	88		52	31,605	88	98.4%
	BAMBERG COUNTY		TOTAL			88	88		52	31,605	88	98.4%
YZ	BARNWELL COUNTY NURSING HOME	17	BARNWELL	BARNWELL	CO	40	40		11	14,176	40	97.1%
Z	LAUREL BAYE HEALTHCARE OF BLACKVILLE		BARNWELL	BLACKVILLE	PROP	85	85	85 a	68	27,536	85	88.8%
YZ	LAUREL BAYE HEALTHCARE OF WILLISTON		BARNWELL	WILLISTON	PROP	44	44		83	15,006	44	93.4%
	BARNWELL COUNTY		TOTAL			169	169	85	162	56,718	169	91.9%
Y	BEAUFORT CO. MEM HOSP TRANS. CARE UNIT	15	BEAUFORT	BEAUFORT	CO	(18)	(18)		353	5,490	18	83.6%
YZ	BAYVIEW NURSING CENTER	16	BEAUFORT	BEAUFORT	PROP	170	170		224	51,461	170	82.9%
NHM	BROAD CREEK		BEAUFORT	HILTON HEAD	PROP	44	44		287	10,500	44	65.4%
Y	LIFE CARE CENTER OF HILTON HEAD		BEAUFORT	HILTON HEAD	PROP	88	88		158	30,050	88	93.6%
Y	FRASER HEALTH CENTER	20	BEAUFORT	HILTON HEAD	PROP	19	19		42	5,076	19	73.2%
SW	(FRASER HEALTH CENTER)		(BEAUFORT)	(HILTON HEAD)	PROP	(14)	(14)				(14)	
Y	HILTON HEAD HOSPITAL NURSING HOME		BEAUFORT	HILTON HEAD	NPA	(15)	(15)		47	493	3.8	35.5%
Y	PRESTON HEALTH CARE CENTER		BEAUFORT	HILTON HEAD	PROP	69	69		139	14,094	69	56.0%
SW	(PRESTON HEALTH CARE CENTER)		(BEAUFORT)	(HILTON HEAD)	PROP	(8)	(8)				(8)	
	BEAUFORT COUNTY		TOTAL			390	390		1,250	117,164	411.8	77.9%
YZ	HEARTLAND HEALTH CARE CTR - CHARLESTON	21	BERKELEY	HANAHAN	PROP	105	105		252	29,817	98	85.1%
YZ	LAKE MOULTRIE NURSING HOME		BERKELEY	ST STEPHENS	PROP	88	88		43	31,164	88	97.0%
YZ	MAGNOLIA MANOR - MONCKS CORNER		BERKELEY	MONCKS CORNER	PROP	132	132		90	39,876	132	82.8%
	BERKELEY COUNTY		TOTAL			325	325		385	100,857	316	87.4%
YZ	CALHOUN CONVALESCENT CENTER		CALHOUN	ST. MATTHEWS	PROP	120	120		85	41,631	120	95.0%
	CALHOUN COUNTY		TOTAL			120	120		85	41,631	120	95.0%
YZ	(ASHLEY CROSSING REHAB & NURS CTR)	18	CHARLESTON	CHARLESTON	NPA	(132)	(132)					
Y	BISHOP GADSDEN EPISCOPAL HOME	11	CHARLESTON	CHARLESTON	NPA	41	41		36	18,862	53	97.5%
	(BISHOP GADSDEN EPISCOPAL HOME)		CHARLESTON	CHARLESTON	NPA	(9)	(9)					
YZ	CHARLESTON NURSING CENTER	27	CHARLESTON	MT. PLEASANT	PROP	126	126		145	39,924	132	82.9%
NHM	FRANKE HEALTH CARE CENTER		CHARLESTON	CHARLESTON	NPA	24	24		61	8,479	24	96.8%
SW	(FRANKE NURSING HOME)		CHARLESTON	CHARLESTON	NPA	(20)	(20)					
YZ	GRACE HALL - REHABILITATION		CHARLESTON	MT. PLEASANT	PROP	42	42		159	13,002	42	84.8%

RECORD 006868

Joint Exhibit 003-0206

REGION: IV — INPATIENT INVENTORY — OCT.1,2002-SEPT.30,2003

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU
YZ	HERMINA TRAEYE NURSING CENTER		CHARLESTON	CHARLESTON	NPA	132	132		70	44,132	132	91.6%
YZ	DRIFTWOOD REHAB. & NURSING CENTER		CHARLESTON	CHARLESTON	PROP	160	160		369	54,512	160	93.3%
NHM	LIFE CARE CENTER - CHARLESTON		CHARLESTON	N CHARLESTON	PROP	148	148		519	52,386	148	97.0%
YZ	HEARTHLAND WEST ASHLEY REHAB & NURS CT	25	CHARLESTON	CHARLESTON	NPA	82	99		241	28,150	82	94.1%
YZ	SANDPIPER REHAB & NURSING		CHARLESTON	MT. PLEASANT	PROP	176	176		245	60,104	176	93.6%
Y	TRIDENT SKILLED NURSING CENTER	6	CHARLESTON	CHARLESTON	PROP	25	25		473	5,181	25	56.8%
CON	TRINITY MISSION HEALTH & REHAB CHARLESTC	22	CHARLESTON	CHARLESTON	PROP	132	132					
YZ	WHITE OAK MANOR - CHARLESTON		CHARLESTON	CHARLESTON	PROP	176	176		118	60,588	176	94.3%
	CHARLESTON COUNTY		TOTAL			1,284	1,281		2,436	385,320	1150	91.8%
YZ	(COLLETON REGIONAL HOSP NURSING HOME)	12	COLLETON	WALTERBORO	PROP	(15)	(15)		119	2,255	15	41.2%
YZ	OAKWOOD HEALTH CARE CTR		COLLETON	WALTERBORO	PROP	132	132		197	44,614	132	92.6%
	COLLETON COUNTY		TOTAL			132	132		316	46,869	147	87.4%
YZ	HALLMARK HEALTHCARE CTR		DORCHESTER	SUMMERVILLE	PROP	88	88		186	32,120	88	100.0%
YZ	OAKBROOK HEALTHCARE CENTER		DORCHESTER	SUMMERVILLE	PROP	88	88		101	30,343	88	94.5%
	ST GEORGE HEALTH CARE CENTER		DORCHESTER	ST. GEORGE	PROP	88	88		60	30,524	88	95.0%
YZ	SUMMERVILLE MED - SKILLED NURSING CARE (	6	DORCHESTER	SUMMERVILLE	PROP	14	14		307	3,642	20	49.9%
	DORCHESTER COUNTY		TOTAL			278	278		654	98,629	284	93.2%
Z	HARPER NURSING CENTER		HAMPTON	ESTILL	CO	104	104		133	29,073	104	76.6%
	HAMPTON COUNTY		TOTAL			104	104		133	29,073	104	76.6%
YZ	RIDGELAND NURSING CENTER		JASPER	RIDGELAND	PROP	88	88		45	29,698	88	92.5%
	JASPER COUNTY		TOTAL			88	88		45	29,698	88	92.5%
YZ	LAUREL BAYE HEALTHCARE ORANGEBURG		ORANGEBURG	ORANGEBURG	PROP	113	113		146	33,335	113	80.8%
YZ	JOLLEY ACRES HEALTHCARE CENTER		ORANGEBURG	ORANGEBURG	PROP	60	60		96	18,603	60	84.9%
YZ	ORANGEBURG NURSING HOME		ORANGEBURG	ORANGEBURG	PROP	88	88		84	30,559	88	95.1%
YZ	THE METHODIST OAKS		ORANGEBURG	ORANGEBURG	NPA	132	132		232	36,954	132	76.7%
	ORANGEBURG COUNTY		TOTAL			393	393		558	119,451	393	83.3%
	TOTAL					4,113	4,130	85	7,124	1,319,814	4032.8	89.7%

RECORD 006869

Joint Exhibit 003-0207

FOOTNOTES

2004 PLAN

REGION IV

CON - Certificate of Need
UC - Under Construction
X - JCAH Accredited
Y - Medicare
Z - Medicaid
APP - Approved

NPA - Non Profit
ST - State
CO - County
PROP- Proprietary
N - Nursing Home
SW - Statewide Facility

1. Permanent license reduction of 11 general beds from 36 to 25 to be a Critical Access hospital, 4/11/02, E-02-23. Facility licensed for 25 beds, 5/1/02.
2. Bed use restricted. Beds as reported by facility.
3. CON issued to replace and consolidate Charleston Memorial with Medical University by adding 138 beds (98 from Charleston Memorial, 15 from psych beds, 25 from conversion of rehab beds) for a total of 604 general beds 82 psych & 23 D&A beds, SC-03-60 10/14/03. See footnote #13.
4. CON issued to transfer 60 general beds from Roper North to Bon Secours St Francis for a total of 201 general beds & 44 D&A at Roper North, 8/10/2001 SC-01-37. Roper North closed and CON to transfer 60 general beds to St. Francis voided 8/27/03.
5. CON issued to convert 20 psych to 20 general for 271 general, SC-01-58, 10/10/01. Licensed psych beds no longer in use 12/6/01. Licensed for 271 general beds, 5/01/03.
6. CON issued to convert 6 nursing home beds to general for a total of 80 general & 14 nursing home beds, 05/06/02 SC-02-23. Licensed 6/26/02.
7. CON issued 10/20/04 to add 10 additional psych beds for a total of 70. SC-04-52
8. CON issued for 8 additional beds for a total of 60, SC-01-68, 11/13/01. CON SC-01-68 expired & voided, 5/13/02. CON issued for 8 additional beds for a total of 60 SC-02-66 10/8/02; licensed 9/9/04.
9. CON issued to convert rehab beds to general beds SC-03-60 10/14/03. See footnote #3.
10. CON issued to increase by 4 rehab beds from 42 to 46, 12/15/03 SC-03-78. Beds licensed 6/3/04.
11. CON issued for 9 non-community beds for a total of 53 community & 9 non-community beds, 02/19/00 SC-00-65. CON issued for 8 non-Medicaid beds to increase from 53 to 61 community & 9 non-community beds, SC-01-44, 9/14/01. Licensed 3/5/03. Exemption issued to reduce community beds from 61 to 41, 1/27/04.
12. CON issued to convert 15 nursing beds to hospital beds for 131 general beds, 1/29/03 SC-03-04; hospital beds licensed 4/20/03 and nursing home beds closed.
13. CON issued to convert psych beds to general beds SC-03-60 10/14/03. See footnote #3.
14. E-01-10 change of ownership and name of the facility to Jasper County Hospital, 3/6/01. CON issued to replace existing 31 general hospital beds plus add 10 rehab beds, 5/28/02 SC-02-29, licensed 12/1/04.
15. Approved for 65 additional general beds by converting 6 psych, 18 nursing home, 14 rehab & conversion of 27 private to semi-private for 195 general & 14 psych beds 6/8/04 SC-04-29. Transitional Care Unit (18 beds closed), 5 new general beds licensed for a total of 153 general beds, 20 psychiatric beds & 14 rehabilitation beds, 7/28/04.
16. Exemption issued to permanently 12 beds from 182 to 170, E-02-01 1/8/02. Licensed beds reduced to 170, 2/7/02.

RECORD 006870

17. CON issued to replace the existing 40 bed facility, 7/13/2001 SC-01-30.
18. Facility closed 132 nursing home 2/8/02.
19. Facility closed 44 A&D beds, 4/5/02.
20. Permanent reduction of 11 community nursing home beds, resulting in 14 institutional and 19 community beds, E-02-56 9/4/02. Licensed for 33 beds, 14 institutional & 19 community 4/21/03.
21. CON issued for 9 non-Medicaid beds for a total of 105, SC-02-73 12/20/02. Licensed for 105 beds 1/8/04.
22. CON issued for 132 non-Medicaid beds, SC-03-25 5/13/03. Facility licensed for 44 beds 1/29/04. Licensed for 132 beds 4/21/04.
23. CON issued for 5 additional general acute beds for a total of 183, SC-03-37 6/13/03.
24. CON issued for 20 bed inpatient Hospice SC-03-51 9/12/03.
25. CON issued 5/12/04 to convert 17 CRCF beds to non-Medicaid nursing beds for a total of 99 nursing home beds SC-04-27.
26. Licensed general beds decreased from 271 to 247 when licensed for 24 rehabilitation beds.
27. Licensed beds decreased from 132 to 126, 12/30/04.

RECORD 006871

INVENTORY OF EMERGENCY FACILITIES 2004 PLAN

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2003 ER VISITS
REGION IV:	EMERGENCY FACILITIES			
II	AIKEN REGIONAL MEDICAL CTR	AIKEN	AIKEN	46,773
IV	ALLENDALE COUNTY HOSPITAL	ALLENDALE	FAIRFAX	9,119
III	BAMBERG CO MEMORIAL HOSPITAL	BAMBERG	BAMBERG	9,327
III	BARNWELL COUNTY HOSPITAL	BARNWELL	BARNWELL	11,647
III	BEAUFORT CO MEMORIAL HOSPITAL	BEAUFORT	BEAUFORT	35,186
II	HILTON HEAD REGIONAL MED CTR	BEAUFORT	HILTON HEAD	22,717
II	BON SECOURS ST FRANCIS XAVIER	CHARLESTON	CHARLESTON	34,308
II	CHARLESTON MEMORIAL HOSPITAL	CHARLESTON	CHARLESTON	15,842
II	EAST COOPER REGIONAL MED CTR	CHARLESTON	MT PLEASANT	16,437
II	TRIDENT MEDICAL CENTER	CHARLESTON	CHARLESTON	59,040
II	ROPER HOSPITAL	CHARLESTON	CHARLESTON	71,192
II	ROPER HOSPITAL NORTH	CHARLESTON	CHARLESTON	5,700
(*)	MUSC MEDICAL CENTER	CHARLESTON	CHARLESTON	35,375
III	COLLETON MEDICAL CENTER	COLLETON	WALTERBORO	21,711
II	SUMMERVILLE MEDICAL CENTER	DORCHESTER	SUMMERVILLE	33,078
III	HAMPTON REGIONAL MED CTR	HAMPTON	VARNVILLE	9,062
III	LOW COUNTRY GENERAL HOSPITAL	JASPER	RIDGELAND	7,743
II	REG MED CTR ORANGEBURG-CALHOUI	ORANGEBURG	ORANGEBURG	46,704
			TOTAL	490,961

(*) Met insufficient criteria to be classified.

REGION IV:	TRAUMA CENTERS		
III	AIKEN REGIONAL MEDICAL CTR	AIKEN	AIKEN
III	BEAUFORT CO MEMORIAL HOSPITAL	BEAUFORT	BEAUFORT
III	HILTON HEAD HOSPITAL	BEAUFORT	HILTON HEAD
I	MUSC MEDICAL CENTER	CHARLESTON	CHARLESTON
III	ROPER HOSPITAL	CHARLESTON	CHARLESTON
III	BON SECOURS ST FRANCIS XAVIER	CHARLESTON	CHARLESTON
III	TRIDENT MEDICAL CENTER	CHARLESTON	CHARLESTON
III	REG MED CTR ORANGEBURG-CALHOUI	ORANGEBURG	ORANGEBURG

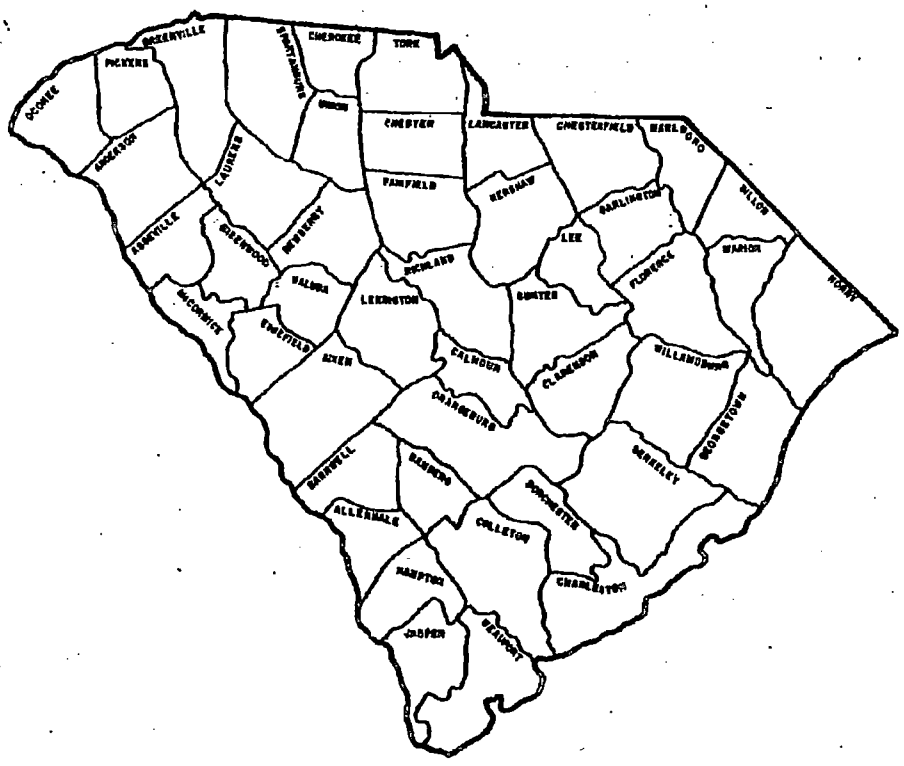
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South Carolina Department of Health and Environmental Control

2008-2009

South Carolina Health Plan



South Carolina State Health Planning Committee
South Carolina Department of Health and Environmental Control

Effective September 12, 2008

SOUTH CAROLINA STATE HEALTH PLANNING COMMITTEE

Member	Representing
Gerald A. Wilson, M.D. Chairman	Provider
Douglas W. Bowling	Provider
Langdon A. Hartsock, M.D.	Provider
Thomas Little Robinson, M.D.	Provider
James E. Armbruster	Finance/ Insurance
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Roger Leaks, Jr.	Consumer
Charles D. Lindley	Consumer
Edward D. Tinsley, III	Consumer
Elliott F. Elam, Jr.	Consumer Affairs Representative (Ex-Officio)
Coleman F. Buckhouse, M.D.	DHEC Board Representative

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TABLE OF CONTENTS

		Page
Chapter I.	Introduction	I-1
	Legal Basis	I-2
	Purpose	I-2
	Health Planning Committee	I-2
	Relationship With Other Agencies	I-2
	Standards of Construction and Equipment	I-3
	Standards for Maintenance and Operation	I-3
	State Certification of Need and Health Facility Licensure Act	I-3
	Relative Importance of Project Review Criteria	I-4
	Interpretation of the Plan	I-4
	Safety of Patient Care	I-4
Chapter II.	Planning Regions and Facility Categories	II-1
	Inventory Regions and Service Areas	II-2
	Exceptions to Service Area Standards	II-2
	Identification of Inventory Regions	II-3
	Estimated State Civilian Population	II-4
	Patient Statistics	II-4
	Facility Information and Plan Cut-Off Date	II-4
	Categories of Facilities and Services	II-4
	General Medical Facilities and Services	II-4
	General Hospitals	II-4
	Calculation of Need	II-12
	Occupancy Rates	II-21
	Long-Term Care Hospitals	II-22
	Critical Access Hospitals	II-25
	Obstetrical and Neonatal Services	II-27
	Obstetrical Services	II-27
	Neonatal Services	II-32
	Pediatric Inpatient Services	II-38
	Cardiovascular Care	II-39
	Cardiac Catheterization	II-42
	Open Heart Surgery	II-52
	Megavoltage Radiotherapy & Radiosurgery	II-59
	Radiotherapy	II-64
	Stereotactic Radiosurgery	II-69
	Positron Emission Tomography (PET) & PET/CT Scanners	II-71
	Outpatient Facilities	II-75
	Ambulatory Surgical Facility	II-75
	Emergency Hospital Services	II-84
	Trauma Referral System	II-85

TABLE OF CONTENTS (CONTINUED)

		Page
	Community Psychiatric Beds	II-87
	State Mental Health Facilities	II-87
	Psychiatric Hospital Beds	II-87
	Inpatient Crisis Stabilization Beds.	II-87
	Psychiatric Bed Utilization	II-90
	Bed Need Calculations	II-91
	Residential Treatment Facilities for Children and Adolescents	II-93
	Alcohol and Drug Abuse Facilities	II-96
	Medical Detoxification Bed Need	II-97
	Inpatient Treatment Bed Need	II-100
	Narcotic Treatment Programs.	II-103
	Rehabilitation Facilities	II-105
	Long Term Care Facilities and Services	II-108
	Nursing Facilities	II-108
	Medicaid Nursing Home Permits.	II-111
	Bed Need Calculations.	II-112
	Bed Need Summary (Map)	II-113
	Mental Retardation Facilities	II-115
	Institutional Nursing Facility (Retirement Community)	II-117
	Hospice Facilities and Programs	II-118
	Swing Beds.	II-120
	Home Health Agencies	II-122
	Continuing Care Retirement HHAs.	II-124
	Need Calculations	II-126
	Home Health Utilization 1980-2006.	II-127
	Utilization by Agency	II-128
Chapter III.	Program of Each Region	III-1
	Statewide Region Narrative.	III-2
	Inventory of Inpatient Facilities	III-3
	Region I Narrative	III-9
	Inventory of Inpatient Facilities	III-10
	Emergency Facilities & Trauma Centers	III-15
	Region II Narrative	III-16
	Inventory of Inpatient Facilities	III-17
	Emergency Facilities & Trauma Centers	III-23
	Region III Narrative	III-24
	Inventory of Inpatient Facilities	III-25
	Emergency Facilities & Trauma Centers	III-30
	Region IV Narrative	III-31
	Inventory of Inpatient Facilities	III-32
	Emergency Facilities & Trauma Centers	III-37

CHAPTER I

INTRODUCTION

Legal Basis

Purpose

Health Planning Committee

Relationship with Other Agencies

Standards of Construction and Equipment

Standards for Maintenance and Operation

State Certification of Need and Health Facility Licensure Act

Relative Importance of Project Review Criteria

Interpretation of the Plan

Safety of Patient Care

CHAPTER I

INTRODUCTION

A. Legal Basis:

Section 44-7-180 of the South Carolina Code of Laws requires the Department of Health and Environmental Control, with the advice of the S.C. State Health Planning Committee, to prepare a State Health Plan for use in the administration of the Certificate of Need Program.

B. Purpose:

The South Carolina Health Plan outlines the need for medical facilities and services in the State. This document is used as one of the criteria for reviewing projects under the Certificate of Need Program.

C. Health Planning Committee:

This committee is composed of fourteen members. Twelve are appointed by the Governor with at least one member from each congressional district. Health care consumers, health care financiers, including business and insurance, and health care providers are equally represented. One member is appointed by the Chairman of the Board of Health and Environmental Control and the State Consumer Advocate is an ex-officio member. The State Health Planning Committee will review the South Carolina Health Plan and submit it to the Board of Health and Environmental Control for final revision and adoption.

D. Relationship With Other Agencies:

The Department has received consultation and advice from a number of State Agencies, including the Department of Mental Health, Department of Disabilities and Special Needs, Vocational Rehabilitation Department, Department of Social Services, Department of Alcohol and Other Drug Abuse Services, Continuum of Care for Emotionally Disturbed Children, and the Department of Health and Human Services, during the development of this plan including the collection and analysis of data. Other organizations affected under the program, such as the S.C. Hospital Association, the S.C. Home Care Association and the S.C. Health Care Association, have been consulted as the need arises. The Department wishes to express its appreciation for their assistance.

The Department is conscious that the ultimate responsibility for administering this program cannot be shared with any individual or organization; however, it does recognize the valuable contributions that can be made by other interested organizations and individuals. For that reason it will be the policy to actively seek cooperation and guidance from anyone who wishes to comment on this plan.

E. Standards of Construction and Equipment:

Construction of health care facilities will comply with the Standards for Licensing as promulgated by the S.C. Department of Health and Environmental Control.

F. Standards for Maintenance and Operation:

Pursuant to the "State Certification of Need and Health Facility Licensure Act," the Division of Health Licensing within the Department of Health and Environmental Control (DHEC) is designated as the responsible agency for the administration and enforcement of basic standards for maintenance and operation of health care facilities and services in South Carolina.

G. State Certification of Need and Health Facility Licensure Act:

1. The purpose of the State Certification of Need and Health Facility Licensure Act as amended is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services that will best serve public needs, and ensure that high quality services are provided in health facilities in this State.

2. This law requires the:

   (1) issuance of a Certificate of Need prior to the undertaking of any project prescribed by this article;

   (2) adoption of procedures and criteria for submittal of an application and appropriate review prior to issuance of a Certificate of Need;

   (3) preparation and publication of a State Health Plan, with the advice of the health planning committee; and

   (4) licensure of facilities rendering medical, nursing and other health care.

3. An applicant desiring a Certificate of Need for a health-related facility or service or any specific or general information pertaining to the law or its application may contact the Bureau of Health Facilities and Services Development, DHEC, at their mailing address: 2600 Bull Street, Columbia, South Carolina, 29201. The telephone number is (803) 545-4200; fax number is (803) 545-4579.

4. A copy of S.C. Department of Health and Environmental Control Regulation No. 61-15, Certification of Need for Health Facilities and Services, may be obtained from the above address, or accessed on the internet through www.scdhec.net.

H. Relative Importance of Project Review Criteria:

A general statement has been added to each section of Chapter II stating the project review criteria considered to be the most important in reviewing certificate of need applications for each type of facility, service, and equipment. These criteria are not listed in order of importance, but sequentially as found in Chapter 8 of Regulation No. 61-15, Certification of Need for Health Facilities and Services. In addition, a finding has been made in each section as to whether the benefits of improved accessibility to each such type of facility, service and equipment may outweigh the adverse affects caused by the duplication of any existing facility, service or equipment.

I. Interpretation of the Plan:

The criteria and standards set forth in the Plan speak for themselves, and each section of the Plan must be read as a whole.

J. Safety of Patient Care:

There is both local and national concern regarding issues of patient safety in the delivery of health care services. Organizations such as the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and the Leapfrog Group have focused attention upon the quality of health care services, particularly in relation to patient safety. These issues include but are not limited to reduction of medical errors, elimination of wrong-patient/wrong-procedure surgical errors, reduction of medication errors and reducing the risk of health care-acquired infections. The Department of Health and Environmental Control shares this serious concern. Therefore, an applicant for a CON may be requested to provide specific detailed information related to patient safety and quality concerning specific services or programs. Through the use of benchmark data from mySChospitals.com, hospitalcompare.hhs.gov, leapfroggroup.org, or other sources, the applicant will document how its quality of care on the available measures compares to state, regional, or national averages.

CHAPTER II

PLANNING REGIONS AND FACILITY CATEGORIES

Inventory Regions and Service Areas
Exceptions to Service Area Standards
Identification of Inventory Regions
Estimated State Civilization Population
Patient Statistics
Facility Information and Plan Cut-Off Date
Categories of Facilities & Services
- General Medical Facilities and Services
  - General Hospitals
  - General Hospitals – Bed Supply
  - General Hospitals – Occupancy
  - Long-Term Care Hospitals
  - Critical Access Hospitals
  - Obstetrical & Neonatal Services
    - Obstetrical Services
    - Neonatal Services
  - Pediatric Inpatient Services
  - Cardiovascular Care
    - Cardiac Catheterization
    - Open Heart Surgery
  - Megavoltage Radiotherapy & Radiosurgery
    - Radiotherapy Equipment
    - Radiosurgery Equipment
  - Positron Emission Tomography (PET) & PET/CT
  - Outpatient Facilities
    - Ambulatory Surgical Facility
    - Emergency Hospital Services
    - Trauma Referral System
  - Community Psychiatric Beds
    - Crisis Stabilization Beds
  - Residential Treatment Facilities for Children & Adolescents
  - Alcohol & Drug Abuse Facilities
    - Medical Detoxification
    - Inpatient Treatment
    - Narcotic Treatment Programs
  - Rehabilitation Facilities
  - Long-Term Care Facilities & Services
    - Nursing Facilities
    - Medicaid Nursing Home Permits
    - Mental Retardation Facilities
    - Retirement Community Nursing Homes (Restricted Beds)
    - Hospice Programs
  - Home Health Agencies

CHAPTER II

PLANNING REGIONS AND FACILITY CATEGORIES

A. Inventory Regions and Service Areas:

This State Plan has adopted four regions and one statewide category for the purpose of inventorying health facilities and services as specified in Section C. below. These regions, based on existing geographic, trade and political areas, are a practical method of administration.

The needs for hospital beds are based on the utilization of individual facilities. Nursing home and home health service needs are projected by county. The needs for acute psychiatric services, alcohol and drug abuse services, comprehensive rehabilitation services, and residential treatment centers for children and adolescents are based on various service areas and utilization methodologies specified herein. Institutions serving a restricted population throughout the state are planned on a statewide basis. The needs for most services (cardiac catheterization, open heart surgery, etc.) are based upon the service standard, which is a combination of utilization criteria and travel time requirements. Each service standard constitutes the service area for that particular service.

Any service area may cross multiple administrative, geographic, trade and/or political boundaries. It is recognized that due to factors which may include availability, accessibility, personal or physician preferences, insurance and managed care contracts or coverage, or other reimbursement issues, patients may seek and receive treatment outside the county or inventory region in which they reside and/or outside of the state. Therefore, service areas may specifically cross inventory regions and/or state boundaries. The need for a service is analyzed by an assessment of existing resources and need in the relevant service area, along with other factors set forth in this Plan and applicable statutes and regulations.

B. Exceptions to Service Area Standards:

It must be recognized that the health care delivery system is in a state of evolution both nationally and in South Carolina. Due to the health reform movement, we are seeing a number of health care facilities consolidating and establishing provider networks in order to better compete for contracts within the new environment. This is particularly important for the smaller, more rural, facilities that run the risk of being bypassed by insurers and health care purchasers looking for the availability of comprehensive health care services for their subscribers.

Given the changing nature of the health care delivery system, affiliated hospitals may sometimes desire to transfer or exchange specific technologies in order to better meet an identified need. Affiliated hospitals are defined as being two or more health care facilities, whether inpatient or outpatient, owned, leased, sponsored, or who have a formal legal relationship with a central organization and whose relationship has been established for reasons other than for transferring beds, equipment or services. There may be certain instances where such a transfer or exchange of acute services could be accomplished in a cost-effective manner and result in a more efficient allocation of

health care resources. This transfer or exchange of services applies to both inpatient and outpatient services; however, such transfers or exchanges could only occur between facilities within the same licensing category. A Certificate of Need would be required to achieve the transfer or exchange of services. In order to evaluate a proposal for the transfer or exchange of any health care technology reviewed under the Certificate of Need program, the following criteria must be applied to it:

(1) A transfer or exchange of services may be approved only if there is no overall increase in the number or amount of such services;

(2) Although such transfers may cross county or service area lines, the facilities must be located within the one-way driving time established for the proposed service of each other, as determined by the Department;

(3) The facility receiving the service must demonstrate the need for the additional capacity based on both historical and projected utilization patterns;

(4) The applicants must explain the impact of transferring the technology on the health care delivery system of the county and/or service area from which it is to be taken; any negative impacts must be detailed along with the perceived benefits of the proposal;

(5) The facility giving up the service may not use the loss of such services as justification for a subsequent request for the approval of establishment of such service;

(6) A written contract or agreement between the governing bodies of the affected facilities approving the transfer or exchange of services must be included in the Certificate of Need process;

(7) Each facility giving up a service must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.

C. Identification of Inventory Regions:

The inventory regions are designated as follows:

Region	Counties
I	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg, and Union.
II	Abbeville, Chester, Edgefield, Fairfield, Greenwood, Kershaw, Lancaster, Laurens, Lexington, McCormick, Newberry, Richland, Saluda and York.
III	Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter and Williamsburg.

IV Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper and Orangeburg.

D. Estimated State Civilian Population:

This Plan has been developed using the estimated civilian population of 4,263,980 for 2006 and projected population of 4,583,130 for 2013 where these projections were required for calculations. All population data (county, planning area, and statewide) were computed by the State Budget and Control Board, Division of Research and Statistical Services, in cooperation with the U.S. Bureau of Census. The Governor has designated the above agency as the official source of all population data to be used by state agencies.

E. Patient Statistics:

Patient statistics in the Plan are based on the 2006 Fiscal Year for health care facilities.

F. Facility Information and Plan Cut-Off Date:

Only those facilities reviewed under the Certificate of Need program are included in the inventory. The cut-off date for inclusion of information in this Plan was September 1, 2008.

G. Categories of Facilities and Services:

1. General Medical Facilities and Services

(A) General Hospitals

(1) Definitions:

(a) A "hospital" means a facility organized and administered to provide overnight medical or surgical care or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

(b) "Hospital beds" means a bed for an adult or child patient. Bassinets for the newborn in a maternity unit nursery, beds in labor rooms, recovery rooms, and other beds used exclusively for emergency purposes are not included in this definition.

(2) Bed Capacity is as follows:

(a) For existing beds, capacity is considered bed space designated exclusively for inpatient care, including space originally designed or remodeled for inpatient beds even though temporarily not used for such purposes. The number of beds counted in

any patient room is the maximum number for which adequate square footage is provided, except that single beds in single rooms have been counted even if the room contained inadequate square footage.

Adequate square footage is defined as:

100 square feet in single rooms;
80 square feet per bed or pediatric crib in multi-bed rooms;
40 square feet per bassinet in pediatric nurseries.

In measuring the square footage of patient rooms for the purpose of determining bed capacity, only the net usable space in the room was considered. Space in toilet rooms, washrooms, closets, vestibules, and corridors was not included.

(b) For facilities constructed under the Certificate of Need program, bed capacity will be as stated in the certificate, regardless of oversize room construction.

(c) For Areas Included:

1. Bed space in all nursing units, including: (1) intensive care unit and (2) minimal or self-care units.
2. Isolation units.
3. Pediatric units, including: (1) pediatric bassinets and (2) incubators located in the pediatric department.
4. Observation units equipped and staffed for overnight use.
5. All space designated for inpatient bed care even if currently closed or assigned to easily convertible, non-patient uses such as administration offices or storage.
6. Space in areas originally designed as solaria, waiting rooms, offices, conference rooms and classrooms that have necessary fixed equipment and are accessible to a nurses' station exclusively staffed for inpatient care.
7. Bed space under construction if planned for immediate completion (not an unfinished "shell" floor).

(d) For Areas Excluded:

1. Newborn nurseries in maternity department.
2. Labor rooms.
3. Recovery rooms.
4. Emergency units.
5. Preparation or anesthesia induction rooms.
6. Rooms used for diagnostic or treatment procedures unless originally designed for patient care.
7. Hospital staff bed areas, including accommodations for on-call staff unless originally designed for patient care.

8. Corridors.
9. Solaria, waiting rooms and such which are not permanently set aside, equipped and staffed exclusively for inpatient bed care.
10. Unfinished space (shell) {an area that is finished except for movable equipment shall not be considered unfinished space}.
11. Psychiatric, substance abuse and comprehensive rehabilitation units of general hospitals are a separate category of bed utilizing the same criteria outlined for general acute beds.

(3) Inventory:

(a) All licensed general hospitals, including Federal facilities, are listed in the inventory. Patient days and admissions are as reported by the hospital. The number of patient days utilized for the general hospital bed need calculations does not include days of care rendered in licensed psychiatric units, substance abuse units, or comprehensive rehabilitation units of hospitals. These days of care are shown in the corresponding inventories for each type of service. In addition, the days of care provided in Long Term Care hospitals are not included in the general bed need calculations.

(b) Total capacity by survey refers to a total designed capacity or maximum number of beds that may be accommodated as determined by an on-site survey. This capacity may exceed the number of beds actually set up and in use. It may also differ from the licensed capacity, which is based on State laws and regulations. Beds have been classified as conforming and nonconforming according to standards of plant evaluation, such as:

1. Fire-resistivity of each building.
2. Fire and other safety factors of each building.
3. Design and structural factors affecting the function of nursing units.
4. Design and structural factors affecting the function of service departments.

(4) Narrative: General Hospital Beds

The General Acute Hospital bed need methodology is based on analyses including historical utilization; nationally recognized bed need methodologies; and consideration of the physical characteristics of hospitals in the State. Based upon these analyses, variable occupancy rate factors were developed, as follows:

0-174 bed hospitals, 65%;
175-349 bed hospitals, 70%; and
350+ bed hospitals, 75%.

The population and associated utilization is broken down by age groups. The use rates and projected average daily census are made for the age cohorts of 0-17, 18-64, and 65 and over, recognizing that different population groups have different hospital utilization rates. For some hospitals, different age groups were used based on the data provided by the facility.

It should be noted that, throughout the Plan where the term "hospital bed need" is specified, these figures are actually based upon demand or utilization data for the general acute hospitals. Use of these planning factors is not intended to stem initiative or to suggest that facilities cannot operate at more efficient levels than used in the calculations without additional beds.

The methodology for calculating bed need is as follows:

(a) Calculations of bed need are made for individual hospitals, because of the differing occupancy factors used for individual facilities, and then summed by county to get the overall county bed need.

(b) 1. Multiply the current facility use rate by age cohort by the projected population by age cohort (in thousands) and divide by 365 to obtain a projected average daily census by age cohort.

2. Divide the sum of the age cohort projected facility average daily census by the variable occupancy (.65/.70/.75) to determine the number of beds needed to meet the area's need.

(c) The number of additional beds needed or excess beds is obtained by subtracting the number of existing beds from the bed need.

(d) If a county indicates a surplus of beds, then no additional beds will be approved unless an individual hospital in the county indicates a need for additional beds. Should an individual hospital indicate a need for additional beds, then a maximum of the actual projected bed need or up to 50 additional beds may be approved for that hospital to allow for the construction of an economical unit at either the existing hospital site or another site, if the existing hospital is relocating or has relocated in whole or in part to that site. The hospital requesting the addition must document the need for additional beds beyond those indicated as needed by the methodology stated above, based on historical and projected utilization, as well as projected population growth or other factors demonstrating the need for the proposed beds. Additional beds will only be approved for the specific hospital indicating a need.

(e) If there is a need for additional hospital beds in the county, then any entity may apply to add these beds within the county, and any entity may be awarded the Certificate of Need for these beds. If the number of beds needed is less than 50, then up to a total of 50 beds could be approved for any entity at any location within the county. An applicant requesting additional beds beyond those indicated as needed by the

methodology stated above, must document the need for additional beds based on historical and projected utilization, floor plan layouts, projected population growth that has not been considered in this Plan or other factors demonstrating the need for the proposed beds. It is up to the applicant to document the need and the potential negative impact on the existing facilities.

(f) No additional hospitals will be approved unless they are a general hospital and will provide:

1. A 24-hour emergency services department, and meet the requirements to be a Level III emergency service as defined in Regulation 61-16 Sec. 613 Emergency Services.

2. Inpatient medical services to both surgical and non-surgical patients, and

3. Medical and surgical services on a daily basis within at least 6 of the major diagnostic categories as recognized by Centers for Medicare and Medicaid Services (CMS), as follows:

MDC 1: Diseases and disorders of the nervous system
MDC 2: Diseases and disorders of the eye
MDC 3: Diseases and disorders of the ear, nose, mouth and throat
MDC 4: Diseases and disorders of the respiratory system
MDC 5: Diseases and disorders of the circulatory system
MDC 6: Diseases and disorders of the digestive system
MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
MDC 8: Diseases and disorders of the muscoskeletal system and connective tissue
MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
MDC 10: Endocrine, nutritional and metabolic diseases and disorders
MDC 11: Diseases and disorders of the kidney and urinary tract
MDC 12: Diseases and disorders of the male reproductive system
MDC 13: Diseases and disorders of the female reproductive system
MDC 14: Pregnancy, childbirth and the puerperium
MDC 15: Newborns/other neonates with conditions originating in the prenatal period
MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
MDC 18: Infectious and parasitic diseases
MDC 19: Mental diseases and disorders
MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
MDC 21: Injury, poisoning and toxic effects of drugs
MDC 22: Burns

MDC 23: Factors influencing health status and other contact with health services
MDC 24: Multiple significant traumas
MDC 25: Human immunodeficiency virus infections

Any applicant for a new hospital must provide a written commitment that the facility will accept Medicare and Medicaid patients, and that un-reimbursed services for indigent and charity patients are provided at a percentage which meets or exceeds other hospitals in the service area.

(g) In some areas of South Carolina, there is a considerable influx of tourists who are not counted in the permanent population. If an individual hospital in these areas can document and demonstrate the need for additional beds due to non-resident (tourist) population, and seasonal utilization fluctuations due to this population, then the Department may approve some additional beds at the existing hospital based on further analysis.

(h) Should a hospital request additional beds due to the deletion of services at a Federal facility that results in the immediate impact on the utilization of the hospital, then additional beds may be approved at the affected hospital. The impacted hospital must document this increase in demand and explain why additional beds are needed to accommodate the care of patients previously served at a Federal facility. Based on the analysis of utilization provided by the affected hospital, the Department may approve some additional hospital beds to accommodate this immediate need.

(i) Because of the low utilization and the low capital cost of converting hospital-based nursing home, psychiatric and/or substance abuse beds to general acute care hospital beds, the following policies may apply:

1. Hospitals that have licensed nursing home beds within the hospital may be allowed to convert these nursing home beds to acute care hospital beds only within the hospital provided the hospital can document an actual need for these additional acute care beds. This will be based on actual utilization using current information. A CON is required for this conversion.

2. Existing general hospitals that have inpatient psychiatric, rehabilitation, or substance abuse beds may be allowed to convert these specialty beds to acute care hospital beds regardless of the projected need for general acute care hospital beds, provided a Certificate of Need is received.

(j) Changes in the delivery system due to health care reform have resulted in the consolidation of facilities and the establishment of provider networks. These consolidations and agreements may lead to situations where affiliated hospitals may wish to transfer beds between themselves in order to serve their patients in a more efficient manner. A proposal to transfer or exchange hospital beds requires a Certificate of Need and must comply with the following criteria:

1. A transfer or exchange of beds may be approved only if there is no overall increase in the number of beds;

2. Such transfers may cross county lines; however, the applicants must document with patient origin data the historical utilization of the receiving facility by residents of the county giving up beds;

3. Should the response to Criterion 2 fail to show a historical precedence of residents of the county transferring the beds utilizing the receiving facility, the applicants must document why it is in the best interest of these residents to transfer the beds to a facility with no historical affinity for them;

4. The applicants must explain the impact of transferring the beds on the health care delivery system of the county from which the beds are to be taken; any negative impacts must be detailed along with the perceived benefits of such an agreement;

5. The facility receiving the beds must demonstrate the need for the additional capacity based on both historical and projected utilization patterns;

6. The facility giving up the beds may not use the loss of these beds as justification for a subsequent request for the approval of additional beds;

7. A written contract or agreement between the governing bodies of the affected facilities approving the transfer or exchange of beds must be included in the Certificate of Need application;

8. Each facility giving up beds must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.

(k) Factors to be considered regarding modernization of facilities should include:

1. Functional arrangement of the facility as it relates to efficient handling of patients and related workloads.
2. The ability to update medical technology within the existing plant.
3. Existence of The Joint Commission (TJC) deficiencies or "grandfathered" licensure deficiencies.
4. Cost efficiency of the existing physical plant versus plant revision, etc.
5. Private rooms are now considered the industry standard.

(l) Each modernization proposal must be evaluated on the basis of merit, cost efficiency, and impact on health delivery and status within the service area.

The following pages depict the calculation of hospital bed need as described earlier.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Acceptability;
e. Financial Feasibility;
f. Cost Containment; and
g. Adverse Effects on Other Facilities.

General hospital beds are located within approximately thirty (30) minutes travel time for the majority of the residents of the State and current utilization and population growth are factored into the methodology for determining general hospital beds. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for these beds.

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
REGION I									
ANMED HEALTH MEDICAL CENTER	<18	42,240	43,370	2,734	8				
	18-64	107,660	114,030	41,368	120				
	+65	23,810	27,760	37,111	118				
	TOTAL	173,710	185,160	81,213	246	0.75	329	423	-94
ANMED WOMEN'S & CHILDRENS HOSPITAL	<18	42,240	43,370	318	1				
	18-64	107,660	114,030	4,811	14				
	+65	23,810	27,760	4,101	13				
	TOTAL	173,710	185,160	9,230	28	0.65	44	72	-28
ANDERSON COUNTY TOTAL							373	495	-122
UPSTATE CAROLINA MEDICAL CENTER	<18	14,350	15,050	1,014	3				
	18-64	34,390	37,050	9,024	27				
	+65	6,650	7,650	7,431	23				
	TOTAL	55,390	59,760	17,469	53	0.65	82	125	-43
CHEROKEE COUNTY TOTAL							82	125	-43
ALLEN BENNETT / GREER MEMORIAL HOSP	<18	97,810	100,960	103	0				
	18-64	258,150	280,240	6,796	20				
	+65	46,370	54,180	7,595	24				
	TOTAL	402,330	435,380	14,494	45	0.65			
GREENVILLE MEMORIAL MEDICAL CENTER	<18	97,810	100,960	14,875	42				
	18-64	258,150	280,240	104,127	310				
	+65	46,370	54,180	73,643	236				
	TOTAL	402,330	435,380	192,645	588	0.75			
ALLEN BENNETT/GREER MEMORIAL & GREENVILLE MEMORIAL MEDICAL CTR & GREENVILLE HOSP SYSTEM - PATEWOOD	#1 TOTAL						852	900	-48
HILLCREST MEMORIAL HOSPITAL	<18	97,810	100,960	18	0				
	18-64	258,150	280,240	4,255	13				
	+65	46,370	54,180	5,366	17				
	TOTAL	402,330	435,380	9,639	30	0.65	46	43	3
SAINT FRANCIS - DOWNTOWN	<64	355,960	381,200	25,057	74				
	+65	46,370	54,180	33,404	107				
	TOTAL	402,330	435,380	58,461	180	0.70	258	226	32
SAINT FRANCIS - EASTSIDE	<64	355,960	381,200	10,943	32				
	+65	46,370	54,180	2,727	9				
	TOTAL	402,330	435,380	13,650	41	0.65	63	93	-30
GREENVILLE COUNTY TOTAL							1,219	1,262	-43

RECORD 006892

Joint Exhibit 004-0020

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
OCONEE MEMORIAL HOSPITAL	<18	15,690	16,020	769	2				
	18-64	43,570	46,040	18,448	53				
	+65	12,590	16,130	12,825	45				
	TOTAL	71,850	78,190	32,062	101	0.65	155	169	-14
OCONEE COUNTY TOTAL							155	169	-14
CANNON MEMORIAL HOSPITAL	<18	26,450	30,010	26	0				
	18-64	78,420	85,630	1,948	6				
	+65	13,780	16,330	3,158	10				
	TOTAL	120,650	131,970	5,132	16	0.65	25	55	-30
PALMETTO BAPTIST MED CTR EASLEY	<18	26,450	30,010	395	1				
	18-64	78,420	85,630	7,059	21				
	+65	13,780	16,330	10,647	35				
	TOTAL	120,650	131,970	18,101	57	0.65	87	109	-22
PICKENS COUNTY TOTAL							112	164	-52
MARY BLACK MEMORIAL	<18	66,570	67,890	1,356	4				
	18-64	170,480	181,970	21,628	63				
	+65	32,990	38,670	8,490	27				
	TOTAL	270,040	288,530	31,474	94	0.70	135	176	-41
SPARTANBURG REG MED CTR & #2 VILLAGE HEALTH CENTRE	<18	66,570	67,890	4,108	11				
	18-64	170,480	181,970	67,262	197				
	+65	32,990	38,670	56,993	183				
	TOTAL	270,040	288,530	128,363	391	0.75	522	532	-10
SPARTANBURG COUNTY TOTAL							657	708	-51
WALLACE THOMSON HOSPITAL	<18	7,080	6,950	372	1				
	18-64	17,770	17,140	5,771	15				
	+65	4,870	5,280	7,630	23				
	TOTAL	29,720	29,370	13,773	39	0.65	60	143	-83
UNION COUNTY TOTAL							60	143	-83
REGION II									
ABBEVILLE AREA MEDICAL CENTER	<18	6,730	6,810	136	0				
	18-64	16,230	16,890	1,466	4				
	+65	3,920	4,400	1,906	6				
	TOTAL	26,880	28,100	3,508	10	0.65	16	25	-9
ABBEVILLE COUNTY TOTAL							16	25	-9

RECORD 006893

Joint Exhibit 004-0021

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2008 POP	2013 POP	2008 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
CHESTER REGIONAL MEDICAL CENTER	<18	9,030	9,000	619	2				
	18-64	21,380	21,910	3,045	9				
	+65	4,350	5,090	3,599	12				
	TOTAL	34,760	36,000	7,263	22	0.65	34	82	-48
CHESTER COUNTY TOTAL							34	82	-48
EDGEFIELD COUNTY HOSPITAL	<18	5,840	5,850	107	0				
	18-64	17,180	19,000	700	2				
	+65	2,850	3,730	1,461	5				
	TOTAL	25,870	28,580	2,268	8	0.65	12	25	-13
EDGEFIELD COUNTY TOTAL							12	25	-13
FAIRFIELD MEMORIAL HOSPITAL	<18	6,220	6,170	69	0				
	18-64	15,110	15,600	1,328	4				
	+65	3,090	3,760	2,062	7				
	TOTAL	24,420	25,530	3,459	11	0.65	17	25	-8
FAIRFIELD COUNTY TOTAL							17	25	-8
SELF REGIONAL HEALTHCARE	<18	17,670	18,080	2,018	6				
	18-64	42,260	44,350	25,259	73				
	+65	9,170	10,310	30,995	95				
	TOTAL	69,100	72,740	58,272	174	0.75	232	354	-122
GREENWOOD COUNTY TOTAL							232	354	-122
KERSHAW COUNTY MEDICAL CENTER	<18	13,980	14,430	1,088	3				
	18-64	34,840	37,940	10,960	33				
	+65	7,200	8,680	13,861	46				
	TOTAL	56,020	61,050	25,909	82	0.65	125	121	4
KERSHAW COUNTY TOTAL							125	121	4
SPRINGS MEMORIAL HOSPITAL	<18	15,530	15,460	1,377	4				
	18-64	39,360	41,030	20,485	59				
	+65	7,420	8,640	13,399	43				
	TOTAL	62,310	65,130	35,261	105	0.70	150	217	-67
LANCASTER COUNTY TOTAL							150	217	-67
LAURENS COUNTY HOSPITAL	<18	17,740	17,700	374	1				
	18-64	46,120	50,300	5,661	17				
	+65	9,790	11,800	6,703	22				
	TOTAL	73,650	79,800	12,738	40	0.65	62	76	-14
LAURENS COUNTY TOTAL							62	76	-14

RECORD 006894

Joint Exhibit 004-0022

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY		AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
LEXINGTON MEDICAL CENTER		<18	40,395	41,754	1,755	5				
		18-64	106,186	117,355	49,868	151				
		+65	17,553	22,368	43,975	154				
		TOTAL	164,134	181,477	95,598	309	0.75	413	384	29
LEXINGTON COUNTY TOTAL								413	384	29
NEWBERRY COUNTY MEMORIAL		<18	8,930	9,060	638	2				
		18-64	23,150	23,930	4,536	13				
		+65	5,410	6,300	5,962	19				
		TOTAL	37,490	39,290	11,236	34	0.65	52	90	-38
NEWBERRY COUNTY TOTAL								52	90	-38
PALMETTO HEALTH BAPTIST & PALMETTO HEALTH PARKRIDGE	#3	<18	100,415	102,906	2,098	6				
		18-64	266,254	283,965	61,487	180				
		+65	40,717	49,952	16,323	55				
		TOTAL	407,386	436,823	79,908	240	0.75	321	363	-42
PALMETTO HEALTH RICHLAND		<18	100,415	102,906	21,571	61				
		18-64	266,254	283,965	89,169	261				
		+65	40,717	49,952	41,167	138				
		TOTAL	407,386	436,823	151,907	459	0.75	613	579	34
PROVIDENCE HOSPITAL		<18	100,415	102,906	68	0				
		18-64	266,254	283,965	27,058	79				
		+65	40,717	49,952	36,668	123				
		TOTAL	407,386	436,823	63,794	202	0.70	289	258	31
PROVIDENCE HOSPITAL NORTHEAST	#4	<18	100,415	102,906	57	0				
		18-64	266,254	283,965	7,485	22				
		+65	40,717	49,952	4,808	16				
		TOTAL	407,386	436,823	12,350	38	0.65	59	84	-25
RICHLAND COUNTY TOTAL								1,282	1,284	-2
PIEDMONT MEDICAL CENTER & FORT MILL MEDICAL CENTER	#5	<18	45,170	46,290	2,753	8				
		18-64	116,330	131,570	38,343	119				
		+65	18,910	23,360	29,666	100				
		TOTAL	180,410	201,220	70,762	227	0.70	324	332	-8
YORK COUNTY TOTAL								324	332	-8
REGION III										
CHESTERFIELD GENERAL HOSPITAL		<18	11,220	11,100	560	2				
		18-64	26,940	27,770	4,255	12				
		+65	5,180	6,160	4,222	14				
		TOTAL	43,340	45,030	9,047	26	0.65	40	59	-19
CHESTERFIELD COUNTY TOTAL								40	59	-19

RECORD 006895

Joint Exhibit 004-0023

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY		AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
CLARENDON MEMORIAL HOSPITAL		<18	7,990	7,750	492	1				
		18-64	20,230	20,560	7,374	21				
		+65	5,360	7,120	6,194	23				
		TOTAL	33,580	35,430	14,046	44	0.65	68	56	12
CLARENDON COUNTY								68	56	12
CAROLINA PINES REGIONAL	#6	<18	17,790	17,330	2,352	6				
		18-64	42,060	42,840	18,834	53				
		+65	8,370	9,910	13,972	45				
		TOTAL	68,220	70,080	35,158	104	0.65	160	116	44
MCLEOD MEDICAL CENTER - DARLINGTON		<18	17,790	17,330	0	0				
		18-64	42,060	42,840	2,048	6				
		+65	8,370	9,910	2,250	7				
		TOTAL	68,220	70,080	4,298	13	0.65	20	48	-29
DARLINGTON COUNTY TOTAL								180	165	15
MCLEOD MEDICAL CENTER - DILLON		<18	8,380	7,940	1,035	3				
		18-64	18,420	18,560	6,923	19				
		+65	3,430	3,840	3,481	11				
		TOTAL	30,230	30,340	11,439	32	0.65	50	79	-29
DILLON COUNTY TOTAL								50	79	-29
CAROLINAS HOSPITAL SYSTEM		<18	32,800	32,760	2,100	6				
		18-64	82,480	85,540	43,551	124				
		+65	15,740	18,850	34,438	113				
		TOTAL	131,020	137,150	80,089	242	0.70	346	310	36
WOMENS CTR CAROLINAS HOSP SYSTEM		0-64	115,280	118,300	3,077	9				
		+65	15,740	18,850	0	0				
		TOTAL	131,020	137,150	3,077	9	0.65	13	20	-7
LAKE CITY COMMUNITY HOSPITAL		<18	32,800	32,760	80	0				
		18-64	82,480	85,540	2,263	6				
		+65	15,740	18,850	1,887	6				
		TOTAL	131,020	137,150	4,230	12	0.65	19	48	-29
MCLEOD REGIONAL MEDICAL CENTER		<18	32,800	32,760	7,888	22				
		18-64	82,480	85,540	61,301	174				
		+65	15,740	18,850	45,124	148				
		TOTAL	131,020	137,150	114,313	344	0.75	458	453	5
FLORENCE COUNTY TOTAL								836	831	5
GEORGETOWN MEMORIAL HOSPITAL		<18	13,160	12,460	1,559	4				
		18-64	35,460	37,240	11,538	33				
		+65	10,350	14,180	19,755	74				
		TOTAL	58,970	63,870	32,852	111	0.65	171	131	40

RECORD 006896

Joint Exhibit 004-0024

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
WACCAMAW COMMUNITY HOSPITAL	<18	13,160	12,450	481	1				
	18-64	35,460	37,240	9,190	28				
	+65	10,350	14,180	12,209	46				
	TOTAL	58,970	63,870	21,880	74	0.65	113	124	-11
GEORGETOWN COUNTY TOTAL							284	255	29
CONWAY HOSPITAL	<18	42,940	43,880	1,803	5				
	18-64	140,590	159,960	20,732	65				
	+65	36,950	49,070	15,137	55				
	TOTAL	220,480	252,910	37,596	125	0.70	179	210	-31
GRAND STRAND REGIONAL MEDICAL CTR	<18	42,940	43,880	926	3				
	18-64	140,590	159,960	24,793	77				
	+65	36,950	49,070	31,513	115				
	TOTAL	220,480	252,910	57,232	195	0.70	278	269	9
LORIS COMMUNITY HOSPITAL & SEACOAST MEDICAL CENTER #7	<18	42,940	43,880	558	2				
	18-64	140,590	159,960	7,194	22				
	+65	36,950	49,070	8,887	32				
	TOTAL	220,480	252,910	16,639	56	0.65	87	155	-68
HORRY COUNTY TOTAL							544	634	-90
MARION COUNTY MEDICAL CENTER	<18	9,490	9,080	1,038	3				
	18-64	22,340	22,650	14,234	40				
	+65	4,230	4,920	8,115	26				
	TOTAL	36,060	36,650	23,484	68	0.65	105	124	-19
MARION COUNTY TOTAL							105	124	-19
MARLBORO PARK HOSPITAL	<18	7,300	6,990	311	1				
	18-64	17,480	16,570	2,591	7				
	+65	3,180	3,520	1,622	5				
	TOTAL	27,960	27,080	4,524	12	0.65	19	94	-75
MARLBORO COUNTY TOTAL							19	94	-75
TUOMEY	<18	30,630	31,500	2,083	6				
	18-64	68,550	71,090	32,728	93				
	+65	13,470	15,970	32,392	105				
	TOTAL	112,650	118,560	67,204	204	0.70	292	283	9
SUMTER COUNTY TOTAL							292	283	9
WILLIAMSBURG REGIONAL HOSPITAL	<18	9,900	9,180	81	0				
	18-64	22,040	21,680	1,254	3				
	+65	4,980	5,880	1,647	5				
	TOTAL	36,920	36,740	2,982	9	0.65	14	25	-11
WILLIAMSBURG COUNTY TOTAL							14	25	-11

RECORD 006897

Joint Exhibit 004-0025

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2008 POP	2013 POP	2008 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
REGION IV									
AIKEN REGIONAL MEDICAL CENTER	<18	37,800	37,880	512	1				
	18-64	97,280	106,660	21,758	65				
	+65	20,820	25,450	20,158	68				
	TOTAL	155,900	169,990	42,438	134	0.70	192	183	9
AIKEN COUNTY TOTAL							192	183	9
ALLENDALE COUNTY HOSPITAL	<18	3,060	3,020	58	0				
	18-64	7,160	3,740	764	1				
	+65	1,580	9,260	675	11				
	TOTAL	11,820	2,510	1,497	12	0.65	19	25	-6
ALLENDALE COUNTY TOTAL							19	25	-6
BAMBERG COUNTY MEMORIAL HOSPITAL	<18	4,090	3,740	122	0				
	18-64	9,850	9,280	2,870	7				
	+65	2,150	2,510	2,817	9				
	TOTAL	16,090	15,510	5,809	17	0.65	26	59	-33
BAMBERG COUNTY TOTAL							26	59	-33
BARNWELL COUNTY HOSPITAL	<18	6,270	6,050	203	1				
	18-64	15,090	16,090	1,225	4				
	+65	3,200	3,870	1,947	6				
	TOTAL	24,560	26,010	3,375	11	0.65	16	53	-37
BARNWELL COUNTY TOTAL							16	53	-37
BEAUFORT MEMORIAL HOSPITAL	<18	28,400	27,140	1,599	4				
	18-64	81,570	90,940	21,220	65				
	+65	25,510	36,560	17,144	67				
	TOTAL	135,480	154,640	39,963	136	0.65	210	169	41
HILTON HEAD HOSPITAL	<18	28,400	27,140	293	1				
	18-64	81,570	90,940	5,950	18				
	+65	25,510	36,560	11,275	44				
	TOTAL	135,480	154,640	17,518	53	0.65	97	93	4
BEAUFORT COUNTY TOTAL							307	262	45
TRIDENT MEDICAL CENTER	<18	143,670	145,480	1,837	5				
	18-64	377,080	393,320	41,899	120				
	+65	68,150	89,720	33,741	122				
	TOTAL	588,900	628,520	77,477	247	0.70	352	296	56
SUMMERVILLE MEDICAL CENTER	0-64	520,750	538,800	13,621	39				
	+65	68,150	89,720	10,509	38				
	TOTAL	588,900	628,520	24,130	77	0.65	118	94	24

RECORD 006898

Joint Exhibit 004-0026

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY		AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)
CHARLESTON MEMORIAL HOSPITAL	#8	<18	143,670	145,480	75	0				
		18-64	377,080	393,320	4,076	12				
		+65	68,150	89,720	198	1				
		TOTAL	588,900	628,520	4,349	13	0.65			
MUSC MEDICAL CENTER	#8	<18	143,670	145,480	24,639	68				
		18-64	377,080	393,320	76,025	223				
		+65	68,150	89,720	28,962	97				
		TOTAL	588,900	628,520	129,626	389	0.75	539	604	-65
ROPER HOSPITAL & ROPER ST FRANCIS MOUNT PLEASANT	#9	<18	143,670	145,480	3,503	10				
		18-64	377,080	393,320	37,395	107				
		+65	68,150	89,720	49,831	180				
		TOTAL	588,900	628,520	87,576	296	0.75	395	401	-5
BON SECOURS ST FRANCIS XAVIER		<18	143,670	145,480	617	2				
		18-64	377,080	393,320	23,114	66				
		+65	68,150	89,720	17,432	63				
		TOTAL	588,900	628,520	41,163	131	0.70	187	204	-17
EAST COOPER REGIONAL MEDICAL CTR		<18	143,670	145,480	1,164	3				
		18-64	377,080	393,320	10,439	30				
		+65	68,150	89,720	8,848	32				
		TOTAL	588,900	628,520	19,404	65	0.65	100	140	-40
BERKELEY/CHARLESTON/DORCHESTER TOTAL								1,691	1,739	-48
COLLETON MEDICAL CENTER		<18	10,640	10,850	629	2				
		18-64	24,430	25,470	13,148	38				
		+65	5,150	6,300	13,558	45				
		TOTAL	40,220	42,620	27,335	85	0.65	131	131	0
COLLETON COUNTY TOTAL								131	131	0
HAMPTON REGIONAL MEDICAL CTR		<18	5,650	5,500	70	0				
		18-64	13,680	14,350	1,830	5				
		+65	2,710	3,350	1,932	7				
		TOTAL	22,040	23,210	3,832	12	0.65	18	32	-14
HAMPTON COUNTY TOTAL								18	32	-14
COASTAL CAROLINA MEDICAL CENTER		<18	5,190	4,970	88	0				
		18-64	14,010	15,770	2,032	6				
		+65	2,490	3,240	2,753	10				
		TOTAL	21,690	23,980	4,873	16	0.65	25	31	-6
JASPER COUNTY TOTAL								25	31	-6
REG MED CTR ORANGEBURG-CALHOUN		<18	23,900	23,780	1,819	4				
		18-64	57,830	59,220	27,289	77				
		+65	13,050	15,460	26,137	85				
		TOTAL	94,780	98,460	55,045	166	0.70	237	247	-10
ORANGEBURG/CALHOUN COUNTY TOTAL								237	247	-10

RECORD 006899

Joint Exhibit 004-0027

FY 2013 HOSPITAL BED NEED

FACILITY/COUNTY	AGE CAT	2006 POP	2013 POP	2006 PAT DAYS	PROJ ADC	% OCCU	BED NEED	EXIST BEDS	TO BE ADDED/OR (EXCESS)

#1 BED NEEDS COMBINED; GHS-PATEWOOD WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL 8/25/03.
#2 BED NEEDS COMBINED; THE NEW HOSPITAL WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL 9/9/05.
#3 BED NEEDS COMBINED; THE NEW HOSPITAL WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL; APPEALED.
#4 CON TO ADD 38 BEDS APPEALED.
#5 BED NEEDS COMBINED; THE NEW HOSPITAL WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL; APPEALED.
#6 CON FOR 50 BED EXPANSION VOIDED 2/5/07.
#7 BED NEEDS COMBINED;THE NEW HOSPITAL WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL; APPEALED; CON 9/4/07.
#8 CON ISSUED TO COMBINE THESE TWO FACILITIES 10/14/03.
#9 BED NEEDS COMBINED; THE NEW HOSPITAL WAS CREATED BY TRANSFERRING BEDS FROM THE EXISTING HOSPITAL 5/31/06.

RECORD 006900

Joint Exhibit 004-0028

HOSPITAL OCCUPANCY RATES

	2004	2005	2006
REGION I	**58.5**	**60.1**	**59.4**
ANMED HEALTH MEDICAL CENTER	47.6	52.3	52.6
ANMED HEALTH WOMEN'S & CHILDREN'S	—	28.6	35.1
UPSTATE CAROLINA MEDICAL CENTER	38.0	37.9	38.3
ALLEN BENNETT MEMORIAL HOSPITAL	76.7	73.9	68.5
GREENVILLE MEMORIAL MEDICAL CTR	77.8	78.6	74.3
HILLCREST MEMORIAL HOSPITAL	63.2	59.8	61.4
SAINT FRANCIS - DOWNTOWN	72.4	64.3	76.3
SAINT FRANCIS - EASTSIDE	66.9	62.4	54.9
OCONEE MEMORIAL HOSPITAL	57.9	57.2	54.9
CANNON MEMORIAL HOSPITAL	30.2	28.7	25.6
PALMETTO BAPTIST MED CTR EASLEY	53.7	50.7	46.5
BJ WORKMAN MEMORIAL	11.9	—	—
MARY BLACK MEMORIAL HOSPITAL	40.2	47.9	49.0
SPARTANBURG REGIONAL MEDICAL CTR	64.5	67.8	66.1
WALLACE THOMSON HOSPITAL	34.0	31.2	26.4
REGION II	**63.1**	**63.7**	**61.6**
ABBEVILLE AREA MEDICAL CENTER	20.6	32.5	38.4
CHESTER REGIONAL MEDICAL CENTER	31.3	26.4	24.3
EDGEFIELD COUNTY HOSPITAL	20.2	27.0	24.9
FAIRFIELD MEMORIAL HOSPITAL	23.2	35.3	33.9
SELF REGIONAL HEALTHCARE	50.9	51.3	45.6
KERSHAW COUNTY MEDICAL CENTER	55.2	57.5	58.7
SPRINGS MEMORIAL HOSPITAL	65.6	61.3	54.6
LAURENS COUNTY HOSPITAL	61.7	50.7	45.9
LEXINGTON MEDICAL CENTER	87.2	83.8	77.3
NEWBERRY COUNTY MEMORIAL HOSPITAL	37.0	34.1	34.2
PALMETTO HEALTH BAPTIST	57.2	60.0	60.3
PALMETTO HEALTH RICHLAND	70.6	71.0	71.9
PROVIDENCE HOSPITAL	74.7	73.6	67.7
PROVIDENCE HOSPITAL NORTHEAST	62.8	74.5	73.6
PIEDMONT MEDICAL CENTER	74.1	73.6	72.3

	2004	2005	2006
REGION III	**64.3**	**66.8**	**64.2**
CHESTERFIELD GENERAL HOSPITAL	40.1	36.8	42.0
CLARENDON MEMORIAL HOSPITAL	53.7	64.0	68.7
CAROLINA PINES REGIONAL MED CTR	85.2	83.4	83.0
MCLEOD-DARLINGTON (WILSON MED)	20.5	27.1	24.0
MCLEOD MED CTR - DILLON (ST EUGENE)	55.0	41.0	39.7
CAROLINAS HOSPITAL SYSTEM	74.9	79.5	75.4
LAKE CITY COMMUNITY HOSPITAL	30.5	22.7	24.1
MCLEOD REGIONAL MEDICAL CENTER	89.6	91.4	90.0
WOMEN'S CENTER CAROLINAS HOSP	51.8	55.1	42.2
GEORGETOWN MEMORIAL HOSPITAL	68.9	78.8	68.7
WACCAMAW COMMUNITY HOSPITAL	81.2	63.6	73.1
CONWAY HOSPITAL	59.5	65.0	64.4
GRAND STRAND REGIONAL MED CTR	61.8	67.1	71.6
LORIS COMMUNITY HOSPITAL	44.4	42.4	43.4
MARION COUNTY MEDICAL CENTER	67.3	62.2	51.9
MARLBORO PARK HOSPITAL	20.5	16.8	13.2
TUOMEY	70.0	70.6	74.2
WILLIAMSBURG REGIONAL HOSPITAL	17.5	44.3	32.7
REGION IV	**60.4**	**61.0**	**61.0**
AIKEN REGIONAL MEDICAL CENTER	64.1	66.3	63.5
ALLENDALE COUNTY HOSPITAL	19.6	21.8	16.4
BAMBERG COUNTY MEMORIAL HOSPITAL	28.1	24.5	27.0
BARNWELL COUNTY HOSPITAL	26.5	20.5	17.4
BEAUFORT MEMORIAL HOSPITAL	85.0	73.8	76.2
HILTON HEAD HOSPITAL	61.0	54.4	51.6
SUMMERVILLE MEDICAL CENTER	74.9	72.9	70.3
BON SECOURS ST FRANCIS XAVIER	78.0	81.5	79.1
CHARLESTON MEMORIAL HOSPITAL	16.9	16.3	12.2
EAST COOPER REGIONAL MED CTR	53.6	57.7	53.2
MUSC MEDICAL CENTER	74.0	76.7	76.2
ROPER HOSPITAL	58.9	59.6	58.0
TRIDENT MEDICAL CENTER	75.1	75.8	78.3
COLLETON MEDICAL CENTER	54.2	55.4	57.2
HAMPTON REGIONAL MEDICAL CENTER	15.2	14.2	15.4
COASTAL CAROLINA MEDICAL CENTER	28.9	37.4	43.1
REG MED CTR ORANGEBURG/CALHOUN	53.7	56.0	61.1

NOTE: LTCH HOSPITALS REMOVED FROM 2006 DATA, SO 2006 REGIONAL AVERAGE OCCUPANCY RATES NOT COMPARABLE TO PREVIOUS YEARS

RECORD 006901

Joint Exhibit 004-0029

(B) Long-Term Acute Care Hospitals

Long Term Acute Care Hospitals (LTACHs) provide treatment to patients with complex medical conditions like strokes, cardiac care, ventilator dependency, wound care and post-surgical care. These patients require up to 3 hours per day of rehabilitative treatment and have an average length of stay of 25 days or longer. Medicare pays for about 73% of all LTACH discharges; the proposed standard federal reimbursement for 2009 is $39,076 per patient.

There are more than 350 LTACHs nationwide, which may either be a freestanding facility, or may occupy space in another hospital ("hospital-within-a-hospital"). Hospitals must meet additional Federal criteria in order to qualify as a LTACH Hospital under the "hospital-within-a-hospital" model:

1) The new hospital must have a governing body, which is distinct and separate from the governing body of the host hospital, and the new body cannot be under the control of the host hospital or any third entity that controls both hospitals.

2) The LTACH must have a separate Chief Executive Officer through whom all administrative authority flows, who is not employed by or under contract with the host hospital or any third entity that controls both hospitals.

3) The hospital must have a separate Chief Medical Officer who reports directly to the governing body and is responsible for all medical staff activities. The Chief Medical Officer cannot be under contract with the host hospital or any third entity that controls both hospitals.

4) The hospital must have a separate medical staff from the medical staff of the host hospital, which report directly to the governing body, and adopt bylaws governing medical care, including granting privileges to individual practitioners.

LTACHs have their own Prospective Payment System (PPS). In 2006, CMS established a "25 percent payment threshold policy" for hospitals-within-hospitals. If the LTACH's Medicare discharges exceed 25 percent from the host hospital, the LTACH would be paid the lesser of the otherwise payable amount under the LTACH PPS or the equivalent amount that Medicare would have paid under the Acute Care Hospital Inpatient PPS.

On May 1, 2007, CMS revised the reimbursement policy and extended the 25% rule to all LTACHs; if any LTACH gets more than 25% of their admissions from a single hospital they will receive less reimbursement. The rule will be implemented over a three-year period that began on July 1, 2007 (75% the 1st year, 50% the 2nd year and down to 25% the 3rd year). Due to this and other changes in funding methodologies, CMS projects an overall decrease in payments to Medicare certified LTACHs of 3.8% in the first year alone. However, legislation was signed in December 2007 that would provide regulatory relief for 3 years and impose a limited moratorium on the development of new facilities.

The existing LTACH's in South Carolina and their occupancy rates are:

FACILITY	COUNTY	BEDS	2004	2005	2006
NORTH GREENVILLE LONG TERM ACUTE	GREENVILLE	45	37.5	54.5	53.9
REGENCY HOSPITAL OF GREENVILLE	GREENVILLE	32	-----	52.2	88.4
SPARTANBURG HOSP RESTORATIVE CARE	SPARTANBURG	97	59.8	41.9	36.0
INTERMEDICAL HOSPITAL OF SC	RICHLAND	35	61.9	63.5	66.5
REGENCY HOSPITAL SOUTH CAROLINA *1*	FLORENCE	40	84.1	89.3	90.8
SAVANNAH RIVER SPECIALTY HOSPITAL *2*	AIKEN	(34)			
KINDRED HOSPITAL CHARLESTON	CHARLESTON	59	47.8	42.1	49.4
	TOTAL	308			

1 CON issued 8/30/06 to add 12 beds for a total of 40; licensed 8/8/07.
2 CON issued 3/27/07; voided 4/15/08.

Certificate of Need Standards for Long Term Hospitals

(1) An application for a Long Term Acute Care Hospital must be in compliance with the relevant standards in Regulation No. 61-16, Licensing Standards for Hospital and Institutional General Infirmaries.

(2) Although Long Term Acute Care Hospital beds are not considered to be a separate category for licensing purposes, they will be inventoried separately from general acute care hospital beds for planning purposes.

(3) The utilization of LTACHs are not included in the bed need for general acute care hospital beds. No bed need will be calculated for Long Term Acute Care Hospital beds. An applicant must document the need for LTACH beds considering the utilization of existing LTACH beds.

(4) A hospital that has leased general beds to a Long Term Acute Care Hospital shall be entitled to regain these beds once the lease is terminated. No entity other than the hospital that initially leased the general acute beds (or its successor) to the Long Term Acute Care Hospital shall be entitled to obtain the rights to the beds upon termination of the lease. A Certificate of Need application is required:

A. a hospital may be allowed to convert these former LTACH beds to general acute hospital beds regardless of the projected need for general acute beds;

B. a hospital may only be allowed to convert these former LTACH beds to psychiatric, inpatient treatment facility, rehabilitation, or other specialty beds if there is a bed need projected for this proposed other category of licensed beds.

(5) A hospital which desires to be designated as an LTACH and has been awarded a CON for that purpose, must be certified as an LTACH by CMS within 24 months of accepting its first patient, or the CON issued to that hospital for that purpose shall be revoked. The entity that has had its CON revoked shall not have the authority to operate as a general acute care hospital.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Financial Feasibility;

Long Term Acute Care Hospital beds are located within approximately sixty (60) minutes travel time for the majority of the residents of the State. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for these beds.

RECORD 006904

(C) Critical Access Hospitals

Rural counties tend to have higher unemployment or low-paying professions without health insurance and a greater percentage of their population are elderly. Rural hospitals are usually smaller than urban hospitals, with fewer physicians and other health care professionals, and diagnostic and therapeutic technology is generally less available. They typically have a high Medicare and Medicaid case mix, but receive lower reimbursement from Medicare than urban facilities. At the same time, many rural hospitals are the sole community provider and one of the major employers in the community. The loss of a rural hospital has a major impact on the delivery of health services for the citizens of a community.

The Medicare Rural Hospital Flexibility Program allows the designation of Critical Access Hospitals (CAHs). These hospitals are eligible for cost-based reimbursement without having to meet all of the criteria for full-service acute care hospitals. They are intended to provide essential health services to rural communities; converting a struggling rural hospital to a CAH can allow a community to maintain local health access that would otherwise be lost.

The following criteria must be met in order for a facility to qualify as a CAH:

(1) It must be located in a rural county. It may be either an existing facility or a hospital that closed or downsized to a health center or clinic after November 29, 1989. A facility may be allowed to relocate or rebuild provided it meets the CMS criteria.

(2) The facility must be part of a rural health network with at least 1 full-service hospital, with agreements regarding patient referral and transfer, communications, and patient transportation;

(3) The facility must be located more than 35 miles from any other hospital or CAH (15 miles for areas with only secondary roads) or must have been certified by the State prior to January 1, 2006 as being a necessary provider of health care services to residents of the area;

(4) The maximum number of licensed beds is 25, which can be operated as any combination of acute or Swing-Beds;

(5) Required services include: inpatient care, emergency care, laboratory and pharmacy;

(6) Emergency services must be available 24 hours a day, with on-call personnel available within 30 minutes;

(7) The medical staff must consist of at least 1 physician. Staffing must include nursing on a 24-hour basis; other staffing can be flexible. Nurse Practitioners, Physician Assistants and Clinical Nurse Specialists can provide inpatient care without their supervising physician(s) being on-site.

(8) The annual average length of stay must be less than 96 hours (4 days).

In South Carolina, a hospital located in an urban Metropolitan Statistical Area (MSA) county can still be considered "rural" for the purposes of the CAH program if it meets the following criteria:

(1) It is enrolled as both a Medicaid and Medicare provider and accepts assignment for all Medicaid and Medicare patients;

(2) It provides emergency health care services to indigent patients;

(3) It maintains a 24-hour emergency room;

(4) It staffs 50 or fewer acute care beds; and

(5) It is located in a county with 25% or more rural residents, as defined by the most recent Census.

A total of 1,292 hospitals nationwide had been approved for CAH status as of December 2007. The impact of the Critical Access Hospital Program in South Carolina would be a financial one, allowing cost-based reimbursement from Medicare for a facility choosing to participate. The designation as a CAH would not require a change in the licensing of an existing hospital. However, a hospital may be required to de-license a number of beds in order to meet the 25-bed requirement.

The following facilities in South Carolina are designated as CAHs:

Abbeville Memorial Hospital
Allendale County Hospital
Edgefield County Hospital
Fairfield Memorial Hospital
Williamsburg Regional Hospital

Based on their 2006 Average Daily Census (ADC), the following hospitals in South Carolina could potentially participate in the CAH program: Cannon Memorial (14.1), McLeod-Darlington (11.8), Lake City Community (11.6), Marlboro Park (12.4), Bamberg County Memorial (15.9), Barnwell Hospital (9.3), Hampton Regional (10.5), and Coastal Carolina Medical Center (13.4).

The designation of a hospital as a Critical Access Hospital does not require Certificate of Need review, because it does not change the licensing category of the facility. However, an exemption from Certificate of Need review is required for a hospital to reduce the number of licensed beds in order to meet the criteria for a CAH. Should a hospital later desire to revert back to a general acute hospital, a Certificate of Need is required, but the facility may be permitted to increase the number of licensed hospital beds up to the prior number of beds.

(D) Obstetrical and Neonatal Services

(1) Obstetrical Services

Advances in obstetrical and newborn intensive care offer the promise of a lower perinatal mortality and an improvement in the quality of life for survivors. The high cost of intensive care and the limited availability of skilled personnel have created the requirement for a more efficient method of resource allocation.

Maternal, fetal, and neonatal mortality and morbidity rates can be significantly reduced if patients at high risk are identified early in the pregnancy, and optimum techniques for the care of both the mother and infant are applied. High-risk deliveries constitute a small percentage of the total annual deliveries, but these patients require a high degree of specialized care.

Infant mortality is the death rate for babies from birth until their first birthday. South Carolina's infant mortality rate has declined faster than it has for the nation as a whole. For 2004, South Carolina's infant mortality rate was 9.3 per thousand infant births with a Healthy People 2010 objective for the nation of no more than 4.5 per thousand infant deaths per thousand live births.

Neonatal mortality is the death rate for infants up to 28 days old. For 2004, South Carolina's neonatal mortality rate for all races was 6.4 neonatal deaths per 1,000 live births with a Healthy People 2010 objective for the nation of 2.9 neonatal deaths per 1,000 live births.

The following is a description of the five levels of perinatal services as outlined in Regulation Number 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries.

Because the cost of high-risk obstetrical and neonatal services is so great, it is not desirable or cost-effective for all hospitals in the state to provide the higher levels of care. Over the years, a regionalized approach to perinatal care has been implemented in South Carolina to address the need for high quality, risk-appropriate, cost-effective perinatal health care. Regionalization provides a coordinated system of perinatal care for a well-defined population group. Each hospital providing perinatal services shall be designated by DHEC's Division of Licensing as a Level I, II, IIE (Enhanced), or III Perinatal Hospital or RPC (Regional Perinatal Center) and the hospital shall request such designation by letter to the Department. The determination shall be made by the Department based upon a hospital's ability to meet regulatory requirements to be determined by a special inspection by the Department following the initial request for designation and as an integral part of subsequent license renewal procedures. Each Level I, II, IIE and III hospital shall maintain and document a relationship with its designated RPC for consultation, transport and continuing education. All patients shall be transferred to the appropriate RPC when medically appropriate, if beds are available. This agreement/relationship shall include the ability to share data, as appropriate, related to these functions. This should ensure that patients are treated in the hospital best suited to handle their expected problems. In this way, quality care is provided to mothers and newborn infants, and specially trained perinatal personnel and intensive care facilities can be used efficiently and cost-effectively.

The following definitions apply:

RECORD 006907

Community Perinatal Center (Level I): These hospitals provide services for uncomplicated deliveries and normal neonates. The hospital shall have the capability to manage normal pregnant women and uncomplicated labor and delivery of neonates who are at least 36 weeks of gestation with an anticipated birth weight of greater than 2000 grams. When it is anticipated or determined that these criteria will not or have not been met, consultation and a plan of care shall be initiated and mutually agreed upon with the RPC. Hospitals must be able to manage a perinatal patient with acute or potentially life-threatening problems while preparing for immediate transfer to a higher level hospital. Management shall include emergency resuscitation and/or stabilization for both maternal and neonatal patients in preparation for transfer/transport for more specialized services. Hospitals at this level shall not provide care or services that are designated only for higher level hospitals. This description does not constitute Certificate of Need review criteria.

Specialty Perinatal Center (Level II): In addition to Level I requirements, these hospitals provide services for both normal and selected high-risk obstetrical and neonatal patients. This level of neonatal care includes the management of neonates who are at least 32 weeks of gestation with an anticipated birth weight of at least 1500 grams. A board-eligible pediatrician shall be in the hospital or on site within 30 minutes, 24 hours a day. The hospital shall have at least a written consultative agreement with a board eligible neonatologist. Neonates shall be without acute distress or complex management requirements and shall not be in need of ventilatory support for more than six cumulative hours. Neonates shall not require high-frequency ventilation support. When it is anticipated or determined that these criteria will not or have not been met, a plan of care will be developed in consultation with the RPC and documented in the patient's medical record. These hospitals shall manage no less than an average of 500 deliveries annually, calculated over the previous three years. This calculation shall include the number of maternal transfers made prior to delivery to higher level perinatal hospitals. A Level II hospital shall not admit outborn neonates into its nursery without prior concurrence with the RPC. Hospitals at this level shall not provide care or services that are designated only for higher level hospitals. This description does not constitute Certificate of Need review criteria.

Enhanced Perinatal Center (Level IIE): In addition to Level II requirements, these hospitals provide services for both normal and selected high-risk obstetrical and neonatal patients. Level IIE hospitals may be located only in areas of the state that are no closer than 60 miles from a South Carolina Regional Perinatal Center. This level of neonatal care includes the management of neonates who are at least 30 weeks gestation with an anticipated birth weight of at least 1250 grams, as determined by estimations based upon best professional judgement, ultrasound, and/or other available medical technology and instruments. A board-eligible neonatologist shall be in the hospital or on site within 30 minutes, 24 hours a day. Neonates shall not be in need of ventilatory support for more than 24 cumulative hours. When it is anticipated or determined that any of the preceding criteria relating to gestation, weight, and length of ventilatory support will not be or have not been met, the neonate may remain at the Level IIE facility, pursuant to a plan of care developed in consultation with and agreement to by the RPC. Such plan of care shall be documented in the patient's medical record. Neonates shall not require high-frequency ventilation support. These hospitals shall manage no less than an average of 1200 deliveries annually, calculated over the previous three years. This calculation shall include the number of maternal transfers made prior to delivery to higher level perinatal hospitals. A Level IIE hospital shall not

RECORD 006908

admit outborn neonates into its nursery without prior concurrence with the RPC. Hospitals at this level shall not provide care or services which are designated only for higher level hospitals. A Certificate of Need is required for a hospital to provide Enhanced Perinatal Center (Level IIE) services. Level IIE hospitals must have an adequate number of neonatal bassinets to provide care for these neonates and the number of bassinets will be justified by the hospital in the Certificate of Need application. Because these hospitals already have neonatal bassinets, the number of bassinets will not be counted against the needs projected in the following sections of this Plan. Once utilization information is obtained, the projections may be revised.

Subspecialty Perinatal Center (Level III): In addition to Level IIE requirements, provides all aspects of perinatal care, including intensive care and a range of continuously available, subspecialty consultation as recommended in the fourth edition of the *Guidelines for Perinatal Care* (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. A board eligible neonatologist shall be in the hospital or on site within 30 minutes, 24 hours a day. A board certified maternal-fetal medicine specialist (perinatologist) shall be available for supervision and consultation, 24 hours a day. In addition to the Level II and IIE capabilities, Level III hospitals shall have the staffing and technical capability to manage high-risk obstetric and complex neonatal patients, including neonates requiring prolonged ventilatory support, surgical intervention, or 24-hour availability of multispeciality management. Hospitals with Level III designation shall manage no less than an average of 1500 deliveries annually, calculated over the previous three years, or at least an average of 125 neonate admissions that weigh less than 1500 grams each, require ventilatory support, or require surgery. This calculation shall include the number of maternal transfers made prior to delivery to higher-level perinatal hospitals. Hospitals at this level shall not provide additional care or services designated only for RPCs. The establishment of a Level III service requires Certificate of Need review.

Regional Perinatal Center (RPC): In addition to the Level III requirements for management of high-risk obstetric and complex neonatal conditions, the RPC shall provide consultative, outreach, and support services to Level I, II, IIE, and III hospitals in the region. The RPC shall manage no less than an average of 2000 deliveries annually, calculated over the previous three years, or at least an average of 250 neonate admissions who weigh less than 1500 grams each, require ventilatory support, or require surgery. Personnel qualified to manage obstetric or neonatal emergencies shall be in-house. A board-certified maternal-fetal medicine specialist (perinatologist) shall be in the hospital or on site within 30 minutes for supervision and consultation, 24 hours a day. The RPC shall participate in residency programs for obstetrics, pediatrics, and/or family practice. Continuing education and outreach education programs shall be available to all referring hospitals, and physician-to-physician consultation shall be available 24 hours a day. The RPC shall provide a perinatal transport system that operates 24 hours a day, seven days a week, and return transports neonates to lower level perinatal hospitals when the neonates' condition and care requirements are within the capability of those hospitals. No more than one Regional Perinatal Center will be approved in each perinatal region. Regional Perinatal Centers must meet the criteria and standards required in the hospital licensing regulations. The establishment of a Regional Perinatal Center requires Certificate of Need review.

2006 OB UTILIZATION AND BIRTHS

FACILITY	BIRTHS	OB BEDS	OB ADM	OB PDS	OCC.%
GREENVILLE MEMORIAL MEDICAL CTR.	5,388	53	6,055	17,559	90.8%
PALMETTO HEALTH BAPTIST	3,829	82	7,747	15,301	51.1%
LEXINGTON MEDICAL CENTER	2,892	29	3,038	6,692	63.2%
SPARTANBURG REGIONAL MED.CTR.	2,795	43	3,605	9,065	57.8%
PALMETTO HEALTH RICHLAND	2,424	57	5,476	12,580	60.5%
SAINT FRANCIS - EASTSIDE	2,354	35	2,538	6,762	52.9%
PIEDMONT MEDICAL CENTER	2,321	19	2,326	5,850	84.4%
MUSC MEDICAL CENTER	2,315				
TRIDENT MEDICAL CENTER	2,253	25	2,693	6,331	69.4%
BEAUFORT MEMORIAL HOSPITAL	2,075	23	1,949	5,455	65.0%
ANMED HEALTH WOMEN'S & CHILDREN'S	2,056	28	1,822	5,064	49.5%
MCLEOD REGIONAL MEDICAL CTR.	2,052	18	2,526	5,925	90.2%
BON SECOURS' ST. FRANCIS XAVIER	1,705	16	2,020	3,385	58.0%
SELF REGIONAL HEALTHCARE	1,610	37	2,697	6,844	50.7%
CONWAY HOSPITAL	1,566	16	1,641	4,179	71.6%
TUOMEY	1,529	20	684	4,559	62.5%
EAST COOPER REGIONAL MED CTR	1,508	27	2,017	4,868	49.4%
REG MED CTR ORANGEBURG-CALHOUN	1,434	27	1,696	4,340	44.0%
MARY BLACK MEMORIAL HOSPITAL	1,237	21	1,437	3,605	47.0%
AIKEN REGIONAL MEDICAL CENTER	1,217	18	1,661	4,527	68.9%
SUMMERVILLE MEDICAL CENTER	1,195	12	1,122	2,373	54.2%
WOMEN'S CENTER / CAROLINAS HOSP.	1,117	20	1,340	3,077	42.2%
GRAND STRAND REGIONAL MED CTR	1,042	19	1,405	3,167	45.7%
SPRINGS MEMORIAL HOSPITAL	775	14	1,123	3,013	59.0%
CAROLINA PINES REGIONAL MED CTR	694	13	753	3,105	65.4%
ROPER HOSPITAL	670	16	1,099	2,364	40.5%
CLARENDON MEMORIAL	617	10	636	1,401	38.4%
COLLETON MEDICAL CENTER	602	6	600	1,408	64.3%
HILTON HEAD HOSPITAL	550	8	646	1,478	50.6%
PROVIDENCE HOSPITAL NORTHEAST	528	6	540	1,278	58.4%
OCONEE MEMORIAL	524	16	723	2,376	40.7%
WACCAMAW COMMUNITY HOSPITAL	522	9	735	2,205	67.1%
MARION COUNTY MEDICAL CENTER	519				
PALMETTO BAPTIST MED CTR EASLEY	507	14	765	1,801	35.2%
GEORGETOWN MEMORIAL HOSPITAL	473	14	649	2,271	44.4%
LAURENS COUNTY HOSPITAL	442				
KERSHAW COUNTY MEDICAL CENTER	428	10	611	1,521	41.7%
ALLEN BENNETT MEMORIAL HOSPITAL	427	5	418	999	54.6%
UPSTATE CAROLINA MEDICAL CENTER	386	15	566	1,308	23.9%
NEWBERRY COUNTY MEMORIAL HOSP.	381	2	484	959	131.4%
LORIS COMMUNITY HOSPITAL	316	8	543	1,194	40.9%
MCLEOD MEDICAL CENTER-DILLON	302	14	347	1,272	24.9%
CHESTERFIELD GENERAL HOSPITAL	161	7	244	607	23.8%
MARLBORO PARK HOSPITAL	131	8	161	375	12.8%
BAMBERG COUNTY MEMORIAL HOSPITAL	98				
ABBEVILLE COUNTY MEMORIAL HOSPITAL	79	3	107	244	22.3%
WALLACE THOMSON HOSPITAL	50	4	79	217	14.9%
COASTAL CAROLINA MEDICAL CENTER	1				
TOTAL BIRTHS	58,097				

The need for obstetrical beds will be evaluated based on information supplied by the Joint Annual Report of Hospitals and other sources. Existing facilities will be monitored to determine if expansion, reduction, or addition of obstetrical services is appropriate. Those facilities experiencing low utilization and in close proximity to one another should consider consolidating services where appropriate. Additional beds for obstetrical services will not be approved unless other hospital beds are converted to obstetrical beds or a need is indicated in the Plan for additional hospital beds.

Relative Importance of Project Review Criteria

The following project review criteria are considered the most important in evaluating Certificate of Need applications for an obstetrical service:

a. Need;
b. Distribution (Accessibility);
c. Acceptability;
d. Financial Feasibility; and
e. Adverse Effects on Other Facilities.

The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

The following hospitals have requested a Perinatal Capability Review and been designated as a Level II, Level IIE, Level III or RPC facility:

Regional Perinatal Centers

Greenville Memorial Medical Center
McLeod Regional Medical Center of the Pee Dee
MUSC Medical Center
Palmetto Health Richland
Spartanburg Regional Medical Center

Subspecialty Perinatal Center (Level III Hospital)

Palmetto Health Baptist
Self Regional Healthcare

Enhanced Perinatal Center (Level II Enhanced Care Hospitals)

Piedmont Medical Center

Specialty Perinatal Centers (Level II Hospitals)

Aiken Regional Medical Center
AnMed Health Women's and Children's Hospital
Beaufort Memorial Hospital
Bon Secours-St. Francis Xavier Hospital
Carolina Pines Regional Medical Center
Conway Hospital
East Cooper Regional Medical Center
Georgetown Memorial Hospital
Grand Strand Regional Medical Center
Lexington Medical Center
Marion County Medical Center
Mary Black Memorial Hospital
Palmetto Baptist Medical Center - Easley
Regional Medical Center of Orangeburg/Calhoun Counties
Roper Hospital
St. Francis Women's and Family Hospital
Springs Memorial Hospital
Summerville Medical Center
Trident Medical Center
Tuomey
Waccamaw Community Hospital
The Women's Center of Carolinas Hospital System

(2) Neonatal Services

Neonatal services are highly specialized and only required by a very small percentage of infants. The need for these services is affected by the incidence of high-risk deliveries, the percentage of live births requiring neonatal services, and the average length of stay. The limited need for these services requires that they be planned for on a regionalized basis, fostering the location of these specialized units in medical centers, which have the necessary staff, equipment, and consultative services and facilities. Referral networks should be established to facilitate the transfer infants requiring this level of services from other facilities.

1) Neonatal services should be planned on a regional basis with linkages with obstetrical services.
2) Only Level III and RPCs neonatal units contain both intensive and intermediate care bassinets.

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists suggest the following ratios for calculating the number of neonatal bassinets:

1 per 1,000 of the projected # births in year Z = # projected neonatal intensive care bassinets.

3-4 per 1,000 of the projected # births in year Z = # projected neonatal intermediate care bassinets.

The above ratios were based on 80 low-birth weight (LBW) {2500 grams} births per 1,000 births. As indicated below, in 2005 South Carolina had 102.4 LBW births per 1,000 births, with a white rate of 77.0 and a nonwhite rate of 147.5 per 1,000. Because South Carolina has a significant higher number of LBW infants per 1,000 births, an alternative method was selected for determining the need for intensive care bassinets in RPCs.

2005	TOTAL	WHITE	NONWHITE
All Births	57,538	36,874	20,573
<2,500 Grams	5,895	2,839	3,034
Rate/1,000	102.4	77.0	147.5

Based on the above information and adjusting for the incidence of LBW births, South Carolina would need the following ratio of intensive care bassinets:

$$\frac{102.4}{80} = 1.28 \text{ bassinets}$$

1.28 per 1,000 projected births in year Z = # projected neonatal intensive care bassinets

The intermediate care bassinets are derived by multiplying the intensive care factor by 4.

5.12 per 1,000 projected births in year Z = # projected neonatal intermediate care bassinets

When the race variance and incidence of LBW births are factored in the intensive care ratios are:

$$\text{White} = \frac{77.0}{80} = 0.96 \qquad \text{Non-White} = \frac{147.5}{80} = 1.84$$

The intermediate care ratios are:

White = 0.96 x 5.12 = 4.92 Non-White = 1.84 x 5.12 = 9.42

The actual births in South Carolina have been:

1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
50,913	51,105	52,205	53,833	54,706	55,964	55,748	54,453	55,461	56,543	57,538

The projected births have been:

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
53,120	53,210	53,330	53,440	53,490	53,500	53,560	53,600	53,670	54,080	54,450

The following projected need for neonatal intensive care bassinets is based on the actual number of 2005 births by race using the incidence of low-birth weight babies by Perinatal Center with the

need projected at a 65% occupancy factor. The planning factor of 65% occupancy will allow for a potential increase in births and the small number of bassinets. In some areas, the utilization of intensive care bassinets is high and there is a need for additional intensive care bassinets.

Perinatal RegionWith Facilities	Bassinets Needed at 65% Occupancy	Existing Bassinets
Greenville Memorial & Self Regional	23	19
Spartanburg Regional Med Center	10	13
Palmetto Health Richland & Baptist	42	35
McLeod Regional Medical Center	17	12
MUSC Medical Center	25	16
TOTAL	111	95

Note: S.C. presently has 1.6 neonatal intensive care bassinets and 5.7 neonatal intermediate care bassinets per 1,000 births.

A neonatal unit should have an average annual occupancy rate of 65%. Facilities providing neonatal services must meet licensing requirements and either The Joint Commission (TJC) or certification standards.

Perinatal Region	Existing Bassinets Intensive	Intermediate
Anderson, Greenville, Oconee, Pickens, Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda		
Palmetto Baptist Medical Center - Easley	0	2
Greenville Memorial Medical Center *1*	12	44
AnMed Health Women's & Children's Hospital	0	7
St. Francis Women's & Family Hospital	0	10
Self Regional Healthcare	7	11
SUBTOTAL	19	74
Spartanburg, Cherokee, Union, Chester		
Spartanburg Regional Medical Center *2*	13	22
Mary Black Memorial Hospital	0	8
SUBTOTAL	13	30
Aiken, Allendale, Bamberg, Barnwell, Calhoun, Clarendon, Fairfield, Lee, Kershaw, Lancaster, Orangeburg, York, Lexington, Newberry, Richland, Sumter		
Palmetto Health Richland	27	38
Palmetto Health Baptist *3*	8	21
Lexington Medical Center	0	20
Piedmont Medical Center (Level II-E)	0	12
Springs Memorial Hospital	0	4
Aiken Regional Medical Center	0	8
Regional Med Center Orangeburg-Calhoun	0	5
Tuomey	0	8
SUBTOTAL	35	116

Chesterfield, Darlington, Dillon, Florence, Horry, Marion, Marlboro, Williamsburg			
Carolina Pines Regional Medical Center		0	4
Marion County Medical Center		0	2
McLeod Regional Medical Ctr. of Pee Dee		12	28
Conway Hospital		0	6
Grand Strand Regional Medical Center		0	2
Women's Center of Carolinas Hospital System		0	11
SUBTOTAL		12	53
Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Georgetown			
Beaufort Memorial Hospital		0	3
Georgetown Memorial Hospital		0	5
Waccamaw Community Hospital	*4*	0	2
MUSC Medical Center		16	46
East Cooper Regional Medical Center		0	6
Bon Secours-St. Francis Xavier Hospital	*5*	0	7
Summerville Medical Center		0	3
Trident Medical Center		0	5
Roper Hospital		0	5
SUBTOTAL		16	82
STATEWIDE TOTAL		95	355

1 Licensed for 7 additional intermediate care bassinets 5/30/08.

2 CON approved for 3 additional intensive and 7 additional intermediate bassinets 6/12/06; licensed 11/21/06.

3 Licensed for 9 additional intermediate care bassinets 7/16/08. CON issued 9/11/08 to convert 4 intermediate bassinets to intensive.

4 Licensed for 2 intermediate care bassinets 4/21/08.

5 Licensed for 3 additional intermediate care bassinets 9/21/07.

Note: The occupancy rate includes both intensive and intermediate care patient days. Some of the RPCs have a higher utilization in the intensive care bassinets than reflected by the total occupancy. Some Level II hospitals did not report any utilization for the intermediate care bassinets and the occupancy rate is reflected as zero.

The projected need for intermediate neonatal bassinets was derived from the preceding methodology:

Perinatal Region	Intermediate Bassinets Existing	Need	To Be Added
Greenville	74	76	2
Spartanburg	30	30	0
Richland	116	132	16
Florence	53	65	12
Charleston	82	84	2

TOTAL	355	387	32

Based on the above information, it appears that the number of intermediate care bassinets should be added in some areas. The intermediate care bassinets should be better utilized in Level II and Level IIE facilities so babies could be transferred back closer to their home community potentially alleviating the high utilization of the current intensive/intermediate care bassinets in RPC facilities in some areas of the State. To improve the availability of the existing RPC neonatal intensive care bassinets, utilization of the back transport concept should be supported. This component of regionalized care involves the transfer of infants who no longer require neonatal intensive care to facilities with intermediate or continuing care bassinets appropriate to the individual baby's care needs. It appears that if more back transfers to the Level II and/or Level IIE facilities occurred, then some of the overcrowding problems of the existing RPC units would be alleviated.

It should be noted that some RPC and Level III facilities with intensive care bassinets may at times have intermediate type infants in intensive care bassinets and vice versa as the patient load changes within the unit. RPCs may use intermediate and intensive care bassinets interchangeably as the level of care required by the neonate varies. The Medical University may require additional intensive care bassinets since babies with congenital heart disease are referred there. The Medical University will document the need for any additional bassinets. The addition of neonatal intermediate care bassinets does not require Certificate of Need review.

Relative Importance of Project Review Criteria

The following criteria are considered the most important in evaluating certificate of need applications for a neonatal service:

a. Need;
b. Distribution (Accessibility);
c. Acceptability
d. Financial Feasibility; and
e. Adverse Effects on Other Facilities.

Because neonatal services are planned and located regionally due to the very small percentage of infants requiring neonatal services, this service is available within approximately 90 minutes for the majority of the population. In addition, most of the hospitals offering this service provide specialized transportation vehicles. Of more importance is the early identification of mothers who potentially will give birth to a baby needing this specialized service and directing them to the appropriate neonatal center. There is a need for additional intensive care bassinets in some areas. A few additional Level II (intermediate) bassinets are needed; however, the existing intermediate care bassinets are not used in some hospitals. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service. The need for bassinets in Level IIE hospitals has not been determined, but will be justified by the individual hospital seeking this level of service.

The following chart indicates the utilization of neonatal special care units by facility. Some facilities are not using any of the intermediate care bassinets. This information is from the Joint Annual Report - Hospitals 2006. This information supports the projected need.

NEONATAL UTILIZATION FROM 2006 JARS

HOSPITAL	ICU Bassinets	ICU Pt Days	ICU ADC	Intermed Bassinets	Intermed Pt Days	Intermed ADC	Total Bassinets	Total Pt Days	Total ADC	Total Occupancy
AnMed Health Women's				7	1,325	3.6	7	1,325	3.6	51.9%
Greenville Memorial *1*	12	4,362	12.0	44	11,168	30.6	56	15,530	42.5	86.8%
St. Francis-Women's & Fam				10	1,799	4.9	10	1,799	4.9	49.3%
Palmetto Baptist-Easley				2	0	0.0	2	0	0.0	0.0%
REGION SUBTOTAL	12	4,362	12.0	63	14,292	39.2	75	18,654	51.1	68.1%
Spartanburg Regional *2*	13	2,802	7.7	22	5,137	14.1	35	7,939	21.8	62.1%
Mary Black Memorial				8	833	2.3	8	833	2.3	28.5%
REGION SUBTOTAL	13	2,802	7.7	30	5,970	16.4	43	8,772	24.0	55.9%
Self Regional	7	671	1.8	11	2,613	7.2	18	3,284	9.0	50.0%
REGION SUBTOTAL	7	671	1.8	11	2,613	7.2	18	3,284	9.0	50.0%
Palmetto Health Richland	27	8,061	22.1	38	10,822	29.6	65	18,883	51.7	79.6%
Lexington Medical Ctr				20	2,701	7.4	20	2,701	7.4	37.0%
Piedmont Medical Ctr				12	1,882	5.2	12	1,882	5.2	43.0%
Springs Memorial Hosp				4	889	2.4	4	889	2.4	60.9%
Palmetto Health Baptist *3*	8	*	*	21	*	*	29	6,081	16.7	83.3%
Tuomey				8	598	1.6	8	598	1.6	20.5%
Reg Med Ctr Orangeburg				5	0	0.0	5	0	0.0	0.0%
Aiken Regional Med Ctr				8	483	1.3	8	483	1.3	16.5%
REGION SUBTOTAL	35	8,061	22.1	116	17,375	47.6	151	25,436	69.7	46.2%
Women's Ctr Carolinas				11	618	1.7	11	618	1.7	15.4%
McLeod Regional	12	4,626	12.7	28	4,526	12.4	40	9,152	25.1	62.7%
Carolina Pines Regional				4	80	0.2	4	80	0.2	5.5%
Marion Co Medical Ctr				2	0	0.0	2	0	0.0	0.0%
Grand Strand Regional				2	140	0.4	2	140	0.4	19.2%
Conway Hospital				6	858	2.4	6	858	2.4	39.2%
REGION SUBTOTAL	12	4,626	12.7	53	6,222	14.7	65	10,848	29.7	45.7%
Georgetown Memorial				5	251	0.7	5	251	0.7	13.8%
Waccamaw Community *4*				2						
MUSC Medical Center	16	7,514	20.6	46	9,541	26.1	62	17,055	46.7	75.4%
Roper Hospital				5	310	0.8	5	310	0.8	17.0%
East Cooper Regional				6	77	0.2	6	77	0.2	3.5%
Trident Medical Center				5	1,531	4.2	5	1,531	4.2	83.9%
Bon Secours-St. Francis *5*				7	600	1.6	7	600	1.6	23.5%
Summerville Med. Ctr.				3	0	0.0	3	0	0.0	0.0%
Beaufort Memorial Hospital				3	135	0.4	3	135	0.4	12.3%
REGION SUBTOTAL	16	7,514	20.6	82	12,445	33.7	98	19,959	54.7	55.8%
GRAND TOTAL	95	28,036	76.8	355	58,917	158.7	450	86,953	238.2	52.9%

1 Licensed for 7 additional intermediate care bassinets for a total of 44 5/30/08.
2 CON issued 6/28/06 for 3 additional intensive and 7 intermediate care bassinets; licensed 11/21/06.
3 Hospital did not separate data; lic. 9 additional intermediate 7/16/08, converted 4 intermediate to intensive 8/26/08.
4 Licensed for 2 intermediate bassinets 4/21/08.
5 Licensed for 3 additional intermediate care bassinets for a total of 7, 9/21/07.

(E) Pediatric Inpatient Services

A pediatric inpatient unit is a specific section, ward, wing or unit devoted primarily to the care of medical and surgical patients less than 18 years old, not including special care for infants.

It is recognized that children have special problems that need to be addressed by specialized facilities, equipment and personnel experienced in dealing with children, and understanding and sympathetic to the child's unique needs. It is also recognized that each hospital need not develop the capability to provide all types of pediatric care, but rather, beds for children should be consolidated and distributed in such a manner as to ensure accessibility throughout an area. The need for pediatric beds is calculated under general hospital beds.

Relative Importance of Project Review Criteria

The following criteria are considered the most important in evaluating certificate of need applications for this service:

a. Need;
b. Distribution (Accessibility);
c. Acceptability
d. Financial Feasibility; and
e. Adverse Effects on Other Facilities.

In many hospitals, pediatric beds/services are not physically separated from other general hospital beds. Only larger hospitals have distinct pediatric units. General hospital beds are located within approximately 30 minutes travel time for the majority of the residents of the State. There may be a need for additional pediatric beds in the existing general hospitals; however, additional beds for pediatric services will not be approved unless other beds are converted to pediatrics or a need is indicated in the Plan for additional hospital beds. The benefits of improved accessibility do not outweigh the adverse affects caused by the duplication of this existing service.

(F) Cardiovascular Care

Cardiovascular diseases are the leading cause of death in the United States, accounting for more than 40% of all deaths. The total death rate for all cardiovascular diseases in South Carolina is the second highest in the country. Approximately 1/3 of all heart attacks are fatal. The amount of heart muscle that is damaged during a heart attack is an important determinant of whether patients live or die - and what their quality of life will be if they survive.

Diagnostic and therapeutic cardiac catheterizations and open heart surgery are tools in the treatment of heart disease. During a cardiac catheterization, a thin, flexible tube is inserted into a blood vessel in the arm or leg. The physician manipulates the tube to the chambers or vessels of the heart so that pressure measurements, blood samples and photographs can be taken. Injections of radioactive dye allow blockages or area of weakness to appear on x-rays. Other diagnostic and therapeutic procedures may also be performed. Diagnostic catheterizations take approximately 1-1/2 hours to perform while therapeutic catheterizations average 3 hours.

Percutaneous Coronary Intervention (PCI) is a therapeutic catheterization procedure used to treat occluded or partially occluded coronary arteries. A catheter with a balloon (PTCA) or a stent is inserted into the blood vessel and guided to the site of the constriction in the vessel. Because of the risk of arterial damage and resulting need for immediate open heart surgery, elective PCI is contraindicated for institutions without an on-site open heart surgery program. Hospitals without an open heart surgery program shall be allowed to provide Emergent PCIs ("Primary PCIs") only if they comply with all sections of Standard (8) of the Standards for Cardiac Catheterization.

During a Percutaneous Transluminal Coronary Angioplasty (PTCA), a balloon is inflated to flatten plaque against the artery wall and widen the narrowed artery. When using a stent, an expandable metal coil is implanted at the site of a narrowing in a coronary artery to keep the vessel open; the framework buttresses the wall of the coronary artery. Newer drug-eluting stents are coated with an anti-rejection drug. It is anticipated that the increased use of stents may reduce the number of open heart surgeries performed.

Open heart surgery or intracardiac surgery refers to an operation performed on the heart or intrathoracic great vessels. Coronary Artery Bypass Graft (CABG) accounts for 80-85% of all open heart surgery cases, where veins are extracted from the patient and grafted to bypass a constricted section of coronary artery. The thoracic cavity is opened to expose the heart, which is stopped and the blood is recirculated and oxygenated during surgery by a heart-lung machine. Another option is "beating heart surgery" like Minimally Invasive Direct Coronary Artery Bypass (MIDCAB), where the surgeon operates through a smaller incision rather than breaking the breastbone to open the chest cavity and no bypass machine is used. The success rate for CABG surgery is high; the American Heart Association reports that 90% of bypass grafts still work 10 years after they are put into place. The mortality rate continues to decline, but CABG still carries significant risks.

Both cardiac catheterization and open heart surgery programs require highly skilled staffs and expensive equipment. Appropriately equipped and staffed programs serving larger populations are preferable to multiple, minimum population programs. Underutilized programs may reflect

unnecessary duplication of services in an area. This may seriously compromise quality and safety of procedures and increase the cost of care. Optimal performance requires a caseload of adequate size to maintain the skills and efficiency of the staff. Cardiac catheterization laboratories should perform a minimum of 600 diagnostic equivalents per year (diagnostic catheterizations are weighted as 1.0 equivalents, therapeutic catheterizations as 2.0). Emergent PCI providers should perform a minimum of 36 PCIs annually; all other therapeutic cath providers should perform a minimum of 300 therapeutic caths annually. For pediatric catheterization and adult congenital cath labs, diagnostic catheterizations are weighted as 2.0 equivalents, therapeutic catheterizations as 3.0, EP studies as 2.0, biopsies performed after heart transplants as 1.0 equivalents, and adult concomitant congenital heart disease procedures performed in these labs are included in their utilization calculations. A minimum of 150 procedures per year is recommended; half of these should be on neonates or infants. There should be a minimum of 200 adult open heart surgery procedures performed annually per open heart surgery unit; improved results appear to appear in hospitals that perform a minimum of 350 cases annually. Pediatric open heart surgery units should perform 100 pediatric heart operations per year; at least 75 of which should be open heart surgery.

Status of South Carolina Providers

1. Cardiac Catheterizations

The Certificate of Need standards for cardiac catheterization require a minimum of 600 cardiac equivalents per laboratory annually within 3 years of initiation of service. There are 31 facilities approved to provide cardiac catheterization services in fixed laboratories in South Carolina. Of the 29 facilities that have been offering cardiac caths for more than 3 years, 20 exceeded the minimum of 600 equivalents per lab in 2006. Beaufort Memorial, Bon Secours St. Francis Xavier, Carolina Pines, Hilton Head Regional, Mary Black Memorial, Palmetto Health Baptist, Palmetto Baptist-Easley, Springs Memorial, and Tuomey Hospital fell below the minimum. The program at Loris Community Hospital had not been operational for 3 full years. Kershaw County Medical Center received a CON on 6/11/04 to establish a fixed cardiac cath lab. A joint venture between Palmetto Health and Columbia Heart to establish a diagnostic lab on the campus of Palmetto Richland was approved on 1/4/07, but the CON was voided on 12/28/07. There are 2 mobile cath labs approved in the state, at Colleton Medical Center and Chester Regional Medical Center. The number of diagnostic catheterizations performed statewide increased from 38,806 in 2005 to 39,997 in 2006.

There are 16 hospitals with open heart surgery programs providing therapeutic caths. They should be performing a minimum of 300 therapeutic caths annually within 3 years of initiation of service. Of the programs that had been operational for 3 full years, all but Carolinas Hospital System and Hilton Head Regional Medical Center performed the minimum number in 2006. In addition, Georgetown Memorial Hospital and Palmetto Baptist Easley have received CONs to perform Emergent PCIs without open heart surgery back-up. The number of therapeutic catheterizations performed statewide increased from 14,268 in 2005 to 14,551 in 2006.

MUSC is the only facility providing pediatric cardiac catheterizations in South Carolina. The standard recommends a minimum of 600 cardiac equivalents per year; MUSC performed 1,130 equivalents in 2006.

2. Open Heart Surgery

There are currently 16 open heart surgery programs approved for the general public in South Carolina, as well as the Veterans Administration (VA) Hospital in Charleston. The number of open heart surgeries performed decreased from 5,893 in 2005 to 5,438 in 2006. There were a total of 35 open heart surgery suites in operation in 2006. With a capacity of 500 surgeries per suite, the statewide capacity was 17,500 surgeries. The state average utilization rate of 31.1% equated to 155.4 surgeries per suite. Unused capacity remains in all programs in the state.

The Certificate of Need standard is for a facility to perform a minimum of 200 open heart surgeries per year per surgical suite within 3 years of initiation of service. Aiken Regional, Hilton Head Regional, Piedmont Medical Center, and Self Memorial performed less than the minimum in 2006. However, this minimum volume should not be interpreted as an optimal level of operation. Studies indicate that hospitals that perform a minimum of 350 total cases annually tend to have better outcomes than those that perform fewer cases. In 2006, only 7 of the 16 programs performed more than 350 total surgeries.

MUSC is the only facility performing pediatric open heart surgery in South Carolina. National and state standards recommend a minimum of 100 pediatric heart operations per open heart surgical suite. MUSC has consistently exceeded this standard; in 2006, 308 pediatric open heart surgeries were performed there.

The Certificate of Need standards for Cardiac Catheterization and Open Heart Surgery follow.

Certificate of Need Standards for Cardiac Catheterization

Definitions

"Cardiac Catheterization Procedure" is an invasive procedure where a thin, flexible catheter is inserted into a blood vessel; the physician then manipulates the free end of the catheter into the chambers or vessels of the heart. All activities performed during one clinical session, including angiocardiography, coronary arteriography, pulmonary arteriography, coronary angioplasty and other diagnostic or therapeutic measures and physiologic studies shall be considered one procedure.

"Comprehensive Catheterization Laboratory" means a dedicated room or suite of rooms in which both diagnostic and therapeutic catheterizations are performed.

"Diagnostic Catheterization" refers to a cardiac catheterization during which any or all of the following diagnostic procedures or measures are performed: Blood Pressure; Oxygen Content and Flow Measurements; Angiocardiography, Coronary Arteriography; and Pulmonary Arteriography. The following ICD-9-CM Procedure Codes refer to diagnostic catheterizations:

37.21 Right Heart Cardiac Catheterization
37.22 Left Heart Cardiac Catheterization
37.23 Combined Right and Left Heart Cardiac Catheterization

"Diagnostic Catheterization Laboratory" means a dedicated room in which only diagnostic catheterizations are performed.

"Diagnostic Equivalents" are the measurements of capacity and utilization for cardiac catheterization laboratories. For adult labs, diagnostic catheterizations are weighted as 1.0 equivalents and therapeutic caths are weighted as 2.0 equivalents. For pediatric catheterization and adult congenital cath labs, diagnostic catheterizations are weighted as 2.0 equivalents, therapeutic catheterizations as 3.0, EP studies as 2.0, and biopsies performed after heart transplants as 1.0 equivalents.

"Percutaneous Coronary Intervention (PCI)" refers to a therapeutic procedure to relieve coronary narrowing, such as Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Stent Implantation.

"Therapeutic catheterization" refers to a PCI or cardiac catheterization during which, in addition to any diagnostic catheterizations procedures, any or all of the following interventional procedures are performed: PTCA; Thrombolytic Agent Infusion; Directional Coronary Atherectomy; Rotational Atherectomy; Extraction Atherectomy; Coronary Stent Implants and Cardiac Valvuloplasty. The following ICD-9-CM Procedure Codes refer to therapeutic catheterizations:

00.66 Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Atherectomy
35.52 Repair of Atrial Septal Defect with Prothesis, Closed Technique
35.96 Percutaneous Valvuloplasty
36.06 Insertion of Coronary Artery Stent(s)

36.07 Insertion of Drug Eluting Coronary Artery Stent(s)
36.09 Other Removal of Coronary Artery Obstruction
37.34 Excision or Destruction of Other Lesion or Tissue of Heart, Other Approach

Standards

(1) The capacity of a fixed cardiac catheterization laboratory shall be 1,200 diagnostic equivalents per year. Adult diagnostic catheterizations (ICD-9-CM Procedure Codes 37.21, 37.22 and 37.23) shall be weighted as 1.0 equivalents, while therapeutic catheterizations (ICD-9-CM Procedure Codes 00.66, 35.52, 35.96, 36.06, 36.07, 36.09, and 37.34) shall be weighted as 2.0 equivalents. For pediatric and adult congenital cath labs diagnostic caths shall be weighted as 2.0 equivalents, therapeutic caths shall be weighted as 3.0 equivalents, electrophysiology (EP) studies shall be weighted as 2.0 equivalents, and biopsies performed after heart transplants shall be weighted as 1.0 equivalents. The capacity of mobile cardiac catheterization labs will be calculated based on the number of days of operation per week.

(2) The service area for a diagnostic catheterization laboratory is defined as all facilities within 45 minutes one way automobile travel time; for comprehensive cardiac catheterization laboratories the service area is all facilities within 60 minutes one way automobile travel time; a pediatric cardiac program should serve a population encompassing at least 30,000 births per year, or roughly two million people.

(3) New diagnostic cardiac catheterization services, including mobile, shall be approved only if all existing labs in the service area have performed at a combined use rate of 80% (960 equivalents per laboratory) for the most recent year;

(4) An applicant for a fixed diagnostic service must project that the proposed service will perform a minimum of 600 diagnostic equivalent procedures annually within three years of initiation of services, without reducing the utilization of the existing diagnostic catheterization services in the service area below 80% of capacity.

(5) An applicant for a mobile diagnostic catheterization laboratory must be able to project a minimum of 120 diagnostic equivalents annually for each day of the week that the mobile lab would be located at the applicant's facility by the end of the third year following initiation of the service, without reducing the utilization of the existing diagnostic catheterization services in the service area below 80% of capacity (i.e. an applicant wishing to have a mobile cath lab 2 days per week must project a minimum of 240 equivalents at the applicant's facility by the end of the third year of operation). In addition:

A. the applicant must document that the specific mobile unit utilized by the vendor will perform a combined minimum of 600 diagnostic equivalents per year;

B. the applicant must include vendor documentation of the complication rate of the mobile units operated by the vendor; and

C. if an application for a mobile lab is approved and the applicant subsequently desires to change vendors, the Department must approve such change in order to insure that appropriate minimum utilization can be documented.

(6) Expansion of an existing diagnostic cardiac catheterization service shall only be approved if the service has operated at a minimum use rate of 80% of capacity (i.e. 960 equivalents per laboratory) for each of the past two years and can project a minimum of 600 procedures per year on the additional equipment within three years of its implementation.

(7) Comprehensive cardiac catheterization laboratories, which perform diagnostic catheterizations, PCI and other therapeutic procedures, shall only be located in hospitals that provide open heart surgery. The ACC/AHA/SCAI Writing Committee continues to support the recommendation that elective PCI should not be performed in facilities without on-site cardiac surgery, due to the risk of arterial damage and subsequent need for emergency bypass surgery. Diagnostic cardiac catheterization laboratories, which serve to detect and identify defects in the great arteries or veins of the heart, or abnormalities in the heart structure, shall be allowed to perform emergency PCI provided they comply with all sections of standard 8.

(8) The provision of emergency PCI (Primary PCI) at a hospital without an on-site comprehensive catheterization laboratory and an open heart surgery program requires a Certificate of Need. This application shall be approved only if all of the following criteria are met:

A. Therapeutic catheterizations must be limited to Percutaneous Coronary Interventions (PCIs) performed only in emergent circumstances (Primary PCIs). Elective PCI may not be performed at institutions that do not provide on-site cardiac surgery.

B. The applicant has a diagnostic catheterization laboratory that has performed a minimum of 600 diagnostic catheterizations for the most recent year of data.

C. The hospital must acquire an intra-aortic balloon pump (IABP) dedicated solely to this purpose.

D. The chief executive officer of the hospital must sign an affidavit assuring that the criteria listed below are and will continue to be met at all times.

E. An application shall be approved only if it is consistent with the criteria from *Smith et al., ACC/AHA/SCAI 2005 Guideline Update for Percutaneous Coronary Intervention: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/AHA/SCAI Writing Committee to Update the 2001 Guidelines for Percutaneous Coronary Intervention).* The complete guidelines can be found at:
www.acc.org/clinical/guidelines/percutaneous/update/index.pdf

1. Criteria for the Performance of Emergency (Primary) PCI

a. The physicians must be experienced interventionalists who regularly perform elective intervention at a surgical center (75 cases/year). The institution must perform a minimum of 36 primary PCI procedures per year.

b. The nursing and technical catheterization laboratory staff must be experienced in handling acutely ill patients and comfortable with interventional equipment. They must have acquired experience in dedicated interventional laboratories at a surgical center. They participate in a 24-hour, 365-day call schedule.

c. The catheterization laboratory itself must be well-equipped, with optimal imaging systems, resuscitative equipment, intra-aortic balloon pump (IABP) support, and must be well-stocked with a broad array of interventional equipment.

d. The cardiac care unit nurses must be adept in hemodynamic monitoring and IABP management.

e. The hospital administration must fully support the program and enable the fulfillment of the above institutional requirements.

f. There must be formalized written protocols in place for immediate (within 1 hour) and efficient transfer of patients to the nearest cardiac surgical facility that are reviewed/tested on a regular (quarterly) basis.

g. Primary (emergency) intervention must be performed routinely as the treatment of choice around the clock for a large proportion of patients with acute myocardial infarction (AMI), to ensure streamlined care paths and increased case volumes.

h. Case selection for the performance of primary (emergency) angioplasty must be rigorous. Criteria for the types of lesions appropriate for primary (emergency) angioplasty and for the selection for transfer for emergent aortocoronary bypass surgery are shown in Section E.2.

i. There must be an ongoing program of outcomes analysis and formalized periodic case review. Institutions should participate in a 3- to 6-month-period of implementation during which time development of a formalized primary PCI program is instituted that includes establishing standards, training staff, detailed logistic development, and creation of a quality assessment and error management system.

2. Patient Selection Guidelines

RECORD 006925

a. Avoid intervention in hemodynamically stable patients with:

1) Significant (60%) stenosis of an unprotected left main (LM) coronary artery upstream from an acute occlusion in the left coronary system that might be disrupted by the angioplasty catheter
2) Extremely long or angulated infarct-related lesions with TIMI grade 3 flow
3) Infarct-related lesions with TIMI grade 3 flow in stable patients with 3-vessel disease
4) Infarct-related lesions of small or secondary vessels
5) Lesions in other than the infarct artery

b. Transfer emergent aortocoronary bypass surgery patients after PCI of occuluded vessels if high-grade residual left main or multivessel coronary disease and clinical or hemodynamic instability are present, preferably with intra-aortic balloon pump support

(9) New comprehensive cardiac catheterization services shall be approved only if the following conditions are met:

A. all existing comprehensive cardiac catheterization facilities in the service area performed a minimum of 300 therapeutic catheterizations and performed at a combined use rate of 80 percent in the most recent year (i.e. 960 equivalents per laboratory); and

B. an applicant must project that the proposed service will perform a minimum of 300 therapeutic catheterization procedures annually within three years of initiation of services, without reducing the combined use rate of the existing comprehensive catheterization programs in the service area below 80%.

(10) Expansion of an existing comprehensive cardiac catheterization service shall only be approved if the service has operated at a minimum use rate of 80% of capacity (960 equivalents per lab) for each of the past two years and can project a minimum of 600 equivalents per year on the additional equipment within three years of its implementation. This figure of 600 equivalents may be comprised by a combination of diagnostic and therapeutic procedures.

(11) New pediatric cardiac catheterization services shall be approved only if the following conditions are met:

A. all existing facilities have performed at a combined use rate of 80% of capacity for the most recent year; and

B. an applicant must project that the proposed service will perform a minimum of 600 diagnostic equivalent procedures annually within three years of initiation of services.

(12) Expansion of an existing pediatric cardiac catheterization service shall only be approved if the service has operated at a minimum use rate of 80% of capacity (960 equivalents) for each of the past two years and can project a minimum of 600 equivalents per year on the additional equipment within three years of its implementation.

(13) Documentation of need for the proposed service:

A. the applicant shall provide epidemiologic evidence of the incidence and prevalence of conditions for which diagnostic, comprehensive or pediatric catheterization is appropriate within the proposed service area, to include the number of potential candidates for these procedures;

B. the applicant shall project the utilization of the service and the effect of its projected utilization on other cardiac catheterization services within its service area, to include:

1. the number of patients of the applicant hospital who were referred to other cardiac catheterization services in the preceding 3 years and the number of those patients who could have been served by the proposed service;

2. the number of additional patients, if any, who will be generated through changes in referral patterns, recruitment of specific physicians, or other changes in circumstances. The applicant shall document the services, if any, from which these patients will be drawn; and

3. existing and projected patient origin information and referral patterns for each cardiac catheterization service serving patients from the area proposed to be served shall be provided.

(14) Both fixed and mobile diagnostic cardiac catheterization laboratories must provide a written agreement with at least one hospital providing open heart surgery, which states specified arrangements for referral and transfer of patients, to include:

A. criteria for referral of patients on both a routine and an emergency back-up basis;

B. regular communications between cardiologists performing catheterizations and surgeons to whom patients are referred;

C. acceptability of diagnostic results from the cardiac catheterization service to the receiving surgical service to the greatest extent possible to prevent duplication of services; and

D. development of linkages with the receiving institution's peer review mechanism.

(15) The application shall include standards adopted or to be adopted by the service, consistent with current medical practice as published by clinical professional organizations, such as the American College of Cardiology or the American Heart Association, defining high-risk procedures and patients who, because of their conditions, are at high risk. For diagnostic catheterization laboratories, this description of patient selection criteria shall include referral arrangements for high-risk patients. For comprehensive laboratories, these high-risk procedures should only be performed with open heart surgery back-up. The cardiac team must be promptly available and capable of successfully operating on unstable acute ischemic patients in an emergency setting.

(16) Cardiac catheterization services should be staffed by a minimum of two physicians licensed by the State of South Carolina who possess the qualifications specified by the governing body of the facility. Protocols should be established that govern initial and continuing granting of clinical staff privileges to physicians to perform diagnostic, therapeutic and/or pediatric catheterizations. In addition, standards should be established to assure that each physician using the service would be involved in adequate numbers of applicable types of cardiac catheterization procedures to maintain proficiency.

(17) The Department encourages all applicants and providers to share their outcomes data with appropriate registries and research studies designed to improve the quality of cardiac care.

Scope of Services

The following services should be available in both adult and pediatric catheterization laboratories:

(1) Each cardiac catheterization lab should be competent to provide a range of angiographic (angiocardiography, coronary arteriography, pulmonary arteriography), hemodynamic, and physiologic (cardiac output measurement, intracardiac pressure, etc.) studies. These facilities should be available in one laboratory so that the patient need not be moved during a procedure.

(2) The lab should have the capability of immediate endocardiac catheter pacemaking in cardiac arrest, a crash cart, and defibrillator.

(3) A full range of non-invasive cardiac/circulatory diagnostic support services, such as the following, should be available within the hospital:

a. Nuclear Cardiology
b. Echocardiography
c. Pulmonary Function Testing
d. Exercise Testing
e. Electrocardiography
f. Cardiac Chest X-ray and Cardiac Fluoroscopy
g. Clinical Pathology and Blood Chemistry Analysis
h. Phonocardiography

RECORD 006928

i. Coronary Care Units (CCUs)
j. Medical Telemetry/Progressive Care

(4) Each applicant shall document plans for providing cardiac rehabilitation services to its patients, or plans for establishing referral agreements with facilities offering cardiac rehabilitation services.

Cardiac catheterization studies for elective cases should be available at least 40 hours a week. All catheterization laboratories should have the capacity for rapid mobilization of the study team for emergency procedures 24 hours a day, 7 days a week.

All facilities offering cardiac catheterization services should meet full accreditation standards for The Joint Commission (TJC), or if the facility is not TJC accredited, then they must meet certification and/or licensure standards.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Section of the Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Projected Revenues;
e. Projected Expenses;
f. Ability of the Applicant to Complete the Project;
g. Financial Feasibility;
h. Staff Resources; and
i. Adverse Effects on Other Facilities.

The Department finds that:

(1) Diagnostic catheterization services are available within forty-five (45) minutes and therapeutic catheterization services within ninety (90) minutes travel time for the majority of South Carolina residents;

(2) Significant cardiac catheterization capacity exists in most areas of the State; and

(3) The preponderance of the literature on the subject indicates that a minimum number of procedures are recommended per year in order to develop and maintain physician and staff competency in performing these procedures.

The benefits of improved accessibility will not outweigh the adverse affects of duplication in evaluating Certificate of Need applications for this service.

CARDIAC CATHETERIZATION PROCEDURES

REGION/FACILITY		# CATH LABS	FY04 ADULT DIAG	FY04 ADULT THERP	FY04 ADULT TOTAL	FY04 PED	FY05 ADULT DIAG	FY05 ADULT THERP	FY05 ADULT TOTAL	FY05 PED	FY06 ADULT DIAG	FY06 ADULT THERP	FY06 ADULT TOTAL	FY06 PED
I														
ANMED HEALTH MEDICAL CENTER		3	1,960	989	2,949		2,135	1,150	3,285		1,976	1,134	3,110	
GREENVILLE MEMORIAL HOSPITAL		7	5,553	2,485	8,038		3,841	2,358	6,199		2,864	2,121	4,985	
SAINT FRANCIS - DOWNTOWN	1	3	1,194	404	1,598		1,347	538	1,885		1,307	625	1,932	
OCONEE MEMORIAL HOSPITAL		1	808		808		1,121		1,121		993		993	
PALMETTO BAPTIST MED CTR-EASLEY	2	1	618		618		636		636		567		567	
MARY BLACK MEMORIAL		1	106		106		148		148		213		213	
SPARTANBURG REGIONAL MEDICAL CTR		4	2,380	639	3,019		2,061	898	2,959		3,254	1,130	4,384	
TOTAL AREA I		20	12,619	4,517	17,136		11,289	4,944	16,233		11,174	5,010	16,184	
II														
CHESTER REGIONAL MEDICAL CENTER	3	MOBILE									73		73	
SELF REGIONAL HEALTHCARE		2	1,068	230	1,298		1,238	354	1,592		1,224	333	1,557	
KERSHAW COUNTY MEDICAL CTR	4	1			0				0				0	
SPRINGS MEMORIAL HOSPITAL		1	675		675		637		637		382		382	
LEXINGTON MEDICAL CENTER		1	1,398		1,398		1,472	22	1,494		1,355	19	1,374	
PALMETTO HEALTH BAPTIST		1	482		482		490		490		365		365	
PALMETTO HEALTH RICHLAND		4	2,813	834	3,647		2,846	865	3,711		2,898	1,039	3,937	
(PALMETTO HEART)	5	(1)												
PROVIDENCE HOSPITAL		6	3,901	2,749	6,650		3,716	2,876	6,592		3,924	3,039	6,963	
PIEDMONT MEDICAL CENTER		3	1,866	943	2,809		1,829	894	2,723		1,673	828	2,501	
SOUTH CAROLINA HEART CENTER	6	2			0				0		2,318		2,318	
TOTAL AREA II		22	12,203	4,755	16,959		12,228	5,011	17,239		14,212	5,258	19,470	
III														
CAROLINA PINES REGIONAL MEDICAL CTR		1	502		502		473		473		322		322	
CAROLINAS HOSPITAL SYSTEM		2	892	160	1,052		1,028	222	1,250		1,188	268	1,456	
MCLEOD REGIONAL MEDICAL CENTER		4	3,152	830	3,982		2,480	624	3,104		1,868	723	2,591	
GEORGETOWN MEMORIAL HOSPITAL	7	1	837	54	891		859	46	905		915	44	959	
CONWAY HOSPITAL		1	834		834		652		652		763		763	
GRAND STRAND REGIONAL MEDICAL CTR		2	769	623	1,392		851	607	1,458		845	595	1,440	
LORIS COMMUNITY HOSPITAL	8	1	0		0		43		43		318		318	
TUOMEY		1	505		505		361		361		331		331	
TOTAL AREA III		13	7,491	1,667	9,158		6,747	1,499	8,246		6,550	1,630	8,180	

RECORD 006930

Joint Exhibit 004-0058

IV		# CATH LABS	FY04 ADULT DIAG	FY04 ADULT THERP	FY04 ADULT TOTAL	FY04 PED	FY05 ADULT DIAG	FY05 ADULT THERP	FY05 ADULT TOTAL	FY05 PED	FY06 ADULT DIAG	FY06 ADULT THERP	FY06 ADULT TOTAL	FY06 PED
AIKEN REGIONAL MEDICAL CENTER		1	1,070	381	1,451		1,162	400	1,562		908	447	1,355	
BEAUFORT MEMORIAL HOSPITAL		1	485		485		436		436		397		397	
HILTON HEAD HOSPITAL		2	580	243	823		494	244	738		501	233	734	
COLLETON MEDICAL CENTER	*9*	MOBILE			0				0				0	
BON SECOURS ST. FRANCIS XAVIER		1	111		111		98		98		21		21	
MUSC MEDICAL CENTER	*10*	5	1,379	827	2,206	207	1,742	885	2,627	286	1,802	734	2,536	1,130
ROPER HOSPITAL		3	2,841	779	3,620		2,778	766	3,544		2,055	736	2,791	
TRIDENT MEDICAL CENTER		2	1,132	462	1,594		1,308	519	1,827		1,686	503	2,189	
REG MED CTR ORANGEBURG-CALHOUN		1	763		763		524		524		691		691	
TOTAL AREA IV		17	8,361	2,692	11,053	207	8,542	2,814	11,356	286	8,061	2,653	10,714	1,130
STATEWIDE TOTALS		72	40,674	13,632	54,306	207	38,806	14,268	53,074	286	39,997	14,551	54,548	1,130

1 CON ISSUED 11/17/05 FOR 3RD CATH LAB.
2 CON ISSUED 6/2/06 TO ALLOW EMERGENT PCI.
3 CON FOR MOBILE 2 DAYS/WEEK 2/17/06.
4 CON ISSUED 6/19/04.
5 CON ISSUED AS A JOINT VENTURE BETWEEN COLUMBIA HEART AND PALMETTO RICHLAND 1/29/07; CON VOIDED 12/28/07.
6 DOCTORS OFFICE, NOT A LICENSED ASF.
7 CON ISSUED 5/11/05 TO ALLOW EMERGENT PCI.
8 CON ISSUED 6/2/04.
9 CON FOR MOBILE 1 DAY/WEEK, 4/15/03.
10 PEDIATRIC METHODOLOGY CHANGED FOR 2006 UTILIZATION.

RECORD 006931

Joint Exhibit 004-0059

Certificate of Need Standards for Open Heart Surgery

Definitions

"Capacity" means the number of open heart surgery procedures that can be accommodated in an open heart surgery unit in one year.

"Open Heart Surgery" refers to an operation performed on the heart or intrathoracic great vessels. It is identified by the following ICD-9-CM procedure codes: 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.41-35.42, 35.50-35.51, 35.53-35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 36.03, 36.09, 36.10-36.16, 36.19, 36.2, 36.91, 36.99, 37.10-37.11, 37.32-37.33.

An "Open Heart Surgery Unit" is an operating room or suite of rooms equipped and staffed to perform open heart surgery procedures; such designation does not preclude its use for other related surgeries, such as vascular surgical procedures. A hospital with an open heart surgery program may have one or more open heart surgery units.

"Open Heart Surgical Procedure" means an operation performed on the heart or intrathoracic great vessels within an open heart surgical unit. All activities performed during one clinical session shall be considered one procedure.

"Open Heart Surgical Program" means the combination of staff, equipment, physical space and support services which is used to perform open heart surgery. Adult open heart surgical programs should have the capacity to perform a full range of procedures, including:

(1) repair/replacement of heart valves
(2) repair of congenital defects
(3) cardiac revascularization
(4) repair/reconstruction of intrathoracic vessels
(5) treatment of cardiac traumas.

In addition, open heart programs must have the ability to implement and apply circulatory assist devices such as intra-aortic balloon and prolonged cardiopulmonary partial bypass.

Standards

The standards for open heart surgery in South Carolina are as follows:

(1) The establishment or addition of an open heart surgery unit requires Certificate of Need review, as this is considered a substantial expansion of a health service.

(2) Comprehensive cardiac catheterization laboratories shall only be located in hospitals that provide open heart surgery. The lack of a formal cardiac surgical program within the institution is considered to be an absolute contraindication for therapeutic catheterizations, due to the risk of arterial damage and subsequent need for emergency bypass surgery.

(3) The capacity of an open heart surgery program is determined to be 500 open heart procedures per year for the initial open heart surgery unit and each additional dedicated open heart surgery unit (i.e. each operating room equipped and staffed to perform open heart surgery has a maximum capacity of 500 procedures annually).

(4) There should be a minimum of 200 adult open heart surgery procedures performed annually per open heart surgery unit, within three years after initiation in any institution in which open heart surgery is performed for adults. In institutions performing pediatric open heart surgery there should be a minimum of 100 pediatric heart operations per open heart surgery unit; at least 75 should be open heart surgery.

(5) New open heart surgery services shall be approved only if the following conditions are met:

A. Each existing unit in the service area (defined as all facilities within 60 minutes one way automobile travel, excluding any facilities located in either North Carolina or Georgia) is performing an annual minimum of 350 open heart surgery procedures per open heart surgery unit for adult services (70 percent of functional capacity). The standard for pediatric open heart cases in pediatric services is 130 procedures per unit. An exception to this requirement may be authorized should an applicant meet both of the following criteria:

1. There are no open heart surgery programs located in the same county as the applicant; and

2. The proposed facility currently offers cardiac catheterization services and provided a minimum of 1,200 diagnostic equivalents in the previous year of operation.

B. An applicant must project that the proposed service will perform a minimum of 200 adult open heart surgery procedures annually per open heart surgery unit, within three years after initiation (the standard for pediatric open heart surgery shall be 100 procedures annually per open heart surgery unit within three years after initiation):

1. using a standard of every seven (7) diagnostic cardiac catheterizations performed generating one (1) open heart surgery, the applicant must demonstrate that the facility performs sufficient diagnostic cardiac catheterizations to generate the minimum volume of open heart surgeries.

2. the applicant shall provide epidemiological evidence of the incidence and prevalence of conditions for which open heart surgery is appropriate within the proposed service area, to include the number of potential candidates for these procedures;

3. the applicant shall provide an explanation of how the applicant projects the utilization of the service and the effect of its projected utilization on other open heart surgery services, including:

   a. the number of patients of the applicant hospital who were referred to other open heart surgery services in the preceding 3 years and the number of these patients who could have been served by the proposed service;

   b. the number of additional patients, if any, who will be generated through changes in referral patterns, recruitment of specific physicians, or other changes in circumstances. The applicant shall document the services, if any, from which these patients will be drawn; and

   c. the existing and projected patient origin information and referral patterns for each open heart surgery service serving patients from the area proposed to be served shall be provided.

(6) No new open heart surgery programs shall be approved if the new program will cause the annual caseload of other programs within the proposed service area to drop below 350 adult procedures or 130 pediatric procedures per open heart surgery unit.

(7) Expansion of an existing open heart surgery service shall only be approved if the service has operated at a minimum use rate of 70 percent of capacity for each of the past two years and can project a minimum of 200 procedures per year in the new open heart surgery unit. The applicant shall document the other service providers, if any, from which these additional patients will be drawn.

(8) The application shall include standards adopted or to be adopted by the service, consistent with current medical practice as published by clinical professional organizations, such as the American College of Cardiology or the American Heart Association, defining high-risk procedures and patients who, because of their conditions, are at high risk and shall state whether high-risk cases are or will be performed or high-risk patients will be served.

(9) Open heart surgery services should be staffed by a minimum of two physicians licensed by the State of South Carolina who possess the qualifications specified by the governing body of the facility. Protocols should be established that govern initial and continuing granting of clinical staff privileges to physicians to perform open heart surgery and therapeutic cardiac catheterizations. In addition, standards should be established to assure that each physician using the service will be involved in adequate numbers of applicable types of open heart surgery and therapeutic cardiac catheterizations to maintain proficiency.

(10) The open heart surgery service will have the capability for emergency coronary artery surgery, including:

A. sufficient personnel and facilities available to conduct the coronary artery surgery on an immediate, emergency basis, 24 hours a day, 7 days a week;

B. location of the cardiac catheterization laboratory(ies) in which therapeutic catheterizations will be performed near the open heart surgery operating rooms; and

C. a predetermined protocol adopted by the cardiac catheterization service governing the provision of PTCA and other therapeutic or high-risk cardiac catheterization procedures or the catheterization of patients at high risk and defining the plans for the patients' emergency care. These high-risk procedures should only be performed with open heart surgery backup. The cardiac team must be promptly available and capable of successfully operating on unstable acute ischemic patients in an emergency setting.

(11) The Department encourages all applicants and providers to share their outcomes data with appropriate registries and research studies designed to improve the quality of cardiac care.

Scope of Services

Within the hospital, a range of non-invasive cardiac and circulatory diagnostic services, including the following, should be available:

(1) services for hematology and coagulation disorders;
(2) electrocardiography, including exercise stress testing;
(3) diagnostic radiology;
(4) clinical pathology services which include blood chemistry and blood gas analysis;
(5) nuclear medicine services which include nuclear cardiology;
(6) echocardiography;
(7) pulmonary function testing;
(8) microbiology studies;
(9) Coronary Care Units (CCU's);
(10) medical telemetry/progressive care; and
(11) perfusion.

Backup physician personnel in the following specialties should be available in emergency situations:

(1) Cardiology;
(2) Anesthesiology;
(3) Pathology;
(4) Thoracic Surgery; and
(5) Radiology.

Each applicant shall document plans for providing cardiac rehabilitation services to its patients, or plans for establishing referral agreements with facilities offering cardiac rehabilitation services.

Adult open heart surgery services should be available within 60 minutes one way automobile travel for 90% of the population. A pediatric cardiac surgical service should provide services for a minimum service area population with 30,000 live births, or roughly 2 million people. Open heart surgery for elective procedures should be available at least 40 hours per week, and elective open heart surgery should be accessible with a waiting time of no more than two weeks.

All facilities providing open heart surgery must conform with local, state, and federal regulatory requirements, and should meet the full accreditation standards for The Joint Commission (TJC), if the facility is TJC accredited.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

a. Compliance with the Need Outlined in this Section of the Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Projected Revenues;
e. Projected Expenses;
f. Ability of the Applicant to Complete the Project;
g. Financial Feasibility;
h. Cost Containment;
i. Staff Resources; and
j. Adverse Effects on Other Facilities.

The Department makes the following findings:

(1) Open heart surgery services are available within sixty (60) minutes travel time for the majority of residents of South Carolina;

(2) Based upon the standards cited above, most of the open heart surgery providers are currently utilizing less than the functional capability (i.e. 70% of maximum capacity) of their existing surgical suites;

(3) The preponderance of the literature on the subject indicates that a minimum number of procedures is recommended per year in order to develop and maintain physician and staff competency in performing these procedures; and

(4) Increasing geographic access may create lower volumes in existing programs causing a potential reduction in quality and efficiency, exacerbate existing problems regarding the availability of nursing staff and other personnel, and not necessarily reduce waiting time since other factors (such as the referring physician's preference) would still need to be addressed.

(5) Research has shown a positive relationship between the volume of open heart surgeries performed annually at a facility and patient outcomes. As components of the Certificate of Need program, the Department is charged with guiding the establishment of health facilities and services that will best serve public needs and ensure that high quality services are provided in health facilities in this State.

Thus, the Department establishes minimum standards that must be met by a hospital in order to provide open heart surgery. Specifically, a hospital is required to project a minimum of 200 open heart surgeries annually within three years of initiation of services. This is considered to be the minimum caseload required to operate a program that maintains the skill and efficiency of hospital staff and reflect an efficient use of an expensive resource. It is in the public's interest that facilities achieve their projected volumes.

(6) The State Health Planning Committee recognizes the important correlation between volume and proficiency. The Committee further recognizes that the number of open heart surgery cases is decreasing and that maintaining volume in programs is very important to the provision of quality care to the community.

The benefits of improved accessibility will not outweigh the adverse affects of duplication in evaluating Certificate of Need applications for this service.

OPEN HEART SURGERIES

REGION/FACILITY	# OPEN HEART UNITS	FY04 ADULT	FY04 PEDS	FY05 ADULTS	FY05 PEDS	FY06 ADULTS	FY06 PEDS
I							
ANMED HEALTH MEDICAL CENTER	2	265		306		265	
GREENVILLE MEMORIAL MED CTR	4	850		823		710	
ST FRANCIS - DOWNTOWN	2	147		245		226	
SPARTANBURG REGIONAL MED CTR	2	476		370		383	
TOTAL REGION I	10	1,738		1,744		1,584	
II							
SELF REGIONAL HEALTHCARE	2	104		130		132	
PALMETTO HEALTH RICHLAND	2	435		410		450	
PROVIDENCE HOSPITAL	4	1,047		939		826	
PIEDMONT MEDICAL CENTER	2	144		252		166	
TOTAL REGION II	10	1,730		1,731		1,574	
III							
CAROLINAS HOSPITAL SYSTEM	2	121		224		247	
MCLEOD REGIONAL MEDICAL CENTER	3	493		387		309	
GRAND STRAND REGIONAL MED CTR	2	495		450		404	
TOTAL REGION III	7	1,109		1,061		960	
IV							
AIKEN REGIONAL MEDICAL CTR	1	107		77		91	
HILTON HEAD HOSPITAL	1	59		46		12	
MUSC MEDICAL CENTER	3	380	225	508	296	530	308
ROPER HOSPITAL	2	471		471		451	
TRIDENT REGIONAL MED CTR	1	235		260		236	
VA HOSPITAL (CHARLESTON)	1						
TOTAL REGION IV	9	1,252	225	1,362	296	1,320	308
STATEWIDE TOTALS	35	5,829	225	5,898	296	5,438	308

RECORD 006938

(G) Megavoltage Radiotherapy & Radiosurgery

Cancer is a group of many related diseases, all involving out-of-control growth and spread of abnormal cells. These cells accumulate and form tumors that invade and destroy normal tissue. Cancer is the second leading cause of death, both nationally and South Carolina, accounting for approximately 22% of all deaths. It is estimated that there were 21,860 new cases of cancer diagnosed in South Carolina in 2005 and 9,080 cancer deaths. Different types of cancer vary in their rates of growth, patterns of spread and responses to different types of treatment. The overall 5-year survival rate is approximately 62%.

Megavoltage radiation has been utilized for decades as a standard modality for cancer treatment. It is best known as Radiation Therapy, but is also called Radiotherapy, X-Ray Therapy, or Irradiation. It kills cancer cells and shrink tumors by damaging their genetic material, making it impossible for these cells to continue to grow and divide. Approximately 50% of all cancer patients receive radiation therapy at some time during their illness, either alone or in combination with surgery or chemotherapy. It can be used as a therapeutic treatment (to attempt to cure the disease), a prophylactic treatment (to prevent cancer cells from growing in the area receiving the radiation) or as a pallative treatment (to reduce suffering and improve quality of life when a cure is not possible).

Beams of ionizing radiation are aimed to meet at a specific point and delivery radiation to that precise location. The amount of radiation used is measured in "gray" (Gy), and varies depending on the type and stage of cancer being treated. Radiation damages both cancer cells and normal cells, so the goal is to damage as many cancer cells as possible, while limiting harm to nearby healthy tissue. A typical course of treatment lasts for 2 to 10 weeks, depending on the type of cancer and the treatment goal. The relevant CPT Procedure codes are: 77371-77373, 77401-77404, 77406-77409, 77411-77414, 77416, 77418, 77432 and 77470.

There are varying types of radiation treatment and definitions are often used interchangeably. The following definitions apply:

Adaptive Radiation Therapy (ART): Patient setup and/or radiation delivery is evaluated and modified periodically during the treatment course based on imaging and dose measurements made prior to or during treatment.

Conformal Radiation Therapy (CRT): Since the target often has a complex shape, CT, MRI, or PET is used to create a 3-D image of the tumor. Using the image, the computer designs the radiation beams to be shaped exactly (conform) to the contour of the treatment area. Synonyms include Conformal External Beam Radiation Therapy (CEBRT), 3-D radiation therapy (3-DRT), 3-D Conformal Beam Radiation Therapy (3-DCBRT), 3-D Conformal Radiation Therapy (3-DCRT), and 3-D External Beam Radiation Therapy (3-DEBRT, 3-DXBRT).

Conventional External Beam Radiotherapy (2DXRT) is delivered via 2-D beams using a linear accelerator. Conventional refers to the way the treatment is planned on a simulator to target the tumor. It consists of a single beam of radiation delivered to the patient from several directions. It is reliable, but is being surpassed by Conformal and other more advanced modalities because of the reduced irradiation of healthy tissue.

Because of the increased complexity of treatment planning and delivery techniques, **Electronic Portal Imaging Devices (EPIDs)** have been developed. The most common EPIDs are video-based systems; on-line digital port images are captured and analyzed before or during treatment. These systems are used for pre-treatment verification of IMRT fields and to reduce errors in patient positioning.

Fractionation: A small fraction of the entire prescribed dose of radiation is given in each treatment or session. Individual treatment plans are created to minimize the side effects for normal tissue. The typical fractionation schedule for adults is once per day, five days a week. **Hyperfractionation** (Superfractionation) is when the radiation is given in smaller doses twice a day. In **Hypofractionation**, individual doses are given less often than daily, such as 2-5 sessions.

Image-Guided Radiation Therapy (IGRT) combines IMRT with On-Board Imaging (OBI) scans. It visualizes the patient's anatomy during treatments and allows for real-time adjustment of the beams. Since tumors move between treatments and due to breathing during treatments, IGRT ensures correct patient positioning and reducing healthy tissue damage.

IMRT (Intensity Modulated Radiation Therapy) creates a 3-D radiation dose map to treat the tumor. It uses a multi-leaf collimator to modulate or control the outlines and intensity of the radiation field during cancer treatment. Because of its precision it can spare more healthy tissue, but it also requires detailed data collection and takes longer than conventional therapy.

Stereotactic Radiosurgery (SRS) is a single-session procedure, used to treat brain tumors and other brain disorders that cannot be treated by regular surgery. The patient's head is placed in a special frame, which is attached to the patient' skull. The frame is used to aim high-dose radiation beams directly at the tumor inside the patient's head. The radiation dose given in one session is usually less than the total dose that would be given with radiation therapy. However, the tumor receives a very high one-time dose of radiation with radiosurgery versus smaller fractions over time with radiation therapy. It is also known as Stereotaxic Radiosurgery or Radiation Surgery.

Stereotactic Radiation Therapy (SRT) is a similar approach as Stereotactic Radiosurgery to delivering radiation to the target tissue. However, the total dose of radiation is divided into several smaller doses given over several days, rather than a single large dose. The treatment time per session typically ranges from 30 to 90 minutes for 2-5 sessions. It can be used to treat both brain and extracranial tumors.

There are 3 types of radiation equipment available:

1. Particle Beam (Proton)

Particle beams use heavy charged subatomic particles to deliver radiation to the tumor. Unlike the other equipment forms, some particle beams can only penetrate a short distance into tissue. Therefore, they are often used to treat cancers located on the surface of or just below the skin. There are only a few facilities that operate particle beam (or cyclotron) units, which can be used to treat brain cancers and fractionated to treat other cancers. There are currently only 5 facilities in the United States and the cost of greater than $100 million will limit their expansion.

2. Linear Accelerator (X-Ray)

The linear accelerator produces high energy x-rays that are collected to form a beam that matches the size and shape of the patient's tumor. The patient lies on a movable couch and radiation is transmitted through the gantry, which rotates around the patient. Radiation can be delivered to the tumor from any angle by rotating the gantry, moving the couch, or moving the accelerator with a robotic arm. The accelerator must be located in a room with lead and concrete walls to keep the rays from escaping. A conventional linac requires modifications, such as additional equipment, in order to be used for IMRT or other advanced techniques.

Minimal equipment requirements for a linear accelerator include:

a. at least 1 teletherapy unit, with an energy exceeding 1 megavolt (MV); the distance from the source to the isocenter must be at least 80 cm;

b. access to an electron beam source or a low energy X-ray unit;

c. adequate equipment to calibrate and measure dosimetric characteristics of all treatment units in the department;

d. capability to provide appropriate dose distribution information for external beam treatment and brachytherapy;

e. equipment for accurate simulation of the treatment units in the department (in general, one simulator can service 2-3 megavoltage treatment units);

f. field-shaping capability; and

g. access to CT scanning capability.

The capacity standards for a linear accelerator vary by the capability of the equipment. A conventional linear accelerator, either with or without EPID, has a capacity of 7,000 treatments per year, based upon an average of 28 patients treated per day, 5 days per

week, 50 weeks per year. IMRT and IGRT systems (such as Tomotherapy and Novalis TX) take longer to set up and perform treatments than those relying on previously generated images. In addition, the average treatment time for highly specialized techniques such as total body irradiation or for treating children is longer. Therefore, these systems cannot treat as many patients per day and a lower capacity of 4,000 treatments per year (16 patients treated per day, 5 days per week, 50 weeks per year) is established for such equipment. At this time, 2 of the linear accelerators at MUSC, and the Tomotherapy units at Spartanburg Regional and Carolina Regional Radiation Center are determined to meet this definition and their capacities and the need calculations for their service areas have been adjusted accordingly.

There is also linac equipment designed strictly to provide Stereotactic Radiotherapy in 1-5 treatment sessions. These specialized linacs have an even lower capacity because of the treatment time associated with this type of care. The capacity for such equipment is established as 1,000 treatments per year per unit, based on 4 treatments per day, 5 days per week, for 50 days per year. The Cyberknife approved at Roper Hospital (CON 8/10/06) is the only equipment so designated, and the capacity and need calculations for this facility and service area have also been adjusted.

3. Cobalt-60 (Photon)

This modality, best known by the trade name of Gamma Knife, is used to perform Stereotactic Radiosurgery. It is primarily used to treat brain tumors, although it can also be used for other neurological conditions like Parkinson's Disease and Epilepsy. Its use is generally reserved for cancers that are difficult or dangerous to treat with surgery. The radiation damages the genetic code of the tumor in a single treatment, preventing it from replicating and causing it to slowly shrink. Installation of a Gamma Knife system costs between $3.4 and $5 million, plus an additional $0.25 to $0.5 million every 5-10 years to replenish the cobalt-60 power source.

The Gamma Knife consists of a large shield surrounding a large helmet-shaped device with 201 separate, fixed ports that allow the radiation to enter the patient's head in small beams that converge on the designated target. A rigid frame is attached to the patient's skull to provide a solid reference for both targeting and treatment. The patient is then sent for imaging, to accurately determine the position of the target. The computer system develops a treatment plan to position the patient and the paths and doses of radiation. The patient is positioned with the head affixed to the couch, and the treatment is delivered. The patient goes home the same day.

Status of South Carolina Providers

1. Linear Accelerators

There are currently 26 facilities either operating or approved for a total of 50 linear accelerators in South Carolina. In 2006, the 45 operational linear accelerators averaged 5,248 treatments per unit. The utilization for each provider per linear accelerator was:

Provider	# Accelerators	Treatments/ Accelerator
Cancer Ctr. Carolinas Eastside	1	9,700
SC Oncology Associates	2	8,710
Carolina Regional Radiation	2	7,016
Lexington Medical Ctr.	2	6,478
Roper Hospital	2	6,184
Aiken Regional	1	6,134
AnMed Health Med. Ctr.	2	6,100
Spartanburg Regional *1*	3	5,984
Rock Hill Radiation	2	5,900
Cancer Ctr. Carolinas Oconee	1	5,799
RMC-Orangeburg/Calhoun	1	5,722
Greenville Memorial Hospital	3	5,569
Cancer Center Carolinas	1	5,455
Georgetown Memorial	1	5,416
Beaufort-Hilton Head	1	5,412
Trident Regional	2	5,397
Tuomey Regional	2	5,021
Carolinas Hospital System	1	4,953
McLeod Regional	4	4,141
MUSC *2*	4	3,779
Self Memorial	2	3,347
Palmetto Health Richland	4	2,724
Beaufort Memorial Hospital	1	2,053

1 Spartanburg Regional has a Tomotherapy linac with a 4,000 treatment capacity
2 2 of the MUSC linacs have a 4,000 treatment capacity

2. Gamma Knife

Palmetto Health Richland is currently the only hospital to operate a Gamma Knife in South Carolina. A total of 240 patients received Gamma Knife treatment in 2006.

The Certificate of Need standards for Radiotherapy and Stereotactic Radiosurgery follow.

RECORD 006943

Certificate of Need Standards for Radiotherapy

Standards

(1) The capacity of a conventional linear accelerator, either with or without EPID, is 7,000 treatments per year.

(2) Linear Accelerators providing IMRT or IGRT or performing highly specialized techniques such as total body irradiation or for treating children have a capacity of 4,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.

(3) Linear Accelerators designed strictly to provide Stereotactic Radiotherapy has a capacity of 1,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.

(4) There are 13 service areas established for Radiotherapy units as shown on the following chart.

(5) New Radiotherapy services shall only be approved if the following conditions are met:

A. all existing units in the service area have performed at a combined use rate of 80 percent of capacity for the year immediately preceding the filing of the applicant's CON application; and

B. an applicant must project that the proposed service will perform a minimum number of treatments equal to 50 percent of capacity annually within three years of initiation of services, without reducing the utilization of the existing machines in the service area below the 80 percent threshold. If the new equipment is a specialized radiotherapy unit as described in either Standard 2 or 3 above, then the applicant may propose an annual capacity based on the specialized use of the equipment by that applicant. If the applicant can justify this proposed annual capacity, then this capacity will be used in CON application calculations, as well as future capacity calculations, for that applicant. The applicant must document where the potential patients for this new service will come from and where they are currently being served, to include the expected shift in patient volume from existing providers.

(6) Expansion of an existing service, whether the expansion occurs at the existing site or at an alternate location in the service area, shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the past two years and can project a minimum use rate of 50 percent of capacity per year

on the additional equipment within three years of its implementation. If the additional equipment is a specialized radiotherapy unit as described in either Standard 2 or 3 above, then the existing provider may propose an annual capacity for that additional equipment, based on the specialized use of the equipment by that applicant. If the applicant can justify this proposed annual capacity, then this capacity will be used in CON application calculations, as well as future capacity calculations, for that applicant.

(7) The applicant shall project the utilization of the service and document referral sources for patients within its service area, including letters of support from physicians and health care facilities indicating a willingness to refer patients to the proposed service, with expected annual referral volumes.

(8) The applicant must affirm the following:

A. all treatments provided will be under the control of a board certified or board eligible radiation oncologist;

B. the applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;

C. the applicant will have access to simulation equipment capable of precisely producing the geometric relationships of the equipment to be used for treatment of the patient;

D. the applicant will have access to a custom block design and cutting system; and

E. the institution shall operate its own tumor registry or actively participate in a central tumor registry.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for these services:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Projected Revenues;
e. Projected Expenses;
f. Financial Feasibility; and
g. Cost Containment.

The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

MEGAVOLTAGE VISITS

REGION & FACILITY	# UNITS	FY2004	FY2005	FY2006
I				
ANDERSON COUNTY				
ANMED HEALTH MEDICAL CENTER	2	10,931	12,346	12,199
CHEROKEE COUNTY				
GIBBS REGIONAL CANCER CTR SATELLITE *1*	(1)	---	---	---
GREENVILLE COUNTY				
CANCER CENTERS OF THE CAROLINAS	1	5,637	4,593	5,455
CANCER CENTERS CAROLINAS - EASTSIDE	1	9,815	9,423	9,700
GREENVILLE MEMORIAL MEDICAL CENTER	3	14,687	14,728	16,707
GREER MEDICAL CAMPUS CANCER CTR *2*	1	---	---	---
OCONEE COUNTY				
CANCER CENTERS CAROLINAS - OCONEE CO.	1	5,014	5,571	5,799
SPARTANBURG COUNTY				
SPARTANBURG REGIONAL MED CTR	3	16,860	16,309	17,953
VILLAGE AT PELHAM CANCER CENTER *1*	1			
II				
GREENWOOD COUNTY				
SELF REGIONAL HEALTHCARE	2	7,537	6,506	6,694
LEXINGTON COUNTY				
LEXINGTON MEDICAL CENTER	2	13,398	12,302	12,956
NEWBERRY COUNTY				
NEWBERRY ONCOLOGY ASSOCIATES *3*	1	---	---	---
RICHLAND COUNTY				
PALMETTO HEALTH BAPTIST *4*	(2)	3,281	---	---
PALMETTO HEALTH RICHLAND *4*				
LINEAR ACCELERATORS	2	20,500	10,817	10,895
GAMMA KNIFE	1	225	214	240
SOUTH CAROLINA ONCOLOGY ASSOCIATES *4*	4	11,513	18,065	17,420
YORK COUNTY				
ROCK HILL RADIATION THERAPY CENTER	2	11,471	11,529	11,800

MEGAVOLTAGE VISITS

REGION & FACILITY		# UNITS	FY2004	FY2005	FY2006
III					
FLORENCE COUNTY					
CAROLINAS HOSPITAL SYSTEM		1	10,208	4,667	4,953
MCLEOD REGIONAL MEDICAL CENTER		4	17,760	17,519	16,552
GEORGETOWN COUNTY					
GEORGETOWN MEMORIAL HOSPITAL		1	1,889	4,217	5,416
HORRY COUNTY					
CAROLINA REGIONAL RADIATION CENTER	*5*	3	15,442	15,770	14,032
SUMTER COUNTY					
TUOMEY		2	8,635	10,067	10,041
IV					
AIKEN COUNTY					
AIKEN REGIONAL MEDICAL CENTER		1	5,426	5,902	6,134
BEAUFORT COUNTY					
BEAUFORT/HILTON HEAD RAD ONCOLOGY CTR		1	6,147	5,774	5,412
BEAUFORT MEMORIAL HOSPITAL	*6*	1	---	---	2,053
CHARLESTON COUNTY					
MUSC MEDICAL CENTER	*7*	4	13,616	13,896	15,116
ROPER HOSPITAL	*8*	3	11,806	11,759	12,368
TRIDENT MEDICAL CENTER		2	11,110	12,017	10,794
ORANGEBURG COUNTY					
REGIONAL MED CTR ORANGEBURG/CALHOUN		1	5,832	5,944	5,722
TOTAL		50	238,515	229,721	236,181

1 GIBBES LINAC APPROVED 3/31/03; APPEALED. CON TO MOVE PROPOSED GIBBES LINAC TO VILLAGE AT PELHAM APPEALED 2/12/08.
2 CON ISSUED 10/12/07, SC-07-53.
3 CON APPROVED 3/20/06.
4 TRANSFER & REPLACE 2 LAS FROM PAL BAPTIST & TRANSFER OWNERSHIP OF 4 LAS FROM PAL RICHLAND 11/12/03 SC-03-68. CON TO REPLACE & TRANSFER 2 LAS FROM PAL RICHLAND TO SC ONCOLOGY ASSOC SITE FOR A TOTAL OF 4, 5/1/06.
5 CON APPROVED FOR A TOMOTHERAPY UNIT AS A 3RD LINAC; APPEALED. CON ISSUED 7/18/07.
6 CON SC-03-24 4/29/03
7 CON TO MOVE & REPLACE EXISTING LA TO MT PLEASANT 7/8/03 SC-03-38. CON ISSUED 7/18/05 TO REPLACE A LA & RETAIN THE OLD UNIT FOR PEDIATRIC & TIME-INTENSIVE PROC SC-05-45
8 CON ISSUED FOR A CYBERKNIFE LINEAR ACCELERATOR 8/10/06.

RADIOTHERAPY

SERVICE AREAS	2006 POPULATION	# OF LIN ACC	POP PER LIN ACC	TOTAL AREA TREATMENTS	TREATMENTS PER LIN ACC	PLANNING AREA CAPACITY
ANDERSON,OCONEE	245,560	3	81,853	17,998	5,999	21,000
GREENVILLE,PICKENS	522,980	6	87,163	31,862	5,310	42,000
CHEROKEE,SPARTANBURG UNION	355,150	4	88,788	17,953	4,488	25,000
CHESTER,LANCASTER,YORK	277,480	2	138,740	11,800	5,900	14,000
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	225,800	2	112,900	6,694	3,347	14,000
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	689,450	9	76,606	41,271	4,586	63,000
CHESTERFIELD, DARLINGTON DILLON, FLORENCE, MARION MARLBORO	336,830	5	67,366	21,515	4,303	35,000
CLARENDON,LEE,SUMTER	167,110	2	83,555	10,041	5,021	14,000
GEORGETOWN,HORRY WILLIAMSBURG	316,370	4	79,093	19,448	4,862	25,000
BAMBERG,CALHOUN ORANGEBURG	126,640	1	126,640	5,722	5,722	7,000
ALLENDALE,BEAUFORT, HAMPTON,JASPER	191,030	2	95,515	7,465	3,733	14,000
BERKELEY,CHARLESTON COLLETON,DORCHESTER	629,120	9	69,902	38,278	4,253	57,000
AIKEN,BARNWELL	180,460	1	180,460	6,134	6,134	7,000
STATE TOTAL	4,263,980	50	85,280	236,181	4,724	338,000

Certificate of Need Standards for Stereotactic Radiosurgery

Standards

(1) The capacity of a dedicated Stereotactic Radiosurgery unit is 300 procedures annually. This is based on an average of 2 procedures per day times 3 days per week times 50 weeks per year.

(2) The service area for a dedicated Stereotactic Radiosurgery unit is defined as all facilities within 90 minutes one-way automobile travel time.

(3) New Radiosurgery services shall only be approved if the following conditions are met:

A. all existing units in the service area have performed at a combined use rate of 80 percent of capacity for the most recent year; and

B. an applicant must project that the proposed service will perform a minimum of 200 procedures annually within three years of initiation of services, without reducing the utilization of existing units below the 80 percent threshold.

(4) Expansion of an existing radiosurgery service shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the past two years and can project a minimum of 200 procedures per year on the additional equipment within three years of its implementation.

(5) The applicant shall project the utilization of the service, to include:

A. epidemiological evidence of the incidence and prevalence of conditions for which radiosurgery treatment is appropriate, to include the number of potential patients for these procedures;

B. the number of patients of the applicant who were referred to other radiosurgery providers in the preceding three years and the number of those patients who could have been served by the proposed service; and

C. current and projected patient origin information and referral patterns for the facility's existing radiation therapy services. The applicant shall document the number of additional patients, if any, who will be generated through changes in referral patterns, recruitment of specific physicians or other changes in circumstances; and

(6) The applicant must include letters of support from physicians and health care facilities indicating a willingness to refer patients to the proposed service.

(7) The applicant must document that protocols will be established to assure that all clinical radiosurgery procedures performed are medically necessary and that alternative treatment modalities have been considered.

(8) The applicant must affirm the following:

A. the radiosurgery unit will have a board certified neurosurgeon and a board certified radiation oncologist, both of whom are trained in stereotactic radiosurgery;

B. the applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;

C. dosimetry and calibration equipment and a computer with the appropriate software for performing radiosurgical procedures will be available;

D. the applicant has access to a full range of diagnostic technology, including CT, MRI and angiography; and

E. the institution shall operate its own tumor registry or actively participate in a central tumor registry.

(9) Because of the unique nature and limited need for this type of equipment, the applicant should document how they intend to provide accessibility for graduate medical education students in such fields as neurosurgery and oncology.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for these services:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Projected Revenues;
e. Projected Expenses;
f. Financial Feasibility; and
g. Cost Containment.

The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

(H) Positron Emission Tomography (PET) and PET/CT

Positron Emission Tomography (PET) uses small concentrations of radioactive material injected into the blood to capture color images of cellular metabolism. It allows the study of metabolic processes such as oxygen consumption, and utilization of glucose and fatty acids. Cancer cells utilize more glucose than normal cells, so PET can be used to reveal the presence or track the spread of cancer. It is quantitative and very sensitive, so only small amounts of isotopes are needed.

PET was developed in the 1970's and was primarily used for research focusing on cerebral function and detection and assessment of coronary artery disease. Recent research has centered on oncology and neurological applications such as epilepsy, Alzheimer's and Parkinson's Diseases. PET is covered for Medicare patients with lung, breast, colorectal, head and neck and esophageal cancers; melanomas; certain thyroid diseases; neurological; and heart disease uses.

The process takes around 45 minutes to an hour to perform. A Computerized Tomography (CT) scanner produces cross-sectional images of anatomical details of the body. These images are taken separately, and then fused with the PET images for interpretation. The process requires a nuclear medical technologist certified for both PET and CT or dually certified in radiography.

Several manufacturers have now developed combined PET/CT scanners that can acquire both image sets simultaneously, giving radiologists a more complete picture in about half the time. A PET/CT scanner costs between $2.0-2.7 dollars. Installing and operating a PET scanner typically costs around $1,600,000 in capital costs plus annual staffing and operational costs of $800,000.

Because of the on-going development of this technology, it is anticipated that PET and PET/CT will become a standard diagnostic modality in the fields of cardiology, oncology and neurology. Due to the current cost of this technology and the uses approved for reimbursement, it is more appropriate that this technology be available for health care facilities providing specialized therapeutic services such as open heart surgery and radiation oncology. Note: in the Certificate of Need standards cited below, the terms PET and PET/CT are interchanged. The Department does not differentiate between these modalities in defining these standards. The addition of a CT component to an existing PET service is not considered to be a new service that would trigger CON review and is interpreted by the Department to be the replacement of like equipment with similar capabilities.

The operational or approved PET scanners in the state are listed on the following page.

Certficate of Need Standards

(1) Hospitals that provide specialized therapeutic services (open heart surgery and/or radiation therapy) should have either fixed or mobile PET services for the diagnosis of both inpatients and outpatients. Other hospitals must document that they provide a sufficient range of comprehensive medical services that would justify the need for PET services. Applicants for a freestanding PET service not operated by a hospital must document referral agreements from health care providers that would justify the establishment of such services.

(2) Full-time PET scanner service is defined as having PET scanner services available 5 days per week. Fixed PET scanners are considered to be in operation 5 days per week. Capacity is considered to be 1,500 procedures annually. Capacity for shared mobile services will be calculated based on the number of days of operation per week at each participating facility.

(3) Applicants proposing new fixed PET services must project at a minimum 750 PET clinical procedures per year (3 clinical procedures/day x 250 working days) by the end of the third full year of service. The projection of need must include proposed utilization by both patient category and number of patients to be examined, and must consider demographic patterns, patient origin, market share information, and physician/patient referrals. An existing PET service provider must be performing at 1,250 clinical procedures (5 clinical procedures x 250 days) per PET unit annually prior to the approval of an additional PET machine.

(4) In order to promote cost-effectiveness, the use of shared mobile PET units should be considered. Applicants for a shared mobile scanner must project an annual minimum of 3 clinical procedures/day times the number of days/week the scanner is operational at the facility by the end of the third full year of service.

(5) The applicant must demonstrate through cooperative and sharing agreements and letters of support how it will accommodate physicians, other health care institutions and patients from its own region and beyond.

(6) The applicant agrees in writing to provide to the Department utilization data on the operation of the PET service.

(7) The Department encourages all applicants and providers to share their outcomes data with appropriate registries and research studies designed to improve the quality of patient care.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Acceptability;
e. Financial Feasibility;
f. Ability of the Applicant to Complete the Project; and
g. Cost Containment.

The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

POSITRON EMISSION TOMOGRAPHY (PET) AND PET-CT UTILIZATION

REGION/COUNTY	FACILITY	SCANNERS	FY04 SCANS	FY05 SCANS	FY06 SCANS	CON/DATE
REGION I						
ANDERSON	ANMED HEALTH CANCER CENTER	MOBILE FOR 2 DAYS	214	255	372	REPLACE PET W/ PET-CT 5/1/06
GREENVILLE	THE CAROLINAS CLINICAL PET INSTITUTE	FIXED	1,956	2,154	2,203	REPLACE PET W/ PET-CT 6/27/06
GREENVILLE	GREENVILLE MEMORIAL HOSPITAL	MOBILE FOR 4 DAYS	—	—	49	CON 5/1/06
SPARTANBURG	SPARTANBURG REGIONAL MEDICAL CTR	FIXED	532	681	860	REPLACE MOBILE W/ FIXED 8/22/06
REGION II						
GREENWOOD	SELF REGIONAL HEALTHCARE	MOBILE FOR 3 DAYS	—	—	—	CONVERT TO 3 DAYS/WK & CONV TO PET/CT 11/27/06
LEXINGTON	LEXINGTON MED CTR - LEXINGTON	MOBILE FOR 3 DAYS	512	533	468	REPLACE PET W/ PET-CT 3/22/06 2 DAYS LMC-LEX 1DAY LMC-IRMO
RICHLAND	PALMETTO HEALTH BAPTIST	FIXED	1,391	1,265	1,099	REPLACE PET W/ PET-CT 7/1/05
RICHLAND	SOUTH CAROLINA HEART CENTER	FIXED	—	—	—	CON FOR PET 3/17/06
RICHLAND	SOUTH CAROLINA ONCOLOGY ASSOC	FIXED	—	—	1,324	CON 11/16/05
YORK	PIEDMONT MEDICAL CENTER	MOBILE FOR 2 DAYS	282	317	531	REPLACE PET W/ PET-CT 3/21/06
REGION III						
FLORENCE	CAROLINAS HOSPITAL SYSTEM	MOBILE FOR 1 DAY	—	181	232	REPLACE PET W/ PET-CT 11/13/06

RECORD 006953

Joint Exhibit 004-0081

REGION/COUNTY	FACILITY	SCANNERS	FY04 SCANS	FY05 SCANS	FY06 SCANS	CON/DATE
FLORENCE	MCLEOD REGIONAL MEDICAL CENTER	FIXED	523	470	576	
GEORGETOWN	GEORGETOWN MEMORIAL HOSPITAL	MOBILE FOR 1 DAY	—	—	146	CON 9/14/05
HORRY	GRAND STRAND REGIONAL MEDICAL CTR	MOBILE FOR 2 DAYS	669	736	838	
HORRY	CONWAY HOSPITAL	MOBILE FOR 2 DAYS	103	120	80	REPLACE PET W/ PET-CT 8/22/06
SUMTER	TUOMEY	MOBILE FOR 1/2 DAY	18	118	131	CON 3/5/04
REGION IV						
AIKEN	AIKEN REGIONAL MEDICAL CENTER	MOBILE FOR 1 DAY	—	202	328	CON 8/18/04
BEAUFORT	BEAUFORT IMAGING	MOBILE FOR 2 DAYS	—	—	128	REPLACE PET W/ PET-CT 9/11/08
BEAUFORT	SOUTH CAROLINA CANCER SPECIALISTS	FIXED	—	—	299	CONVERTED TO FIXED 7/25/07
CHARLESTON	MUSC MEDICAL CENTER	FIXED	—	—	329	CON 2/10/06
CHARLESTON	ROPER HOSPITAL	FIXED	1,367	1,380	823	REPLACE PET W/ PET-CT 9/14/06
CHARLESTON	CHARLESTON RADIOLOGISTS	MOBILE FOR 1 DAY	262	288	350	
CHARLESTON	NORTH CHARLESTON DIAGNOSTIC	FIXED	—	—	—	CON 3/20/06
JASPER	SOUTH CAROLINA CANCER SPECIALISTS	FIXED	—	—	—	EXEMPTION 7/24/07
ORANGEBURG	REGIONAL MEDICAL CENTER OF ORANGEBURG & CALHOUN COUNTIES	MOBILE FOR 2 DAYS	123	111	62	
		TOTALS	7,952	8,811	11,268	

RECORD 006954

Joint Exhibit 004-0082

(I) Outpatient Facilities

Outpatient facility means a facility providing community service for the diagnosis and treatment of ambulatory patients: (1) which is operated in connection with a hospital; or (2) in which patient care is under the professional supervision of a licensed physician; or (3) which offers to patients not requiring hospitalization the services of licensed physicians and makes available a range of diagnostic and treatment services. Hospital-based outpatient departments vary in scope, but generally include diagnostic laboratory, radiology, and clinical referral services.

(1) Ambulatory Surgical Facility

Ambulatory surgery, often described as outpatient or same-day surgery, may be provided in either a hospital or a freestanding Ambulatory Surgical Facility (ASF). An ASF is a distinct, freestanding, self-contained entity that is organized, administered, equipped and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures, and/or services, *e.g.*, endoscopy, for which patients are scheduled to arrive, receive surgery, or related care, treatment, procedures, and/or services, and be discharged on the same day. The owner or operator makes the facility available to other providers who comprise an organized professional staff, i.e. an open medical staff. This definition does not apply to any facility used as an office or clinic for the private practice of licensed health care professionals.

There has been a substantial increase in both the number and percentage of ambulatory surgeries performed and the number of approved ASF's. This trend has generally been encouraged because many surgical procedures can be safely performed on an outpatient basis at a lower cost. However, hospitals have expressed concern that ASF's that are not hospital joint ventures are impacting their ability to fund their services. CMS has recently revised the payment system for ASF's, setting a new compensation rate of 65% of the hospital outpatient rate under Medicare, to be phased in by 2011. This is anticipated to particularly impact endoscopy centers, which are currently paid 89% of the hospital rate, while other specialties may receive increased reimbursement. At the same time, CMS added more than 700 procedures to the list that ASF's can be reimbursed for.

In 2006, a total of 314,960 outpatient surgeries and 198,898 endoscopies were performed in either a freestanding surgical center or a hospital in South Carolina, amounting to 68.2% of all surgeries and 83.6% of all endoscopies.

Certificate of Need Standards

Prior to the approval of additional ambulatory surgical facilities or the addition of operating rooms and/or endoscopy suites to existing ambulatory surgical facilities, the following criteria must be addressed:

(1) The county in which the proposed facility is to be located is considered to be the service area for inventory purposes. The applicant may define a proposed service

area that encompasses additional counties, but the largest percentage of the patients to be served must originate from the county in which the facility is to be constructed.

(2) The applicant must identify the physicians who are affiliated or have an ownership interest in the proposed facility by medical specialty. These physicians must identify where they currently perform their surgeries and whether they anticipate making any changes in staff privileges or coverage should the application be approved.

(3) For a new facility, the applicant must document where the potential patients for the facility will come from and where they are currently being served, to include the expected shift in patient volume from existing providers. For the expansion of an existing facility, the applicant must provide patient origin information on the current facility.

(4) The applicant must document the need for the expansion of or the addition of an ASF, based on the most current utilization data available. This need documentation must include the projected number of surgeries to be performed by medical specialty. The existing resources must be considered and documentation presented as to why the existing resources are not adequate to meet the needs of the community.

(5) An application for a new ASF must contain letters of support from physicians in the proposed service area other than those affiliated with the proposed facility. These letters should indicate their intent to utilize the facility and/or refer patients to the facility. They should state the number of surgeries they anticipate performing or the number of patients they anticipate referring to the facility per year. If the physicians do not intend to utilize or refer patients to the facility, they should state why they believe the existing resources are not adequate to meet the needs of the community and why a need exists for the project.

(6) The applicant must document the potential impact that the proposed new ASF or expansion will have upon the existing service providers and referral patterns.

(7) All new Certificate of Need approvals by the Department will not restrict the specialties of ASF's. However, it is the position of the Department that Ambulatory Surgery Facilities open to and equipped for all surgical specialties will better serve the community than those targeted towards a single specialty or group of practitioners. For an ASF approved to only perform endoscopic procedures, another CON would be required before the center could provide other surgical specialties.

(8) All proposed Ambulatory Surgical Facilities, other than those restricted to endoscopic procedures only, must have a minimum of two operating rooms.

(9) Before an application for a new Ambulatory Surgery Facility can be accepted for filing, all existing ASF's in the county where the proposed facility is to be located must have been licensed and operational for an entire year, and submitted data on the Department's annual questionnaire to allow for a determination of their utilization. The data will not be prorated or projected into the future but based on actual utilization. For purposes of this standard, endoscopy suites are considered separately from other operating rooms. Endoscopy-only ASF's do not impact other ASF's. Before additional licensed endoscopy suites can be added in a county, all ASF's with licensed endoscopy suites must have had these suites licensed and operational for one year to allow for a determination of the utilization of the endoscopy providers.

(10) In no case can more than one new ASF in a county be approved at a single time. The approval of a new ASF in a county does not preclude an existing facility from applying to expand its number of operating rooms and/or endoscopy suites.

(11) The applicant for a new ambulatory surgery facility must provide a written commitment that the facility will accept Medicare and Medicaid patients, and that un-reimbursed services for indigent and charity patients will be provided at a percentage which is comparable to all other existing ambulatory surgery facilities, if any, in the service area.

Facilities providing ambulatory surgery services must conform to local, state, and federal regulatory requirements, and must commit to seek accreditation from a nationally recognized organization, such as The Joint Commission (TJC), the Accreditation Association for Ambulatory Health Care (AAAHC), or the American Association for Accreditation of Ambulatory Surgical Facilities (AAAASF). Ambulatory surgical services are generally available within 30 minutes one-way automobile travel time of most South Carolina residents. Most ASF's operate five days a week, with elective surgery being scheduled several days in advance.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Adverse Effects on Other Facilities
c. Community Need Documentation;
d. Distribution (Accessibility);
e. Financial Feasibility;
f. Cost Containment;
g. Projected Revenues;
h. Projected Expenses;
i. Ability of the Applicant to Complete the Project; and

j. Staff Resources.

The number of surgeries performed on an outpatient basis and the number of ASF's approved and licensed have increased over time. However, there is concern that ASF's are being proposed as a method of increasing reimbursement for procedures currently being performed in physician's offices, through the "facility fee" built into the reimbursement mechanisms, to the detriment of hospital's ability to provide the range of services needed. The benefits of improved accessibility will be weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

The following facilities have been approved or are licensed as ambulatory surgical facilities (utilization data, if applicable, are from 2006):

RECORD 006958

2006 ASF Utilization

Name of Facility:	County	# of ORs	# of Endos	Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	Footnote
Region I:										
AnMed Health Medicus Surgery Center	Anderson	3		3	4,299	39	4,338	1,433		1
Bearwood Ambulatory Surgery Center	Anderson	1		1	216		216	216		
Physician Surgery Center at AnMed Health	Anderson	3		3	0					2
Upstate Endoscopy Center	Anderson		2	2		3,367	3,367		1,684	
Center for Special Surgery, The	Greenville	2		2	2,926		2,926	1,463		3
Cross Creek Surgery Center	Greenville	4		4	3,748		3,748	937		
Endoscopy Center of the Upstate	Greenville		3	3		5,151	5,151		1,717	
Greenville Endoscopy Center	Greenville		3	3		6,836	6,836		2,279	
Greenville Endoscopy Center - Patewood	Greenville		3	3						4
GHS Outpatient Surgery Center-- Patewood	Greenville	6	2	8	5,111	2,511	7,622	852	1,256	
HealthSouth Surg Center - Greenville	Greenville	4		4	2,306		2,306	577		
Jervey Eye Center	Greenville	3		3	3,454		3,454	1,151		
Upstate Surgery Center	Greenville	2		2	3,820		3,820	1,910		5
Blue Ridge Surgery Center	Oconee	2		2	2,766		2,766	1,383		
Upstate Pain Management & Surgery Center	Oconee	2		2	933		933	467		
Ambulatory Surgery Ctr - Spartanburg	Spartanburg	9	3	12	6,830	3,417	10,247	759	1,139	6
Spartanburg Urology Surgicenter	Spartanburg	4		4	3,092		3,092	773		7
Surgery Center at Pelham	Spartanburg	4	2	6	3,134	2,171	5,305	784	1,086	
Westside Eye Center	Spartanburg	2		2	967		967	484		
Region II:										
Greenwood Endoscopy Center	Greenwood		4	4		7,602	7,602		1,901	

RECORD 006959

Joint Exhibit 004-0087

Name of Facility:	County	# of ORs	# of Endos	Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	Footnote
Surgery Ctr. of Self Memorial Hospital	Greenwood	5		5	4,458		4,458	892		
Surgery Center at Edgewater	Lancaster	3	2	5			0			8
Surgery & Laser Center at Professional Park	Laurens	2		2	4		4			9
Columbia Ambulatory Surgery Center	Lexington	2		2	646		646	323		
Midlands Endoscopy Center	Lexington		2	2		1,484			742	
Moore Orthopaedic Clinic Outpatient Surgery	Lexington	2		2			0			10
Outpt Surg Ctr Lexington Med Ctr - Irmo	Lexington	4		4	1,501		1,501	375		
Outpt Surg Ctr Lex Med Ctr - Lexington	Lexington	4	1	5	1,731	1,558	3,289	509	1,558	11
South Carolina Endoscopy Center	Lexington		4	4		11,784	11,784		2,946	
Urology Surgery Center	Lexington	2		2	2,200		2,200	1,100		
Berkeley Endoscopy Center	Richland		2	2			0			12
Columbia Eye Surgery Center (Eye Surgery Only)	Richland	4		4	4,313		4,313	1,078		
Columbia GI Endoscopy Center	Richland		4	4		5,756	5,756		1,439	
Lake Murray Endoscopy Center	Richland		2	2		1,578	1,578		789	
Midlands Orthopaedics Surgery Center	Richland	3		3	2,040		2,040	680		13
Palmetto Surgery Center	Richland	4		4	5,760		5,760	1,440		
Parkridge Surgery Center	Richland	4		4	3,149		3,149	787		
Providence Hospital Surgery Center	Richland	4		4	1,228		1,228	307		
South Carolina Endoscopy Ctr-NorthEast	Richland		5	5		3,716	3,716		743	
South Carolina Med Endoscopy Center	Richland		2	2		3,201	3,201		1,601	14
Carolina Surgical Center	York	4		4	4,775		4,775	1,194		
Center for Orthopaedic Surgery	York	3		3			0			15
York County Endoscopy Center	York		3	3						16

RECORD 006960

Joint Exhibit 004-0088

Name of Facility:	County	# of ORs	# of Endos	Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	Footnote
Region III:										
Darlington Endoscopy Center	Darlington		2	2		826	826		413	
Florence Surgery & Laser Center	Florence	2		2	2,149		2,149	1,075		
McLeod Ambulatory Surgery Center	Florence	2		2	1,381		1,381	691		
Physicians Surgical Center of Florence	Florence	4	2	6	2,770	2,079	4,849	693	1,040	
Atlantic Surgery Center	Georgetown	2		2	1,251		1,251	626		
Bay Microsurgical Unit	Georgetown	1		1	3,595		3,595	3,595		
Waccamaw Endoscopy Center	Georgetown		1	1						*17*
Carolina Bone and Joint Surgery Ctr.	Horry	2		2	1,892		1,892	946		
Grande Dunes Surgery Center	Horry	3	2	5	3,519	677	4,196	1,173	339	*18*
Ocean Ambulatory Surgery Center	Horry	2		2	1,541		1,541	771		*19*
Parkway Surgery Center	Horry	2		2	2,322		2,322	1,161		
Rivertown Surgery Center	Horry	2		2	2,228		2,228	1,114		
Seacoast Med Ctr Ambulatory Surgery	Horry	3		3	2,479	1,051	3,530	826		
Strand GI Endoscopy Center	Horry		2	2		3,704	3,704		1,852	
Wesmark Ambulatory Surgery Facility	Sumter	2		2	2,632	45	2,677	1,316		
Region IV:										
Ambulatory Surgical Center of Aiken	Aiken	4	1	5	1,600	879	2,479	400	879	*20*
Carolina Ambulatory Surgery Center	Aiken	1		1	141		141			
Bluffton-Okatie Outpatient Center	Beaufort	2	1	3	798	704	1,502	399	704	
Laser and Skin Surgery Center	Beaufort	2		2	1,603		1,603	802		
Outpatient Surgery Ctr. Hilton Head	Beaufort	2	2	4	2,457	2,209	4,666	1,229	1,105	
Surgery Center of Beaufort	Beaufort	3	2	5	3,557	1,127	4,684	1,186	564	

RECORD 006961

Joint Exhibit 004-0089

Name of Facility:	County	# of ORs	# of Endos	Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	Footnote
Roper Berkeley Ambulatory Surgery	Berkeley	3		3	379	594	973	126		
Charleston Endoscopy Center	Charleston		4	4		7,274	7,274		1,819	
Charleston Surgery Center	Charleston	4	1	5	2,863	0	2,863	716	0	21
Elms Endoscopy Center	Charleston		3	3		4,279	4,279		1,426	22
Palmetto Endoscopy Center	Charleston		2	2		5,011	5,011		2,506	
Physicians' Eye Surgery Center	Charleston	2		2	1,626		—	813		23
Roper St. Francis James Island Surgery Center	Charleston	2		2	12		12	6		24
Roper West Ashley Surgery Center	Charleston	5		5	4,545		4,545	909		25
Southeastern Spine Institute	Charleston	2		2						26
Surgery Center of Charleston	Charleston	1	1	2	1,840	720	2,560	1,840	720	
Trident Eye Surgery Center	Charleston	2		2	2,423		2,423	1,212		
Trident Surgery Center	Charleston	4		4	4,025		4,025	1,006		
Colleton Ambulatory Surgery Center	Colleton	2	1	3	883	758	1,641	442	758	
Lowcountry Outpatient Surgery Ctr.	Dorchester	2		2	2,248		2,248	1,124		
(Summerville Surgery Center)	Dorchester	(2)		(2)						27
Edisto Surgery Center	Orangeburg	4	2	6			0	0		28
TOTALS		176	76	263	134,166	92,108	226,274	907	1,250	

RECORD 006962

Joint Exhibit 004-0090

Ambulatory Surgical Facility (ASF) Footnotes

--- No data available for facility during reporting period.

1 CON issued 2/14/06 for AnMed Health to purchase and rename Medicus Surgery Center as AnMed Health Medicus Surgery Center, SC-06-07.

2 CON issued 1/29/07 for an ASF with 3 OR's, SC-07-03.

3 CON approved 10/17/06 to construct a 3rd OR in the existing ASF; appealed. Applicant withdrew the CON application and the case was dismissed by the ALJ 7/11/07.

4 CON issued 8/22/06 for an ASF with 3 Endoscopy rooms. Licensed 8/30/07.

5 Formerly Patewood Surgery Center.

6 CON issued 10/22/07 to add 2 additional OR's and 1 endoscopy suite for a total of 9 OR's and 3 endoscopy suites, SC-07-55.

7 CON issued 10/22/07 to add 2 additional OR's for a total of 4 OR's, SC-07-54.

8 CON approved 1/23/04, appealed. CON issued 6/10/05 after dismissal of appeal, SC-05-40. CON issued 6/15/07 to add an additional OR for a total of 3 ORs and 2 Endoscopy suites, SC-07-24. Licensed 2/27/08; formerly Carolina Surgery Center.

9 CON issued 7/29/05, SC-05-51; licensed 11/22/06.

10 CON issued 4/26/05, SC-05-27; licensed 12/10/07.

11 Addition of 1 OR 4/26/05, SC-05-29; licensed 5/10/06.

12 CON issued 7/18/06, SC-06-40. Licensed 1/8/07.

13 CON issued 3/1/05, SC-05-15; licensed 7/6/06.

14 CON denied to expand from 2 to 4 Endoscopy suites 9/19/03; under appeal.

15 CON issued 1/12/06, SC-06-02. Licensed 5/3/07.

16 CON approved 2/26/07 for an ASF with 3 Endoscopy suites restricted to gastroenterology procedures only; appealed. CON SC-08-18 issued 6/12/08.

17 CON issued 7/7/06, SC-06-35. Licensed 8/15/07.

18 CON issued 4/19/05 for a 3rd OR, SC-05-24. The 3rd OR was licensed 5/11/06. CON issued 4/13/07 to convert 2 treatment rooms into 2 licensed Endoscopy suites, for a total of 3 ORs and 2 Endoscopy suites, SC-07-14. The Endoscopy suites were licensed 7/2/07.

19 Temporarily closed due to fire, 7/21/04; re-licensed 11/05.

20 CON issued 11/10/03; licensed 11/9/05.

21 Formerly HealthSouth Surgery Center of Charleston.

22 CON issued 9/20/05, SC-05-66; licensed 5/10/06.

23 CON issued 1/16/04. Licensed 12/9/05 but did not perform 1st surgery until 1/10/06. Formerly Health First.

24 Formerly Charleston Plastic Surgery Center. CON issued 10/12/06 to relocate the ASF and rename it Roper St. Francis James Island Surgery Center, SC-06-64. Charleston Plastic Surgery Center was de-licensed on 12/27/06.

25 CON issued 4/12/05 to convert a procedure room to a 5th operating room, SC-05-21. Licensed for 5 ORs 10/4/05.

26 CON issued 6/12/08 after appeal, SC-08-17.

27 CON issued 6/28/04; CON voided 8/28/06.

28 CON approved 5/31/05; appealed. CON issued 9/21/06.

(2) Emergency Hospital Services

All hospital emergency departments are sub-categorized into four levels of service from I to IV, with I being the highest level of care. These categories are based on modified TJC standards and adopted by the State EMS Advisory Council. Each facility must comply with the following paragraphs corresponding to their designated level of care. These standards do not constitute Certificate of Need criteria. All segments of the population should have basic emergency services available within 30 minutes one-way travel time.

Level I: offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There is in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric/gynecologic, pediatric, and anesthesia services. Other specialty consultation is available within approximately 30 minutes; initial consultation through two-way voice communication is acceptable.

Level II: offers emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area, and with specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. The hospital's scope of services includes in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another organization when needed.

Level III: offers emergency care 24 hours a day, with at least one physician available to the emergency care area within approximately 30 minutes through a medical staff call roster. Specialty consultation is available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided.

Level IV: offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organization that is capable of providing needed services. The mechanism for providing physician coverage at all times is defined by the medical staff.

According to DHEC Health Licensing, the following facilities are considered to be freestanding emergency services (along with the hospital they are an extension of):

Moncks Corner Medical Center (Trident Medical Center) – Moncks Corner, Dorchester County
Seacoast Medical Center (Loris Community Hospital) – Little River, Horry County
South Strand Ambulatory Care Center (Grand Strand Regional) – Myrtle Beach, Horry County
Roper St. Francis Northwoods (Roper St. Francis) – North Charleston, Charleston County

Certficate of Need Standards for Freestanding Emergency Services

(1) A Certificate of Need is required to establish a freestanding emergency service (also referred to as an off-campus emergency service).

(2) All off-campus emergency services must be an extension of an existing hospital's emergency service in the same county, unless the applicant is proposing to establish a freestanding emergency service in a county that does not have a licensed hospital. The hospital must have a license that is in good standing and must be in operation to support the off-campus emergency services.

(3) Regulation No. 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 613, will be used to survey off-campus emergency services, specifically including 24 hour/7 day per week physician coverage on site.

(4) An off-campus emergency service must have written agreements with Emergency Medical Services providers and surrounding hospitals regarding serious medical problems, which the off-campus emergency service cannot handle.

(5) The physical structure must meet Section 12-6 of the Life Safety Code, New Ambulatory Health Care Centers, and must specifically have an approved sprinkler system.

(6) The applicant must demonstrate need for this service by documenting where the potential patients for this proposed service will come from and why they are not being adequately served by the existing services in the area.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Resource Availability; and
d. Financial Feasibility.

The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

(3) Trauma Referral System

The Division of Emergency Medical Services, DHEC, has developed and implemented a trauma referral system throughout the state. This system allows any hospital desiring and qualifying as a trauma center to become designated. The summary definitions below were derived from the American College of Surgeons criteria. The following is a brief description of the criteria for each of the three levels of Trauma Centers. Emergency departments in all trauma centers are required to have adequate staff to include Emergency Department physicians in-house 24 hours per day.

Level I: The highest level of capability available. Generally speaking, this hospital has to have general surgery capability in-house at all times. Anesthesia capabilities are required to be in-house at all times, but this requirement may be met with CRNA's or anesthesiology chief residents. Orthopedic surgery, neurological surgery, and other surgical and medical specialties must be immediately available. Generally, these trauma centers will be attached to medical schools or will have residency programs because of the in-house requirements, since fourth year and senior trauma residents can help meet the requirements of the Level I criteria. The Level I Trauma Center also has the responsibility of providing education and outreach programs to other area hospitals and the public and must also conduct trauma-related research.

Level II: This trauma center has extensive capability and meets the needs of most trauma victims. It is required to have general, neurological and orthopedic surgery available when the patient arrives. Anesthesiology capabilities are required to be in-house at all times, but this requirement may be met with CRNA's. Other surgical and medical specialties are required to be on-call and promptly available. These hospitals may develop local procedures for the surgeons being available in the Emergency Department when the patient arrives. The major difference between Level I and II facilities is that the major surgical specialties are allowed to be on-call but with the clear commitment to be in the Emergency Department when the patient arrives. Level II hospitals do not have the research requirements of a Level I trauma center.

Level III: These hospitals are committed to caring for the trauma patient. Level III trauma centers can provide prompt assessment, resuscitation, emergency operations, and stabilization, and also arrange for possible transfer to a facility that can provide definitive trauma care. These hospitals are required to have general surgery, anesthesia, and radiology on-call and promptly available. The general surgeon is required to be on-call and promptly available in the Emergency Department as the trauma team leader.

2. Community Psychiatric Beds

Inpatient psychiatric services are those services provided to patients who are admitted to institutions for the evaluation, diagnosis, and treatment of mental, emotional, or behavioral disorders. Such services may be provided in either psychiatric units of general hospitals or freestanding psychiatric hospitals.

Need projections are based on psychiatric service areas. The bed need methodology takes the greater of the actual utilization or 75% of the statewide beds per 1,000 population to project need. For the service areas without existing psychiatric units and related utilization data, 75% of the overall state use rate was used in the projections. The following pages depict the calculations described above.

Special units for children and adolescents and geriatric patients have been developed throughout the state. If any additional beds are approved, they must come from the overall psychiatric bed component shown as needed. These specialty psychiatric services should be identifiable units with sufficient space to have available areas for sleeping, dining, education, recreation, occupational therapy and offices of evaluation and therapy. The unit should be staffed with an appropriate multi-disciplinary care team of psychiatrists, psychologists, social workers, nurses, occupation therapists, recreational therapists, and psychiatric technicians. Other consultants should be available as needed.

The policy for the allocation of psychiatric beds will consider the service area the basic unit for planning and issuance of CONs. Priority should be given to excess general hospital beds that can be economically and cost effectively converted for use as a specialized psychiatric unit over the construction of new beds, if such beds will be accessible to the target population.

State Mental Health Facilities

(A) Psychiatric Hospital Beds

The S.C. Department of Mental Health (DMH) operates a variety of psychiatric facilities. The Department has analyzed the patient population and plans to provide psychiatric services in the least restrictive environment, maintain patients in the community, and keep hospitalization to a minimum. Since DMH cannot refuse any patient assigned to them by a court, renovation, replacement, and expansion of the component programs should be allowed as long as the overall psychiatric hospital compliment is maintained or reduced. As long as the Department of Mental Health does not add any additional beds over the 3,720 beds that were in existence on July 1, 1988, they are exempt from Certificate of Need review.

(B) Local Inpatient Crisis Stabilization Beds

Because the South Carolina Department of Mental Health (SCDMH) has had substantial decreases over the past several years in inpatient capacity, there are not enough adult inpatient beds available to meet the demand from referral sources for its beds. In a number of regions of the State, this has led to significant numbers of persons in a behavioral crisis waiting in hospital emergency rooms

RECORD 006967

inordinate periods of time for an appropriate inpatient psychiatric bed to become available. These emergency room patients may not have a source of funding.

SCDMH has attempted to alleviate this problem by means of its "Crisis Stabilization Program." Within available funding limits, the "Crisis Stabilization Program" is to provide short-term emergency stabilization of psychiatric patients in the local community, by use of both local hospital beds and non-hospital residential programs, such as community residential care facilities for those patients who do not require a hospital level of care. For patients needing stabilization in a hospital, subject to available funding the SCDMH contracts with one or more local hospitals willing to admit indigent patients assessed by the SCDMH mental health center as needing acute care in return for a daily rate for a defined period. These patients can be cared for in licensed general acute care beds or licensed psychiatric beds.

The average occupancy rate in the 808 licensed non-State owned acute psychiatric beds in 2006 was 61.7%. These beds had an average daily census of 477 patients. There were 19,984 admissions and 174,081 patient days in these licensed psychiatric beds, for an average length of stay (ALOS) of 8.7 days. Note that a 10 bed psychiatric unit with an ALOS of 8.7 days and an occupancy rate of 70% would allow for the treatment of approximately 295 patients annually.

Because of the low utilization, the Plan only projects a need for a small number of additional psychiatric beds in a few areas. To assist in alleviating the problems described above, the following policies will apply.

1. Should a hospital propose to contract with the SCDMH to provide Crisis Stabilization services in existing acute care or existing psychiatric beds, then a Certificate of Need is not required.

2. Should a hospital propose to contract with the SCDMH to provide Crisis Stabilization services and desire to add psychiatric beds, a Certificate of Need would be required. These additional beds could be approved if the Plan indicates a need for additional beds or some small number (ten beds or less) of additional beds could be approved for crisis stabilization patients only. These beds would not be restricted to any specific age group except that the patients would have to be over age 18.

3. An application for a Certificate of Need for Crisis Stabilization patients only must be accompanied by information from the SCDMH to verify this additional need such as the number of patients currently awaiting treatment, the estimated average length of stay, the pay source for the patients, the number of patients emergently admitted to SCDMH hospitals over the past year from the area, the number of crisis patients that are expected to require this service annually, and other information to justify these additional psychiatric beds. In addition, the SCDMH will supply verification that it made contact with all hospitals in the county and contiguous counties to notify them of the potential for adding some psychiatric beds to the area. The hospital seeking the Certificate of Need will provide the necessary care for these individuals referred by the SCDMH and may be reimbursed by for the care of the patients if there are sufficient funds, but the hospital must identify the minimum number of

indigent (no source of funding) patient days it will provide to patients referred by SCDMH. Should the contract with SCDMH terminate for any reason or should the hospital fail to provide care to the patients referred from the SCDMH, the license for these beds will be voided.

Based upon on-going patient analysis by DMH, consideration should be given to converting psychiatric hospital beds to other levels of care in order to accommodate the level of functioning of the patients if alternative community-based resources are not available. DMH will justify any changes in bed or service categories. Patients appropriate for de-institutionalization should be discharged when the appropriate community support services are in place.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Acceptability;
e. Financial Feasibility;
f. Ability of the Applicant to Complete the Project;
g. Cost Containment; and
h. Staff Resources.

Psychiatric beds are planned for and located within sixty (60) minutes travel time for the majority of the residents of the State. In addition, current utilization and population growth are factored into the methodology for determining psychiatric bed need. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for these services.

PSYCHIATRIC BED UTILIZATION

COUNTY	FACILITY	BEDS		2006 OCC. RATE	
AIKEN	AIKEN REGIONAL MEDICAL CENTER	29		91.8%	
ANDERSON	ANMED HEALTH MEDICAL CENTER	38		46.4%	
BEAUFORT	BEAUFORT MEMORIAL	14		61.6%	
CHARLESTON	MEDICAL UNIVERSITY SC	82		70.8%	
CHARLESTON	PALMETTO LOWCOUNTRY BEHAV	70		73.3%	*1*
DARLINGTON	MCLEOD DARLINGTON	23		59.8%	
FLORENCE	CAROLINAS HOSPITAL SYSTEM	~~44~~	12	-------	*2*
GREENVILLE	CAROLINA CTR BEHAV. HEALTH	76		87.7%	*3*
GREENVILLE	GREENVILLE MEMORIAL	~~63~~	46	68.1%	*4*
GREENVILLE	SPRINGBROOK BEHAVIORAL HEALTH	20		66.1%	*5*
GREENWOOD	SELF MEM REGIONAL HEALTHCARE	36		31.2%	
HORRY	LIGHTHOUSE - CONWAY	44		30.1%	*6*
LEXINGTON	THREE RIVERS BEHAV HEALTH	~~74~~	81	98.8%	*7*
MARLBORO	MARLBORO PARK HOSPITAL	8		42.4%	
ORANGEBURG	RMC-ORANGEBURG/CALHOUN	15		54.2%	
RICHLAND	PALMETTO BAPTIST - COLUMBIA	~~104~~	94	65.7%	*7*
RICHLAND	PALMETTO RICHLAND MEMORIAL	60		42.6%	
SPARTANBURG	MARY BLACK MEMORIAL	15		77.7%	
SPARTANBURG	SPARTANBURG REGIONAL	56		40.1%	
YORK	PIEDMONT MEDICAL CENTER	20		38.3%	
	TOTAL	858	839	61.7%	

1 CON ISSUED 10/18/04 TO ADD 10 PSYCH BEDS FOR A TOTAL OF 70; LICENSED 3/25/08.
2 CON APPROVED 2/24/06 TO ADD 24 CRISIS STABILIZATION PSYCH BEDS; APPEALED. BY ALJ ORDER, A 14 BED UNIT WAS APPROVED; 12 OF THE 14 BEDS WERE LICENSED 4/25/07. THE 2 REMAINING APPROVED BEDS WERE RELEASED BY CAROLINAS HOSPITAL SYSTEM 7/9/08.
3 CON ISSUED 10/11/04 TO ADD 11 PSYCH BEDS FOR A TOTAL OF 64. CON ISSUED 3/22/05 TO ADD 5 BEDS FOR A TOTAL OF 69. CON APPROVED 7/12/05 TO ADD 7 BEDS FOR A TOTAL OF 76. LICENSED BEDS INCREASED FROM 53 TO 69 BEDS, 7/27/05. LICENSED FOR 76 BEDS 3/15/07.
4 CON ISSUED 8/25/03 TO CONVERT 17 PSYCH BEDS TO GENERAL ACUTE FOR A TOTAL OF 46. LICENSED FOR 46 PSYCH BEDS ON 6/12/07.
5 CON APPROVED 7/12/05 TO CONVERT 5 LONG-TERM PSYCHIATRIC TO ACUTE PSYCH, FOR A TOTAL OF 20 PSYCHIATRIC BEDS. LICENSED BEDS INCREASED FROM 15 TO 20, 8/8/05.
6 CON ISSUED 7/7/06 TO ADD 16 PSYCH BEDS FOR A TOTAL OF 44; LICENSED FOR 44 BEDS ON 5/24/07.
7 CON ISSUED 7/18/06 TO ADD 32 PSYCH BEDS FOR A TOTAL OF 71 AT THREE RIVERS. CON VOIDED ON 4/17/07. AFTER APPEAL, A NEW CON WAS ISSUED 12/14/07. CON ISSUED 2/13/08 TO TRANSFER 10 PSYCH BEDS FROM PALMETTO BAPTIST TO THREE RIVERS IN EXCHANGE FOR 10 SUBSTANCE ABUSE BEDS.

PSYCHIATRIC BED NEED

SERVICE AREA	AGE CAT	2006 POP	2013 POP	EXIST BEDS	2006 PDS	PROJ ADC	% OCC	BED NEED (USE)	+/-	BED NEED (SW)	+/-	BED NEED
ANDERSON,OCONEE	<65	209,160	219,460		4,621	13.28						
	+65	36,400	43,890		1,809	5.98						
	TOTAL	245,560	263,350	38	6,430	19.26	0.70	28	-10	44	6	6
GREENVILLE,PICKENS	<65	462,830	496,840		35,682	104.94						
	+65	60,150	70,510		6,901	22.16						
	TOTAL	522,980	567,350	142	42,583	127.11	0.70	182	40	95	-47	40
CHEROKEE,SPARTANBURG UNION	<65	310,640	326,060		7,348	21.13						
	+65	44,510	51,600		5,099	16.19						
	TOTAL	355,150	377,660	71	12,447	37.33	0.70	53	-18	63	-8	-8
CHESTER,LANCASTER YORK	<65	246,800	265,260		2,325	6.85						
	+65	30,680	37,090		472	1.56						
	TOTAL	277,480	302,350	20	2,797	8.41	0.70	12	-8	50	30	30
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	<65	194,710	203,930		3,575	10.26						
	+65	31,090	37,420		538	1.77						
	TOTAL	225,800	241,350	36	4,113	12.03	0.70	17	-19	40	4	4
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	<65	615,480	653,110		39,167	113.87						
	+65	73,970	91,060		9,174	30.94						
	TOTAL	689,450	744,170	235	48,341	144.81	0.70	207	-28	124	-111	-28
DARLINGTON,FLORENCE MARION	<65	206,960	210,200		4,566	12.71						
	+65	28,340	33,680		452	1.47						
	TOTAL	235,300	243,880	35	5,018	14.18	0.70	20	-15	41	6	6
CHESTERFIELD,DILLON MARLBORO	<65	89,740	88,930		280	0.76						
	+65	11,790	13,520		958	3.01						
	TOTAL	101,530	102,450	8	1,238	3.77	0.70	5	-3	17	9	9

RECORD 006971

Joint Exhibit 004-0099

PSYCHIATRIC BED NEED

SERVICE AREA	AGE CAT	2006 POP	2013 POP	EXIST BEDS	2006 PDS	PROJ ADC	% OCC	BED NEED (USE)	+/-	BED NEED (SW)	+/-	BED NEED
CLARENDON,LEE,SUMTER	<65	145,580	148,970		75%	13.18						
	+65	21,530	26,280		USE	2.33						
	TOTAL	167,110	175,250	0	RATE	15.51	0.70	22	22	29	29	29
GEORGETOWN,HORRY	<65	264,090	284,390		2,896	25.17						
WILLIAMSBURG	+65	52,280	69,130		178	10.19						
	TOTAL	316,370	353,520	44	3,074	35.36	0.70	51	7	59	15	15
BAMBERG,CALHOUN	<65	109,230	110,030		1,858	5.13						
ORANGEBURG	+65	17,410	20,750		1,109	3.62						
	TOTAL	126,640	130,780	15	2,967	8.75	0.70	12	-3	22	7	7
ALLENDALE,BEAUFORT	<65	158,740	168,790		2,536	7.39						
HAMPTON,JASPER	+65	32,290	45,090		611	2.34						
	TOTAL	191,030	213,880	14	3,147	9.73	0.70	14	0	36	22	22
BERKELEY,CHARLESTON	<65	555,820	575,120		32,118	91.05						
COLLETON,DORCHESTER	+65	73,300	96,020		5,112	18.35						
	TOTAL	629,120	671,140	152	37,230	109.40	0.70	156	4	112	-40	4
AIKEN,BARNWELL	<65	156,440	166,680		8,654	25.26						
	+65	24,020	29,320		1,060	3.54						
	TOTAL	180,460	196,000	29	9,714	28.91	0.70	41	12	33	4	12
	TOTAL			839				820	-19	765	-74	149
STATE TOTAL	<65	3,316,550	3,484,410	0.1669	142,731	0.043	0.03					
	+65	463,950	569,950		33,294	0.0718	0.05					
	TOTAL	3,780,500	4,054,360		176,025	0.0466	0.03					

RECORD 006972

Joint Exhibit 004-0100

3. Residential Treatment Facilities for Children and Adolescents

A Residential Treatment Facility for Children and Adolescents is operated for the assessment, diagnosis, treatment, and care of children and adolescents in need of mental health treatment. This means a child or adolescent up to age 21 who manifests a substantial disorder of cognitive or emotional process, which lessens or impairs to a marked degree that child's capacity either to develop or to exercise age-appropriate or age-adequate behavior. The behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment including behavior dangerous to self or others, and serious disturbances in the ability to care for and relate to others.

These facilities provide medium to long-term care (6 months or longer). Treatment modalities are both medical and behavioral in nature. Some facilities contract with the Continuum of Care for Emotionally Disturbed Children to provide these services. The following facilities are currently licensed or approved as Residential Treatment Facilities:

Facility	Beds	FY 2006 Occ. Rate
Directions (Department of Mental Health, Columbia)	37	39.5 %
Lighthouse Care Center of Conway (Conway)	16	54.0%
Marshall Pickens Hospital Children's Program (Greenville)	22	97.8%
Palmetto Low Country Behavioral Health (Charleston)	32	84.5%
Palmetto Pee Dee Residential Treatment Center (Florence)	59	99.1%
Palmetto Pines Behavioral Health (Summerville)	60	76.0%
Springbrook Behavioral Healthcare System (Travelers Rest)	68	86.1%
Three Rivers Behavioral Health RTC (West Columbia)	20	93.9%
Three Rivers Residential Treatment – Midlands (West Columbia)	59	62.6%
York Place Episcopal Church Home (York)	40	74.2%
Total (Does Not Include Statewide Beds)	376	81.2%

Services available at a minimum should include the following:

1. 24-hour, awake supervision in a secure facility;
2. Individual treatment plans to assess the problems and determine specific patient goals;
3. Psychiatric consultation and professional psychological services for treatment supervision and consultation;
4. Nursing services, as required;
5. Regularly scheduled individual, group, and/or family counseling in keeping with the needs of each client;

6. Recreational facilities with an organized youth development program;

7. A special education program with a minimum program defined by the South Carolina Department of Education; and

8. Discharge planning including a final assessment of the patient's condition and an aftercare plan indicating any referrals to follow-up treatment and self-help groups.

Each facility shall have a written plan for cooperation with other public and private organizations, such as schools, social service agencies, etc., to ensure that each child under its care will receive comprehensive treatment. In addition, each facility shall have a written transfer agreement with one or more hospitals for the transfer of emergency cases when such hospitalization becomes necessary.

A proposal for Residential Treatment Facilities for Children and Adolescents should have letters of support from the Continuum of Care for Emotionally Disturbed Children, the SC Department of Social Services and the SC Department of Mental Health. Priority consideration will be given to those facilities that propose to serve highly aggressive and sexual offending youths and other needs as determined by these State agencies. In addition, smaller facilities may be given greater consideration than large facilities based on recommendations from the agencies mentioned above.

Certificate of Need Standards

(1) Except in the case of high management group homes that received exemption from CON through Health and Human Services Budget Proviso 8.35, the establishment or expansion of an RTF requires a CON.

(2) The applicant must document the need for the expansion of or the addition of an RTF, based on the most current utilization data available. The existing resources must be considered and documentation presented as to why these resources are not adequate to meet the needs of the community.

(3) For a new facility, the applicant must document where the potential patients for the facility will come from and where they are currently being served, to include the expected shift in patient volume from existing providers. For the expansion of an existing facility, the applicant must provide patient origin information on the current facility.

(4) The applicant must document the potential impact that the proposed new RTF or expansion will have upon the existing service providers and referral patterns.

(5) The applicant must provide a written commitment that the facility will provide services for indigent and charity patients at a percentage that is comparable to other health care facilities in the service area.

(6) The applicant agrees to provide utilization data on the operation of the facility to the Department.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Distribution (Accessibility);
c. Projected Revenues;
d. Projected Expenses;
e. Record of the Applicant;
f. Ability of the Applicant to Complete the Project;
g. Cost Containment; and
h. Staff Resources.

Residential treatment facility beds for children and adolescents are distributed statewide and are located within seventy-five (75) minutes travel time for the majority of residents of the State. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

RECORD 006975

4. Alcohol and Drug Abuse Facilities

There are six types of licensed substance abuse treatment facilities in South Carolina. These are: outpatient facilities; social detoxification centers; freestanding medical detoxification facilities; residential treatment programs; inpatient treatment services, and narcotic treatment programs. These are defined as follows:

(1) Outpatient Facilities

Outpatient facilities provide treatment/care/services to individuals dependent upon or addicted to psychoactive substances and their families based on an individual treatment plan in a nonresidential setting. Outpatient treatment/care/services include assessment, diagnosis, individual and group counseling, family counseling, case management, crisis management services, and referral. Outpatient services are designed to treat the individual's level of problem severity and to achieve permanent changes in his or her behavior relative to the alcohol/drug abuse. These services address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or the individual's ability to cope with major life tasks without the non-medical use of alcohol or other drugs. The length and intensity of outpatient treatment varies according to the severity of the individual's illness and response to treatment. There are currently 66 licensed "Outpatient Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence" in South Carolina, with a total of 92 locations.

Certificate of Need Standards

A Certificate of Need is not required for outpatient facilities described above.

(2) Social Detoxification Facilities

A service providing supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxification nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation. A social detoxification facility provides 24-hour-a-day observation of the client until discharge. Appropriate admission to a social detoxification facility shall be determined by a licensed or certified counselor and subsequently shall be authorized by a physician or other authorized healthcare provider in accordance with Section 1001.A. of Regulation No. 61-93. The services provided by Social detoxification facilities are described in Section 3102 of Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence.

Certificate of Need Standards

A Certificate of Need is not required for a social detoxification facility.

(3) Freestanding Medical Detoxification Facilities

A short-term residential facility, separated from an inpatient treatment facility, providing for medically supervised withdrawal from psychoactive substance-induced intoxification, with the capacity to provide screening for medical complications of alcoholism and/or drug abuse, a structured program of counseling, if appropriate, and referral for further rehabilitation. Appropriate admission to a medical detoxification facility shall be determined by a licensed or certified counselor and subsequently should be authorized by a physician or other authorized healthcare provider in accordance with Section 1001.A. of Regulation No. 61-93. The services provided by these facilities are described in Section 3101 of Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence.

Facility	Beds	2006 Occupancy
Carolinas Hospital System Cedar Towers (Florence County) *1*	4 (0)	26.6%
Charleston Center Subactute Detoxification Program	16	44.7%
The Phoenix Center Behavioral Health Services (Greenville County)	16	89.2%
Lexington/Richland Alcohol & Drug Abuse/Detox Unit (Richland Co.)	16	83.6%
Keystone Inpatient Services (York County)	10	84.2%
Statewide Totals	62 (58)	71.5%

1 CON issued 8/30/06 to convert the detox beds to general acute beds; licensed as general acute beds on 8/8/07.

Certificate of Need Standards

Need projections are calculated by service area; the greater of the actual utilization or the statewide beds per 1,000 population was used to project need. In order to more accurately reflect total utilization, the data include social detoxification patients for those facilities that serve both medical and social detox patients within the same single facility. For service areas without existing detoxification units and related utilization data, the state use rate was used in the utilization projections. Facilities can only be licensed for a maximum of 16 beds, but because a minimum of 10 beds is needed for a medical detoxification program, a 10 bed unit could be approved in an area that does not have any existing beds provided the applicant can document the need. Since 1987, courts in South Carolina have had the authority to order individuals involuntarily into addiction treatment. This law may justify an increase in the number of detoxification beds beyond those shown as needed in this Plan. The calculations described above are depicted on the following page.

For planning purposes, substance abuse services are allocated and developed according to the same service areas used for psychiatric services. Freestanding detoxification centers should be available within 60 minutes one-way automobile travel time for 90% of the service area's population. Morris Village, Patrick Harris, Byrnes Clinical, Holmesview and Palmetto Center are classified as statewide facilities with restricted admissions procedures and are not included in the inventories of facilities or the service area allocations.

RECORD 006977

DETOXIFICATION BED NEED

SERVICE AREA	2006 POP	2013 POP	EXIST BEDS	PAT DAYS	PROJ ADC	% OCCUP	BED NEED (USE)	+/-	BED NEED (SW)	+/-	NEED
ANDERSON,OCONEE	197,570	214,780	0	0	4.27	0.70	6	6	3	3	6
GREENVILLE,PICKENS	420,690	462,160	16	5,214	15.69	0.70	22	6	7	-9	6
CHEROKEE,SPARTANBURG UNION	282,650	304,580	0	0	6.06	0.70	9	9	5	5	9
CHESTER,LANCASTER,YORK	220,610	245,290	10	3,075	9.37	0.70	13	3	4	-6	3
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	181,650	197,590	0	0	3.93	0.70	6	6	3	3	6
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	552,890	604,800	16	4,883	14.63	0.70	21	5	9	-7	5
DARLINGTON,FLORENCE MARION	185,960	195,350	0	389	1.12	0.70	2	2	3	3	3
CHESTERFIELD,DILLON MARLBORO	79,350	80,940	0	0	1.61	0.70	2	2	1	1	2
CLARENDON,LEE,SUMTER	130,960	138,340	0	0	2.75	0.70	4	4	2	2	4
GEORGETOWN,HORRY WILLIAMSBURG	262,190	299,700	0	0	5.96	0.70	9	9	5	5	9
BAMBERG,CALHOUN ORANGEBURG	101,370	105,760	0	0	2.10	0.70	3	3	2	2	3
ALLENDALE,BEAUFORT, HAMPTON,JASPER	156,690	180,740	0	0	3.60	0.70	5	5	3	3	5
BERKELEY,CHARLESTON, COLLETON,DORCHESTER	504,370	542,390	16	2,612	7.70	0.70	11	-5	8	-8	-5
AIKEN,BARNWELL	144,470	160,380	0	0	3.19	0.70	5	5	2	2	5
STATE TOTAL	3,421,420	3,732,600	58	16,173	81.98		118	60	58	0	61
STATE TOTAL	0.0072637		0.0155								

RECORD 006978

Joint Exhibit 004-0106

Detoxification facilities are envisioned as being physically distinct from inpatient treatment facilities. Applicants may not combine the bed need for freestanding detoxification with the bed need for inpatient treatment in order to generate a higher bed need for an inpatient facility. There are no prohibitions against an inpatient facility providing detoxification services to their clients as needed: however, the bed need projections refer to two distinct treatment modes that cannot be commingled.

Relative Importance of Project Review Criteria

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the Need Outlined in this Plan;
2. Distribution (Accessibility);
3. Projected Revenues;
4. Projected Expenses;
5. Ability of the Applicant to Complete the Project;
6. Cost Containment; and
7. Staff Resources.

There are currently 4 freestanding medical detoxification facilities in the state operated by local County Alcohol and Drug Abuse Agencies. There is a projected need for beds in almost every service area. Additional facilities are needed for the services to be accessible within sixty (60) minutes travel time for the majority of state residents. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

(4) Residential Treatment Program Facilities

A 24-hour facility offering an organized service in a residential setting which is designed to improve the client's ability to structure and organize the tasks of daily living and recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive, daily activity, and, as indicated, successful reintegration into family living. Residential treatment programs utilize a multi-disciplinary staff for clients whose biomedical and emotional/behavioral problems are severe enough to require residential services and who are in need of a stable and supportive environment to aid in their recovery and transition back into the community. Twenty-four hour observation, monitoring, and treatment shall be available.

Residential treatment programs provide the services described in Section 3000 of Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence.

Certificate of Need Standards

A Certificate of Need is not required for a Residential Treatment Program.

(5) Inpatient Treatment Facilities

This is a short-term treatment service for persons who are in need of an organized intensive program of alcohol and/or drug rehabilitation, but who are without serious debilitating medical complications. These facilities may provide detoxification for their patients, as needed in the inpatient treatment beds. These facilities are licensed either as a specialized hospital or as part of a hospital. Inpatient treatment facilities must comply with either Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence or Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries.

Facility	Beds	2006 Occupancy	
Aiken Regional Medical Center (Aiken County)	18	28.8%	
AnMed Health Wellspring (Anderson County)	27	19.7%	
Carolina Center Behavioral Health (Greenville County)	13	82.8%	
Carolinas Hospital System (Florence County)	~~18~~ (12)	26.6%	*1*
Holmesview Center (Greenville County)	44	71.9%	*2*
Lighthouse Care Ctr Conway (Horry County)	8	----	*3*
Medical University (Charleston County)	23	52.4%	
Morris Village (Richland County)	163	67.1%	*2*
Palmetto Center (Florence County)	48	71.9%	*2*
Palmetto Lowcountry Behav. Health (Charleston County)	10	61.3%	
Palmetto Baptist (Richland County)	~~0~~ (10)		*4*
Palmetto Richland Springs (Richland County)	10	94.0%	
Self Regional Healthcare (Greenwood County)	24	0.0%	
Springs Memorial (Lancaster County)	~~18~~ (0)	27.3%	*5*
Three Rivers Behavioral Health (Lexington County)	~~27~~ (17)	30.2%	*4*
William J. McCord Adolescent (Orangeburg County)	15	97.3%	*2*
Total (Does Not Include Statewide Beds)	196 (172)	34.6%	

1 CON issued 8/30/06 to convert 6 beds to general acute beds; licensed as general acute beds on 8/8/07.
2 Statewide Facility, Not Included in Bed Need Calculations.
3 CON issued 7/25/06 for 8 impatient beds; licensed 5/24/07.
4 CONs issued 2/13/08 to exchange 10 substance abuse beds from Three Rivers for 10 psych beds from Palmetto Baptist. Beds licensed at Baptist and de-licensed at Three Rivers 7/21/08.
5 CON approved 8/22/08 to convert the 18 substance abuse beds to general beds.

Certificate of Need Standards

Need projections are calculated by service area; the greater of the actual utilization or the statewide beds per 1,000 population was used to project need. For service areas without existing units and

related utilization data, the state use rate was used in the utilization projections. Because a minimum of 10 beds is needed for an inpatient program, a 10 bed unit could be approved in an area that does not have any existing beds provided the applicant can document the need. The calculations described above are provided on the following page.

For planning purposes, substance abuse services are allocated and developed according to the same service areas used for psychiatric services. Inpatient treatment centers should be available within 60 minutes one-way automobile travel time for 90% of the service areas' population. Morris Village, Holmesview, McCord Adolescent and Palmetto Center are classified as statewide facilities with restricted admissions procedures and are not included in the inventories of facilities or the service area allocations. Because of the high use rate at the McCord Facility and the lack of other adolescent services, it may be necessary for an additional adolescent state facility to be constructed to increase geographic accessibility to services. Any such proposal must have DAODAS support.

Inpatient treatment facilities are physically distinct from freestanding detoxification centers. Applicants may not combine the bed need for freestanding detoxification with the bed need for inpatient treatment in order to generate a higher bed need for an inpatient facility. There are no prohibitions against an inpatient facility providing detoxification services to their clients as needed, but the bed need projections refer to two distinct treatment modes that cannot be commingled.

Additional inpatient treatment beds could be considered for the service area only if the following criteria are met:

(a) The service area shows a need for additional beds;
(b) The applicant demonstrates an un-served demand for the proposed service area; and
(c) The utilization of treatment facilities in the contiguous service areas should be considered prior to approval of additional beds. This should include occupancy rates, patient origin, scope of services offered, and patient mix.

The establishment of a regional treatment center that serves more than a single service area may be proposed in order to improve access to care for patients in service areas that do not currently have such services available. Such a proposed center would be allowed to combine the bed need for a service area without existing services with another service area providing this other service area shows a need for additional beds. The applicant must document with patient origin data the historical utilization of the residents in the service area that is to be combined, or why it is in the best interest of these residents for their projected bed need to be used to used to form a regional treatment facility.

It is frequently impossible for a facility to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology to their illnesses. Therefore, in the case of facilities with licensed beds for both psychiatric and substance abuse treatment, the Department will allow deviations of up to 25% of the total number of licensed beds as swing beds to accommodate patients having diagnoses of both psychiatric and substance abuse disorders.

INPATIENT BED NEED

SERVICE AREA	2006 POP	2013 POP	EXIST BEDS	PAT DAYS	PROJ ADC	% OCCUP	BED NEED (USE)	+/-	BED NEED (SW)	+/-	NEED
ANDERSON,OCONEE	197,570	214,780	27	1,946	5.80	0.70	8	-19	10	-17	-17
GREENVILLE,PICKENS	420,690	462,160	13	3,928	11.82	0.70	17	4	21	8	8
CHEROKEE,SPARTANBURG UNION	282,650	304,580	0	0	9.27	0.70	13	13	14	14	14
CHESTER,LANCASTER,YORK	220,610	245,290	0	1,796	5.47	0.70	8	8	11	11	11
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	181,650	197,590	24	0	6.01	0.70	9	-15	9	-15	-15
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	552,890	604,800	37	6,411	19.21	0.70	27	-10	28	-9	-9
DARLINGTON,FLORENCE MARION	185,960	195,350	12	2,137	6.15	0.70	9	-3	9	-3	-3
CHESTERFIELD,DILLON MARLBORO	79,350	80,940	0	0	2.46	0.70	4	4	4	4	4
CLARENDON,LEE,SUMTER	130,960	138,340	0	0	4.21	0.70	6	6	6	6	6
GEORGETOWN,HORRY WILLIAMSBURG	262,190	299,700	8	0	9.12	0.70	13	5	14	6	6
BAMBERG,CALHOUN ORANGEBURG	101,370	105,760	0	0	3.22	0.70	5	5	5	5	5
ALLENDALE,BEAUFORT, HAMPTON,JASPER	156,690	180,740	0	0	5.50	0.70	8	8	8	8	8
BERKELEY,CHARLESTON, COLLETON,DORCHESTER	504,370	542,390	33	6,632	19.54	0.70	28	-5	25	-8	-5
AIKEN,BARNWELL	144,470	160,380	18	1,869	5.75	0.70	8	-10	7	-11	-10
STATE TOTAL	3,421,420	3,732,800	172	24,739	113.53		163	-9	172	0	4
STATE TOTAL	0.011111		0.0461								

RECORD 006982

Joint Exhibit 004-0110

Relative Importance of Project Review Criteria

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the Need Outlined in this Plan;
2. Distribution (Accessibility);
3. Projected Revenues;
4. Projected Expenses;
5. Ability of the Applicant to Complete the Project;
6. Cost Containment; and
7. Staff Resources.

There are currently 12 inpatient treatment facilities in the state, not including state-operated facilities. There is a projected need for additional beds in some service areas. Services are accessible within sixty (60) minutes travel time for the majority of residents of the state. Current utilization and population growth are factored into the methodology for determining the need for additional beds. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

(6) Narcotic Treatment Programs

Narcotic treatment programs provide medications for the rehabilitation of persons dependent on opium, morphine, heroin or any derivative or synthetic drug of that group. Opioid maintenance therapy (OMT) is an umbrella term that encompasses a variety of pharmacologic and nonpharmacologic treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone and buprenorphine to psychopharmacologically occupy opiate receptors in the brain, extinguish drug craving and thus establish a maintenance state. OMT is a separate service that can be provided in any level of care, as determined by the client's needs. Adjunctive nonpharmacologic interventions are essential and may be provided in the OMT clinic or through coordination with another addiction treatment provider. Narcotic treatment programs are described in Section 3200 of Regulation Number 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence.

Facility	County	2005 Clients During Year	2006 Clients During Year
Aiken Treatment Associates	Aiken	CON voided 9/25/06	
Center for Behavioral Health South Carolina	Charleston	273	350
Center of Hope of Myrtle Beach	Horry	379	624
Charleston Center	Charleston	339	329
Choices, Inc.	Beaufort	CON voided 8/31/07	
Columbia Metro Treatment Center	Lexington	440	504
Greenville Metro Treatment Center	Greenville	414	460

Laurens Treatment Associates	Laurens	CON voided 9/25/06	
Piedmont Metro Treatment Center	Greenville	372	364
Recovery Concepts (Licensed 9/15/05)	Jasper	70	120
Southwest Carolina Treatment Center	Anderson	266	406
Spartanburg Treatment Associates	Spartanburg	486	514
Starting Point	Richland	344	Closed 3/9/07
Starting Point of Florence (Licensed 7/26/05)	Florence	221	510
York County Treatment Center	York	333	313
	TOTALS	4,007	4,494

Certificate of Need Standards

A Certificate of Need is required for a methadone treatment facility. The licensure standards include standards for the location of these facilities within the community. A narcotic treatment program shall not operate within 500 feet of: a church, a public or private of elementary or secondary school, a boundary of any residential district, a public park adjacent to any residential district or the property line of a lot devoted to residential use.

Because clients must usually attend a Methadone Treatment Center 6 days per week to receive their dose of methadone, these centers should be located throughout the state. Additional Methadone Treatment Centers are not needed in counties where an existing clinic exists, but should be developed in counties where none exists to improve accessibility.

As of December 31, 2006, there were 3,118 clients currently being served by Methadone Treatment Centers, and a total of 4,494 clients were served during 2006.

Relative Importance of Project Review Criteria

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

a. Compliance with this Plan;
b. Distribution (Accessibility);
c. Record of the Applicant;
d. Ability of the Applicant to Complete the Project.

The benefits of improved accessibility may outweigh the adverse effects of the duplication of this existing service.

5. Rehabilitation Facilities

A rehabilitation facility is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program under competent professional supervision. A comprehensive physical rehabilitation service provides an intensive, coordinated team approach to care for patients with severe physical ailments and should be located where an extensive variety of professionals representing medical, psychological, social, and vocational rehabilitation evaluation and services are available. These beds are viewed as being comprehensive in nature and not limited only to a particular service or specialty. Patients with impairments such as spinal cord injury, traumatic brain injury, neuromuscular diseases, hip fractures, strokes, and amputations are typical clients. CMS identified 13 specific conditions for which facilities must treat 75% of their patients in order to qualify for Medicare reimbursement; however, legislation was signed in December 2007 that would freeze this threshold at 60% and allow co-morbid conditions to be counted.

Most general hospitals and other health care facilities offer physical rehabilitation services such as physical therapy, occupational therapy, speech therapy, or occupational therapy without the involvement of a formal interdisciplinary program. In addition, some hospitals have consolidated their rehabilitation services into a single unit to improve the coordination of care for acute patients in their facilities. These consolidations are intended to improve the quality of care for patients currently being treated in the facility and are not considered to be providing comprehensive physical rehabilitation services as defined in this section of the Plan.

The following rehabilitation programs are currently available:

Region	Facility	County	Beds	2006 Occupancy	
I	AnMed Health Rehab	Anderson	37	92.5%	*1*
I	Roger C. Peace	Greenville	53	64.2%	
I	St. Francis	Greenville	19	84.9%	
I	Mary Black	Spartanburg	18	82.2%	
II	Greenwood Rehab Hosp	Greenwood	34	---	*2*
II	HealthSouth Columbia	Richland	96	66.4%	
II	HealthSouth Rock Hill	York	40	86.3%	*3*
III	HealthSouth Florence	Florence	88	63.6%	
III	Carolinas Hospital	Florence	42	74.2%	
III	Waccamaw Community	Georgetown	43	88.1%	*4*
III.	Georgetown Memorial	Georgetown	0	---	*4*
IV	Beaufort Memorial	Beaufort	14	79.9%	*5*
IV	HealthSouth Charleston	Charleston	46	75.5%	
IV	Medical University	Charleston	0	---	*6*
IV	Roper Hospital	Charleston	52	82.9%	*7*
IV	RMC-Orangeburg/Calhoun	Orangeburg	24	64.5%	
IV	Coastal Carolina Med Ctr.	Jasper	10	42.6%	
		Total	616	73.2%	

RECORD 006985

1 CON issued 8/1/06 for 7 additional rehab beds, for a total of 37 beds. Licensed 10/5/06.
2 CON issued 7/3/06 to build a 34 bed rehab hospital; licensed 10/16/07.
3 CON issued 5/16/07 to convert 6 nursing home beds to rehab for a total of 40; licensed 10/16/07.
4 CON issued 8/19/04 to create a 10 bed unit at Georgetown; CON voided 8/21/06. CON issued 10/24/05 to add 9 rehab beds at Waccamaw for a total of 33; CON voided 4/25/06. CON issued 6/15/07 to add 14 rehab beds at Waccamaw for a total of 43, SC-07-22.
5 CON issued 6/8/04 to convert the 14 rehab beds to general acute as part of an overall bed expansion project. In 7/06, Beaufort amended their final project and retained the beds as licensed for rehab.
6 CON issued 10/14/03 to convert their 25 rehabilitation beds to general acute beds. The beds were re-licensed as general acute beds on 1/30/08.
7 CON approved for 13 additional beds for a total of 52, 10/16/07, appealed.

Statewide Programs

The S.C. Vocational Rehabilitation Center operates a 30-bed facility in West Columbia to serve the vocational training needs of the disabled.

Standards

The need for beds is calculated based on rehabilitation service areas. The methodology takes the greater of the actual utilization or the statewide average beds per 1,000 population to project need. For the service areas without existing rehabilitation units and related utilization data, 75% of the overall state use rate was used in the projections. The following pages depict the calculations described above.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Community Need Documentation;
c. Distribution (Accessibility);
d. Projected Revenues;
e. Projected Expenses;
f. Cost Containment; and
g. Resource Availability.

Rehabilitation facilities are now located throughout the state and are available within approximately sixty (60) minutes travel time for the majority of residents. Such facilities should be located where an extensive variety of health care professionals are available. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

REHABILITATION BED NEED

SERVICE AREA	2006 POP	2013 POP	EXIST BEDS	2006 PDS	PROJ ADC	% OCC	BED NEED (USE)	+/-	BED NEED (SW)	+/-	NEED
ANDERSON,OCONEE	245,560	263,350	37	10,699	31.44	0.70	45	8	32	-5	8
GREENVILLE,PICKENS	522,980	567,350	72	18,313	54.43	0.70	78	6	69	-3	6
CHEROKEE,SPARTANBURG UNION	355,150	377,660	18	5,399	26.15	0.70	37	19	46	28	28
CHESTER,LANCASTER YORK	277,480	302,350	40	10,704	31.95	0.70	46	6	37	-3	6
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	225,800	241,350	34	0	16.71	0.70	24	-10	29	-5	-5
FAIRFIELD,LEXINGTON NEWBERRY,RICHLAND	633,430	683,120	96	23,263	68.73	0.70	98	2	83	-13	2
CHESTERFIELD,DARLINGTON DILLON,FLORENCE,MARION MARLBORO,WILLIAMSBURG	373,750	383,070	130	31,786	89.26	0.70	128	-2	46	-84	-2
CLARENDON,KERSHAW LEE,SUMTER	223,130	236,300	0	0	16.37	0.70	23	23	29	29	29
GEORGETOWN,HORRY	279,450	316,780	43	9,326	28.96	0.70	41	-2	38	-5	-2
AIKEN,ALLENDALE,BAMBERG BARNWELL,CALHOUN ORANGEBURG	318,920	338,830	24	5,651	16.45	0.70	23	-1	41	17	17
BEAUFORT,HAMPTON,JASPER	179,210	201,830	24	4,082	12.60	0.70	18	-6	24	0	0
BERKELEY,CHARLESTON COLLETON,DORCHESTER	629,120	671,140	98	24,482	71.55	0.70	102	4	81	-17	4
STATE TOTAL	4,263,980	4,583,130	616	143,705	464.6		663	47	555	-61	91

RECORD 006987

Joint Exhibit 004-0115

6. Long Term Care Facilities and Services

A. Nursing Facilities

Nursing facilities provide inpatient care for convalescent or chronic disease residents who require nursing care and related medical services, in which such nursing care and medical services are prescribed by, or are performed under the general direction, of persons licensed to practice medicine or surgery in the State. Facilities furnishing primarily domiciliary care are not included. Under www.scdhec.gov the licensing list of nursing facilities also denotes the facilities that have Alzheimer's units. For more specific detail about nursing facilities, refer to the Department's Regulation 61-17, Standards for Licensing Nursing Homes.

For existing licensed nursing facilities, bed capacity is considered to be the number of licensed beds or the number of beds approved under the Certificate of Need program regardless of oversize room construction. The number of beds counted in any patient room is the maximum number for which adequate square footage is available. These minimums are: 100 square feet in single rooms; and 80 square feet per bed in multi-bed rooms. Only the net usable space in the room is considered. Space in the toilet rooms, washrooms, closets, vestibules, and corridors is not counted.

The following items should be noted regarding the inventory of long-term care facilities:

1. Restricted usage facilities (federal and institutional) are counted as statewide facilities and not counted in the region located.

2. Resident days and admissions are as reported by the nursing facility.

3. Existing beds are counted based upon the greater of licensed or survey capacity. Survey beds refer to the capacity; the survey beds do not exceed the licensed beds unless a Certificate of Need has been issued for an increase in the number of beds. The footnotes in the inventory explain any changes.

4. The beds included in the inventory have been classified for planning purposes as conforming or nonconforming. This classification is based on U.S. Public Health Service standards of plant evaluation and an actual on-site survey of each facility and updated as changed by construction and/or modernization.

5. The standards used in this survey are basically the same for general hospitals and nursing facilities. Such standards include:

   (a) Fire-resistivity of each building;
   (b) Fire and other safety factors of each building;
   (c) Bed capacity and evaluation of nursing units, including:

      (1) Availability of nurses' call system;
      (2) Adequacy of bed space;

(3) Patient rooms; grade level or above;
(4) Availability of outside windows in patient rooms;
(5) Availability of direct access to a corridor for each patient room;
(6) A minimum corridor width of eight (8) feet;
(7) Availability of a nurses' station within 120 feet of each patient room unless the alternative standard of 150 feet has been approved;
(8) Adequate toilet, bedpan, bath or handwashing facilities in each patient unit; and
(9) Maximum capacity of four (4) beds per patient room.

(d) Design and structural factors affecting the function of service departments, including:

(1) Dietary department;
(2) Dining, recreation and day room space;
(3) Rehabilitation services (for facilities in excess of 100 beds only)
(4) Laundry and linen department.

DHHS operates 3 home and community-based Medicaid waiver programs through its Community Long Term Care (CLTC) network. These programs provide alternatives to institutional care for participants who are eligible to receive an institutional level of long term care but prefer to receive their care in the home and/or in a community setting. Community Choices is funded for 12,000 slots for FY 07-08; the other waivers serve 1,000 persons with HIV disease and approximately 30 adults who are dependent upon mechanical ventilation. The PACE program is jointly funded by Medicare and provides primary and long-term care services to participants' age 55 and older that meet the State's nursing facility level of care. The Palmetto SeniorCare (PSC) Program operates 5 PACE Centers in Richland and Lexington Counties and served 440 participants during FY 2007. A second PACE site began operation in March 2008 operated by The Oaks CCRC in Orangeburg. DHHS is also participating in a federal initiative called Money Follows the Person, which allows people who have been in a nursing facility for at least 6 months to transition back to the community.

The nursing facility bed need methodology developed and used in the Plan is derived from a factor of 39.33 beds per thousand population age 65 and over by county. This factor was selected after detailed analysis of the method outlined in the Public Health Service health grants manual 23-2 as amended; the South Carolina Projected Use Rate method, previously approved by the Department of Health, Education, and Welfare (HEW); and several other methodologies. These beds are generally used by the non-institutional population age 65 and older. In an effort to give a more equitable distribution of beds throughout the State, these needs are developed by county.

This methodology factored in the utilization from the South Carolina Community Long Term Care Project (CLTC) regarding client utilization of nursing facilities. This project provides mandatory pre-admission screening and case management for Medicaid-eligible individuals who are applying for nursing facility placement under the Medicaid program.

Therefore, the ratio of 39 beds/1,000 population age 65 and over was selected as the appropriate

RECORD 006989

number of nursing facility beds for 2010. A two-year projection, through 2010, of the nursing facility bed need for the general (non-institutional) population is used for the following reasons:

1. There is a shortage of Title XIX (Medicaid) funding in the state. Approximately 65% of all patients in nursing facilities are financed by Medicaid.

2. The CLTC program provides the following community-based services for participants who prefer to receive care in the community rather than institutional care:

   a. Personal Care;
   b. Environmental Modifications;
   c. Home Delivered Meals;
   d. Adult Day Health Care (ADHE);
   e. Respite Care;
   f. Personal Emergency Response System (PERS);
   g. Durable Medical Equipment;
   h. Nursing Services; and
   i. Case Management

3. Nursing facilities can be developed and constructed in two years.

Since the vast majority of patients utilizing nursing facilities are 65 years of age or older, only this segment of the population is used in the projection of need for the general public. However, all patient days, including the under 65 population, were used to develop the bed need factor used in these methodologies.

The number of beds needed is obtained by subtracting the number of existing beds (greater of license or survey capacity) from the bed need. In order to provide a more equitable distribution of nursing facility beds throughout the State, the following policies will apply:

1. Additional beds may be approved in counties with a positive bed need up to the need indicated.

2. When a county has more beds than the projected need (i.e. excess beds), additional beds will not be approved.

3. An exception to the above standards can be made for an individual nursing facility to add some additional nursing facility beds in order to make more economical nursing units. These additions are envisioned as small increments in order to increase the efficiency of the nursing home. This exception for additional beds will not be approved if it results in three and/or four bed wards. A nursing facility may add up to 16 additional beds per nursing unit to create either 44 or 60 bed nursing units, regardless of the projected bed need for the county. The nursing facility must document how these additional beds will make a more economical unit(s).

The following pages depict the calculation of long-term care bed need and the current ratio of beds per thousand aged 65 and over by county. The following map depicts the number of additional beds needed or the number of excess beds (circled) by county.

Relative Importance of Project Review Criteria

The following project review criteria are considered the most important in evaluating certificate of need applications for these beds or facilities:

a. Need;
b. Projected Revenues;
c. Projected Expenses;
d. Net Income;
e. Methods of Financing;
f. Financial Feasibility;
g. Record of the Applicant; and
h. Distribution (Accessibility).

Because nursing facilities are located within approximately thirty (30) minutes travel time for the majority of the residents of the State and at least one nursing facility is located in every county, there is no justification for approving additional nursing facilities or beds which are not indicated as needed in this Plan. The major accessibility problem is caused by the lack of Medicaid funding since the Medicaid Program pays for approximately 65% of all nursing facility residents. This Plan projects the need for nursing facility beds by county. The benefits of improved accessibility do not outweigh the adverse affects caused by the duplication of any existing beds or the placement of Medicaid funds for the beds.

Medicaid Nursing Home Permits

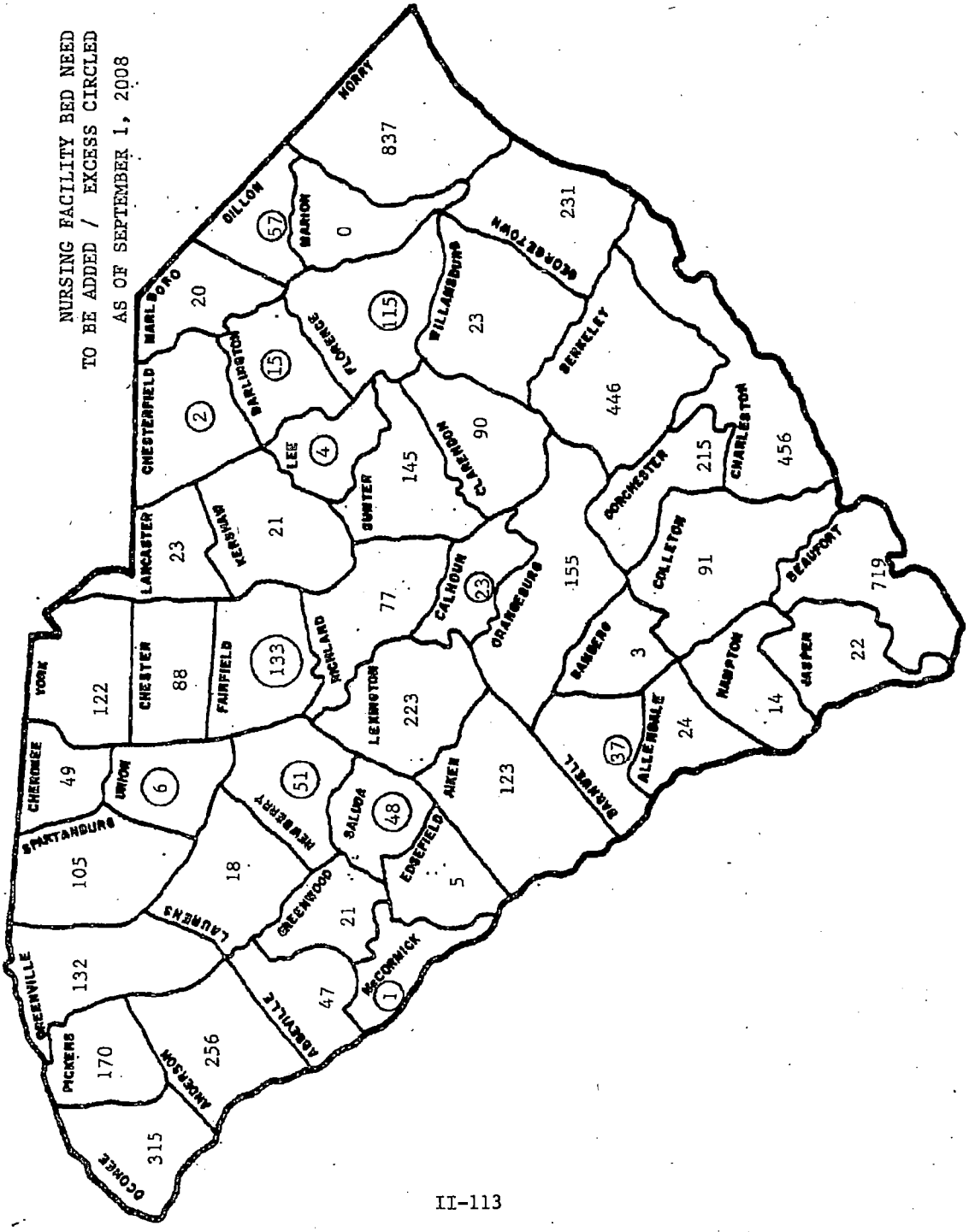
Beginning July 1, 1988, nursing facilities that wish to continue to serve Medicaid residents must apply to the Department for a Medicaid nursing home permit. The permit will state how many Medicaid patient days the nursing facility may provide, and the nursing facility must provide within 10 percent of this number of days of care. As mandated by the Nursing Home Licensing Act of 1987, as amended, the Department will allocate permits up to the number of Medicaid patient days authorized by the General Assembly.

Medicaid Patient Days and Medicaid Beds Requested and Authorized:

Year	# Days Requested	Beds	# Days Authorized	Beds	# Days Difference
1988-1989	3,032,839	8,309	2,971,811	8,142	61,028
1989-1990	3,644,248	9,984	3,644,248	9,984	0
1990-1991	3,709,814	10,163	3,659,965	10,028	49,849

LONG TERM CARE BED NEED

		2010 POP. 65+(000)	BED NEED (POP.X 39)	EXISTING BEDS	BEDS NEEDED/ EXCESS	TOTAL # BEDS TO BE ADDED
	ANDERSON	25.820	1,007	751	256	256
	CHEROKEE	7.120	278	229	49	49
	GREENVILLE	49.950	1,948	1,816	132	132
	OCONEE	14.530	567	252	315	315
	PICKENS	14.910	581	411	170	170
	SPARTANBURG	35.490	1,384	1,279	105	105
	UNION	5.000	195	201	-6	
REGION I	TOTAL	152.820	5,960	4,939	1,021	1,027
	ABBEVILLE	4.190	163	116	47	47
	CHESTER	4.820	188	100	88	88
	EDGEFIELD	3.200	125	120	5	5
	FAIRFIELD	3.300	129	262	-133	
	GREENWOOD	9.620	375	354	21	21
	KERSHAW	7.920	309	288	21	21
	LANCASTER	7.970	311	288	23	23
	LAURENS	10.770	420	402	18	18
	LEXINGTON	29.410	1,147	924	223	223
	MCCORMICK	3.040	119	120	-1	
	NEWBERRY	5.780	225	276	-51	
	RICHLAND	34.670	1,360	1,283	77	77
	SALUDA	3.270	128	176	-48	
	YORK	20.910	815	693	122	122
REGION II	TOTAL	149.070	5,814	5,402	412	645
	CHESTERFIELD	5.620	219	221	-2	
	CLARENDON	6.210	242	152	90	90
	DARLINGTON	9.000	351	366	-15	
	DILLON	3.530	138	195	-57	
	FLORENCE	16.930	660	775	-115	
	GEORGETOWN	12.320	480	249	231	231
	HORRY	43.000	1,677	840	837	837
	LEE	2.980	116	120	-4	
	MARION	4.610	180	180	0	
	MARLBORO	3.340	130	110	20	20
	SUMTER	14.680	573	428	145	145
	WILLIAMSBURG	5.300	207	184	23	23
REGION III	TOTAL	127.520	4,973	3,820	1,153	1,346
	AIKEN	23.110	901	778	123	123
	ALLENDALE	1.750	68	44	24	24
	BAMBERG	2.340	91	88	3	3
	BARNWELL	3.490	136	173	-37	
	BEAUFORT	31.030	1,210	491	719	719
	BERKELEY	19.760	771	325	446	446
	CALHOUN	2.490	97	120	-23	
	CHARLESTON	44.040	1,718	1,262	456	456
	COLLETON	5.730	223	132	91	91
	DORCHESTER	14.500	566	351	215	215
	HAMPTON	3.030	118	104	14	14
	JASPER	2.830	110	88	22	22
	ORANGEBURG	14.050	548	393	155	155
REGION IV	TOTAL	166.150	6,557	4,349	2,208	2,268
GRAND TOTAL		597.560	23,304	18,510	4,794	5,286


NURSING FACILITY BED NEED
TO BE ADDED / EXCESS CIRCLED
AS OF SEPTEMBER 1, 2008
HORRY
837
GEORGETOWN
231
WILLIAMSBURG
23
FLORENCE
(15)
DILLON
(57)
MARION
0
MARLBORO
20
DARLINGTON
(15)
CHESTERFIELD
(2)
LEE
(4)
SUMTER
145
CLARENDON
90
BERKELEY
446
LANCASTER
23
KERSHAW
21
CALHOUN
(23)
ORANGEBURG
155
DORCHESTER
215
CHARLESTON
456
YORK
122
CHESTER
88
FAIRFIELD
(133)
RICHLAND
77
LEXINGTON
223
BAMBERG
3
COLLETON
91
BEAUFORT
719
CHEROKEE
49
UNION
(6)
SPARTANBURG
105
NEWBERRY
(51)
SALUDA
(48)
AIKEN
123
BARNWELL
(37)
ALLENDALE
24
HAMPTON
14
JASPER
22
LAURENS
18
GREENWOOD
21
EDGEFIELD
5
GREENVILLE
132
PICKENS
170
ANDERSON
256
ABBEVILLE
47
McCORMICK
(1)
OCONEE
315

COUNTY	2010 POP	NURSING BEDS	BEDS/K POP	RANK
BEAUFORT	31.060	491	15.81	1
BERKELEY	19.760	325	16.45	2
OCONEE	14.530	252	17.34	3
HORRY	43.000	840	19.53	4
GEORGETOWN	12.320	249	20.21	5
CHESTER	4.820	100	20.75	6
COLLETON	5.730	132	23.04	7
DORCHESTER	14.500	351	24.21	8
CLARENDON	6.210	152	24.48	9
ALLENDALE	1.750	44	25.14	10
PICKENS	14.910	411	27.57	11
ABBEVILLE	4.190	116	27.68	12
ORANGEBURG	14.050	393	27.97	13
CHARLESTON	44.040	1,262	28.66	14
ANDERSON	25.820	751	29.09	15
SUMTER	14.680	428	29.16	16
JASPER	2.830	88	31.10	17
LEXINGTON	29.410	924	31.42	18
CHEROKEE	7.120	229	32.16	19
MARLBORO	3.340	110	32.93	20
YORK	20.910	693	33.14	21
AIKEN	23.110	778	33.67	22
HAMPTON	3.030	104	34.32	23
WILLIAMSBURG	5.300	184	34.72	24
SPARTANBURG	35.490	1,279	36.04	25
LANCASTER	7.970	288	36.14	26
GREENVILLE	49.950	1,816	36.36	27
KERSHAW	7.920	288	36.36	28
RICHLAND	34.870	1,283	36.79	29
GREENWOOD	9.620	354	36.80	30
LAURENS	10.770	402	37.33	31
EDGEFIELD	3.200	120	37.50	32
BAMBERG	2.340	88	37.61	33
MARION	4.610	180	39.05	34
CHESTERFIELD	5.620	221	39.32	35
MCCORMICK	3.040	120	39.47	36
UNION	5.000	201	40.20	37
LEE	2.980	120	40.27	38
DARLINGTON	9.000	366	40.67	39
FLORENCE	16.930	775	45.78	40
NEWBERRY	5.780	276	47.75	41
CALHOUN	2.490	120	48.19	42
BARNWELL	3.490	173	49.57	43
SALUDA	3.270	176	53.82	44
DILLON	3.530	195	55.24	45
FAIRFIELD	3.300	262	79.39	46
	597.590	18,510	30.97	

1991-1992	3,856,833	10.567	3,659,965	10,028	196,868
1992-1993	3,976,576	10,895	3,806,382	10,429	170,194
1993-1994	4,012,359	10,993	3,856,382	10,566	155,977
1994-1995	4,023,690	11,024	3,892,882	10,665	130,808
1995-1996	3,969,681	10,876	3,892,882	10,665	76,799
1996-1997	4,072,519	11,158	4,002,382	10,965	70,137
1997-1998	4,119,753	11,287	4,097,282	11,225	22,471
1998-1999	4,265,182	11,685	4,265,182	11,685	0
1999-2000	4,367,134	11,965	4,341,832	11,895	25,302
2000-2001	4,420,522	12,111	4,378,332	11,995	42,190
2001-2002	4,473,170	12,255	4,275,998	11,715	197,172
2002-2003	4,340,158	11,891	4,205,553	11,522	134,605
2003-2004	4,304,160	11,792	4,205,553	11,522	98,607
2004-2005	4,294,977	11,767	4,205,553	11,522	89,424
2005-2006	4,291,812	11,758	4,205,553	11,522	86,259
2006-2007	4,283,209	11,735	4,205,553	11,522	77,656
2007-2008	4,263,785	11,682	4,205,553	11,522	58,232

Mental Retardation Facilities

According to national estimates, three percent of the population is considered to be mentally retarded and one percent is retarded to the extent that special support services and programs are needed. Based on the known numbers of individuals in service systems as well as improved public awareness and acceptance of issues associated with mental retardation, it is believed that there are no significant numbers of citizens with mental retardation or related disabilities currently unrecognized.

The South Carolina Department of Disabilities and Special Needs (DDSN) is reducing the bed capacity of its four regional centers (Whitten, Coastal, Midlands, and Pee Dee). Community residential beds are being developed for those persons from the regional centers and those on the residential services waiting list. Community beds will be distributed over the continuum of programs, which includes community residences, supervised living programs, and community

training homes. These programs will enable persons with mental retardation to be served in their own communities in the settings they choose to live and receive supports in. DDSN also operates three home and community-based Medicaid waiver programs for the following target groups: Mental Retardation and Related Disabilities, Head and Spinal Cord Injuries, and Pervasive Developmental Disorders.

Any Certificate of Need application for mental retardation beds should not be approved unless the South Carolina Department of Disabilities and Special Needs supports it.

B. Institutional Nursing Facility (Retirement Community Nursing Facility)

An institutional nursing facility means a nursing facility (established within the jurisdiction of a larger non-medical institution) that maintains and operates organized facilities and services to accommodate only students, residents or inmates of the institution. A bed need for this category has been established in order to provide necessary services for retirement communities as established by church, fraternal, or other organizations. Such beds must serve only the residents of the housing complex and either be developed after the housing has been established or be developed as a part of a total housing construction program which has documented that the entire complex is one inseparable project.

To be considered under this special bed category, the following criteria must be met:

(1) The nursing facility must be a part of and located on the campus of the retirement community.

(2) It must restrict admissions to campus residents.

(3) The facility may not participate in the Medicaid program.

There is no projection of need for this bed category. The applicant must demonstrate that the proposed number of beds is justified and that the facility meets the above qualifications. If approved by the Department, such a facility would be licensed as an "Institutional Nursing Home" and the beds generated by such a project will be placed in the statewide inventory in Chapter III. These beds are not counted against the projected need of the county where the facility is located. For established retirement communities, the generally accepted ratio of nursing facility beds to retirement beds is 1:4. This ratio appears to be high for newly established retirement centers as the new residents are not in need of nursing facility care until several years later.

Relative Importance of Project Review Criteria

The following project review criteria as outlined in Chapter 8 of Regulation No. 61-15 are considered the most important in evaluating Certificate of Need applications for these beds or facilities:

a. Need for the Proposed Project;
b. Economic Consideration; and
c. Health System Resources.

Because Institutional Nursing Facility Beds (restricted beds) are used solely by the residents of the retirement community, there is no justification for approving these types of nursing facilities unless the need can be documented by the retirement center. The benefits of improved accessibility do not outweigh the adverse affects caused by the duplication of any existing beds or facilities.

C. Hospice Facilities and Hospice Programs

Hospice means a centrally administered, interdisciplinary health care program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family or responsible party, including but not limited to home, outpatient and inpatient services provided directly or through written agreement. Inpatient services include, but are not limited to, services provided by a hospice in a licensed hospice facility.

A Hospice Facility means an institution, place or building licensed by the Department to provide room, board and appropriate hospice care on a 24-hour basis to individuals requiring such services pursuant to the orders of a physician.

A Hospice Program means an entity licensed by the Department that provides appropriate hospice care to individuals as described in the first paragraph above, exclusive of the services provided by a hospice facility.

Certificate of Need Standards

A Certificate of Need is required for an Inpatient Hospice Facility. A Certificate of Need is not required for the establishment of a Hospice Program; an inpatient Hospice Facility must be owned or operated either directly or through contractual agreement with a licensed hospice program. An inpatient Hospice Facility must document the need for the facility and justify the number of inpatient beds that are being requested. The proposed facility must consider the impact on other existing inpatient hospice facilities. The existing and approved inpatient hospices in South Carolina are listed on the following page.

Relative Importance of Project Review Criteria

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the Need Outlined in this Plan;
2. Distribution (Accessibility);
3. Community Need Documentation;
4. Acceptability;
5. Financial feasibility, and
6. Staff Resources

There are 92 licensed Hospice Programs with at least one licensed hospice serving every county in the state. Additional information may be found at www.scdhec.gov under Health Regulation. The benefits of improved accessibility will be equally weighed with the adverse affects of duplication in evaluating Certificate of Need applications for this service.

Inpatient Hospices

Name of Facility	County	2006 Patients	2006 Pt. Days
Region I:			
Callie & John Rainey Hospice House	Anderson	603	9,184
Spartanburg Regional Hospice Home	Spartanburg	12	55
Region II:			
Hospice House HospiceCare Piedmont	Greenwood	299	3,667
Heartland Hospice House of the Midlands	Richland	47	429
Region III:			
McLeod Hospice House	Florence	417	2,871
Region IV:			
Hospice Center Hospice of Charleston	Charleston	127	1,583
	Totals	**1,505**	**17,789**

D. Swing Beds

A Certificate of Need is not required to participate in the Swing Bed Program in South Carolina. However, the hospital must be certified. The swing beds concept refers to beds in a hospital that alternate between hospital and long-term care and are occupied by long-term care patients for periods of a few days to several weeks. This concept does not refer to hospital beds being designated as nursing home beds and does not necessarily involve moving beds or patients into separate areas of the hospital.

Swing beds can be the link between inpatient acute care and home and community-based services, in a continuum of care for those patients requiring long-term care. Although the goal is to return patients to the community, this is not always possible. Should a return to the community not be possible, the swing bed hospital assists the patient and family with nursing home placement. The swing bed program improves the coordination of long-term care services within the community.

Under the Social Security Act (Section 1883(a)(1), [42 U.S.C. 1395tt], any hospital that has an agreement with the Centers for Medicare & Medicaid Services (CMS) in which its inpatient hospital facilities may be used for furnishing the types of service that, if furnished in a skilled nursing facility (SNF), would constitute extended care services (subject to Section 1883(b) is known a swing bed hospital.

The hospital must be located in a rural area and have fewer than 100 beds. Also (except as otherwise provided under CMS regulations) under subsection (c), an agreement with a hospital must:

1. Be of the same duration and subject to termination on the same conditions as are agreements with SNFs under the Social Security Act (Section 1866).
2. Impose the same duties, responsibilities, conditions, and limitations as those imposed under such agreements entered into under Section 1866 of the Social Security Act.
3. Be in substantial compliance with the SNF requirements of resident rights, admission, transfer, and discharge rights; resident behavior and facility practices; patient activities; social services; discharge planning; specialized rehabilitation services and dental services.
4. Not have a 24-hour nursing waiver in effect.
5. Not have had a swing-bed approval terminated within two years previous to the current application for swing beds.
6. Meet all of the Conditions of Participation applicable to a Medicare certified hospital.

The Code of Federal Regulations (CFR) section 42 details other specific requirements.

The following hospitals in South Carolina either meet the swing bed eligibility requirements or participate in the swing bed program. The 2006 utilization is reported by the facility:

Hospital		Swing Beds	Admissions	Patient Days	Average Census
Abbeville Area Med. Ctr.	**	12	48	382	1.0
Allendale County Hosp.	**	12	54	1,359	3.7
Bamberg County Mem.*1/*	**	24	0	0	—
Barnwell County *1/*	**	24	0	0	—
Cannon Memorial Hosp.		--			
Chester Regional Med.		--			
Chesterfield General	**	29	113	857	2.4
Clarendon Memorial		--			
Coastal Carolina *2/*	**	10			
Edgefield Co. Hosp. *1/*	**	12	0	0	—
Fairfield Memorial	**	15	52	365	1.0
Hampton Regional		--			
Hilton Head Regional		--			
Lake City Community	**	23	35	1,582	4.3
Laurens County Hosp.		--			
Loris Community		--			
Marlboro Park Hosp.	**	49	23	126	0.3
McLeod-Darlington	**	24	70	5,004	13.7
McLeod-Dillon		--			
Newberry Co. Mem.		--			
Wallace Thompson		--			
Williamsburg Regional		--			
TOTALS		234	437	10,813	27.9

** Participates in the swing bed program.
1/ Participates in the program but did not use the beds.
2/ Began participating in the program on 11/15/06.

E. Home Health Agencies

Home Health Agency means a public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services. Home health services means those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency, on a visiting basis and except for (f) below, in a place of temporary or permanent residence used as the individual's home as follows:

Part-time or intermittent skilled nursing care as ordered by a physician or podiatrist and provided by or under the supervision of a registered nurse and at least one other therapeutic service listed below: (a) physical, occupational, or speech therapy; (b) medical social services; (c) home health aide services; (d) other therapeutic services; (e) medical supplies as indicated in the treatment plan, and the use of medical appliances, to include durable medical equipment and (f) any of the above items and services provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing home or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items/services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the patient is there to receive such items or services. Transportation of the individual in connection with any such items or services is not included.

The average mix of home health visits by type of service during FY 2006 for the home health agencies in South Carolina were:

Total Visits	1,530,519
Nursing Visits	44.4%
Home Health Aide Visits	10.7%
Physical Therapy Visits	34.6%
Medical Social Worker Visits	1.5%
Speech Therapy Visits	1.6%
Occupational Therapy Visits	7.1%
Other	0.1%

Nursing visits includes all visits provided by a nurse including IV therapy and chemotherapy.

Under the Balanced Budget Act of 1997, Medicare changed to a Prospective Payment System (PPS) for home health services. Patients are assessed and assigned to one of 80 Home Health Resource Groups (HHRGs); agencies then receive a fixed payment for a 60-day episode of care, regardless of the number of visits provided. As a result, the number of visits per patient has decreased from 45.7 in 1997 to 18.5 in 2006. In 2007, CMS revised its policy on "case mix" which will make a nearly 12% reduction in the national 60-day standardized payment rate by 2011 and decrease home health expenditures by $7 billion over that time.

RECORD 007002

Of the current patients receiving home health services, approximately 37% are less than age 65 and 63% are age 65 and over. Some agencies are licensed to serve broad geographic areas, yet provide services to less than 50 patients annually in some counties in their licensed service area. Unless a need for another agency is indicated, the existing agencies should be able to expand their staff to meet any additional need.

Certificate of Need Standards

1. An applicant must propose home health services to cover the geographic area of an entire county and agree to serve residents throughout the entire county.

2. A separate application is required for each county in which services are to be provided.

3. There should be documentation from physicians and discharge planners in the proposed service area substantiating the need and support for an additional home health agency. These need and support letters must be on letterhead and define which practice and specialty or facility the physician/discharge planner represents as well as the county from which their patient base will be drawn. They must clearly state the number of additional patients that will be referred to a new home health agency and why another home health agency is needed. The physician or discharge planner must also personally sign these letters. If there are problems with the existing agencies serving the area, the physicians and discharge planners should state the reasons.

4. The attached table indicates the counties where one additional home health agency could be approved or an existing home health agency expanded. This table is based on the number of persons served per thousand population and the maximum number of agencies needed per county based on the projected population (see below). Counties that are below 75% of the state average of patients served per thousand population and have less than the maximum number of agencies based on the projected population could accommodate one additional agency in order to assist the residents of the county in receiving services. Only these counties will be approved for an additional service. No additional agency will be approved in these counties until the approved agencies have been licensed and a year of utilization data are available and have been incorporated into the methodology.

Maximum Agencies Per Thousand Population

<30k pop.	=	2 HHA's
30-50k pop.	=	3 HHA's
50-75k pop.	=	4 HHA's
75-125k pop.	=	5 HHA's
125-175k pop.	=	6 HHA's
175-225k pop.	=	7 HHA's

225-275k pop. = 8 HHA's
275-325k pop. = 9 HHA's
>325k pop. = 10 HHA's

5. The applicant should have a track record that demonstrates a commitment to quality services. There should be no history of prosecution, loss of license, consent order, or abandonment of patients in other business operations. The applicant must provide a list of all licensed home health agencies it operates and the state where it operates.

6. The applicant must document that they can serve at least 50 patients annually in each county for which they are licensed within two years of initiation of services. The applicant must assure the Department that, should they fail to provide home health services to less than 50 patients annually for a county two years after initiation of services, they will voluntarily relinquish the license for that county. If an agency's license is terminated, another agency will be approved only if the methodology indicates the projected need for an additional agency.

7. Because of the limited number of home health providers available to treat children 14 years or younger, an exception to the above criteria may be made for a CON for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 14 years or younger. A separate CON application will be required for each county for an agency that proposes to provide this specialized service to pediatric patients in multiple counties. The applicant must document that no other agency offers this service in the county of application, and the agency will limit such services to the pediatric population 14 years or younger. The license for the agency will be restricted to serving children 14 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such approved agency will not be counted in the county inventories for need projection purposes.

Continuing Care Retirement Community Home Health Agencies

A licensed continuing care retirement community that also incorporates a skilled nursing facility may provide home health services and is exempt from Certificate of Need provided:

1. The continuing care retirement furnishes or offers to furnish home health services only to residents who reside in living units provided by the continuing care retirement community pursuant to a continuing care contract;

2. The continuing care retirement community maintains a current license and meets the applicable home health agency licensing standards; and

3. Residents of the continuing care retirement community may choose to obtain home health services from other licensed home health agencies.

Staff from other areas of the continuing care retirement community may deliver the home health services, but at no time may staffing levels in any area of the continuing care retirement community fall below minimum licensing standards or impair the services provided. If the continuing care retirement community includes charges for home health services in its base contract, it is prohibited from billing additional fees for those services. Continuing care retirement communities certified for Medicare or Medicaid, or both, must comply with government reimbursement requirements concerning charges for home health services. The continuing care retirement community shall not bill in excess of its costs. These costs will be determined on non-facility-based Medicare and/or Medicaid standards. Because these continuing care retirement community home health agencies serve only residents of the retirement community, these facilities are not counted in the county need projections.

Relative Importance of Project Review Criteria

The following project review criteria as outlined in Chapter 8 of Regulation No. 61-15 are considered to be the most important in reviewing CON applications for this service:

a. Compliance with the Need Outlined in this Plan;
b. Acceptability;
c. Distribution (Accessibility);
d. Medically Underserved Groups;
e. Record of the Applicant; and
f. Financial Feasibility.

Because home health agencies provide services in every county and there are at least two providers per county, there is no justification for approving additional agencies beyond those shown as needed in this Plan. The benefits of improved accessibility do not outweigh the adverse affects caused by the duplication of any existing service.

The home health agency inventory follows. The persons served and visits are based on data from the Joint Annual Reports (JARs) for Home Health Agencies.

RECORD 007005

HOME HEALTH AGENCIES

County of Residence	2006 Total Patients	2006 Pop. (000s)	Patients Served/ 1000 Pop.	Below State Average	New Agency /P 1/1/06	Max. # of Agencies	# of Existing HHAs	New HHA Can Be Approved
Abbeville	812	26.88	30.21	---	---	2	4	---
Aiken	1,840	155.90	11.80	YES	---	6	5	YES
Allendale	29	11.82	2.45	YES	---	2	3	---
Anderson	3,081	173.71	17.74	---	---	6	6	---
Bamberg	372	16.09	23.12	---	---	2	2	---
Barnwell	259	24.56	10.55	YES	---	2	3	---
Beaufort	2,614	135.48	19.29	---	---	6	4	---
Berkeley	2,152	158.79	13.55	YES	---	6	7	---
Calhoun	250	15.77	15.85	---	---	2	5	---
Charleston	8,055	321.76	25.03	---	---	9	9	---
Cherokee	1,263	55.39	22.80	---	---	4	4	---
Chester	714	34.76	20.54	---	---	3	3	---
Chesterfield	887	43.34	20.47	---	---	3	2	---
Clarendon	692	33.58	20.61	---	---	3	2	---
Colleton	957	40.22	23.79	---	---	3	5	---
Darlington	1,217	68.22	17.84	---	---	4	4	---
Dillon	692	30.23	22.89	---	---	3	4	---
Dorchester	2,061	108.35	19.02	---	---	5	7	---
Edgefield	280	25.87	10.82	YES	---	2	4	---
Fairfield	406	24.42	16.63	---	---	2	3	---
Florence	2,165	131.02	16.52	---	---	6	4	---
Georgetown	1,508	58.97	25.54	---	---	4	6	---
Greenville	7,092	402.33	17.63	---	---	10	7	---
Greenwood	1,737	69.10	25.14	---	---	4	5	---
Hampton	412	22.04	18.69	---	---	2	4	---
Horry	5,559	220.48	25.21	---	---	7	6	---
Jasper	353	21.69	16.27	---	---	2	3	---
Kershaw	1,007	56.02	17.98	---	---	4	3	---
Lancaster	1,049	62.31	16.84	---	---	4	2	---
Laurens	1,500	73.65	20.37	---	---	4	6	---
Lee	356	20.68	17.21	---	---	2	4	---
Lexington	4,080	236.95	17.22	---	---	8	7	---
McCormick	265	10.77	24.61	---	---	2	3	---
Marion	808	36.06	22.41	---	---	3	3	---
Marlboro	547	27.96	19.56	---	---	2	4	---
Newberry	735	37.49	19.61	---	---	3	3	---
Oconee	1,731	71.85	24.09	---	---	4	4	---
Orangeburg	2,219	94.78	23.41	---	---	5	5	---
Pickens	2,036	120.65	16.88	---	---	5	6	---
Richland	5,187	334.57	15.50	---	---	10	8	---
Saluda	382	19.53	19.56	---	---	2	4	---
Spartanburg	4,831	270.04	17.89	---	---	8	5	---
Sumter	2,140	112.85	18.96	---	---	5	5	---
Union	1,035	29.72	34.83	---	---	2	2	---
Williamsburg	932	36.92	25.24	---	---	3	4	---
York	3,634	180.41	20.14	---	---	7	4	---
Totals	81,931	4,263.98	19.21				203	
	75% State Average		14.41					

HOME HEALTH UTILIZATION, 1980-2006

YEAR	PATIENTS SERVED	TOTAL VISITS	VISITS/ PATIENT
1980	17,120	------	------
1981	18,021	------	------
1982	19,751	------	------
1983	24,013	427,759	17.8
1984	28,511	590,657	20.7
1985	30,360	631,498	20.8
1986	21,012	672,361	32.0
1987	30,004	673,346	22.4
1988	31,230	710,756	22.8
1989	32,727	843,514	25.8
1990	36,827	1,024,177	27.8
1991	41,912	1,307,371	31.2
1992	49,035	1,767,825	36.1
1993	55,551	2,417,241	43.5
1994	65,754	3,192,689	48.6
1995	77,214	3,755,027	48.6
1996	86,070	3,995,110	46.4
1997	88,711	4,055,843	45.7
1998	86,123	3,131,997	36.4
1999	83,969	2,472,078	29.4
2000	78,542	2,041,754	26.0
2001	77,869	1,427,436	18.3
2002	84,192	1,290,991	15.3
2003	81,708	1,235,335	15.1
2004	82,971	1,291,738	15.6
2005	81,754	1,454,745	17.8
2006	82,897	1,537,455	18.5

Home Health Agency Utilization 2006

Facility	Counties Served	Persons Served	Total Visits	Visits/ Person
Amedysis Home Health of Camden *1*	Fairfield, Kershaw, Richland, Newberry, Lexington, Calhoun & Orangeburg	219	4,174	19.1
Amedysis Home Health of Clinton *2*	Abbeville, Greenwood, Greenville & Laurens	434	6,709	15.5
Amedysis Home Health of Conway *3*	Horry	778	13,171	16.9
Amedysis Home Health of Charleston	Berkeley, Charleston & Dorchester	3,336	59,133	17.7
Amedysis Home Health Georgetown *4*	Georgetown & Williamsburg	1,390	22,784	16.4
Amedysis HH Georgetown East *5*	Georgetown & Williamsburg	32	338	10.6
Amedisys Home Health Hilton Head *6*	Beaufort and Jasper	754	10,712	14.2
Amedysis Home Health of Lexington *7*	Lexington, Richland, Lee, Orangeburg, Calhoun, Newberry, Sumter & Edgefield	4,595	71,439	15.5
Amedysis Home Health Myrtle Beach *8*	Horry	921	13,178	14.3
Amedysis Home Health of North Charleston *9*	Berkeley, Charleston, Colleton, Dorchester, & Hampton	4,751	47,687	10.0
AnMed Health Home Health *10*	Anderson	1,210	23,413	19.3
Beaufort-Jasper Home Health Agency	Beaufort & Jasper	139	842	6.1
Bethea Home Health (may serve retirement community only)	Darlington	26	15,430	593.5
Care One Home Health *11*	Beaufort, Hampton & Jasper	526	11,821	22.5
CarePro Home Health	Richland & Sumter	536	15,215	28.4
Caring Neighbors Home Health	Fairfield	220	4,240	19.3
Carolina Home Health Care	Richland & Lexington	1,390	22,932	16.5
Carolina Home Health Care Greenville (may only serve patients in Union Co. with initial diag requiring IV therapy and/or home uterine activity monitoring)	Anderson, Oconee, Greenville, Pickens, Cherokee, Spartanburg, Laurens & Union	2,356	58,109	24.7
Chesterfield Visiting Nurses Services	Darlington, Marlboro & Chesterfield	406	13,662	33.7
Clarendon Memorial Home Health	Clarendon	293	6,201	21.2
Clemson Area Retirement Ctr HH (may serve retirement community only)	Pickens	25	3,443	137.7
Cypress Club Home Health Agency (may serve retirement community only)	Beaufort	60	2,179	36.3
DHEC Region 1 Home Health *12*	Anderson, Oconee, Abbeville, Laurens, Edgefield, Greenwood, Saluda & McCormick	1,057	23,678	22.4
DHEC Region 2 Home Health West *13*	Greenville & Pickens	582	9,905	17.0

Home Health Agency Utilization 2006

Facility	Counties Served	Persons Served	Total Visits	Visits/ Person
DHEC Region 2 Home Health East *14*	Spartanburg, Union & Cherokee	839	16,472	19.6
DHEC Region 3 Home Health *15*	Lancaster, Lexington, Newberry, Richland, Chester, Fairfield & York	867	11,017	12.7
DHEC Region 4 Home Health East *16*	Dillon, Florence, Marion, Darlington, Marlboro & Chesterfield	2,254	35,638	15.8
DHEC Region 4 Home Health West *17*	Clarendon, Lee, Kershaw & Sumter	978	19,847	20.3
DHEC Region 5 Home Health *18*	Aiken, Allendale, Bamberg, Barnwell, Calhoun & Orangeburg	1,141	19,647	17.2
DHEC Region 6 Home Health *19*	Georgetown, Horry & Williamsburg	1,017	18,193	17.9
DHEC Region 7 Home Health *20*	Charleston, Berkeley & Dorchester	539	13,645	25.3
DHEC Region 8 Home Health *21*	Beaufort, Colleton, Jasper & Hampton	412	6,101	14.8
Florence Visiting Nurses Services	Florence, Lee, Dillon & Marion	325	11,349	34.9
Franklin C. Fetter Home Health Agency	Charleston	66	3,946	59.8
Greenville Hospital System HHA	Greenville & Pickens	2,031	31,841	15.7
Health Related Home Care, Inc.	Abbeville, Laurens, Greenwood, Saluda, & McCormick	1,367	35,216	25.8
HomeCare of HospiceCare Piedmont (may only serve terminally ill Saluda County patients)	Abbeville, Laurens, Greenwood, Saluda, & McCormick	38	826	21.7
Home Care of Lancaster	Lancaster	848	16,235	19.1
Home Care of the Regional Medical Ctr	Calhoun & Orangeburg	624	17,478	28.0
Home Health of S.C. - Lowcountry	Berkeley & Dorchester	364	5,436	14.9
Home Health of S.C. - Midlands	Lexington & Richland	994	15,604	15.7
Home Health of S.C., Inc.	York	818	17,972	22.0
Home Health Services of Carolinas Hospital System	Darlington, Dillon, Florence & Marlboro	1,292	32,314	25.0
Home Health Services of Self Regional Healthcare	Abbeville, Laurens, Greenwood, Saluda, & McCormick	1,595	29,456	18.5
Hospice Care of Low Country HH (may serve terminally ill patients only)	Beaufort & Jasper	33	1306	39.6
Hospice of Charleston HHA	Charleston, Berkeley & Dorchester	71	1,729	24.4
Incare Home Health	Horry & Georgetown	1,688	25,234	14.9
Interim HealthCare of Greenville	Anderson, Oconee, Greenville, Pickens, Cherokee & Spartanburg	7,878	153,788	19.5

Home Health Agency Utilization 2006

Facility	Counties Served	Persons Served	Total Visits	Visits/ Person
Interim HealthCare of Rock Hill	York	1,573	25,513	16.2
Intrepid USA Healthcare Services	Allendale, Berkeley, Charleston, Dorchester, Colleton & Georgetown	955	14,953	15.7
Island Health Care	Beaufort	1,645	19,520	11.9
Kershaw County Medical Ctr Home Health	Kershaw	744	17,100	23.0
Lakes at Litchfield *22* (may serve retirement community only)	Georgetown			
Liberty Home Care - Aiken *23*	Aiken	394	4,806	12.2
Liberty Home Care - Bennettsville	Marlboro	262	4,374	16.7
Liberty Home Care - Myrtle Beach	Horry	533	6,934	13.0
Matria Healthcare - Midlands (may serve obstetrical patients only)	Berkeley, Charleston, Colleton, Dorchester, Aiken, Beaufort, Fairfield, Georgetown, Kershaw, Lancaster, Lexington, Newberry, & Richland	347	376	1.1
Matria Healthcare - Piedmont (may serve obstetrical patients only)	Anderson, Cherokee, Chesterfield, Greenville, Oconee, Pickens, Spartanburg, York, Abbeville, Allendale, Bamberg, Barnwell, Calhoun, Chester, Clarendon, Darlington, Dillon, Edgefield, Florence, Greenwood, Hampton, Horry, Jasper, Laurens, Lee, Marion, Marlboro, McCormick, Sumter, Orangeburg, Saluda, Union & Williamsburg	365	602	1.6
McLeod Home Health	Florence, Darlington, Dillon, Marion & Lee	2,231	39,155	17.6
NHC HomeCare - Aiken	Aiken	449	15,256	34.0
NHC HomeCare - Greenwood	Greenwood	263	10,197	38.8
NHC HomeCare - Laurens	Laurens & Greenville	782	19,499	24.9
Neighbors Care Home Health Agency	Chester	366	7,288	19.9
Oconee Memorial Home Health *24*	Anderson, Oconee & Pickens	598	13,195	22.1
Palmetto Health HomeCare (terminally ill Bamberg Co. Patinents only)	Richland, Lexington & Bamberg	1,713	38,233	22.3
PHC Home Health	Charleston	590	13,722	23.3
Roper-St. Francis Home Health Care	Berkeley, Charleston & Dorchester	2,382	51,411	21.6
Sandpiper Home Health Services *25* (may serve retirement community only)	Charleston	6	6	1.0
Sea Island Home Health	Charleston & Colleton	64	3,846	60.1
Spartanburg Reg Med Ctr Home Health	Spartanburg	1,619	33,378	20.6

Home Health Agency Utilization 2006

Facility	Counties Served	Persons Served	Total Visits	Visits/ Person
St. Francis Hospital Home Care	Anderson, Greenville, Pickens & Spartanburg	1,751	18,219	10.4
Seabrook Wellness & Home Health Care (may serve retirement community only)	Beaufort	28	3,750	133.9
Still Hopes Solutions for Living at Home *26* (may serve retirement community only)	Lexington			
Total Care of North Carolina - Rock Hill	York, Cherokee, Chester & Union	2,836	58,289	20.6
Total Care - Coastal	Georgetown, Horry & Williamsburg	1,638	24,570	15.0
Tri-County Home Health Care & Services	Saluda, Richland, Sumter & Lexington	2,457	47,937	19.5
Trinity Home Service Home Health *27*	Aiken, Edgefield & Barnwell	484	5,549	11.5
Tuomey Home Health (may only serve terminally ill patients in Lee & Clarendon Counties)	Lee, Clarendon & Sumter	835	12,559	15.0
University Home Health North Augusta	Aiken & Edgefield	824	12,587	15.3
VNA of Greater Bamberg	Allendale, Bamberg, Barnwell, Calhoun, Orangeburg, Hampton & Colleton	551	22,469	40.8
Westminster Campus Home Health *28* (may serve retirement community only)	York			

Home Health Agency Footnotes

1 Name changed 8/14/06, formerly Winyah Home Health Agency-Piedmont; prior years data.

2 Name and ownership changed 2/1/05, formerly Winyah Home Health Care-Upper State.

3 Name changed, formerly Alliance Home Care.

4 Name changed 8/10/06, formerly Winyah Home Health Care, An Amedysis Company.

5 Name and ownership changed 2/1/05, formerly Winyah Home Health Care-Georgetown. Name and ownership changed 8/10/06, formerly Winyah Home Health Care-Georgetown, An Amedysis Company.

6 Name and ownership changed 2/1/05, formerly Winyah Home Health Care of Beaufort County. Name changed 1/10/06, formerly Winyah Home Health Care of Beaufort County, An Amedisys Company. Name changed 8/9/06, formerly Amedisys of Hilton Head.

7 Name and ownership changed 2/1/05, formerly Winyah Home Health Care-Midlands. Name changed 8/10/06. Name changed to Amedisys Home Health of Lexington 2/1/08.

8 Name and ownership changed 2/1/05, formerly Winyah Home Health Care of the Grand Strand. Name changed 8/10/06.

9 Name and ownership changed 2/1/05, formerly Winyah Home Health Care-Coastal Carolina. Name changed 8/10/06, formerly Winyah Home Health Care of the Low Country, An Amedysis Company.

10 Named changed 10/5/05, formerly AnMed Home Health Agency.

11 Name changed, formerly Memorial Care One Home Health Services.

12 Named changed 9/8/05 to DHEC Region 1 North Home Health Services, formerly Appalachia I Home Health Services. The former Upper Savannah Home Health Services (DHEC Region 1 South) was merged with this service on 3/16/07 and the new 8 county agency was renamed DHEC Region 1 Home Health Services.

13 Named changed 9/8/05, formerly Appalachia II Home Health Services.

14 Named changed 9/8/05, formerly Appalachia III Home Health Services.

15 Named changed 9/8/05 and combined formerly Palmetto Home Health Services and Region III Home Health Services, previously Catawba Home Health Services.

16 Named changed 9/8/05, formerly Pee Dee Health District.

17 Named changed 9/8/05, formerly Wateree Health District.

18 Name changed when Lower Savannah Home Health Services and Edisto Health District Home Health Services merged, 9/20/04. Name changed, 9/8/05, formerly Edisto/Savannah Home Health Services.

19 Named changed 9/8/05, formerly Waccamaw Home Health Services.

20 Named changed 9/8/05, formerly Trident Home Health Services.

21 Named changed, formerly Low Country Home Health Services.

22 Licensed 5/7/08.

23 Name changed, formerly Hitchcock Healthcare.

24 Name changed, formerly Oconee Memorial Hospital Home Health Agency.

25 Licensed 2/8/06.
26 Licensed 12/17/07.
27 Name changed, formerly St. Joseph Home Services.
28 Licensed 1/23/08.

CHAPTER III

STATE SUMMARY

PROGRAM OF EACH REGION

Regional Need and Narrative
Regional Summary and Program
Inventory of Inpatient Facilities
Inventory of Emergency Facilities and Trauma Centers

This chapter inventories all facilities by either statewide region or inventory region and includes the utilization data of the facilities. All changes that have occurred since the previous Plan are explained by a footnote. The numbers of existing and approved beds are summarized by region. The inventory of beds and facilities was current as of September 1, 2008.

DETERMINATION OF REGION NEED AND NARRATIVE

REGION: STATEWIDE FISCAL YEAR: 2006

1. Statewide Health Facilities: The medical facilities serving the entire state are included in this section. These facilities tend to serve restricted use population groups as well as populations with unique needs. Due to fluctuations in the population groups served by these facilities, these types of facilities will be evaluated on an individual basis should an expansion of services or creation of new services or facilities be requested. This Plan recognizes that the needs of the Department of Mental Health and Department of Disabilities and Special Needs may change as the client population changes, since they cannot refuse any client assigned to them by the courts. Therefore, renovation, replacement, and expansion of component programs should be allowed. Because of special conditions placed on the Department of Juvenile Justice by the courts, their patients/clients must be placed in the appropriate alternative setting. Since these patients/clients are to be placed elsewhere within the State system, the State agency responsible for their care should be allowed to develop these alternative programs by contracting with a private provider, by allowing a private provider to construct a facility for these patients/clients or by the conversion/ construction of their own facilities. Facilities that have a contract with the State to serve such individuals will be approved and counted in the statewide category. Facilities owned and operated by the Department of Mental Health and the Department of Disabilities and Special Needs are exempt from Certificate of Need review except an addition of one or more beds to the total number of beds existing as of July 1, 1988. The Department of Mental Health had 3,720 and the Department of Disabilities and Special Needs had 3,100 beds. The William J. McCord Adolescent Treatment Center has an occupancy rate of greater than 90% and should be allowed to increase the number of beds for adolescents. The facility will justify the need for additional beds and obtain the support of the Department of Alcohol and Other Drug Abuse Services.

2. All changes affecting the Statewide Health Facilities have been fully annotated in the inventory.

RECORD 007015

Joint Exhibit 004-0143

REGION: STATEWIDE | INPATIENT INVENTORY | FISCAL YEAR 2006

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS
	HOSPITALS:									
	THE CITADEL INFIRMARY		CHARLESTON	CHARLESTON	ST	38	38			
	LIEBER CORRECTIONAL INST INFIRMARY		DORCHESTER	RIDGEVILLE	ST	10	10			
X	SHRINERS HOSPITAL FOR CHILDREN		GREENVILLE	GREENVILLE	NPA	50	50		1,018	3,227
	W.J. BARGE MEMORIAL HOSPITAL	1	GREENVILLE	GREENVILLE	NPA	79	90	(3) c	1,210	2,259
	LEE CORRECTIONAL INSTITUTE INF		LEE	BISHOPVILLE	ST	20	20			
	SC VOC REHAB EVALUATION CTR		LEXINGTON	W COLUMBIA	ST	30	30		489	302
	COLUMBIA CARE CENTER	2	RICHLAND	COLUMBIA	PROP	196	198		327	29,256
XYZ	MORRIS VILLAGE	3	RICHLAND	COLUMBIA	ST	11	11			
	KIRKLAND CORRECTIONAL INFIRMARY		RICHLAND	COLUMBIA	ST	24	24			
	WILLOW LANE INFIRMARY		RICHLAND	COLUMBIA	ST	8	8			
	CHILDREN'S HABILITATION CENTER		SPARTANBURG	SPARTANBURG	ST	22	22			
	TOTAL					**450**	**463**		**3,044**	**35,044**
	MENTAL HOSPITALS:									
XYZ	PATRICK B HARRIS PSYCHIATRIC	4	ANDERSON	ANDERSON	ST	200	200		1,515	48,735
XYZ	COLUMBIA CARE CENTER	5	RICHLAND	COLUMBIA	PROP	178	(0)		354	68,262
XYZ	G WERBER BRYAN PSYCHIATRIC HOSP	5	RICHLAND	COLUMBIA	ST	288	466		1,161	86,079
	GILLIAM PSYCHIATRIC HOSPITAL		RICHLAND	COLUMBIA	ST	87	87			
XYZ	SC STATE HOSPITAL	6	RICHLAND	COLUMBIA	ST	144	501	264 abc		
XYZ	WILLIAM S HALL PSYCHIATRIC INSTITUTE		RICHLAND	COLUMBIA	ST	89	89			
	TOTAL					**986**	**1,343**	**264**	**3,030**	**203,076**
	RESIDENTAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:									
XYZ	DIRECTIONS - WILLIAM S HALL		RICHLAND	COLUMBIA	ST	37	37		20	5,334
	TOTAL					**37**	**37**		**20**	**5,334**
	DRUG & ALCOHOL INPT TREATMENT:									
	PALMETTO CENTER		FLORENCE	FLORENCE	ST	48	48			
	HOMESVIEW ALCOHOLIC CTR		GREENVILLE	GREENVILLE	ST	36	36			
XYZ	WM J MCCORD ADOLESCENT TREAT		ORANGEBURG	ORANGEBURG	ST	15	15		114	5,328
XYZ	MORRIS VILLAGE	3	RICHLAND	COLUMBIA	ST	163	163		1,669	39,917
	TOTAL					**262**	**262**	**0**	**1,783**	**45,245**
	LONG TERM FACILITIES:									
Y	RICHARD M CAMPBELL VA NURS HOME	7	ANDERSON	ANDERSON	ST	220	220		86	74,820
YN	PRESTON HEALTH CENTER		BEAUFORT	HILTON HEAD	PROP	8	8		13	1,620
Y	FRASER HEALTH CENTER		BEAUFORT	HILTON HEAD	PROP	14	14		43	3,874
Y	BISHOP GADSDEN EPISCOPAL		CHARLESTON	CHARLESTON	NPA	9	9		13	2,914
N	THE FRANKE HEALTH CARE CTR		CHARLESTON	MT PLEASANT	NPA	20	20		27	7,112
	VETERANS VICTORY HOUSE	8	COLLETON	WALTERBORO	ST	220	220			
N	BETHEA BAPTIST HOME		DARLINGTON	DARLINGTON	NPA	52	52		57	9,805

RECORD 007016

Joint Exhibit 004-0144

REGION: STATEWIDE | INPATIENT INVENTORY | FISCAL YEAR 2006

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS
N	PRESBYTERIAN HOME SUMMERVILLE	9	DORCHESTER	SUMMERVILLE	NPA	0	0		1,193	16,398
N	PRESBYTERIAN HOME FLORENCE		FLORENCE	FLORENCE	NPA	44	44		22	10,441
N	METHODIST MANOR OF THE PEE DEE		FLORENCE	FLORENCE	NPA	32	32		31	9,080
N	LAKES AT LITCHFIELD SKILLED NSG CTR		GEORGETOWN	PAWLEYS ISLAND	PROP	7	7		63	1,963
N	ROLLING GREEN VILLAGE HC FACILITY		GREENVILLE	GREENVILLE	NPA	34	34		49	11,739
	SKILLED NURS CTR CASCADES VERDE	10	GREENVILLE	GREENVILLE	PROP		44			
N	WOODLANDS AT FURMAN	11	GREENVILLE	GREENVILLE	PROP		13			
N	PRESBYTERIAN HOME OF SC CLINTON		LAURENS	CLINTON	NPA	66	66		85	19,794
N	MARTHA FRANK BAPTIST RET COMM		LAURENS	LAURENS	NPA	7	7		14	2,441
N	SC EPISCOPAL HOME STILL HOPES		LEXINGTON	W COLUMBIA	NPA	42	42		27	12,826
N	LAUREL CREST RETIREMENT CENTER		LEXINGTON	W COLUMBIA	NPA	12	12		7	2,889
N	PRESBYTERIAN HOME OF SC COLUMBI	12	LEXINGTON	W COLUMBIA	NPA	0	0		64	15,024
N	CLEMSON AREA RETIREMENT CENTER		PICKENS	CLEMSON	PROP	22	22		8	6,419
N	PRESBYTERIAN HOME OF SC-FOOTHILLS		PICKENS	EASLEY	NPA	18	18		15	6,186
YZN	CM TUCKER JR NURS CTR-FEWELL/STON		RICHLAND	COLUMBIA	ST	252	252	126 d	63	101,122
YZN	CM TUCKER JR NURS CTR-RODDEY		RICHLAND	COLUMBIA	ST	308	308	154 d	57	71,094
N	LOWMAN HOME - WC BOLICK		RICHLAND	WHITEROCK	NPA	47	47		29	16,452
	WILDEWOOD DOWNS NSG & REHAB	13	RICHLAND	COLUMBIA	PROP		8			
N	WJB DORN VETERANS NURSING		RICHLAND	COLUMBIA	FED	62	150		32	21,100
N	SKYLYN HEALTH CENTER		SPARTANBURG	SPARTANBURG	PROP	11	11		17	3,644
N	SUMMIT HILLS NURSING CENTER	14	SPARTANBURG	SPARTANBURG	PROP	6	6			
N	COVENANT PLACE NURS CTR		SUMTER	SUMTER	NPA	44	44		25	15,052
	TOTAL					1,557	1,697		2,040	443,809
	INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED:									
Z	DR DON LESTER PEOPLES COMM RES		ABBEVILLE	WARE SHOALS	ST	8	8			
Z	WARE SHOALS HAB CTR I		ABBEVILLE	WARE SHOALS	ST	8	8			
	ABBEVILLE COUNTY		TOTAL			16	16			
Z	DUPONT I HABILITATION CTR		AIKEN	AIKEN	ST	8	8			
Z	DUPONT II HABILITATION CTR		AIKEN	AIKEN	ST	8	8			
Z	LAURENS STREET ICF/MR		AIKEN	AIKEN	ST	8	8			
Z	LINDEN STREET ICR/MR		AIKEN	AIKEN	ST	8	8			
Z	RUDNICK HABILITATION CTR		AIKEN	AIKEN	ST	8	8			
Z	SANDERS HABILITATION CTR		AIKEN	AIKEN	ST	8	8			
	AIKEN COUNTY		TOTAL			48	48			
Z	ACADEMY STREET COMMUNITY RES		BARNWELL	WILLISTON	ST	8	8			
Z	BLACK'S DRIVE COMMUNITY RES		BARNWELL	WILLISTON	ST	8	8			
Z	HARLEY ROAD COMMUNITY RES		BARNWELL	WILLISTON	ST	8	8			
Z	LEMON PARK COMMUNITY RES		BARNWELL	BARNWELL	ST	8	8			
	BARNWELL COUNTY		TOTAL			32	32			
Z	CONIFER I COMMUNITY RESIDENCE		BERKELEY	MONCKS CORNER	ST	8	8			
Z	CONIFER II COMMUNITY RESIDENCE		BERKELEY	MONCKS CORNER	ST	8	8			
	BERKELEY COUNTY		TOTAL			16	16			
Z	FLORENCE GRESSETTE RESIDENCE		CALHOUN	ST MATTHEWS	ST	8	8			
Z	WYLIE-BRUNSON RESIDENCE		CALHOUN	ST MATTHEWS	ST	8	8			
	CALHOUN COUNTY		TOTAL			16	16			

RECORD 007017

Joint Exhibit 004-0145

REGION: STATEWIDE | INPATIENT INVENTORY | FISCAL YEAR 2006

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS
Z	DILLS BLUFF COMMUNITY RESIDENCE		CHARLESTON	CHARLESTON	ST	8	8			
	CHARLESTON COUNTY		TOTAL			8	8			
Z	J. CLAUDE FORT COMMUNITY RES #1		CHEROKEE	GAFFNEY	ST	8	8			
Z	J. CLAUDE FORT COMMUNITY RES #2		CHEROKEE	GAFFNEY	ST	8	8			
	CHEROKEE COUNTY		TOTAL			16	16			
Z	CHARLES M. INGRAM, SR COMM RES		CHESTERFIELD	CHERAW	ST	8	8			
Z	CHESTERFIELD COMMUNITY RES		CHESTERFIELD	CHESTERFIELD	ST	8	8			
	CHESTERFIELD COUNTY		TOTAL			16	16			
Z	JOSIE DRIVE COMMUNITY RESIDENCE		COLLETON	WALTERBORO	ST	8	8			
Z	FOREST CIRCLE COMMUNITY RES		COLLETON	WALTERBORO	ST	8	8			
	COLLETON COUNTY		TOTAL			16	16			
Z	JOHN A REAGAN COMMUNITY RES		DARLINGTON	HARTSVILLE	ST	8	8			
Z	THAD E SALEEBY DEVELOPMENT CTR		DARLINGTON	HARTSVILLE	ST	96	96			
Z	WILLIAM W BOWEN RESIDENCE		DARLINGTON	HARTSVILLE	ST	8	8			
	DARLINGTON COUNTY		TOTAL			112	112			
Z	COASTAL CTR -HIGHLANDS & HILLSIDE		DORCHESTER	SUMMERVILLE	ST	192	192			
Z	COASTAL CENTER- HIGHLANDS 510		DORCHESTER	SUMMERVILLE	ST	18	18			
Z	PARSONS I GROUP HOME		DORCHESTER	SUMMERVILLE	ST	8	8			
Z	PARSONS II GROUP HOME		DORCHESTER	SUMMERVILLE	ST	8	8			
	DORCHESTER COUNTY		TOTAL			226	226			
Z	EDGEFIELD COMMUNITY RESIDENCE		EDGEFIELD	EDGEFIELD	ST	8	8			
	EDGEFIELD COUNTY		TOTAL			8	8			
Z	THE CEDARS		FLORENCE	PAMPLICO	ST	8	8			
Z	FLORENCE COMMUNITY RESIDENCE		FLORENCE	FLORENCE	ST	8	8			
Z	JOHNSONVILLE HAMPTON PLACE COM		FLORENCE	JOHNSONVILLE	ST	8	8			
Z	MAGNOLIA PLACE		FLORENCE	OLANTA	ST	8	8			
Z	MULBERRY PARK, UNITS 301-306		FLORENCE	FLORENCE	ST	85	85			
Z	THE OAKS		FLORENCE	TIMMONSVILLE	ST	8	8			
Z	PECAN LANE, BUILDINGS 201-205		FLORENCE	FLORENCE	ST	120	120			
	FLORENCE COUNTY		TOTAL			245	245			
Z	JESSAMINE COMMUNITY RESIDENCE		GEORGETOWN	GEORGETOWN	ST	8	8			
Z	MARYVILLE COMMUNITY RESIDENCE		GEORGETOWN	GEORGETOWN	ST	8	8			
	GEORGETOWN COUNTY		TOTAL			16	16			
Z	CIVITAN COMMUNITY RESIDENCE		GREENVILLE	GREENVILLE	ST	8	8			
Z	FOUNTAIN INN COMMUNITY RESIDENCE		GREENVILLE	FOUNTAIN INN	ST	12	12			
Z	HUGHES STREET COMMUNITY RES		GREENVILLE	FOUNTAIN INN	ST	8	8			
Z	MARIAN PARKINS COMMUNITY RES I		GREENVILLE	GREENVILLE	ST	8	8			
Z	MARIAN PARKINS COMMUNITY RES II		GREENVILLE	GREENVILLE	ST	8	8			
Z	RIDGE ROAD RESIDENCE		GREENVILLE	GREENVILLE	ST	12	12			
Z	TRAVELERS REST COMMUNITY RES		GREENVILLE	TRAVELERS REST	ST	8	8			
	GREENVILLE COUNTY		TOTAL			64	64			

RECORD 007018

Joint Exhibit 004-0146

REGION: STATEWIDE | INPATIENT INVENTORY | FISCAL YEAR 2006

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS
Z	HENRY & FREIDA BONDS HAB CTR		GREENWOOD	GREENWOOD	ST	8	8			
Z	MARION P CARNELL HAB CTR		GREENWOOD	WARE SHOALS	ST	8	8			
Z	J. FELTON BURTON COMMUNITY RES		GREENWOOD	GREENWOOD	ST	8	8			
	GREENWOOD COUNTY		TOTAL			24	24			
Z	HORRY CO LADIES COMMUNITY RES		HORRY	CONWAY	ST	8	8			
Z	THE LOIS EARGLE HOME		HORRY	CONWAY	ST	8	8			
	HORRY COUNTY		TOTAL			16	16			
Z	CAMDEN I GROUP HOME		KERSHAW	CAMDEN	ST	8	8			
Z	CAMDEN II GROUP HOME		KERSHAW	CAMDEN	ST	8	8			
	KERSHAW COUNTY		TOTAL			16	16			
Z	NANCY J MCCONNELL COMMUNITY RES		LANCASTER	LANCASTER	ST	8	8			
Z	TOM MANGUM COMMUNITY RESIDENCE		LANCASTER	LANCASTER	ST	8	8			
	LANCASTER COUNTY		TOTAL			16	16			
Z	CLINTON MANOR COMMUNITY RES		LAURENS	CLINTON	ST	8	8			
Z	DAVIDSON STREET COMMUNITY RES		LAURENS	CLINTON	ST	8	8			
Z	MILL STREET COMMUNITY RESIDENCE		LAURENS	CLINTON	ST	8	8			
Z	SOUTH HARPER ST HABILITATION CTR		LAURENS	CLINTON	ST	8	8			
Z	SULLIVAN STREET COMMUNITY RES		LAURENS	LAURENS	ST	8	8			
Z	OAK GROVE COMMUNITY RESIDENCE		LAURENS	LAURENS	ST	8	8			
YZ	WHITTEN CTR CTL SQ 201,204,205,207,209		LAURENS	CLINTON	ST	143	143			
Z	WHITTEN CENTER CAMPUS AREA 101-110		LAURENS	CLINTON	ST	152	152			
Z	WHITTEN CENTER SUBER UNITS 301-303		LAURENS	CLINTON	ST	68	68			
	LAURENS COUNTY		TOTAL			411	411			
Z	MCLEOD I GROUP HOME		LEE	BISHOPVILLE	ST	8	8			
Z	MCLEOD II GROUP HOME		LEE	BISHOPVILLE	ST	8	8			
	LEE COUNTY		TOTAL			16	16			
Z	BRUTON SMITH ROAD GROUP HOME		LEXINGTON	LEXINGTON	ST	8	8			
Z	BATESBURG GROUP HOME		LEXINGTON	BATESBURG	ST	8	8			
Z	HENDRIX STREET GROUP HOME		LEXINGTON	LEXINGTON	ST	8	8			
Z	NAZARETH ROAD COMMUNITY RES		LEXINGTON	LEXINGTON	ST	8	8			
Z	WIRE ROAD COMMUNITY RESIDENCE I		LEXINGTON	GILBERT	ST	8	8			
Z	WIRE ROAD COMMUNITY RESIDENCE II		LEXINGTON	GILBERT	ST	8	8			
	LEXINGTON COUNTY		TOTAL			48	48			
Z	JENNINGS MCABEE HABILITATION CTR		MCCORMICK	MCCORMICK	ST	8	8			
	MCCORMICK COUNTY		TOTAL			8	8			
Z	H.A. MCCULLOUGH COMMUNITY RES		NEWBERRY	NEWBERRY	ST	12	12			
	NEWBERRY COUNTY		TOTAL			12	12			
Z	OCONEE COMMUNITY RESIDENCE I		OCONEE	SENECA	ST	8	8			
	OCONEE COUNTY		TOTAL			8	8			
Z	NANCE COMMUNITY RESIDENCE		ORANGEBURG	ORANGEBURG	ST	8	8			
Z	KINGS COMMUNITY RESIDENCE		ORANGEBURG	ORANGEBURG	ST	8	8			
Z	SIFLY COMMUNITY RESIDENCE		ORANGEBURG	ORANGEBURG	ST	8	8			
Z	WANNAMAKER ST COMMUNITY RES		ORANGEBURG	ORANGEBURG	ST	8	8			
	ORANGEBURG COUNTY		TOTAL			32	32			

RECORD 007019

Joint Exhibit 004-0147

REGION: STATEWIDE | INPATIENT INVENTORY | FISCAL YEAR 2006

ACC	NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS
Z	ARCHIE DRIVE GROUP HOME		RICHLAND	COLUMBIA	ST	8	8			
Z	CARTER STREET GROUP HOME		RICHLAND	COLUMBIA	ST	8	8			
Z	FIRST MIDLANDS ICF-MR		RICHLAND	COLUMBIA	ST	344	344			
Z	HORRELL HILL COMMUNITY RESIDENCE		RICHLAND	HOPKINS	ST	8	8			
Z	IDA I COMMUNITY RESIDENCE		RICHLAND	COLUMBIA	ST	8	8			
Z	IDA II COMMUNITY RESIDENCE		RICHLAND	COLUMBIA	ST	8	8			
Z	KENSINGTON I GROUP HOME		RICHLAND	COLUMBIA	ST	8	8			
Z	KENSINGTON II GROUP HOME		RICHLAND	COLUMBIA	ST	8	8			
Z	NORTH PINES COMMUNITY RESIDENCE		RICHLAND	COLUMBIA	ST	8	8			
Z	RABBIT RUN COMMUNITY RESIDENCE		RICHLAND	HOPKINS	ST	8	8			
Z	WOODLAWN GROUP HOME		RICHLAND	COLUMBIA	ST	8	8			
	RICHLAND COUNTY		TOTAL			424	424			
Z	BENCHMARK HOMES-SPARTANBURG		SPARTANBURG	SPARTANBURG	ST	12	12			
Z	BENCHMARK HOMES-COWPENS		SPARTANBURG	COWPENS	ST	12	12			
Z	LANDRUM COMMUNITY RESIDENCE I		SPARTANBURG	LANDRUM	ST	8	8			
Z	LANDRUM COMMUNITY RESIDENCE II		SPARTANBURG	LANDRUM	ST	8	8			
	SPARTANBURG COUNTY		TOTAL			40	40			
Z	ATKINSON EAST COMMUNITY RESIDENCE		SUMTER	SUMTER	ST	9	9			
Z	ATKINSON WEST COMMUNITY RESIDENCE		SUMTER	SUMTER	ST	9	9			
Z	THOMAS DRIVE COMMUNITY RESIDENCE		SUMTER	SUMTER	ST	8	8			
	SUMTER COUNTY		TOTAL			26	26			
Z	WEST MAIN STREET COMMUNITY RES		UNION	UNION	ST	8	8			
	UNION COUNTY		TOTAL			8	8			
	TOTAL					1,960	1,960			

RECORD 007020

Joint Exhibit 004-0148

FOOTNOTES 2008 PLAN

STATEWIDE

CON	-	Certificate of Need	NPA	-	Non Profit
UC	-	Under Construction	ST	-	State
X	-	TJC Accredited	CO	-	County
Y	-	Medicare	PROP	-	Proprietary
Z	-	Medicaid	N	-	Nursing Home
APP	-	Approved	SW	-	Statewide Facility

1. Facility licensed as an Institutional General Infirmary as of 6/29/07. The facility received an exemption (E-07-140) on 12/19/07 to de-license as an IGF and subsequently become a 79 bed Privately-Owned Educational General Infirmary.
2. De-licensed 2 general beds for a total of 138 general and 178 psych 11/1/05. Licensed 60 additional general beds for a total of 198 general and 178 psych 3/14/07. De-licensed 2 general beds for a total of 196 on 3/25/08 (E-07-65).
3. 11 general infirmary beds transferred from Byrnes and de-licensed 11 substance abuse beds. Licensed for 11 general infirmary beds and 163 substance abuse beds 7/29/05. Name changed from Earl E. Morris, Jr. Alcohol and Drug Addiction Treatment Center on 3/14/07.
4. Decrease of 6 licensed psych beds, from 206 to 200, effective 8/18/05.
5. E-08-78 granted 8/8/08 to return the 178 psychiatric beds on loan to Just Care to G. Werber Bryan for a total of 466 psychiatric beds at GWB.
6. Licensed for 140 psychiatric beds on 2/26/07. License increased from 140 to 144 beds 1/2/08.
7. Number of licensed beds increased from 219 to 220 on 12/6/07.
8. Facility licensed for 168 beds on 10/23/06; licensed an additional 52-bed Alzheimer unit on 5/4/07 for a total of 220 licensed beds.
9. Exemption 4/3/06 to de-license 3 beds for a total of 87 nursing home beds, E-06-17. Licensed for 87 beds 4/5/06. CON issued 2/14/08 to convert the 87 institutional nursing home beds to 87 general nursing home beds that do not participate in the Medicaid program, SC-08-08. License classification changed 2/14/08.
10. CON approved 8/28/07 for a Continuing Care Retirement Community with 44 institutional nursing home beds.
11. CON approved 6/13/06 to construct a Continuing Care Retirement Community with 13 institutional nursing home beds and 17 nursing home beds that do not participate in the Medicaid program.
12. CON issued 2/14/08 to convert the 44 institutional nursing home beds to 44 general nursing home beds that do not participate in the Medicaid program, SC-08-09. License classification changed 2/14/08.
13. CON issued 9/11/08 for the addition of 8 institutional beds and 40 general nursing home beds for a total of 80 beds (8 institutional and 72 general), SC-08-35.
14. CON issued 3/14/07 for a Continuing Care Retirement Community with 6 institutional nursing home beds and 27 nursing home beds that do not participate in the Medicaid program. Licensed 3/18/08.

REGION NARRATIVE

REGION: I FISCAL YEAR: 2006

1. Unusual Characteristics: There are no unusual characteristics such as military bases with associated dependents, nor barriers to transportation in this region.

2. General Hospitals: W.J. Barge Hospital is a privately owned Educational Institutional Infirmary.

3. Nursing Homes: There is a need for additional nursing home beds in this area.

4. Psychiatric Facilities: The need is determined by psychiatric service area. See Chapter II for discussion and calculation of needs.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. Because of the high use rate at the William J. McCord Facility in Orangeburg and the lack of other adolescent services, it may be necessary for an additional adolescent state facility to be constructed in this Region to increase geographic accessibility to services. Any such proposal must have DAODAS support. See Chapter II for discussion and calculations.

6. Rehabilitation Facilities: The need is determined by rehabilitation service area. See Chapter II for discussion and calculation of needs.

RECORD 007022

Joint Exhibit 004-0150

REGION: I

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CONTROL	LICENSED BEDS	SURVEY BEDS	NONCONFORMING	ADMISSIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
HOSPITALS:											
ANMED HEALTH MEDICAL CENTER	1	ANDERSON	ANDERSON	NPA	423	423		14,344	81,213	423	52.6%
ANMED HEALTH WOMEN'S & CHILDREN'S HOSPITAL	1	ANDERSON	ANDERSON	NPA	72	72		3,582	9,230	72	35.1%
ANDERSON COUNTY		TOTAL			495	495		17,926	90,443	495	50.1%
UPSTATE CAROLINA MEDICAL CENTER		CHEROKEE	GAFFNEY	PROP	125	125		4,432	17,469	125	38.3%
CHEROKEE COUNTY		TOTAL			125	125		4,432	17,469	125	38.3%
ALLEN BENNETT MEMORIAL/GREER MEMORIAL	2	GREENVILLE	GREER	NPA	68	82		3,235	14,494	58	68.5%
GRENVILLE HOSPITAL SYSTEM - PATEWOOD	2	GREENVILLE	GREENVILLE	NPA	72	72					
GREENVILLE MEMORIAL MEDICAL CENTER	2	GREENVILLE	GREENVILLE	NPA	746	746		34,608	192,645	710	74.3%
HILLCREST MEMORIAL HOSPITAL	2	GREENVILLE	SIMPSONVILLE	NPA	43	43		1,852	9,639	43	61.4%
(W.J. BARGE MEMORIAL HOSPITAL)	3	(GREENVILLE)	(GREENVILLE)	NPA	(79)	(90)	(3) c	(1,210)	(2,259)	(79)	(7.8%)
SAINT FRANCIS - DOWNTOWN	4	GREENVILLE	GREENVILLE	NPA	226	226		10,433	58,461	209.9	76.3%
SAINT FRANCIS - EASTSIDE	4	GREENVILLE	GREENVILLE	NPA	93	93		4,805	13,650	58.2	54.9%
GREENVILLE COUNTY		TOTAL			1,248	1,262		54,933	288,889	1,089.1	72.7%
OCONEE MEMORIAL HOSPITAL	5	OCONEE	SENECA	NPA	160	169		6,820	32,062	160	54.9%
OCONEE COUNTY					160	169		6,820	32,062	160	54.9%
PALMETTO BAPTIST MEDICAL CENTER - EASLEY		PICKENS	EASLEY	NPA	109	109		4,663	18,101	109	45.5%
CANNON MEMORIAL HOSPITAL		PICKENS	PICKENS	NPA	55	55		1,141	5,132	55	25.6%
PICKENS COUNTY		TOTAL			164	164		5,804	23,233	164	38.8%
MARY BLACK MEMORIAL HOSPITAL		SPARTANBURG	SPARTANBURG	PROP	176	176		6,953	31,474	176	49.0%
SPARTANBURG REGIONAL MEDICAL CENTER	6	SPARTANBURG	SPARTANBURG	CO	532	484		26,352	128,363	532	66.1%
VILLAGE HEALTH CENTRE	6	SPARTANBURG	GREER	CO		48					
SPARTANBURG COUNTY		TOTAL			708	708		33,305	159,837	708	61.9%
WALLACE THOMSON HOSPITAL		UNION	UNION	DIST	143	143	6 c	2,807	13,773	143	26.4%
UNION COUNTY		TOTAL			143	143	6	2,807	13,773	143	26.4%
TOTAL					3,043	3,066	6	126,027	625,786	2,884	59.4%
LONG TERM ACUTE HOSPITALS:											
NORTH GREENVILLE HOSP LONG TERM ACUTE	2	GREENVILLE	TRAVELERS REST	NPA	45	45		253	8,851	45	53.9%
REGENCY HOSPITAL OF GREENVILLE		GREENVILLE	GREENVILLE	NPA	32	32		420	10,320	32	88.4%
SPARTANBURG HOSPITAL FOR RESTORATIVE CARE		SPARTANBURG	SPARTANBURG	CO	97	97		353	12,756	97	36.0%
TOTAL					129	129		1,026	31,927	174	50.3%
MENTAL FACILITIES:											
ANMED HEALTH MEDICAL CENTER		ANDERSON	ANDERSON	NPA	38	38		849	6,430	38	46.4%
ANDERSON COUNTY		TOTAL			38	38		849	6,430	38	46.4%
CAROLINA CENTER FOR BEHAVIORAL HEALTH	7	GREENVILLE	GREENVILLE	PROP	76	76		2,124	22,098	89	87.7%
SPRINGBROOK BEHAVIORAL HEALTHCARE	8	GREENVILLE	TRAVELERS REST	PROP	20	20		412	4,823	20	66.1%
GREENVILLE MEMORIAL MEDICAL CENTER	2	GREENVILLE	GREENVILLE	NPA	46	46		1,489	15,662	63	66.1%
GREENVILLE COUNTY		TOTAL			142	142		4,025	42,583	152	76.8%
MARY BLACK MEMORIAL HOSPITAL		SPARTANBURG	SPARTANBURG	PROP	15	15		318	4,254	15	77.7%
SPARTANBURG REGIONAL MEDICAL CENTER		SPARTANBURG	SPARTANBURG	CO	56	56		961	8,193	56	40.1%
SPARTANBURG COUNTY		TOTAL			71	71		1,279	12,447	71	48.0%
TOTAL					251	251		6,153	61,460	261.0	64.5%

RECORD 007023

Joint Exhibit 004-0151

REGION: I

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON BEDS	FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
SPRINGBROOK BEHAVIORAL HEALTHCARE	8	GREENVILLE	TRAVELERS REST	PROP	68	68		58	21,368	68	86.1%
MARSHALL I. PICKENS CHILDREN'S PROGRAM		GREENVILLE	GREENVILLE	NPA	22	22		23	7,857	22	97.8%
TOTAL					90	90		81	29,225	90	89.0%
DRUG AND ALCOHOL INPATIENT TREATMENT:											
ANMED HEALTH WELLSPRING		ANDERSON	WILLIAMSON	NPA	27	27		673	1,946	27	19.7%
CAROLINA CENTER FOR BEHAVIORAL HEALTH		GREENVILLE	GREENVILLE	PROP	13	13		561	3,928	13	82.8%
TOTAL					40	40		1,234	5,874	40	40.2%
REHABILITATION FACILITIES:											
ANMED HEALTH REHABILITATION HOSPITAL	9	ANDERSON	ANDERSON	PROP	37	37		660	10,699	31.7	92.5%
ANDERSON COUNTY		TOTAL			37	37		660	10,699	31.7	92.5%
GREENVILLE MEMORIAL MEDICAL CENTER		GREENVILLE	GREENVILLE	NPA	53	53		940	12,422	53	64.2%
SAINT FRANCIS HOSPITAL		GREENVILLE	GREENVILLE	NPA	19	19		521	5,891	19	84.9%
GREENVILLE COUNTY		TOTAL			72	72		1,461	18,313	72	69.7%
MARY BLACK MEMORIAL HOSPITAL		SPARTANBURG	SPARTANBURG	PROP	18	18		400	5,399	18	82.2%
SPARTANBURG COUNTY		TOTAL			18	18		400	5,399	18	82.2%
TOTAL					127	127		2,521	34,411	122	77.5%
INPATIENT HOSPICE FACILITIES:											
CALLIE & JOHN RAINEY HOSPICE HOUSE		ANDERSON	ANDERSON	NPA	32	32		603	9,184	32	78.6%
MCCALL HOSPICE HOUSE OF GREENVILLE	10	GREENVILLE	GREENVILLE	NPA	30	30					
OCONEE MEMORIAL HOSPICE FOOTHILLS	11	OCONEE	SENECA	NPA	10	15					
HOSPICE HOUSE OF CAROLINA FOOTHILLS	12	SPARTANBURG	LANDRUM	NPA		12					
SPARTANBURG REG HEALTHCARE HOSPICE	13	SPARTANBURG	SPARTANBURG	NPA	15	15		12	55	1.1	14.1%
TOTAL					87	104		615	9,239	33	76.5%
LONG TERM CARE FACILITIES:											
(ANMED HEALTH REHAB HOSPITAL - SUBACUTE)	9	ANDERSON	ANDERSON	PROP	0	0		192	2,038	7	82.0%
ANDERSON PLACE		ANDERSON	ANDERSON	PROP	44	44		44	9,416	44	58.6%
BROOKSIDE LIVING CENTER		ANDERSON	ANDERSON	PROP	88	88	19 c	257	30,176	88	93.8%
ELLENBURG NURSING CENTER		ANDERSON	ANDERSON	PROP	181	181		233	63,365	181	95.9%
NHC HEALTHCARE ANDERSON		ANDERSON	ANDERSON	PROP	290	290		441	103,957	290	98.2%
RIVERSIDE LIVING CENTER		ANDERSON	ANDERSON	PROP	88	88		216	31,338	88	97.6%
WILLOW CREEK LIVING CENTER		ANDERSON	IVA	PROP	60	60		125	20,805	60	95.0%
ANDERSON COUNTY		TOTAL			751	751	19	1,508	261,093	758	94.4%
BROOKVIEW HEALTHCARE CENTER		CHEROKEE	GAFFNEY	PROP	132	132		119	47,062	132	97.7%
CHEROKEE COUNTY LONG TERM CARE FACILITY		CHEROKEE	GAFFNEY	CO	97	97		149	33,271	97	94.0%
CHEROKEE COUNTY		TOTAL			229	229		268	80,333	229	96.1%
ALLEN BENNETT MEMORIAL HOSPITAL SNF	2	GREENVILLE	GREER	NPA	0	0		216	3,313	10	90.8%
BRIARWOOD LIVING CENTER		GREENVILLE	SIMPSONVILLE	PROP	42	42		43	12,624	42	82.3%
BRIGHTON GARDENS		GREENVILLE	GREENVILLE	PROP	45	45		175	14,591	45	88.8%
COTTAGES AT BRUSHY CREEK	14	GREENVILLE	GREENVILLE	NPA	144	144					
FALLS CREEK LIVING CENTER		GREENVILLE	MARIETTA	NPA	44	44	1 c	16	15,572	44	97.0%
FOUNTAIN INN NURSING HOME	15	GREENVILLE	FOUNTAIN INN	PROP	44	60		17	15,788	44	98.3%
GREENVILLE LIVING CENTER		GREENVILLE	GREENVILLE	PROP	79	79	18 d	36	28,051	79	97.3%
GREENVILLE MEMORIAL MED CTR SUBACUTE	2	GREENVILLE	GREENVILLE	NPA	15	15		371	5,859	18	89.2%
LAUREL BAYE HEALTHCARE OF GREENVILLE		GREENVILLE	GREENVILLE	PROP	132	132		569	46,111	132	85.7%
MAGNOLIA MANOR - GREENVILLE		GREENVILLE	GREENVILLE	PROP	99	99	25 d	76	35,278	99	97.6%
MAGNOLIA PLACE - GREENVILLE		GREENVILLE	GREENVILLE	PROP	120	120		234	42,821	120	97.8%

RECORD 007024

Joint Exhibit 004-0152

REGION: I

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
NHC HEALTHCARE GREENVILLE		GREENVILLE	GREER	PROP	176	176		300	62,401	176	97.1%
NHC HEALTHCARE MAULDIN	16	GREENVILLE	MAULDIN	PROP	180	180		300	44,521	151	80.8%
OAKMONT EAST NURSING CENTER		GREENVILLE	GREENVILLE	PROP	132	132		305	45,224	132	93.9%
OAKMONT WEST NURSING CENTER		GREENVILLE	GREENVILLE	PROP	125	125		305	42,058	125	92.2%
PIEDMONT LIVING CENTER		GREENVILLE	GREER	PROP	132	132		105	47,337	132	98.3%
(ROGER HUNTINGTON NURSING CENTER)	14	GREENVILLE	GREENVILLE	NPA	0	0		89	31,236	88	97.2%
ROLLING GREEN VILLAGE HEALTH CARE FACILITY		GREENVILLE	GREENVILLE	NPA	10	10		15	3,453	10	94.6%
(ROLLING GREEN VILLAGE HEALTH CARE FAC)		GREENVILLE	GREENVILLE	NPA	(34)	(34)					
(SKILLED NURSING CTR CASCADES VERDE)	17	GREENVILLE	GREENVILLE	PROP		(44)					
SUMMIT PLACE LIVING CENTER		GREENVILLE	SIMPSONVILLE	PROP	132	132		123	47,243	132	98.1%
WESTSIDE LIVING CENTER		GREENVILLE	GREENVILLE	PROP	132	132		144	47,570	132	98.7%
WOODLANDS AT FURMAN	18	GREENVILLE	GREENVILLE	PROP		17					
(WOODLANDS AT FURMAN)		GREENVILLE	GREENVILLE	PROP		(13)					
GREENVILLE COUNTY		TOTAL			1,783	1,816	44	3,441	591,051	1,711	94.6%
LILA DOYLE NURSING CARE FACILITY		OCONEE	SENECA	CO	120	120		477	41,176	120	94.0%
SENECA HEALTH AND REHABILITATION CENTER		OCONEE	SENECA	PROP	132	132		222	46,720	132	97.0%
OCONEE COUNTY		TOTAL			252	252		699	87,896	252	95.6%
BLUE RIDGE LIVING CENTER		PICKENS	EASLEY	PROP	66	66	33 d	66	23,389	66	97.1%
CLEMSON AREA RETIREMENT CENTER		PICKENS	CLEMSON	PROP	30	30		11	8,752	30	79.9%
(CLEMSON AREA RETIREMENT CENTER)		PICKENS	CLEMSON	PROP	(22)	(22)					
COUNTRYSIDE HEALTHCARE CENTER		PICKENS	EASLEY	PROP	44	44		34	9,695	44	60.4%
EASLEY LIVING CENTER		PICKENS	EASLEY	PROP	103	103	50 d	104	36,847	103	98.0%
HARVEY'S NURSING HOME		PICKENS	SIX MILE	PROP	44	44	27 cd	15	15,242	44	94.9%
LAUREL HILL LIVING CENTER		PICKENS	PICKENS	PROP	80	80		106	28,418	80	97.3%
ROSEMOND LIVING CENTER		PICKENS	PICKENS	PROP	44	44	22 d	28	15,564	44	96.9%
PICKENS COUNTY		TOTAL			411	411	132	364	137,907	411	91.9%
CAMP CARE		SPARTANBURG	INMAN	PROP	88	88		49	31,676	88	98.6%
GOLDEN AGE - INMAN		SPARTANBURG	INMAN	PROP	44	44		46	15,567	44	96.9%
INMAN HEALTHCARE		SPARTANBURG	INMAN	PROP	40	40		20	14,443	40	98.9%
MAGNOLIA MANOR - INMAN		SPARTANBURG	INMAN	PROP	176	176		135	63,248	176	98.5%
MAGNOLIA MANOR - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	95	95	62 ad	133	33,759	95	97.4%
MAGNOLIA PLACE - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	88	88		156	31,658	88	98.6%
MOUNTAINVIEW NURSING HOME		SPARTANBURG	SPARTANBURG	CO	132	132		47	47,853	132	99.3%
ROSECREST REHABILITATION & HEALTHCARE		SPARTANBURG	INMAN	NPA	75	75		333	25,584	75	93.5%
SKYLYN HEALTH CENTER		SPARTANBURG	SPARTANBURG	PROP	33	33		53	10,931	33	90.8%
(SKYLYN HEALTH CENTER)		SPARTANBURG	SPARTANBURG	PROP	(11)	(11)					
SPARTANBURG HOSP RESTORATIVE CARE SNF	19	SPARTANBURG	SPARTANBURG	CO	25	25		237	2,721	14	52.5%
SUMMIT HILLS NURSING CENTER	20	SPARTANBURG	SPARTANBURG	PROP	27	27					
(SUMMIT HILLS NURSING CENTER)		SPARTANBURG	SPARTANBURG	PROP	(6)	(6)					
VALLEY FALLS TERRACE		SPARTANBURG	SPARTANBURG	PROP	88	88		48	31,404	88	97.8%
WHITE OAK MANOR - SPARTANBURG		SPARTANBURG	SPARTANBURG	PROP	192	192		129	68,475	192	97.7%
WHITE OAK ESTATES		SPARTANBURG	SPARTANBURG	PROP	88	88		110	31,525	88	98.1%
WOODRUFF MANOR		SPARTANBURG	WOODRUFF	PROP	88	88		38	31,932	88	99.4%
SPARTANBURG COUNTY		TOTAL			1,279	1,279	62	1,536	440,776	1,241	97.3%
ELLEN SAGAR NURSING HOME		UNION	UNION	CO	113	113		132	40,953	113	99.3%
OAKMONT OF UNION		UNION	UNION	PROP	88	88		245	29,924	88	93.2%
UNION COUNTY		TOTAL			201	201		377	70,877	201	96.6%
TOTAL					4,906	4,939	257	8,193	1,669,933	4,802.9	95.3%

RECORD 007025

Joint Exhibit 004-0153

FOOTNOTES 2008 PLAN

REGION I

CON	-	Certificate of Need	NPA	-	Non Profit
UC	-	Under Construction	ST	-	State
X	-	TJC Accredited	CO	-	County
Y	-	Medicare	PROP	-	Proprietary
Z	-	Medicaid	N	-	Nursing Home
APP	-	Approved	SW	-	Statewide Facility

1. SC-03-02 issued for a 72 bed Women & Children's Hospital resulting in 423 general beds, 38 psych & 12 nursing beds at Anderson Area Medical Center, 1/13/03. AnMed Health Women's & Children's Hospital licensed 6/2/2005; AnMed Health Med. Ctr. license decreased to 423 general beds.
2. CON issued 8/25/03 for a new 72 bed general acute hospital (Patewood Memorial) by transferring the 52 beds to be added from ABM with the reduction of 17 psych beds from GMH and the transfer of the 3 nursing beds from GMH, SC-03-46. This results in a new 72 bed licensed acute hospital, & GMH with 710 general, 53 rehab, 46 psych beds and 0 licensed nursing beds. GM nursing home beds reduced from 21 to 3, 8/27/03. GMH licensed general beds increased from 646 to 710 & licensed psych beds reduced from 72 to 63, 1/1/04. CON issued 4/21/04 to temporarily transfer 18 approved nursing home beds from Roger Huntington to GMH, SC-04-21; licensed 10/26/04. CON issued 7/18/05 to construct a replacement hospital for ABM to include the existing 58 beds and the conversion of the 10 nursing home beds to acute care for a total of 68 general beds, SC-05-49. The replacement facility will be named Greer Memorial Hospital. The CON was amended 1/5/06 to withdraw the conversion of the 10 nursing home beds. CON issued 8/14/06 to add 14 beds to Greer Memorial for a total of 72, SC-06-48. CON issued 8/14/06 to add 36 general beds at GMH, for a total of 746, SC-06-49. Effective 11/7/06, 28 of the beds approved by SC-06-49 were licensed at GMH for a total of 738 general beds licensed. GMH Subacute Unit decreased the number of licensed nursing home beds from 18 to 15 on 2/9/07. The remaining 8 beds approved by SC-06-49 were licensed at GMH on 6/7/07 for a total of 746 general beds. Patewood Memorial was licensed for 72 general beds on 6/12/07; the 17 psych beds transferred from GMH as part of SC-03-46 were de-licensed from GMH on the same day. GMH now has 746 general beds, 46 psych, and 53 rehab beds. CON issued 6/22/07 to convert the 10 nursing home beds at ABM to general acute for a total of 68 acute beds; these beds will be relocated to Greer Memorial when it opens, for a total of 82 acute beds, SC-07-28. CON issued 10/12/07 to permanently transfer 15 nursing home beds from Roger Huntington to GMH Subacute, for a total of 161 beds at RH and 15 beds at GMH, SC-07-48. The last patient left the ABM Subacute Unit on 9/28/06, but the 10 nursing home beds were not de-licensed and converted to general acute beds until 11/20/07, for a total of 68 currently licensed acute beds. Greer Memorial was licensed and Allen Bennett closed 8/5/08.
3. Facility use restricted to students; licensed as an Institutional General Infirmary 6/29/07.
4. CON issued to add 20 general beds to St. Francis for a total of 226, & 31 beds to St. Francis Womens & Family for a total of 93, 8/25/03 SC-03-47. Number of licensed beds at St. Francis increased from 206 to 208 on 1/25/06 and then to 218 beds on 5/24/06. Number of licensed beds at SFW&F increased from 62 to 86 on 6/7/06 and then to 93 beds on 7/27/06. St. Francis Hospital name changed to St. Francis – Downtown and St. Francis Womens.&

Family Hospital name changed to St. Francis – Eastside on 2/6/07. St. Francis – Downtown licensed for 226 beds on 6/21/07.

5. CON issued for a 9 bed addition 9/14/06, SC-06-55.
6. CON issued 9/9/05 to construct Village Health Centre, a new 48-bed hospital, by transferring 48 acute care beds from Spartanburg Regional Medical Center, SC-05-63.
7. CON issued to add 11 psych beds for a total of 64 psych and 13 substance abuse beds10/11/04 SC-04-46. CON issued 3/22/05 to add 5 psych beds for a total of 69, SC-05-20. Licensed for 69 psych beds on 7/27/05. CON issued 8/2/05 for 7 additional psych beds for a total of 76 psych beds, SC-05-54. Licensed for 76 psych beds on 3/15/07.
8. CON issued 7/29/05 to convert 5 long-term psychiatric beds to acute psychiatric beds, for a total of 20 psychiatric beds, SC-05-52; licensed 8/8/05.
9. CON issued 8/1/06 to convert the existing 10-bed nursing home unit to 7 rehab beds, for a total of 37 rehab beds, SC-06-45. The 10-bed nursing home unit was de-licensed 9/7/06. Facility licensed for 37 rehab beds 10/5/06.
10. CON issued 4/12/05 for a 30-bed inpatient hospice, SC-05-22. Licensed 7/18/07.
11. CON issued 6/28/06 to construct a 10-bed inpatient hospice, SC-06-31. CON approved 8/28/07 to add 5 additional beds for a total of 15 inpatient hospice beds. Licensed for 10 beds on 9/21/07.
12. CON issued 7/28/06 for a 12-bed inpatient hospice facility, SC-06-44.
13. CON issued 3/22/05 for a 15-bed inpatient hospice facility, SC-05-18. Licensed 12/20/07.
14. CON issued for relocation and expansion of Roger Huntington & adding 88 non-Medicaid beds for a total of 176, 11/12/03 SC-03-71. CON issued for the temporary transfer of 18 nursing beds from SC-03-71 from Roger Huntington to GM, 4/12/04, SC-04-21. Licensed for 18 beds at Memorial, 10/26/04. CON issued 10/12/07 to permanently transfer 15 nursing home beds from Roger Huntington to GMH Subacute, for a total of 161 beds at RH and 15 beds at GMH, SC-07-48. Roger Huntington de-licensed on 10/12/07 and Cottages at Brushy Creek was licensed for 144 beds. Greenville Hospital System voided the remaining 17 beds approved for Brushy Creek on 5/30/08.
15. CON issued 7/29/05 to construct a replacement facility and add 16 beds that do not participate in the Medicaid Program, for a total of 60 nursing home beds, SC-05-53. CON voided and then replaced with CON SC-08-04, 1/24/08.
16. CON issued 2/15/05 for a 60-bed addition for a total of 180 nursing home beds, SC-05-14; licensed 6/27/06.
17. CON issued 9/14/07 for a Continuing Care Retirement Community with 44 institutional nursing home beds, SC-07-41.
18. CON issued 7/3/06 to construct a Continuing Care Retirement Community with 13 institutional nursing home beds and 17 nursing home beds which do not participate in Medicaid, SC-06-34.
19. CON issued 11/16/05 to add 25 hospital-based nursing home beds that do not participate in the Medicaid program, SC-05-80; licensed 2/14/06.
20. CON issued 3/14/07 for a Continuing Care Retirement Community with 6 institutional nursing home beds and 27 nursing home beds that do not participate in the Medicaid program, SC-07-09. Facility licensed 3/18/08.

INVENTORY OF EMERGENCY FACILITIES 2006 UTILIZATION

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2006 ER VISITS
REGION I:	EMERGENCY FACILITIES			
II	ANMED HEALTH MEDICAL CENTER	ANDERSON	ANDERSON	67,664
III	UPSTATE CAROLINA MEDICAL CENTER	CHEROKEE	GAFFNEY	27,342
II	ALLEN BENNETT MEMORIAL HOSPITAL	GREENVILLE	GREER	27,454
I	GREENVILLE MEMORIAL HOSPITAL	GREENVILLE	GREENVILLE	79,210
II	HILLCREST HOSPITAL	GREENVILLE	SIMPSONVILLE	22,799
III	NORTH GREENVILLE LTACH	GREENVILLE	TRAVELERS REST	16,856
II	SAINT FRANCIS - DOWNTOWN	GREENVILLE	GREENVILLE	30,900
II	SAINT FRANCIS - EASTSIDE	GREENVILLE	GREENVILLE	26,160
(*)	WJ BARGE	GREENVILLE	GREENVILLE	5,450
III	OCONEE MEMORIAL HOSPITAL	OCONEE	SENECA	36,669
III	PALMETTO BAPTIST MED CTR-EASLEY	PICKENS	EASLEY	33,750
III	CANNON MEMORIAL HOSPITAL	PICKENS	PICKENS	15,159
III	MARY BLACK MEMORIAL HOSPITAL	SPARTANBURG	SPARTANBURG	26,987
I	SPARTANBURG REGIONAL MED CTR	SPARTANBURG	SPARTANBURG	93,471
III	WALLACE THOMSON HOSPITAL	UNION	UNION	16,653
			TOTAL	526,524

(*) Met insufficient criteria to be classified.

REGION I:	TRAUMA CENTERS		
II	ANMED HEALTH MEDICAL CENTER	ANDERSON	ANDERSON
I	GREENVILLE MEMORIAL HOSPITAL	GREENVILLE	GREENVILLE
III	ALLEN BENNETT MEMORIAL HOSPITAL	GREENVILLE	GREER
I	SPARTANBURG REGIONAL MED CTR	SPARTANBURG	SPARTANBURG

REGION NARRATIVE

REGION: II FISCAL YEAR: 2006

1. Unusual Characteristics: This region has a military base at Fort Jackson with a military hospital to provide health care services for the active duty and dependents residing in this region. A 457 bed Veterans Administration Hospital and 120 bed Veterans Nursing Home is located in Columbia. There are no barriers to transportation. Most State owned psychiatric facilities and the largest substance abuse treatment facility are located in this region.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only. All facilities are conforming. After a review of patient origin information, the population used to calculate Richland County hospital bed need is 91.7% of the Richland County population plus 42.5% of the population of Lexington County. For Lexington County, 57.5% of the Lexington County population plus 8.3% of the Richland County population is used. The bed needs are developed separately with a separate need indicated for each county.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: The need is determined by psychiatric service area. See Chapter II for discussion and calculation of needs.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations.

6. Rehabilitation Facilities: The need is determined by rehabilitation service area. See Chapter II for discussion and calculation of needs.

RECORD 007029

Joint Exhibit 004-0157

REGION: II — INPATIENT INVENTORY — FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON BEDS FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
HOSPITALS:										
ABBEVILLE AREA MEDICAL CENTER		ABBEVILLE	ABBEVILLE	CO	25	25	1,081	3,508	25	38.4%
ABBEVILLE COUNTY		TOTAL			25	25	1,081	3,508	25	38.4%
CHESTER REGIONAL MEDICAL CENTER		CHESTER	CHESTER	DIST	82	82	1,996	7,263	82	24.3%
CHESTER COUNTY		TOTAL			82	82	1,996	7,263	82	24.3%
EDGEFIELD COUNTY HOSPITAL		EDGEFIELD	EDGEFIELD	CO	25	25	703	2,268	25	24.9%
EDGEFIELD COUNTY		TOTAL			25	25	703	2,268	25	24.9%
FAIRFIELD MEMORIAL HOSPITAL		FAIRFIELD	WINNSBORO	NPA	25	25	802	3,094	25	33.9%
FAIRFIELD COUNTY		TOTAL			25	25	802	3,094	25	33.9%
SELF REGIONAL HEALTHCARE	1	GREENWOOD	GREENWOOD	NPA	354	354	13,143	55,541	334	45.6%
GREENWOOD COUNTY		TOTAL			354	354	13,143	55,541	334	45.6%
KERSHAW COUNTY MEDICAL CENTER		KERSHAW	CAMDEN	CO	121	121	5,568	25,909	121	58.7%
KERSHAW COUNTY		TOTAL			121	121	5,568	25,909	121	58.7%
SPRINGS MEMORIAL HOSPITAL	2	LANCASTER	LANCASTER	NPA	168	217	6,913	33,485	168	54.6%
LANCASTER COUNTY		TOTAL			168	217	6,913	33,485	168	54.6%
LAURENS COUNTY HOSPITAL		LAURENS	LAURENS	DIST	76	76	2,889	12,738	76	45.9%
LAURENS COUNTY		TOTAL			76	76	2,889	12,738	76	45.9%
LEXINGTON MEDICAL CENTER	3	LEXINGTON	WEST COLUMBIA	CO	384	384	19,554	95,598	338.8	77.3%
LEXINGTON COUNTY		TOTAL			384	384	19,554	95,598	338.8	77.3%
NEWBERRY COUNTY MEMORIAL HOSPITAL		NEWBERRY	NEWBERRY	CO	90	90	2,934	11,236	90	34.2%
NEWBERRY COUNTY		TOTAL			90	90	2,934	11,236	90	34.2%
PALMETTO HEALTH BAPTIST	4	RICHLAND	COLUMBIA	NPA	363	287	18,628	79,908	363	60.3%
PALMETTO HEALTH PARKRIDGE	4	RICHLAND	COLUMBIA	NPA		76				
PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	NPA	579	579	30,916	151,807	578	71.9%
PROVIDENCE HOSPITAL		RICHLAND	COLUMBIA	PROP	258	258	12,478	63,794	258	67.7%
PROVIDENCE HOSPITAL NORTHEAST	5	RICHLAND	COLUMBIA	PROP	46	84	3,514	12,350	46	73.6%
(MONCRIEF ARMY HOSPITAL)	6	RICHLAND	COLUMBIA	FED		(63)	(1,037)	(4,856)		
(W J B DORN VA HOSPITAL)	6	RICHLAND	COLUMBIA	FED		(400)	(4,187)	(23,607)		
RICHLAND COUNTY		TOTAL			1,246	1,284	65,536	307,959	1,246	67.7%
FORT MILL MEDICAL CENTER	7	YORK	FORT MILL	PROP		100				
PIEDMONT MEDICAL CENTER	7	YORK	ROCK HILL	PROP	268	232	15,742	70,762	268	72.3%
YORK COUNTY		TOTAL			268	332	15,742	70,762	268	72.3%
TOTAL					2,864	3,015	136,861	629,341	2,799	61.5%
LONG TERM ACUTE HOSPITALS:										
INTERMEDICAL HOSPITAL OF SOUTH CAROLINA		RICHLAND	COLUMBIA	NPA	35	35	240	8,491	35	66.5%
TOTAL					35	35	0 240	8,491	35	66.5%
MENTAL FACILITIES:										
SELF REGIONAL HEALTHCARE		GREENWOOD	GREENWOOD	NPA	36	36	613	4,113	36	31.3%
GREENWOOD COUNTY		TOTAL			36	36	613	4,113	36	31.3%
THREE RIVERS BEHAVIORAL HEALTH	8	LEXINGTON	WEST COLUMBIA	PROP	49	81	1,370	14,064	39	98.8%
LEXINGTON COUNTY		TOTAL			49	81	1,370	14,064	39	98.8%
PALMETTO HEALTH BAPTIST	9	RICHLAND	COLUMBIA	NPA	84	84	2,164	24,847	104	65.7%
PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	CO	60	60	1,566	9,330	60	42.6%
(MONCRIEF ARMY HOSPITAL)	6	RICHLAND	COLUMBIA	FED		(20)	(377)	(3,020)		

RECORD 007030

Joint Exhibit 004-0158

REGION: II

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON BEDS FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
(W J B DORN VA)	6	RICHLAND	COLUMBIA	FED		(60)		(515)	(4,245)		
RICHLAND COUNTY		TOTAL			154	154		3,730	34,277	164	57.3%
PIEDMONT MEDICAL CENTER		YORK	ROCK HILL	PROP	20	20		542	2,797	20	38.3%
YORK COUNTY		TOTAL			20	20		542	2,797	20	38.3%
TOTAL					259	291		6,255	55,251	259	58.4%
RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
THREE RIVERS RES. TREAT. - MIDLANDS	10	LEXINGTON	WEST COLUMBIA	PROP	59	59		74	13,491	59	62.6%
THREE RIVERS BEHAVIORAL HEALTH RTC		LEXINGTON	WEST COLUMBIA	PROP	20	20		19	6,857	20	93.9%
YORK PLACE EPISCOPAL HOME		YORK	YORK	PROP	40	40		40	10,827	40	74.2%
TOTAL					119	119		133	31,175	119	71.6%
DRUG AND ALCOHOL INPATIENT TREATMENT:											
SPRINGS MEMORIAL HOSPITAL	2	LANCASTER	LANCASTER	NPA	18	0		352	1,786	18	27.3%
THREE RIVERS BEHAVIORAL HEALTH	8	LEXINGTON	WEST COLUMBIA	PROP	17	17		420	2,980	27	30.2%
PALMETTO HEALTH BAPTIST	9	RICHLAND	COLUMBIA	CO	10	10					
PALMETTO HEALTH RICHLAND		RICHLAND	COLUMBIA	CO	10	10		280	3,431	10	94.0%
SELF REGIONAL HEALTHCARE		GREENWOOD	GREENWOOD	NPA	24	24		0	0	24	0.0%
TOTAL					79	61		1,052	8,207	79	28.5%
REHABILITATION FACILITIES:											
GREENWOOD REGIONAL REHAB HOSPITAL	11	GREENWOOD	GREENWOOD	NPA	34	34					
GREENWOOD COUNTY		TOTAL			34	34					
HEALTHSOUTH REHAB HOSPITAL COLUMBIA		RICHLAND	COLUMBIA	PROP	96	96		1,442	23,263	96	66.4%
RICHLAND COUNTY		TOTAL			96	96		1,442	23,263	96	66.4%
HEALTHSOUTH REHAB HOSPITAL ROCK HILL	12	YORK	ROCK HILL	PROP	40	40		740	10,704	34	86.3%
YORK COUNTY		TOTAL			40	40		740	10,704	34	86.3%
TOTAL					170	170		2,182	33,967	130	71.6%
INPATIENT HOSPICE FACILITIES:											
HOSPICE HOUSE OF HOSPICECARE PIEDMONT		GREENWOOD	GREENWOOD	NPA	15	15		289	3,667	15	67.0%
HOSPICE OF LAURENS CO INPT HOSPICE HOUSE	13	LAURENS	CLINTON	PROP		12					
HEARTLAND HOSPICE HOUSE MIDLANDS	14	RICHLAND	COLUMBIA	PROP	12	12		47	429	1.8	64.9%
ASCENSION HOUSE	15	RICHLAND	IRMO	PROP	14	14					
HOSPICE AND COMMUNITY CARE	16	YORK	ROCK HILL	NPA	16	16					
TOTAL					57	69		346	4,096	16.8	66.8%
LONG TERM CARE FACILITIES:											
ABBEVILLE NURSING HOME		ABBEVILLE	ABBEVILLE	PROP	94	94		54	32,771	94	95.5%
CARLISLE NURSING CENTER		ABBEVILLE	DUE WEST	NPA	22	22		15	5,568	22	69.3%
ABBEVILLE COUNTY		TOTAL			116	116		69	38,339	116	90.6%
CHESTER NURSING CENTER		CHESTER	CHESTER	CO	100	100		97	34,293	100	94.0%
CHESTER COUNTY		TOTAL			100	100		97	34,293	100	94.0%
TRINITY MISSION EDGEFIELD		EDGEFIELD	EDGEFIELD	PROP	120	120		78	41,648	120	95.1%
EDGEFIELD COUNTY		TOTAL			120	120		78	41,648	120	95.1%
FAIRFIELD HEALTHCARE CENTER		FAIRFIELD	RIDGEWAY	PROP	112	104	35 c	65	40,100	112	98.1%
HERITAGE HEALTHCARE OF RIDGEWAY	17	FAIRFIELD	RIDGEWAY	PROP	150	150		157	52,903	150	96.6%
FAIRFIELD COUNTY		TOTAL			262	254	35	222	93,003	262	97.3%

RECORD 007031

Joint Exhibit 004-0159

REGION II — INPATIENT INVENTORY — FISCAL YEAR 2008

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
GREENWOOD REGIONAL REHAB HOSPITAL	11	GREENWOOD	GREENWOOD	NPA	12	12					
HEALTH CARE CENTER OF WESLEY COMMONS		GREENWOOD	GREENWOOD	NPA	102	102		92	34,434	102	92.5%
MAGNOLIA MANOR - GREENWOOD		GREENWOOD	GREENWOOD	PROP	88	88		60	29,190	88	90.9%
NHC HEALTHCARE - GREENWOOD		GREENWOOD	GREENWOOD	PROP	152	152		167	52,126	152	94.0%
TRANSITIONAL CARE SELF REGIONAL	1	GREENWOOD	GREENWOOD	NPA	0	0		543	6,182	27	62.7%
GREENWOOD COUNTY		TOTAL			354	354		862	121,932	369	90.5%
A SAM KARESH LONG TERM CARE CENTER	18	KERSHAW	CAMDEN	CO	88	96		24	31,970	88	99.5%
SPRINGDALE HEALTHCARE CENTER	19	KERSHAW	CAMDEN	PROP	148	192		460	51,830	148	95.9%
KERSHAW COUNTY		TOTAL			236	288		484	83,800	236	97.3%
LANCASTER CONVALESCENT CENTER		LANCASTER	LANCASTER	NPA	142	142		80	50,995	142	98.4%
TRANSITIONAL CARE UNIT - SPRINGS MEMORIAL		LANCASTER	LANCASTER	NPA	14	14		357	4,494	14	87.9%
WHITE OAK MANOR - LANCASTER		LANCASTER	LANCASTER	NPA	132	132		60	45,529	132	94.5%
LANCASTER COUNTY		TOTAL			288	288		497	101,018	288	96.1%
LAURENS COUNTY HEALTHCARE SYSTEM SNF		LAURENS	LAURENS	DIST	14	14		193	3,284	14	64.3%
MARTHA FRANK BAPTIST RETIREMENT COMMUNITY		LAURENS	LAURENS	NPA	81	81		166	28,074	81	87.4%
(MARTHA FRANK BAPTIST RETIREMENT COMM)		LAURENS	LAURENS	NPA	(7)	(7)					
NHC HEALTHCARE - CLINTON		LAURENS	CLINTON	PROP	131	131		124	46,759	131	97.8%
NHC HEALTHCARE - LAURENS		LAURENS	LAURENS	PROP	176	176		197	60,911	176	94.8%
LAURENS COUNTY		TOTAL			402	402		680	139,038	402	93.1%
AGAPE NURSING AND REHABILIATION CENTER	20	LEXINGTON	W.COLUMBIA	PROP	100	100		323	14,405	44	89.7%
BRIAN CENTER NURSING CARE - ST ANDREWS		LEXINGTON	COLUMBIA	PROP	120	120		130	41,770	120	95.4%
HEARTLAND LEXINGTON REHAB & NURSING CTR		LEXINGTON	W.COLUMBIA	PROP	132	132		336	39,385	132	81.7%
LEXINGTON MEDICAL CENTER EXTENDED CARE		LEXINGTON	LEXINGTON	NPA	388	388		514	136,818	388	96.6%
NHC HEALTHCARE - LEXINGTON		LEXINGTON	W.COLUMBIA	PROP	120	120		260	42,192	120	96.3%
PRESBYTERIAN HOME OF SC COLUMBIA	21	LEXINGTON	W COLUMBIA	NPA	44	44		64	15,024		
SC EPISCOPAL HOME AT STILL HOPES		LEXINGTON	W.COLUMBIA	NPA	20	20		13	6,107	20	83.7%
(SC EPISCOPAL HOME AT STILL HOPES)		LEXINGTON	W.COLUMBIA	NPA	(42)	(42)					
LEXINGTON COUNTY		TOTAL			924	924		1,640	295,701	824	98.3%
SAVANNAH HEIGHTS LIVING CENTER	22	MCCORMICK	MCCORMICK	CO	120	120		81	42,658	120	97.4%
MCCORMICK COUNTY		TOTAL			120	120		81	42,658	120	97.4%
J F HAWKINS NURSING HOME		NEWBERRY	NEWBERRY	CO	118	118		88	41,810	118	96.6%
NEWBERRY CO MEM HOSP - TRANS CARE UNIT		NEWBERRY	NEWBERRY	CO	12	12		171	1,424	12	32.5%
WHITE OAK MANOR - NEWBERRY		NEWBERRY	NEWBERRY	PROP	146	146		60	52,128	146	97.8%
NEWBERRY COUNTY					276	276		319	95,162	276	94.5%
COUNTRYWOOD NURSING CENTER	23	RICHLAND	HOPKINS	PROP	38	38		46	13,505	38	97.4%
HEARTLAND COLUMBIA REHAB & NURSING CTR		RICHLAND	COLUMBIA	PROP	132	132		355	43,186	132	89.6%
LIFE CARE CENTER OF COLUMBIA		RICHLAND	COLUMBIA	PROP	179	179		510	61,197	179	93.7%
LOWMAN REHABILITATION & HEALTH CARE CTR		RICHLAND	WHITE ROCK	NPA	129	129		100	45,156	129	95.9%
(LOWMAN REHAB & HEALTH CARE CTR)		RICHLAND	WHITE ROCK	NPA	(47)	(47)					
MAGNOLIA MANOR - COLUMBIA		RICHLAND	COLUMBIA	PROP	88	88		39	31,947	88	97.6%
NHC HEALTHCARE - PARKLANE	24	RICHLAND	COLUMBIA	PROP	180	180		189	42,639	120	97.3%
OAKS OF BLYTHEWOOD	25	RICHLAND	BLYTHEWOOD	PROP		123					
PALMETTO HEALTH BAPTIST SUBACUTE REHAB		RICHLAND	COLUMBIA	NPA	22	22		598	6,554	22	81.6%
PROVIDENCE HOSP NE - TRANS CARE UNIT	5	RICHLAND	COLUMBIA	PROP	0	0		93	858	7	34.6%
RICE NURSING HOME		RICHLAND	COLUMBIA	NPA	32	32		30	11,012	32	94.3%
UNIHEALTH POST-ACUTE COLUMBIA	25	RICHLAND	COLUMBIA	PROP	257	168	146 cd	261	66,598	257	71.0%
WHITE OAK MANOR - COLUMBIA		RICHLAND	COLUMBIA	PROP	120	120		56	43,144	120	98.5%
WILDEWOOD DOWNS NURSING CENTER	26	RICHLAND	COLUMBIA	PROP	32	72		71	6,515	32	55.8%
(W J B DORN VA)		RICHLAND	COLUMBIA	FED		(94)		(124)	(24,846)		
RICHLAND COUNTY		TOTAL			1,209	1,283	146	2,346	371,713	1,156	88.1%
SALUDA NURSING CENTER		SALUDA	SALUDA	CO	176	176		142	62,066	176	96.6%
SALUDA COUNTY		TOTAL			176	176		142	62,066	176	96.6%

RECORD 007032

Joint Exhibit 004-0160

REGION: II

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
AGAPE REHABILITATION ROCK HILL		YORK	ROCK HILL	PROP	99	99		303	31,574	99	87.4%
(HEALTHSOUTH REHAB HOSP ROCK HILL SNF)	12	YORK	ROCK HILL	PROP	(0)	(0)		123	1,320	6	60.3%
MAGNOLIA MANOR - ROCK HILL		YORK	ROCK HILL	PROP	106	106		101	32,178	106	83.2%
UNI-HEALTH POST-ACUTE CARE - ROCK HILL	27	YORK	ROCK HILL	PROP	132	132		249	41,178	132	85.5%
WESTMINSTER HEALTH & REHABILITATION CTR		YORK	ROCK HILL	PROP	66	66		206	22,206	66	92.2%
WHITE OAK MANOR - ROCK HILL		YORK	ROCK HILL	PROP	141	141		87	50,965	141	99.0%
WHITE OAK MANOR - YORK		YORK	YORK	NPA	109	109		58	39,051	109	98.2%
WILLOW BROOK COURT		YORK	ROCK HILL	PROP	40	40		83	8,861	40	60.7%
YORK COUNTY		TOTAL			693	693		1,210	227,333	699	89.1%
TOTAL					5,276	5,394	162	8,727	1,747,704	5,144	93.1%

RECORD 007033

Joint Exhibit 004-0161

FOOTNOTES 2008 PLAN

REGION II

CON	-	Certificate of Need	NPA	-	Non Profit
UC	-	Under Construction	ST	-	State
X	-	TJC Accredited	CO	-	County
Y	-	Medicare	PROP	-	Proprietary
Z	-	Medicaid	N	-	Nursing Home
APP	-	Approved	SW	-	Statewide Facility

1. CON issued 5/19/08 to convert the remaining 20 nursing beds at Self Memorial Transitional Care Unit (see **Footnote 11**) to general acute beds, for a total of 354 general, 24 substance abuse, and 36 psych, SC-08-16. Licensed for 354 general beds and the 20 bed TCU de-licensed on 6/12/08.
2. CON issued 5/24/06 to add 10 general beds for a total of 178 general and 18 substance abuse beds, SC-06-23. CON voided 5/29/07. CON issued 10/12/07 to add 31 general beds for a total of 199 acute and 18 substance abuse beds, SC-07-49. CON approved 8/22/08 to convert the 18 substance abuse beds to general beds, for a total of 217 general beds; appealed.
3. CON issued to add 54 additional general beds for a total of 346, 12/29/03 SC-03-77; licensed beds increased from 292 to 319 on 10/11/04. Remaining 27 beds licensed 1/6/06 for a total of 346 general beds. CON issued 9/14/07 for 38 additional acute beds for a total of 384 beds, SC-07-35. License increased to 354 beds 1/29/08. Licensed for 384 beds 6/13/08.
4. CON approved to construct a new 76 bed hospital (Palmetto Health Parkridge) by transferring 76 beds from Palmetto Health Baptist, resulting in 287 general beds, 104 psych and 22 nursing home beds remaining at Palmetto Health Baptist; appealed.
5. CON approved 9/26/05 to convert 11 nursing home beds at Providence NE to general acute beds and to de-license the other 7 nursing home beds, for a total of 57 acute beds. Project was appealed and subsequently withdrawn 11/06. Exemption issued 3/23/06 to de-license the 18 nursing home beds at Providence Northeast, E-06-13; beds were de-licensed on 5/24/06. CON approved 8/27/07 to add 38 general beds for a total of 84 beds; appealed.
6. Bed use restricted. Beds reported by facility.
7. CON approved 5/30/06 to construct a new 100-bed hospital in Fort Mill, including the 64 beds shown as needed in the Plan plus the transfer of 36 beds from Piedmont Medical Center. Approval has been appealed.
8. CON issued 7/18/06 for the addition of 32 psych beds for a total of 71 psych beds, SC-06-42. CON voided on 4/17/07, but the applicant appealed the Department's decision. After appeal, a new CON was issued 12/14/07, SC-07-65. CON issued 2/13/08 to exchange 10 substance abuse beds from Three Rivers for 10 psychiatric beds from Palmetto Baptist, for a total of 17 substance abuse and 81 psych beds at Three Rivers, SC-08-05. Licensed for 49 psych beds and 17 substance abuse beds on 7/21/08.
9. CON issued 2/13/08 to exchange 10 substance abuse beds from Three Rivers for 10 psychiatric beds from Palmetto Baptist, for a total of 10 substance abuse and 94 psych beds at Palmetto Baptist, SC-08-06. Licensed for 10 substance abuse and 94 psych beds 7/21/08.
10. Name changed from The Pines Residential Treatment Facility – Midlands Campus 5/16/07.
11. CON issued 7/3/06 to construct a rehab hospital with 34 rehab and 12 nursing home beds, with 7 of these nursing home beds transferred from Self Memorial Transitional Care Unit, SC-06-36. Greenwood Rehab Hospital was licensed 10/16/07 and the Self Memorial TCU license was decreased from 27 to 20 beds (see **Footnote 1**)

12. CON issued 5/16/07 to convert 6 nursing care beds to rehabilitation beds, for a total of 40 rehab beds and 0 nursing care beds, SC-07-18. Licensed for 40 rehab beds and nursing care beds de-licensed 8/1/07.
13. CON issued 9/15/06 for a 12-bed inpatient hospice, SC-06-61.
14. CON issued 1/19/05 for a 12-bed inpatient hospice. Licensed 6/1/06. Formerly Portsbridge Hospice House.
15. CON issued 4/10/06 for a 14-bed inpatient hospice, SC-06-16. Licensed 6/8/07.
16. CON issued 6/6/05 for construction of a 16-bed hospice, SC-05-39. Licensed 12/31/07.
17. Formerly Ridgeway Health & Rehabilitation Center.
18 CON issued 11/15/07 to add 8 nursing home beds that do not participate in the Medicaid program, for a total of 96 beds, SC-07-58.
19. CON issued 1/18/08 to add 44 beds for a total of 192, SC-08-02.
20. CON issued 10/7/05 to add 56 nursing home beds that do not participate in the Medicaid Program, for a total of 100 beds. Licensed for 100 beds on 7/13/07.
21. CON issued 2/14/08 to convert 44 institutional nursing home beds to 44 general nursing home beds that do not participate in the Medicaid program, SC-08-08. Licensed as general nursing home beds 2/14/08.
22. CON issued 11/16/06 to acquire the former McCormick Nursing Center and change the name to Savannah Heights Living Center, SC-06-70.
23. Formerly Ridgeview Manor.
24. CON issued 7/18/05 to add 60 beds that do not participate in the Medicaid program for a total of 180 beds, SC-05-50. Licensed for 180 beds on 1/12/07.
25. CON issued 1/29/07 for the construction of a 123 bed nursing home with a Medicaid Nursing Home Permit of 21,900 Medicaid patient days by transferring 89 beds from Carolina Health and Rehab and adding 34 new beds. Carolina Health and Rehab will retain 168 nursing home beds and a Medicaid Nursing Home Permit for 47,100 Medicaid patient days; SC-07-04. Name of Carolina Health and Rehab changed to UniHealth Post-Acute Columbia 6/20/08.
26. CON issued 10/18/04 for a 32-bed nursing home that does not participate in the Medicaid program, SC-04-50; licensed 12/22/05. CON issued 9/11/08 for the addition of 8 institutional beds and 40 general nursing home beds for a total of 80 beds (8 institutional and 72 general), SC-08-35.
27. Formerly Rock Hill Healthcare.

INVENTORY OF EMERGENCY FACILITIES 2006 UTILIZATION

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2006 ER VISITS
REGION II:	EMERGENCY FACILITIES			
III	ABBEVILLE CO MEMORIAL HOSPITAL	ABBEVILLE	ABBEVILLE	9,204
II	CHESTER MEDICAL CENTER	CHESTER	CHESTER	14,139
III	EDGEFIELD COUNTY HOSPITAL	EDGEFIELD	EDGEFIELD	6,499
III	FAIRFIELD MEMORIAL HOSPITAL	FAIRFIELD	FAIRFIELD	10,237
II	SELF REGIONAL HEALTH CARE	GREENWOOD	GREENWOOD	53,120
III	KERSHAW CO MEMORIAL HOSPITAL	KERSHAW	CAMDEN	22,258
II	SPRINGS MEMORIAL HOSPITAL	LANCASTER	LANCASTER	28,219
II	LAURENS COUNTY HOSPITAL	LAURENS	LAURENS	27,369
II	LEXINGTON MEDICAL CENTER	LEXINGTON	W. COLUMBIA	71,230
III	NEWBERRY CO MEMORIAL HOSPITAL	NEWBERRY	NEWBERRY	15,865
II	PALMETTO HEALTH BAPTIST	RICHLAND	COLUMBIA	32,934
I	PALMETTO HEALTH RICHLAND	RICHLAND	COLUMBIA	67,997
II	PROVIDENCE HOSPITAL	RICHLAND	COLUMBIA	17,877
II	PROVIDENCE HOSPITAL NORTHEAST	RICHLAND	COLUMBIA	29,890
II	PIEDMONT MEDICAL CENTER	YORK	ROCK HILL	43,514
			TOTAL	450,352

REGION II:	TRAUMA CENTERS		
III	SELF REGIONAL HEALTH CARE	GREENWOOD	GREENWOOD
III	LEXINGTON MEDICAL CENTER	LEXINGTON	W. COLUMBIA
I	PALMETTO HEALTH RICHLAND	RICHLAND	COLUMBIA
III	PIEDMONT MEDICAL CENTER	YORK	ROCK HILL

REGION NARRATIVE

REGION: III FISCAL YEAR: 2006

1. Unusual Characteristics: This region has a large transient summer population, particularly along the "Grand Strand." The inland waterway is a barrier to transportation.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: The need is determined by psychiatric service area. See Chapter II for discussion and calculation of needs.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations.

6. Rehabilitation Facilities: The need is determined by rehabilitation service area. See Chapter II for discussion and calculation of needs.

RECORD 007037

Joint Exhibit 004-0165

REGION: III

INPATIENT INVENTORY

FISCAL YEAR 2005

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON BEDS FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
HOSPITALS:										
CHESTERFIELD GENERAL HOSPITAL		CHESTERFIELD	CHERAW	PROP	59	59	2,791	9,047	59	42.0%
CHESTERFIELD COUNTY		TOTAL			59	59	2,791	9,047	59	42.0%
CLARENDON MEMORIAL HOSPITAL		CLARENDON	MANNING	CO	56	56	2,847	14,046	56	68.7%
CLARENDON COUNTY		TOTAL			56	56	2,847	14,046	56	68.7%
CAROLINA PINES REGIONAL MEDICAL CENTER	1	DARLINGTON	HARTSVILLE	NPA	116	116	8,444	35,158	116	83.0%
MCLEOD MEDICAL CENTER - DARLINGTON	2	DARLINGTON	DARLINGTON	NPA	49	49	783	4,298	49	24.0%
DARLINGTON COUNTY		TOTAL			165	165	9,227	39,456	165	65.5%
MCLEOD MEDICAL CENTER - DILLON	3	DILLON	DILLON	NPA	79	79	3,277	11,439	79	39.7%
DILLON COUNTY		TOTAL			79	79	3,277	11,439	79	39.7%
CAROLINAS HOSPITAL SYSTEM	4	FLORENCE	FLORENCE	PROP	310	310	14,836	80,089	291	75.4%
LAKE CITY COMMUNITY HOSPITAL		FLORENCE	LOWER FLORENCE	DIST	48	48	1,232	4,230	48	24.1%
MCLEOD REGIONAL MEDICAL CENTER	5	FLORENCE	FLORENCE	NPA	453	453	22,503	114,313	348	90.0%
WOMEN'S CENTER CAROLINAS HOSP SYS		FLORENCE	FLORENCE	PROP	20	20	1,340	3,077	20	42.2%
FLORENCE COUNTY		TOTAL			831	831	39,911	201,709	707	78.2%
GEORGETOWN MEMORIAL HOSPITAL	6	GEORGETOWN	GEORGETOWN	NPA	131	131	7,016	32,852	131	68.7%
WACCAMAW COMMUNITY HOSPITAL	6	GEORGETOWN	MURRELLS INLET	NPA	124	124	5,567	21,880	82	73.1%
GEORGETOWN COUNTY		TOTAL			255	255	12,583	54,732	213	70.4%
CONWAY HOSPITAL	7	HORRY	CONWAY	NPA	160	210	9,992	37,596	160	64.4%
GRAND STRAND REGIONAL MEDICAL CENTER	8	HORRY	MYRTLE BEACH	PROP	219	269	12,655	57,232	219	71.6%
LORIS COMMUNITY HOSPITAL		HORRY	LORIS	DIST	105	105	4,146	16,639	105	43.4%
SEACOAST MEDICAL CENTER	9	HORRY	LITTLE RIVER	DIST		50				
HORRY COUNTY		TOTAL			484	634	26,793	111,467	484	63.1%
MARION COUNTY MEDICAL CENTER		MARION	MARION	DIST	124	124	5,732	23,484	124	51.9%
MARION COUNTY		TOTAL			124	124	5,732	23,484	124	51.9%
MARLBORO PARK HOSPITAL		MARLBORO	BENNETTSVILLE	PROP	94	94	1,549	4,524	94	13.2%
MARLBORO COUNTY		TOTAL			94	94	1,549	4,524	94	13.2%
TUOMEY	10	SUMTER	SUMTER	NPA	283	283	8,597	67,204	248	74.2%
SUMTER COUNTY		TOTAL			283	283	8,597	67,204	248	74.2%
WILLIAMSBURG REGIONAL HOSPITAL		WILLIAMSBURG	KINGSTREE	CO	25	25	818	2,982	25	32.7%
WILLIAMSBURG COUNTY		TOTAL			25	25	818	2,982	25	32.7%
TOTAL					2,455	2,605	114,125	540,090	2,254	65.6%
LONG TERM ACUTE HOSPITALS:										
REGENCY HOSPITAL OF SOUTH CAROLINA	4	FLORENCE	FLORENCE	PROP	40	40	331	9,275	28	90.8%
TOTAL					40	40	0 0 331	9,275	28	90.8%
MENTAL FACILITIES:										
MCLEOD MEDICAL CENTER - DARLINGTON	5	DARLINGTON	DARLINGTON	NPA	23	23	748	5,018	23	59.8%
DARLINGTON COUNTY		TOTAL			23	23	748	5,018	23	59.8%
CAROLINAS HOSP SYS - CEDAR TOWERS	11	FLORENCE	FLORENCE	PROP	12	12				
FLORENCE COUNTY		TOTAL			12	12	0	0	0	
LIGHTHOUSE CARE CENTER OF CONWAY	12	HORRY	CONWAY	PROP	44	44	437	3,074	28	30.1%
HORRY COUNTY		TOTAL			44	44	437	3,074	28	30.1%
MARLBORO PARK HOSPITAL		MARLBORO	BENNETTSVILLE	PROP	8	8	147	1,238	8	42.4%
MARLBORO COUNTY		TOTAL			8	8	147	1,238	8	42.4%
TOTAL					87	87	1,332	9,330	59	43.3%

RECORD 007038

Joint Exhibit 004-0166

REGION: III — INPATIENT INVENTORY — FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCONFORMING BEDS		ADMISSIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
PALMETTO PEE DEE RESID TREATMENT CTR		FLORENCE	FLORENCE	PROP	59	59		55	21,335	59	99.1%
LIGHTHOUSE CARE CENTER OF CONWAY		HORRY	CONWAY	PROP	16	16		9	3,152	16	54.0%
TOTAL					75	75		64	24,487	75	89.5%
DRUG AND ALCOHOL INPATIENT TREATMENT:											
CAROLINAS HOSP SYS - CEDAR TOWERS	4	FLORENCE	FLORENCE	PROP	12	12		407	2,137	22	26.6%
LIGHTHOUSE CARE CENTER OF CONWAY	12	HORRY	CONWAY	PROP	8	8					
TOTAL					20	20		407	2,137	22	26.6%
REHABILITATION FACILITIES:											
CAROLINAS HOSP SYS - CEDAR TOWERS		FLORENCE	FLORENCE	NPA	42	42		810	11,358	42	74.2%
HEALTHSOUTH REHAB HOSPITAL FLORENCE		FLORENCE	FLORENCE	PROP	88	88		1,297	20,418	88	63.6%
FLORENCE COUNTY		TOTAL			130	130		2,107	31,786	130	67.0%
WACCAMAW COMMUNITY HOSPITAL	6	GEORGETOWN	MURRELLS INLET	NPA	43	43		817	9,326	29	88.1%
GEORGETOWN COUNTY		TOTAL			43	43		817	9,326	29	88.1%
TOTAL					173	173		2,924	41,112	159	70.8%
INPATIENT HOSPICE FACILITIES:											
MCLEOD HOSPICE HOUSE	13	FLORENCE	FLORENCE	NPA	12	12		417	2,871	12	65.5%
TIDELANDS COMMUNITY HOSPICE HOUSE	14	GEORGETOWN	GEORGETOWN	NPA	12	12					
AGAPE HOSPICE HOUSE OF HORRY COUNTY	15	HORRY	CONWAY	PROP		24					
(HOSPICE OF MARLBORO COUNTY)	16	MARLBORO	BENNETTSVILLE	NPA	(10)	(10)					
TOTAL					24	48		417	2,871	12	65.5%
LONG TERM FACILITIES:											
CHERAW HEALTHCARE	17	CHESTERFIELD	CHERAW	PROP	117	117		38	35,522	100	97.3%
CHESTERFIELD CONVALESCENT CENTER		CHESTERFIELD	CHERAW	PROP	104	104		32	37,563	104	99.0%
CHESTERFIELD COUNTY		TOTAL			221	221		70	73,085	204	98.2%
LAKE MARION NURSING FACILITY		CLARENDON	SUMMERTON	PROP	88	88		52	27,007	88	84.1%
WINDSOR MANOR		CLARENDON	MANNING	PROP	64	43	26 cd	22	22,596	64	96.7%
CLARENDON COUNTY		TOTAL			152	131	26	74	49,603	152	89.4%
BETHEA BAPTIST HEALTH CARE CENTER		DARLINGTON	DARLINGTON	NPA	36	36		39	6,786	36	51.6%
(BETHEA BAPTIST HEALTH CARE CENTER)		DARLINGTON	DARLINGTON	NPA	(52)	(52)					
MEDFORD NURSING CENTER		DARLINGTON	DARLINGTON	PROP	88	88		33	31,393	88	97.7%
MORRELL NURSING CENTER		DARLINGTON	HARTSVILLE	PROP	154	154		176	53,758	154	95.6%
OAKHAVEN NURSING CENTER		DARLINGTON	DARLINGTON	PROP	88	88		31	31,648	88	98.5%
DARLINGTON COUNTY		TOTAL			366	366		279	123,585	366	92.5%
HERITAGE HEALTHCARE AT THE PINES		DILLON	DILLON	PROP	84	84		72	29,639	84	96.7%
SUNNY ACRES		DILLON	FORK	PROP	111	106	58 cd	41	38,902	111	96.0%
DILLON COUNTY		TOTAL			195	190	58	113	68,541	195	96.3%
CAROLINAS HOSP SYS TRANS CARE UNIT	4	FLORENCE	FLORENCE	PROP	24	24		346	4,632	26	48.8%
COMMANDER NURSING CENTER		FLORENCE	FLORENCE	PROP	163	152		88	58,751	163	98.7%
COOKE ASSOCIATES OF FLORENCE		FLORENCE	FLORENCE	PROP	88	88	44 d	67	28,799	88	89.7%
FAITH HEALTHCARE CENTER		FLORENCE	FLORENCE	PROP	104	93		92	35,545	104	93.6%

RECORD 007039

Joint Exhibit 004-0167

REGION: III

INPATIENT INVENTORY

FISCAL YEAR 2005

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
HERITAGE HOME OF FLORENCE		FLORENCE	FLORENCE	PROP	132	132		88	47,582	132	98.8%
HONORAGE NURSING CENTER		FLORENCE	FLORENCE	PROP	88	88		70	31,284	88	97.4%
LAKE CITY - SCRANTON HEALTH CARE CTR		FLORENCE	SCRANTON	PROP	88	88		283	28,634	88	89.1%
SOUTHLAND HEALTH CARE CENTER		FLORENCE	FLORENCE	PROP	88	88	(42) cd	51	31,406	88	97.8%
FLORENCE COUNTY		TOTAL			775	753	44	1,085	266,633	777	94.0%
GEORGETOWN HEALTH AND REHAB		GEORGETOWN	GEORGETOWN	PROP	84	84		28	30,096	84	98.2%
LAKES AT LITCHFIELD SKILLED NURS CTR		GEORGETOWN	PAWLEYS ISLAND	PROP	17	17		152	4,768	17	76.8%
(LAKES AT LITCHFIELD SKILLED NURS CTR)		(GEORGETOWN)	(PAWLEYS ISLAND)	(PROP	(7)	(7)					
PRINCE GEORGE HEALTHCARE CENTER		GEORGETOWN	GEORGETOWN	PROP	148	148		133	53,599	148	99.2%
GEORGETOWN COUNTY		TOTAL			249	249		313	88,463	249	97.3%
AGAPE REHABILITATION CTR CONWAY	18	HORRY	CONWAY	PROP	0	72					
BRIGHTWATER SKILLED NURSING CENTER	19	HORRY	MYRTLE BEACH	PROP	0	32					
CONWAY MANOR		HORRY	CONWAY	PROP	190	190		256	66,275	190	95.6%
COVENANT TOWERS HEALTH CARE		HORRY	MYRTLE BEACH	PROP	30	30		165	8,365	30	76.4%
GRAND STRAND HEALTH CARE		HORRY	CONWAY	PROP	88	88		130	31,718	88	98.7%
KINGSTON NURSING CENTER		HORRY	CONWAY	PROP	88	88		362	29,957	88	93.3%
LORIS EXTENDED CARE CENTER		HORRY	LORIS	DIST	88	88		180	29,540	88	92.0%
MYRTLE BEACH MANOR		HORRY	MYRTLE BEACH	PROP	104	104		441	30,792	104	81.1%
NHC HEALTHCARE - GARDEN CITY	20	HORRY	MYRTLE BEACH	PROP	148	148		306	31,088	88	96.6%
HORRY COUNTY		TOTAL			736	840		1,840	227,735	676	92.3%
MCCOY MEMORIAL NURSING CENTER		LEE	BISHOPVILLE	PROP	120	120		102	43,075	120	98.3%
LEE COUNTY		TOTAL			120	120		102	43,075	120	98.3%
MARION NURSING CENTER		MARION	MARION	PROP	88	88	1 c	53	30,797	88	95.9%
MULLINS NURSING CENTER		MARION	MARION	NPA	92	92		24	33,444	92	99.6%
MARION COUNTY		TOTAL			180	180	1	77	64,241	180	97.8%
DUNDEE MANOR		MARLBORO	BENNETTSVILLE	PROP	110	110	(24) (a)	78	38,455	110	95.8%
MARLBORO COUNTY		TOTAL			110	110		78	38,455	110	95.8%
HOPEWELL HEALTH CARE CENTER		SUMTER	SUMTER	PROP	96	96	(48) cd	59	32,898	96	93.9%
NHC HEALTHCARE - SUMTER		SUMTER	SUMTER	PROP	138	138		91	47,951	138	95.2%
SUMTER EAST HEALTH & REHAB CENTER		SUMTER	SUMTER	PROP	176	176		177	51,240	176	95.3%
TUOMEY SUBACUTE SKILLED CARE		SUMTER	SUMTER	NPA	18	18		445	4,579	18	69.7%
SUMTER COUNTY		TOTAL			428	428	0	772	146,668	428	93.9%
DR. RONALD E. MCNAIR NURSING & REHAB		WILLIAMSBURG	CADES	PROP	88	88		87	28,740	88	92.6%
KINGSTREE NURSING FACILITY	21	WILLIAMSBURG	KINGSTREE	PROP	96	96		55	29,264	96	83.5%
WILLIAMSBURG COUNTY		TOTAL			184	184	0	142	58,004	184	87.9%
TOTAL					3,716	3,772	129	4,945	1,249,088	3,641	94.0%

RECORD 007040

Joint Exhibit 004-0168

FOOTNOTES 2008 PLAN

REGION III

CON	-	Certificate of Need	NPA	-	Non Profit
UC	-	Under Construction	ST	-	State
X	-	TJC Accredited	CO	-	County
Y	-	Medicare	PROP	-	Proprietary
Z	-	Medicaid	N	-	Nursing Home
APP	-	Approved	SW	-	Statewide Facility

1. CON issued 7/30/04 to add 50 general beds for a total of 166 general beds, SC-04-41. CON voided 2/5/07.
2. Formerly Wilson Medical Center.
3. Name changed from St. Eugene Medical Center.
4. CON issued for construction of a 4-floor addition with 98 observation beds with no change of licensed capacity, 2/20/04 SC-04-10. CON issued 5/11/05 to add 48 additional beds for a total of 310, SC-05-35. Licensed beds increased from 262 to 274 on 6/28/05. Licensed beds increased to 310 on 7/13/06. CON issued 9/15/06 to convert 4 detox beds, 6 inpatient substance abuse beds and 2 nursing home beds to general acute hospital beds and. then lease these 12 beds to Regency Hospital as LTACH beds. The resulting capacity will be 12 inpatient substance abuse beds, 42 rehab beds and 24 nursing home beds at CHS-Cedar Tower and 40 LTACH beds at Regency. SC-06-59. CON issued 1/11/07 pursuant to an ALJ Consent Order of Dismissal to create a 14 bed geriatric crisis stabilization center at Carolinas Hospital System Cedar Tower by converting 12 general acute beds from Carolinas Hospital System to psychiatric beds and adding 2 psych beds, SC-07-01. This CON was voided and replaced by SC-07-05 on 2/14/07, which authorized the renovation of space for the addition of 14 geriatric crisis stabilization (psychiatric) beds. The final result will be 310 general beds at Carolinas Hospital System and 12 inpatient substance abuse beds, 42 rehab beds, 24 nursing home beds and 14 psychiatric beds at CHS Cedar Tower. On April 25 2007, 12 of the 14 approved psych beds were licensed. Regency was licensed for 40 beds on 8/8/07 and CHS-Cedar Tower was licensed for 12 inpatient substance abuse beds, 42 rehab beds, 12 psych beds and 24 nursing home beds.
5. CON issued for 105 new general beds to increase from 336 to 441 general beds 9/22/03 SC-03-53. CON issued to convert 12 psych beds to general for 453 general & transfer 23 psych beds to Wilson Med Center [now McLeod Med. Ctr. Darlington] 1/20/04 SC-04-04. McLeod Regional licensed for 348 general beds 6/14/04. McLeod Med. Ctr. Darlington licensed for 23 psych beds 8/18/05 and the 23 psych beds at McLeod Regional were de-licensed at the same time. McLeod Regional licensed for 453 general beds on 1/3/07.
6. CON issued to establish a 10 bed rehab unit at Georgetown by adding 5 new beds and transferring 5 rehab beds from Waccamaw, for a total licensed capacity of 82 acute beds and 24 rehab beds at WCH and 131 acute beds and 10 rehab beds at GMH, 8/19/04 SC-04-44. CON voided 8/21/06. CON issued 10/24/05 to add 9 rehab beds at Waccamaw and to transfer 4 general acute beds from WCH to GMH, resulting in a total of 78 general and 33 rehab beds at Waccamaw and 135 general and 10 rehab beds at Georgetown, SC-05-76. CON voided on 4/25/06. CON issued 6/15/07 for Waccamaw to add 42 general beds

and 14 rehab beds, for a total of 124 general and 43 rehab beds, SC-07-22. Waccamaw licensed for 124 general and 43 rehab beds, 8/15/08.

7. CON issued 2/1/06 to add 50 general beds for a total of 210 general beds, SC-06-04.
8. CON approved 9/4/07 to add 50 general acute beds for a total of 269.
9. CON approved 8/29/05 to establish a hospital with 50 general acute beds; appealed. CON issued per ALJ Order 9/28/07, SC-07-47.
10. CON approved 4/26/05 to add 35 additional beds for a total of 283; appealed. Per ALJ Order of Dismissal, CON was issued 8/3/05, SC-05-55. On 6/28/07, 11 additional beds were licensed for a total of 259. The remaining 24 additional beds were licensed 8/23/07 for a total of 283.
11. CON approved 2/24/06 for 24 crisis-stabilization psychiatric beds. Appealed. CON issued 1/11/07 pursuant to an ALJ Consent Order of Dismissal to create a 14 bed geriatric crisis stabilization center at Carolinas Hospital System Cedar Tower by converting 12 general acute beds from Carolinas Hospital System to psychiatric beds and adding 2 psych beds, SC-07-01. This CON was voided and replaced by SC-07-05 on 2/14/07, which authorized the renovation of space for the addition of 14 geriatric crisis stabilization (psychiatric) beds. The final result will be 310 general beds at Carolinas Hospital System and 12 inpatient substance abuse beds, 42 rehab beds, 24 nursing home beds and 14 psychiatric beds at CHS-Cedar Tower. On 4/25/07, 12 of the 14 approved psych beds were licensed. CHS-Cedar Tower licensed for 12 inpatient substance abuse beds, 42 rehab beds, 24 nursing home beds and 12 psychiatric beds on 8/8/07. Carolinas voided the remaining 2 approved crisis-stabilization beds on 7/9/08.
12. CON issued 7/25/06 to add 16 psych beds and 8 substance abuse beds for a total of 44 psych, 8 substance abuse, and 16 RTF beds, SC-06-43. The additional 16 psych beds and 8 substance abuse beds were licensed on 5/24/07.
13. CON issued for 12-bed inpatient hospice, 1/27/04 SC-04-08. Licensed 9/19/05.
14. CON issued 3/21/05 for a 12-bed inpatient hospice facility. Licensed 2/26/07.
15. CON issued 3/5/07 for a 24-bed inpatient hospice, SC-07-08.
16. CON issued for 10 bed inpatient hospice 1/20/04 SC-04-06. CON voided 6/24/06.
17. CON approved 6/26/07 to construct a replacement facility and add 17 beds that do not participate in the Medicaid program for a 117 bed nursing home. New facility licensed for 117 beds 5/1/08.
18. CON issued 3/5/07 for a 72-bed nursing home that does not participate in the Medicaid program/ SC-07-07.
19. CON issued 5/9/08 for a 32-bed nursing home that does not participate in the Medicaid program, SC-08-15.
20. CON issued 4/19/05 for 60 additional nursing home beds not participating in the Medicaid program, for a total of 148 beds, SC-05-23. Licensed for 148 beds 12/21/06.
21. CON issued 6/28/06 to add 8 non-Medicaid nursing home beds for a total of 96 beds, SC-06-32; licensed for 96 beds 8/3/06.

INVENTORY OF EMERGENCY FACILITIES 2006 UTILIZATION

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2006 ER VISITS
REGION III:	EMERGENCY FACILITIES			
II	CHESTERFIELD GENERAL HOSPITAL	CHESTERFIELD	CHERAW	13,472
III	CLARENDON MEMORIAL HOSPITAL	CLARENDON	MANNING	18,664
III	CAROLINA PINES REGIONAL MED CTR	DARLINGTON	HARTSVILLE	31,127
III	MCLEOD - DILLON (ST EUGENE)	DILLON	DILLON	23,471
III	CAROLINAS HOSPITAL SYSTEM	FLORENCE	FLORENCE	37,629
II	MCLEOD REGIONAL MED CENTER	FLORENCE	FLORENCE	57,813
III	LAKE CITY COMMUNITY HOSPITAL	FLORENCE	LAKE CITY	18,918
II	GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	GEORGETOWN	27,949
II	WACCAMAW COMMUNITY HOSPITAL	GEORGETOWN	MURRELLS INLET	21,928
II	CONWAY HOSPITAL	HORRY	CONWAY	40,604
III	LORIS COMMUNITY HOSPITAL	HORRY	LORIS	38,238
II	GRAND STRAND REGIONAL MED CTR	HORRY	MYRTLE BEACH	66,991
III	MARION COUNTY MEDICAL CENTER	MARION	MARION	22,481
III	MARLBORO PARK HOSPITAL	MARLBORO	BENNETTSVILLE	14,174
II	TUOMEY	SUMTER	SUMTER	52,074
III	WILLIAMSBURG REGIONAL	WILLIAMSBURG	KINGSTREE	12,262
			TOTAL	497,795

REGION III:	TRAUMA CENTERS		
III	CAROLINA PINES REGIONAL MED CTR	DARLINGTON	HARTSVILLE
III	CAROLINAS HOSPITAL SYSTEM	FLORENCE	FLORENCE
III	MCLEOD REGIONAL MED CENTER	FLORENCE	FLORENCE
III	CONWAY HOSPITAL	HORRY	CONWAY
III	LORIS COMMUNITY HOSPITAL	HORRY	LORIS
III	GRAND STRAND REGIONAL MED CTR	HORRY	MYRTLE BEACH

REGION NARRATIVE

REGION: IV FISCAL YEAR: 2006

1. Unusual Characteristics: This region has a military presence in Charleston. A naval hospital provides health care services for the active duty and dependents residing in this region. A 376 bed Veterans Administration Hospital is located in Charleston. The only medical university hospital in the State is located in Charleston. The Marine Air Base and Parris Island Marine Base are located near Beaufort with naval hospital to provide care to the active duty and dependents. The sea islands, rivers and sounds are barriers to transportation.

2. General Hospitals: Utilization of Federal facilities is included in the inventory for information only.

3. Nursing Homes: There is a need for additional nursing home beds in this region.

4. Psychiatric Facilities: The need is determined by psychiatric service area. See Chapter II for discussion and calculation of needs.

5. Alcohol and Drug Abuse Facilities: These needs were developed in conjunction with the S.C. Department of Alcohol and Other Drug Abuse Services. See Chapter II for discussion and calculations. The William J. McCord Adolescent Treatment Center in Orangeburg County serves adolescents exclusively from throughout the state.

6. Rehabilitation Facilities: The need is determined by rehabilitation service area. See Chapter II for discussion and calculation of needs.

RECORD 007044

Joint Exhibit 004-0172

REGION: IV — INPATIENT INVENTORY — FISCAL YEAR 2005

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON FORMING BEDS	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
HOSPITALS:										
AIKEN REGIONAL MEDICAL CENTER		AIKEN	AIKEN	PROP	183	183	8,752	42,438	183	63.5%
AIKEN COUNTY		TOTAL			183	183	8,752	42,438	183	63.5%
ALLENDALE COUNTY HOSPITAL		ALLENDALE	FAIRFAX	CO	25	25	322	1,497	25	16.4%
ALLENDALE COUNTY HOSPITAL		TOTAL			25	25	322	1,497	25	16.4%
BAMBERG COUNTY MEMORIAL	1	BAMBERG	BAMBERG	CO	59	59	1,510	5,809	59	27.0%
BAMBERG COUNTY		TOTAL			59	59	1,510	5,809	59	27.0%
BARNWELL COUNTY HOSPITAL		BARNWELL	BARNWELL	CO	53	53	1,093	3,375	53	17.4%
BARNWELL COUNTY		TOTAL			53	53	1,093	3,375	53	17.4%
BEAUFORT COUNTY MEMORIAL	2	BEAUFORT	BEAUFORT	CO	169	169	10,045	44,765	169	72.6%
HILTON HEAD HOSPITAL		BEAUFORT	HILTON HEAD	NPA	93	93	4,301	17,518	93	51.6%
NAVAL HOSPITAL	3	BEAUFORT	BEAUFORT	FED		(54)	(1438)	(4,325)		
BEAUFORT COUNTY		TOTAL			262	262	14,346	62,283	262	65.1%
BON-SECOURS ST. FRANCIS XAVIER	4	CHARLESTON	CHARLESTON	NPA	204	204	9,516	41,163	142.6	79.1%
CHARLESTON MEMORIAL HOSPITAL	5	CHARLESTON	CHARLESTON	CO	20	(98)	133	4,349	98	12.2%
EAST COOPER REGIONAL MEDICAL CENTER	6	CHARLESTON	MT PLEASANT	PROP	100	140	5,208	19,404	100	53.2%
MEDICAL UNIVERSITY HOSPITAL	5	CHARLESTON	CHARLESTON	ST	584	604	25,300	129,506	466	76.2%
ROPER HOSPITAL	4	CHARLESTON	CHARLESTON	NPA	401	316	10,528	87,576	414	58.0%
ROPER ST. FRANCIS MOUNT PLEASANT HOSP	4	CHARLESTON	MT PLEASANT	NPA		85				
TRIDENT MEDICAL CENTER	7	CHARLESTON	CHARLESTON	PROP	296	296	16,164	77,477	271	78.3%
RALPH H JOHNSON VETERANS MEDICAL CTR	3	CHARLESTON	CHARLESTON	FED		(144)	(3,434)	(22,392)		
CHARLESTON COUNTY		TOTAL			1,605	1,645	66,847	359,575	1,492	66.0%
COLLETON MEDICAL CENTER		COLLETON	WALTERBORO	PROP	131	131	5,250	27,335	131	57.2%
COLLETON COUNTY		TOTAL			131	131	5,250	27,335	131	57.2%
SUMMERVILLE MEDICAL CENTER	8	DORCHESTER	SUMMERVILLE	PROP	94	94	5,834	24,130	94	70.3%
DORCHESTER COUNTY		TOTAL			94	94	5,834	24,130	94	70.3%
HAMPTON REGIONAL MEDICAL CENTER	9	HAMPTON	VARNVILLE	CO	32	32	1,097	3,832	68	15.4%
HAMPTON COUNTY		TOTAL			32	32	1,097	3,832	68	15.4%
COASTAL CAROLINA HOSPITAL		JASPER	HARDEEVILLE	PROP	31	31	1,257	4,873	31	43.1%
JASPER COUNTY		TOTAL			31	31	1,257	4,873	31	43.1%
REGIONAL MED CTR ORANGEBURG-CALHOUN		ORANGEBURG	ORANGEBURG	CO	247	247	10,866	55,045	247	61.1%
ORANGEBURG COUNTY		TOTAL			247	247	10,866	55,045	247	61.1%
TOTAL					2,722	2,762	117,174	590,192	2,644.6	61.1%
LONG TERM ACUTE HOSPITALS:										
(SAVANNAH RIVER SPECIALTY HOSPITAL)	10	AIKEN	AIKEN	PROP		(34)				
KINDRED HOSPITAL - CHARLESTON		CHARLESTON	CHARLESTON	PROP	59	59	327	10,630	59	49.4%
TOTAL					59	59	327	10,630	59	49.4%
MENTAL FACILITIES:										
AIKEN REGIONAL MEDICAL CENTER		AIKEN	AIKEN	PROP	29	29	1,282	9,714	29	91.8%
AIKEN COUNTY		TOTAL			29	29	1,282	9,714	29	91.8%
BEAUFORT MEMORIAL HOSPITAL	2	BEAUFORT	BEAUFORT	CO	14	14	484	3,147	14	61.6%
BEAUFORT COUNTY		TOTAL			14	14	484	3,147	14	61.6%
CHARLESTON MEMORIAL HOSPITAL	5	CHARLESTON	CHARLESTON	CO	0	(15)	0	0	15	0.0%
MEDICAL UNIVERSITY HOSPITAL		CHARLESTON	CHARLESTON	ST	82	82	2,636	21,184	82	70.8%
PALMETTO LOWCOUNTY BEHAVIORAL HEALTH	11	CHARLESTON	CHARLESTON	PROP	70	70	2,254	16,046	60	73.3%
RALPH H JOHNSON VETERANS MEDICAL CTR		CHARLESTON	CHARLESTON	FED		(36)	(569)	(4,420)		
CHARLESTON COUNTY		TOTAL			152	152	4,890	37,230	157	65.0%
REGIONAL MED CTR ORANGEBURG-CALHOUN		ORANGEBURG	ORANGEBURG	CO	15	15	336	2,967	15	54.2%
ORANGEBURG COUNTY		TOTAL			15	15	336	2,967	15	54.2%

RECORD 007045

Joint Exhibit 004-0173

REGION: IV

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY NONCON BEDS FORMING		ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
TOTAL					210	210		6,992	53,056	215	67.6%
RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS:											
PALMETTO PINES BEHAVIORAL HEALTH	12	SUMMERVILLE	DORCHESTER	PROP	60	60		33	16,636	60	76.0%
PALMETTO LOWCOUNTY BEHAV. HEALTH RTC		CHARLESTON	CHARLESTON	PROP	32	32		62	9,872	32	84.5%
TOTAL					92	92		95	26,508	92	78.9%
DRUG AND ALCOHOL INPATIENT TREATMENT:											
AIKEN REGIONAL MEDICAL CENTER		AIKEN	AIKEN	PROP	18	18		372	1,889	18	28.8%
PALMETTO LOWCOUNTY BEHAVIORAL HEALTH		CHARLESTON	N CHARLESTON	PROP	10	10		371	2,236	10	61.3%
MEDICAL UNIVERSITY HOSPITAL		CHARLESTON	CHARLESTON	ST	23	23		793	4,396	23	52.4%
TOTAL					51	51		1,536	8,521	51	45.8%
REHABILITATION FACILITIES:											
BEAUFORT MEMORIAL HOSPITAL	2	BEAUFORT	BEAUFORT	CO	14	14		336	4,082	14	79.9%
BEAUFORT COUNTY		TOTAL			14	14		336	4,082	14	79.9%
ROPER HOSPITAL	13	CHARLESTON	CHARLESTON	NPA	39	52		964	11,603	39	82.9%
MEDICAL UNIVERSITY HOSPITAL	5	CHARLESTON	CHARLESTON	ST	(0)	(0)					
HEALTHSOUTH CHARLESTON		CHARLESTON	CHARLESTON	PROP	46	46		879	12,879	46	75.5%
CHARLESTON COUNTY		TOTAL			85	98		1,843	24,482	85	78.9%
COASTAL CAROLINA HOSPITAL		JASPER	HARDEEVILLE	PROP	10	10		129	1,556	10	42.6%
JASPER COUNTY		TOTAL			10	10		129	1,556	10	42.6%
REGIONAL MED CTR ORANGEBURG-CALHOUN		ORANGEBURG	ORANGEBURG	CO	24	24		479	5,651	24	64.5%
ORANGEBURG COUNTY		TOTAL			24	24		479	5,651	24	64.5%
TOTAL					133	146		2,787	35,771	133	73.7%
INPATIENT HOSPICE FACILITIES:											
(LOWCOUNTRY HOSPICE HOUSE)	14	BEAUFORT	HILTON HEAD	NPA	(19)	(15)					
THE HOSPICE OF CHARLESTON	15	CHARLESTON	CHARLESTON	NPA	20	20		127	1,583	12.9	33.6%
TOTAL					20	20		127	1,583	12.9	33.6%
LONG TERM FACILITIES:											
AZALEA WOODS		AIKEN	AIKEN	PROP	86	88		24	25,845	86	82.3%
CARRIAGE HILLS LIVING CENTER		AIKEN	AIKEN	PROP	60	60		368	20,368	60	93.0%
HERITAGE HEALTHCARE AT MATTIE HALL		AIKEN	AIKEN	PROP	176	176		189	58,244	176	90.7%
NHC HEALTHCARE NORTH AUGUSTA	16	AIKEN	N. AUGUSTA	PROP	192	192		166	46,988	132	97.5%
PEPPER HILL NURSING CENTER		AIKEN	AIKEN	PROP	132	132		213	44,590	132	92.5%
SAVANNAH RIVER SPECIALTY HOSPITAL	10	AIKEN	AIKEN	PROP	(0)	(0)					
UNIHEALTH POST-ACUTE - NORTH AUGUSTA	17	AIKEN	N. AUGUSTA	PROP	132	132		138	45,476	125	99.7%
AIKEN COUNTY		TOTAL			778	778		1,098	241,513	711	93.1%
JOHN E HARTER NURSING HOME		ALLENDALE	FAIRFAX	CO	44	44		35	14,315	44	89.1%
ALLENDALE COUNTY		TOTAL			44	44		35	14,315	44	89.1%
BAMBERG COUNTY MEMORIAL NURSING CTR		BAMBERG	BAMBERG	CO	88	88		66	31,435	88	97.9%
BAMBERG COUNTY		TOTAL			88	88		66	31,435	88	97.9%
BARNWELL COUNTY NURSING HOME	18	BARNWELL	BARNWELL	CO	44	44		27	15,226	44	94.6%
LAUREL BAYE HEALTHCARE OF BLACKVILLE		BARNWELL	BLACKVILLE	PROP	85	85	85 a	38	29,578	85	95.3%
LAUREL BAYE HEALTHCARE OF WILLISTON		BARNWELL	WILLISTON	PROP	44	44		66	15,298	44	95.3%
BARNWELL COUNTY		TOTAL			173	173	85	131	60,102	173	95.2%
BAYVIEW MANOR		BEAUFORT	BEAUFORT	PROP	170	170		167	58,049	170	93.6%
BROAD CREEK	19	BEAUFORT	HILTON HEAD	PROP	25	25		85	5,454	25	59.8%
LIFE CARE CENTER OF HILTON HEAD		BEAUFORT	HILTON HEAD	PROP	88	88		212	30,704	88	95.6%

RECORD 007046

Joint Exhibit 004-0174

REGION: IV

INPATIENT INVENTORY

FISCAL YEAR 2006

NAME OF FACILITY	FN	COUNTY	CITY	CON-TROL	LICENSED BEDS	SURVEY BEDS	NONCON FORMING	ADMIS SIONS	PATIENT DAYS	AVE LIC BEDS	% OCCU RATE
FRASER HEALTH CENTER		BEAUFORT	HILTON HEAD	PROP	19	19		58	5,258	19	75.8%
(FRASER HEALTH CENTER)		(BEAUFORT)	(HILTON HEAD)	PROP	(14)	(14)					
NHC BLUFFTON	20	BEAUFORT	BLUFTON	PROP		120					
PRESTON HEALTH CARE CENTER		BEAUFORT	HILTON HEAD	PROP	69	69		114	13,957	69	55.4%
(PRESTON HEALTH CARE CENTER)		(BEAUFORT)	(HILTON HEAD)	PROP	(8)	(8)					
BEAUFORT COUNTY		TOTAL			371	491		636	113,422	371	83.8%
HEARTLAND HEALTH CARE CTR - CHARLESTON		BERKELEY	HANAHAN	PROP	105	105		317	31,588	105	82.4%
LAKE MOULTRIE NURSING HOME		BERKELEY	ST STEPHENS	PROP	88	88		47	30,643	88	95.4%
UNIHEALTH POST-ACUTE MONCKS CORNER		BERKELEY	MONCKS CORNER	PROP	132	132		63	45,165	132	93.7%
BERKELEY COUNTY		TOTAL			325	325		427	107,396	325	90.5%
CALHOUN CONVALESCENT CENTER		CALHOUN	ST. MATTHEWS	PROP	120	120		91	42,563	120	97.2%
CALHOUN COUNTY		TOTAL			120	120		91	42,563	120	97.2%
BISHOP GADSDEN EPISCOPAL HOME		CHARLESTON	CHARLESTON	NPA	41	41		62	13,277	41	88.7%
(BISHOP GADSDEN EPISCOPAL HOME)		CHARLESTON	CHARLESTON	NPA	(9)	(9)					
DRIFTWOOD REHAB. & NURSING CENTER		CHARLESTON	CHARLESTON	PROP	160	160		308	55,667	160	95.3%
FRANKE HEALTH CARE CENTER		CHARLESTON	CHARLESTON	NPA	24	24		33	8,349	24	95.3%
(FRANKE NURSING HOME)		CHARLESTON	CHARLESTON	NPA	(20)	(20)					
GRACE HALL - REHABILITATION		CHARLESTON	MT. PLEASANT	PROP	42	42		63	12,120	42	79.1%
HEARTHLAND WEST ASHLEY REHAB & NURS		CHARLESTON	CHARLESTON	NPA	89	89		138	32,462	89	89.8%
ISLAND OAKS LIVING CENTER	21	CHARLESTON	CHARLESTON	NPA	132	132		176	46,490	132	96.5%
LIFE CARE CENTER - CHARLESTON		CHARLESTON	N CHARLESTON	PROP	148	148		499	52,146	148	96.5%
MOUNT PLEASANT MANOR		CHARLESTON	MT. PLEASANT	PROP	132	132		144	43,505	132	90.3%
SANDPIPER REHAB & NURSING		CHARLESTON	MT. PLEASANT	PROP	176	176		327	61,220	176	95.3%
(TRIDENT SKILLED NURSING CENTER)	7	CHARLESTON	CHARLESTON	PROP	(0)	(0)		550	5,508	25	60.4%
TRINITY MISSION HEALTH & REHAB CHARLESTON		CHARLESTON	CHARLESTON	PROP	132	132					
WHITE OAK MANOR - CHARLESTON		CHARLESTON	CHARLESTON	PROP	176	176		85	62,307	176	97.0%
CHARLESTON COUNTY		TOTAL			1,262	1,262		2,385	393,051	1,155	93.2%
HERITAGE HEALTHCARE OF WALTERBORO		COLLETON	WALTERBORO	PROP	132	132		146	45,032	132	93.5%
COLLETON COUNTY		TOTAL			132	132		146	45,032	132	93.5%
HALLMARK HEALTHCARE CENTER		DORCHESTER	SUMMERVILLE	PROP	88	88		90	26,912	88	83.8%
OAKBROOK HEALTHCARE CENTER		DORCHESTER	SUMMERVILLE	PROP	88	88		85	31,130	88	96.9%
PRESBYTERIAN HOME SUMMERVILLE	22	DORCHESTER	SUMMERVILLE	NPA	87	87		1,193	16,396		
ST GEORGE HEALTH CARE CENTER		DORCHESTER	ST. GEORGE	PROP	88	88		89	30,524	88	95.0%
SUMMERVILLE MED - SKILLED NURSING CARE	8	DORCHESTER	SUMMERVILLE	PROP	0	0					
DORCHESTER COUNTY		TOTAL			351	351		1,457	104,964	264	108.9%
UNIHEALTH POST-ACUTE CARE LOW COUNTRY	23	HAMPTON	ESTILL	CO	104	104		88	33,322	104	87.8%
HAMPTON COUNTY		TOTAL			104	104		88	33,322	104	87.8%
RIDGELAND NURSING CENTER		JASPER	RIDGELAND	PROP	88	88		64	30,997	88	96.5%
JASPER COUNTY		TOTAL			88	88		64	30,997	88	96.5%
LAUREL BAYE HEALTHCARE ORANGEBURG		ORANGEBURG	ORANGEBURG	PROP	113	113		338	38,998	113	94.5%
JOLLEY ACRES HEALTHCARE CENTER		ORANGEBURG	ORANGEBURG	PROP	60	60		135	20,840	60	95.2%
ORANGEBURG NURSING HOME		ORANGEBURG	ORANGEBURG	PROP	88	88		71	31,224	88	97.2%
THE METHODIST OAKS		ORANGEBURG	ORANGEBURG	NPA	132	132		229	40,244	132	83.5%
ORANGEBURG COUNTY		TOTAL			393	393		771	131,304	393	91.5%
TOTAL					4,229	4,349	85	6,297	1,107,903	3,257	93.2%

RECORD 007047

Joint Exhibit 004-0175

FOOTNOTES 2008 PLAN

REGION IV

CON	-	Certificate of Need	NPA	-	Non Profit
UC	-	Under Construction	ST	-	State
X	-	TJC Accredited	CO	-	County
Y	-	Medicare	PROP	-	Proprietary
Z	-	Medicaid	N	-	Nursing Home
APP	-	Approved	SW	-	Statewide Facility

1. CON approved 10/24/06 to construct a replacement hospital; appealed. CON issued after ALJ Order to Dismiss 9/14/07, SC-07-36.
2. Approved for 65 additional general beds by converting 6 psych, 18 nursing home, 14 rehab & conversion of 27 private to semi-private for 195 general & 14 psych beds 6/8/04 SC-04-29. Transitional Care Unit (18 beds closed), 5 new general beds licensed for a total of 153 general beds, 20 psychiatric beds & 14 rehabilitation beds, 7/28/04. On 3/4/05 2 additional general beds were licensed. The 6 psych beds were converted to general beds and 8 additional general beds were licensed on 4/7/05 for a total of 169 general beds, 14 psych and 14 rehab beds. The remainder of the CON was voided on 8/8/06 and the hospital remains as currently licensed.
3. Bed use restricted.
4. CON issued 6/24/05 to construct 50 additional beds at St. Francis Xavier and transfer 13 beds from Roper Hospital, for a total of 204 general acute beds at St. Francis Xavier and 401 general beds at Roper Hospital, SC-05-43. On 1/31/06, 3 additional general beds were licensed at St. Francis Xavier for a total of 144 general beds. CON issued 5/31/06 to construct a new hospital in Mount Pleasant by transferring 85 acute beds from Roper Hospital, SC-06-27. The approval requires that the applicant not commence construction on the project until 2 years (24 months) from the date of issuance of the CON. The number of licensed beds at St. Francis Xavier increased from 144 to 168 2/20/08. Of these 24 additional beds, 13 were transferred from Roper and 11 were new beds. Roper license decreased from 414 to 401 general acute beds 2/20/08. St. Francis Xavier licensed for 204 general acute beds 5/8/08.
5. CON issued to replace and consolidate Charleston Memorial with Medical University by adding 138 beds (98 from Charleston Memorial, 15 from psych beds, 25 from conversion of rehab beds) for a total of 604 general beds 82 psych & 23 D&A beds, SC-03-60 10/14/03. On 1/30/08, 78 general and 15 psych beds were transferred from Charleston Memorial to MUSC and the 25 rehab beds at MUSC were converted to general acute beds. Charleston Memorial is now licensed for 20 acute care beds. MUSC is licensed for 584 acute care beds, 82 psych beds, and 23 substance abuse beds.
6. CON issued 5/31/06 to construct a replacement hospital with 40 additional beds for a total of 140 acute beds, SC-06-26.
7. CON issued 11/27/07 to convert the 25 nursing home beds in the Skilled Nursing Center to general acute beds for a total capacity of 296 general acute beds, SC-07-61. Licensed for 296 acute beds and the Trident Medical Skilled Nursing Center closed on 5/1/08.
8. CON issued 6/24/05 to convert the 14 nursing home beds at Summerville Medical Center to general acute beds, for a total of 94 general acute beds, SC-05-42. The nursing home was closed and the hospital was licensed for 94 general acute beds as of 8/11/05.
9. CON issued 10/20/05 to construct a replacement hospital with a reduced bed capacity from 68 to 32 beds, SC-05-74. New facility licensed 7/15/08.

RECORD 007048

10. CON issued 4/12/07 to construct an LTCH with 34 LTCH and 6 nursing home beds that does not participate in the Medicaid program, SC-07-13. CON voided 4/15/08.
11. CON issued 10/20/04 to add 10 additional psych beds for a total of 70. SC-04-52. Licensed for 70 psych beds 3/25/08.
12. Name changed from New Hope Charleston to The Pines Residential Treatment Facility – Charleston Campus. Name changed to Palmetto Pines Behavioral Health 2/26/07.
13. CON approved 10/16/07 to add 13 rehabilitation beds for a total of 52; appealed. Case dismissed by ALJ Order 8/29/08.
14. CON issued 2/24/06 to establish a 15-bed inpatient hospice, SC-06-09. CON voided 8/9/07.
15. CON issued for 20 bed inpatient Hospice SC-03-51 9/12/03. Licensed 5/9/06.
16. CON issued 9/14/06 for 60 additional non-Medicaid beds for a total of 192 nursing home beds, SC-06-56. Licensed for 192 beds 6/26/08.
17. Formerly Anne Maria Rehabilitation and Nursing Center.
18. CON issued 8/16/05 to add 4 nursing home beds that do not participate in the Medicaid Program for a total of 44 beds, SC-05-58. Licensed for 44 beds on 9/14/05.
19. Decreased license from 44 to 25 beds effective 2/1/05.
20. CON issued 3/28/07 to construct a 120 bed nursing home that does not participate in the Medicaid program, SC-07-11.
21. Name changed from Charleston Nursing Center, and 6 additional beds approved for a total of 132, 5/6/05 SC-05-30. On 8/11/05, 4 of the 6 approved additional beds were licensed, for a total of 130. An additional bed, for a total of 131, was licensed on 9/6/05. The final additional bed was licensed on 9/15/05.
22. CON issued 2/14/08 to convert the 87 institutional nursing home beds to 87 general nursing home beds that do not participate in the Medicaid program, SC-08-09. License classification changed 2/14/08.
23. Formerly Heritage Healthcare of the Low Country.

INVENTORY OF EMERGENCY FACILITIES 2006 UTILIZATION

CATEGORY	NAME OF FACILITY	COUNTY	CITY	2006 ER VISITS
REGION IV:	EMERGENCY FACILITIES			
II	AIKEN REGIONAL MEDICAL CTR	AIKEN	AIKEN	46,192
IV	ALLENDALE COUNTY HOSPITAL	ALLENDALE	FAIRFAX	9,006
III	BAMBERG CO MEMORIAL HOSPITAL	BAMBERG	BAMBERG	11,146
III	BARNWELL COUNTY HOSPITAL	BARNWELL	BARNWELL	12,482
III	BEAUFORT CO MEMORIAL HOSPITAL	BEAUFORT	BEAUFORT	34,767
II	HILTON HEAD HOSPITAL	BEAUFORT	HILTON HEAD	20,261
II	BON SECOURS ST FRANCIS XAVIER	CHARLESTON	CHARLESTON	37,720
II	CHARLESTON MEMORIAL HOSPITAL	CHARLESTON	CHARLESTON	12,377
II	EAST COOPER REGIONAL MED CTR	CHARLESTON	MT PLEASANT	18,163
(*)	MUSC MEDICAL CENTER	CHARLESTON	CHARLESTON	50,427
II	ROPER HOSPITAL	CHARLESTON	CHARLESTON	68,556
II	TRIDENT MEDICAL CENTER	CHARLESTON	CHARLESTON	57,745
III	COLLETON MEDICAL CENTER	COLLETON	WALTERBORO	19,945
II	SUMMERVILLE MEDICAL CENTER	DORCHESTER	SUMMERVILLE	35,252
III	HAMPTON REGIONAL MEDICAL CENTER	HAMPTON	VARNVILLE	9,167
III	COASTAL CAROLINA MEDICAL CENTER	JASPER	RIDGELAND	14,980
II	REG MED CTR ORANGEBURG-CALHOUN	ORANGEBURG	ORANGEBURG	50,222
			TOTAL	508,408

(*) Met insufficient criteria to be classified.

REGION IV:	TRAUMA CENTERS		
III	BEAUFORT CO MEMORIAL HOSPITAL	BEAUFORT	BEAUFORT
I	MUSC MEDICAL CENTER	CHARLESTON	CHARLESTON
III	ROPER HOSPITAL	CHARLESTON	CHARLESTON
III	BON SECOURS ST FRANCIS XAVIER	CHARLESTON	CHARLESTON
III	TRIDENT MEDICAL CENTER	CHARLESTON	CHARLESTON
III	REG MED CTR ORANGEBURG-CALHOUN	ORANGEBURG	ORANGEBURG

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Invoice Number	Invoice Date	Corp	Comments	Invoice Amount	Discount Amount	Net Amount
MT PL CON 6/13/	06/13/2005			500.00	0.00	500.00

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ROPER ST FRANCIS HEALTHCARE

Operating Account
318 Calhoun Street
Charleston, SC 29401

57-22
539

Check No.: 1223969
Date: 06/13/2005

NET PAY
$500.00
VOID AFTER 60 DAYS

Pay Five hundred and 00/100 Dollars

1809099

To the Order of
SC DEPT OF HEALTH AND ENVIRONM
2600 BULL STREET
SIMS AYCOCK BLDG
COLUMBIA, SC 29201

Wachovia Bank, N.A.,
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HEALTH FACILITIES AND SERVICES DEVELOPMENT

000001

APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE

Contact Person:
Ms. Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
843.965.8234

Mailing Address:
Shannon Cantwell
Roper St. Francis Healthcare
69 Barre Street
Charleston, South Carolina 29401

Attorneys Representing the Proposal:
Ralph Barbier, Esquire
William Prince, Esquire
Nexsen Pruet Adams Kleemeier
1441 Main Street Ste. 1500
Columbia, SC 29201

The Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, is correct to the best of her knowledge and belief.

Signature: Shannon Cantwell

Date: 6-15-05

Forward to:
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street, Columbia, SC 29201

APPLICATION FOR CERTIFICATION OF NEED
FOR A HEALTH FACILITY OR SERVICE

Note: A "completed application shall include a written narrative report by the applicant." (Regulation 61-15, Section 202)

PART A – QUESTIONNAIRE

1. Name of Facility
Roper St. Francis Mount Pleasant Hospital

2. Address, City, County, State, Zip Code
Carolina Park Development
CPI-8 parcel
Mount Pleasant, SC 29466
Charleston County

3. Type of Facility (BOLD)
A. Hospital B. Nursing Home C. Psychiatric Facility

D. Rehabilitation Facility E. Substance Abuse Facility

F. Ambulatory Surgery Center G. Other (Specify)

4. Purpose of Review (BOLD)
A. New Facility **B. Change of Licensure** C. Addition to Existing Facility

D. Renovation of Existing Facility E. Change of Services

F. Other (Specify) Roper Hospital, Inc. to permanently transfer 85 acute care beds from Roper Hospital to a new satellite hospital in Mt. Pleasant.

5. Management
A. Name of Administrator
TBD

B. Address, City, State, Zip Code
c/o David Dunlap, President & CEO
Roper St. Francis Healthcare
125 Doughty Street Ste. 760
Charleston, SC 29403

C. Telephone
(843) 724-2915

D. Name of Licensee
Roper St. Francis Mount Pleasant Hospital

6. Ownership or control of the facility (attach a list of names and addresses of owners of the facility, indicating percent of ownership of each owner (BOLD).
A. Individual B. Partnership C. Corporation D. Proprietary

E. Non-Profit F. Government (Specify) G. Other (Specify)

000003

PART A – QUESTIONNAIRE

7. Is the proposed site of the Property (BOLD)?
A. Owned B. Leased C. Length of Site Lease_____

D. Option E. Length of Option 5 years

F. Name and Address of Owner(s) of Real Property
Carolina Park Associates LLC
1280 Maryland Avenue SW, Ste. 280
Washington, DC 20024

8. Total Bed Capacity for Which Application is Made
85 acute care beds

Roper St. Francis Mount Pleasant Hospital		Roper Hospital		
Type of Beds	New Facility Only	Existing Beds [1]	# Gained or Lost	Bed Total [2]
A. Medical/Surgical	85	414	-85	329
B. Obstetrics				
C. Pediatrics				
D. Substance Abuse				
E. Psychiatric				
F. Rehabilitation		39	0	39
G. Nursing Care				
H. RTC's				
I. ICU/CCU				
J. Other				
K. Total (Licensed Beds)	85	453	-85	368 [3]

[1] 414 licensed med/surg beds include 16 obstetrical and 36 ICU/CCU staffed beds
[2] 329 licensed med/surg beds include 38 ICU/CCU beds
[3] Roper Hospital's agreement with Bon Secours St. Francis Xavier Hospital to permanently transfer 13 acute care beds is not reflected in this total, as a CON has not been issued; however, DHEC's approval letter was issued on June 2, 2005. Should both Certificates of Need be issued, the total licensed bed capacity becomes 355 acute care beds.

PART A – QUESTIONNAIRE	
9. Construction and Site	
A. Type of Construction New	B. Number of Buildings 2 (including adjacent Medical Office Building) C. Number of Stories 3
D. Size of the Site in Acres 54.60 acres highland 24.09 acres wetland 78.69 total acres	E. Square Footage of Facility 200,368 hospital 6,966 leased space in MOB 207,334 total sq. ft.
F. Anticipated Date of Beginning Construction January 2007	G. Anticipated Date of Licensing or Project Completion January 2009
10. Zoning of Construction Site Planned Development, CPI-8 Parcel	
11. Costs [4] (Provide Estimated Cost Statement from Either the Architect or Engineer)	
A. Site Cost $16,024,300	B. Construction Cost $53,113,284
C. Professional Fees $ 8,071,000	D. Equipment Costs (Medical & IT) $27,451,002
E. Financing Cost During Construction $ 5,400,000	F. Project Contingency $ 6,320,000
G. Misc./ Other $ 6,856,000	H. Total Project Cost $123,235,586
H. Construction and Equipment Cost 1) Per Square Foot $389 ($80,564,286 / 207,334 gross sq. ft.)	

[4] Related costs for the hospital services to be housed in the Medical Office Building (6,966 sq. ft.) are included; however, a separate exemption request will be submitted to DHEC at the appropriate time to construct the 60,000 sq. ft. MOB.

Section 202. Application:

B1. *Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of the Regulation.*

Reference Tab 1 for the publication affidavit.

B2. *Describe the project setting for the proposed change in services or facilities in as much detail as possible. State whether the project will change the existing licensed or survey bed capacity, will encompass the development of a new service, or result in the discontinuance of an existing service. If a new facility is proposed, list all services to be provided.*

Background

In most cities, hospital services originated in downtown areas where population density was highest. Over time, populations dispersed to outlying areas and health services followed. Charleston is no exception to this pattern; however, it has been much slower in deploying health services to suburban areas. This has resulted in an over-supply of beds on the Peninsula. Of the 1,899 hospital beds in the Tri-County[5], 1,307 or 69% are located on the Peninsula where less than 6% of the Tri-County's population resides. On the other hand, the area East of the Cooper River has 5% of the hospital beds in an area housing almost three times the population (17%).

Hospital Beds Compared to Area Populations

Area	2004 Population	Hospital Beds
Peninsula	33,688	1,307
East Cooper Area	98,451	100
West Ashley, James and Johns Islands	127,980	141
N. Charleston and Summerville	314,583	351
Tri-County Total [6]	**574,702**	**1,899**

[5] Source: DHEC Division of Health Licensing on-line Listing of Hospitals printed March 1, 2005. Tri-County hospitals include: MUSC (596 beds), Roper (453 beds), Charleston Memorial (113 beds), Bon Secours St. Francis Xavier Hospital (141 beds), East Cooper Regional Medical (100 beds), Trident (271 beds), and Summerville (80 beds). The Ralph H. Johnson VA Medical Center (145 authorized beds) is also included although DHEC does not license federal hospitals.

[6] Medstat / Claritas supporting documentation of area populations is included in Tab 7.

Physicians and consumers indicate that the increase in traffic congestion and the distance to the Peninsula from new neighborhoods in the East Cooper area are causing patients to be less willing to cross bridges and travel downtown for healthcare services. The time now required to travel from north Mount Pleasant to the downtown hospitals is 30 minutes in light traffic and 45-60 minutes during morning and afternoon drive times. The unwillingness of patients to drive to the Peninsula has resulted in long time downtown physicians relocating practices to Mount Pleasant. There is a serious concern that citizens living East of the Cooper River will be further from a hospital in terms of drive time, and will expect quicker access to a hospital East of the Cooper area. The rapidly growing communities north of the Highway 17, Highway 41 intersection, have expressed a desire for more conveniently located hospital services.

An interesting fact regarding distances between hospitals located in the Charleston area averages 6-7 miles. For example, St. Francis Xavier Hospital located at 2095 Henry Tecklenburg Drive (West Ashley) is approximately 7.2 miles from Roper Hospital located at 316 Calhoun Street (Peninsula). In addition, the distance from Roper Hospital to East Cooper Regional Medical Center (East Cooper Area), located at 1200 Johnnie Dodds Boulevard, is approximately 6.5 miles. In conforming to that pattern, the proposed Roper St. Francis Mount Pleasant Hospital located on the Highway 17 frontage parcel tract of the Carolina Park Development (East Cooper Area), is approximately 6.3 miles from the existing East Cooper Regional Medical Center campus (supporting documentation can be found in Tab 5).

Roper Hospital

Roper St. Francis Healthcare includes two member hospitals, Roper Hospital, located on the Peninsula and Bon Secours St. Francis Xavier Hospital in West Ashley. Roper Hospital is licensed for 453 beds (414 acute care and 39 rehabilitation beds). While the 39 rehabilitation beds are all staffed and operational, not all of the licensed acute care beds are currently operational or set up. The chart below details the number of staffed acute care beds during the past five years.

Roper Hospital	2000	2001	2002	2003	2004
Total Patient Days Care:	94,526	95,745	96,623	93,489	89,254
Staffed Beds (acute only):	341	327	315	316	301
Utilization (staffed):	75.95%	80.22%	63.94%	61.87%	59.06%
Utilization (licensed):	62.55%	63.36%	63.94%	61.87%	59.06%

Source: Roper Hospital 2001,2003 and 2004 Joint Annual Reports (Tab 7)

As the chart demonstrates, the number of staffed acute care beds has consistently decreased. In addition, the percent utilization of licensed beds has consistently remained below 65%, and fell below 60% in 2004. As this trend is expected to continue, the concentration of hospital beds on the Peninsula is both inaccessible to the majority of the area's population, as well as operationally inefficient.

To that end, Roper St. Francis Healthcare conducted a strategic analysis to identify the most effective use of Roper Hospital's underutilized assets. As a not-for-profit, community based healthcare provider it is important to provide quality, cost-effective services which best meet the needs of our residents. The decision was made to redistribute unused, albeit licensed, beds to outlying suburban areas to better serve our patient population. Roper Hospital has agreed to the permanent transfer of 13 acute care beds to Bon Secours St. Francis Xavier Hospital, (which submitted a CON application on February 21, 2005 for the addition of 63 acute care beds) pending appropriate regulatory approval. Furthermore, the project outlined in this application will permanently transfer 85 existing acute care beds to a new hospital to be constructed in Mount Pleasant. Should both facilities license these beds at their respective hospitals (98 beds total), Roper Hospital will be left with a licensed bed capacity of 355 beds (316 acute and 39 rehabilitation beds). For convenience purposes, a chart detailing the specific location of the 355 (remaining) licensed beds at Roper Hospital can be found in Tab 2. It is important to note that the proposed bed relocation from the Peninsula to Mount Pleasant will have no detrimental impact on the operations or access and availability of care at Roper Hospital.

Project Description

The scope of services for the new hospital include the following:

- 85 acute care beds with the following complement: 60 medical/surgical beds, 15 beds for women's care, and 10 intensive care/critical care beds[7]
- 24-hour emergency care
- Surgical services (4 general ORs and 2 endoscopy ORs)
- Obstetrical services (Level I)
- Respiratory Therapy services
- Non-invasive cardiology services
- Imaging services
  major medical equipment includes a multi-slice CT scanner and a 1.5T MRI scanner
  other equipment includes Fluoroscopy, Mammography, Digital Radiology, Ultrasound, Bone Density, Nuclear Medicine, a Vascular Lab, and a portable C-arm
- Laboratory
- Pharmacy
- Support services

Space Configuration Summary

Hospital:

Inpatient Services	68,271
Med/Surg Units	
ICU Unit	
Women's Care Unit	
Diagnostic & Therapeutic Services	54,442
Ambulatory Diagnostic Center	
Surgery	
Cardiology Services	
Emergency Department	
Laboratory	
Respiratory Therapy	
Imaging	
Support Services	24,938

[7] Note that the DHEC Health Licensing Division will license the 85 total beds as general acute care beds and the bed type classification described above is an internal decision that could vary by year, census, etc.

000009

Administrative Services	7,074
Total Department Gross SF	154,725
Total Bldg. Gross SF including Central Plant	200,368
Medical Office Building (MOB):	
Administrative Services Administration Human Resources Ancillary Services Information Technology	4,797
Diagnostic & Therapeutic Services Women's Imaging	2,169
Hospital Functions in MOB	6,966 [8]

A written space program and schematics from HKS for both the hospital proper and the adjacent MOB can be found in Tab 3.

B3. *Provide the total cost of the project, indicating design fees, land cost, interest cost, construction cost, equipment cost, and any other cost involved in the project. Provide an estimate of the construction cost from a licensed architect or engineer; in the case of equipment, an estimate from a vendor is acceptable.*

A line-itemed breakdown of each cost category outlined in A-11 above follows:

Site Cost		$16,024,300
• Land purchase price [9]	$15,500,000	
• Realtor commission	$ 465,000	
• Assoc. Legal fees	$ 59,300	

[8] A 60,000 sq. ft Medical Office Building will be constructed in which Roper St. Francis Mount Pleasant Hospital will lease 6,966 sq. ft. for hospital-related services/functions.

[9] Note that the project encompasses approximately 25 acres; however, the amount included in the total project cost reflects the entire 78 acres.

Construction Cost		$ 53,113,284	
• Hospital	$ 48,105,460		
• Hospital site work	$ 3,845,684		
• MOB allocation	$ 1,050,000		
• MOB site work	$ 112,140		
Professional Fees		$ 8,071,000	
• Consultants and legal	$ 90,000		
• Design fees	$ 6,900,000	*hospital and MOB	
• Other (RawleMurdy)	$ 81,000		
• Construction mgmt	$ 1,000,000		
Furniture/Furnishings		$ 2,616,000	
• Hospital	$ 2,406,000		
• MOB	$ 210,000		
Artwork		$ 250,000	
• Hospital	$ 235,000		
• MOB	$ 15,000		
Signage		$ 265,000	
• Hospital	$ 250,000		
• MOB	$ 15,000		
Window Treatments		$ 225,000	
Medical Equipment		$16,281,020	
• Hospital	$15,513,522		
• MOB	$ 767,498		
Communications/IT		$11,169,982	
• Hospital	$11,169,982		
Financing Cost During Construction		$ 5,400,000	
Bond Issuance Fee		$ 3,500,000	
Project Contingency		$ 6,320,000	
• Hospital	$ 6,000,000		
• MOB	$ 320,000		
Total Project Cost		$123,235,586	

000011

Supporting project cost documentation can be found in Tab 4.

B4. *State the specific location of the facility or service and/or equipment, including, where applicable, specific areas of an existing facility to be affected by the project. Provide room numbers of all patient rooms affected. Sufficient detail should be provided to allow the Department to visually inspect the site. The number of private and semi-private patient rooms shall be identified.*

The site for the proposed Roper St. Francis Healthcare satellite hospital is a 78.69-acre tract part of the Carolina Park development, located on Faison Road at Highway 17 in Mount Pleasant. The site is bordered on the east by U.S. Highway 17; the south by a part of the 1,471 acre Park West and the East Cooper Airport; the west by other Park West subdivisions, Darrell Creek/Commonwealth, Alston Point subdivisions and the Wando River; and the north by the new Wando High School.

Carolina Park is a 1608-acre master planned development that will create a mixed-use community consisting of residential, commercial, office, industrial/economic development, open space, and public uses. Carolina Park is described as a "smart growth" community in which one can live, work, and also enjoy recreation and educational amenities in one neighborhood location. The hospital will be located in the industrial section. As cited in the development agreement, "the objective of the industrial/economic development portion of Carolina Park is to provide a major new employment base for Charleston County, and particularly the East Cooper area. The Property has been identified for several years as a prime location for an upscale industrial/business park for non-polluting industries... Those uses will be attracted to Carolina Park by its insistence on good planning; the proximity of good schools, shopping facilities, diverse housing opportunities, and parks; the proximity of the East Cooper Airport; and the ability to access most of these facilities through internal road and pedestrian systems. Carolina Park is estimated to generate approximately 10,000 new jobs, many of which should be high-tech in character."

In addition, the predicted growth areas of Mount Pleasant are within a five-mile radius of Carolina Park. Carolina Park's proposed roadway connections and internal road system will provide access to the shopping and office areas of Carolina Park for over a dozen communities without the need for many area residents to travel U.S. Highway 17.

In 2004 Carolina Park Associates entered into a Memorandum of Understanding with The Town of Mount Pleasant whereby the development was annexed; however, Carolina Park is not governed by the Town's Building Permit Allocation

Program. As a result, assuming a Certificate of Need is issued for the Roper St. Francis Mount Pleasant Hospital, the town's typical permitting process will not delay construction of the new hospital. No traffic or impact studies will be required. In addition, the proposed site has a flood Zone X determination; outside of a flood zone making it less likely to flood in the event of weather related disaster.

Relevant maps, a site plan, and a legal description are all located in Tab 5. The hospital will have 85 private patient rooms (reference schematics in Tab 3), which have not yet been numbered.

B5. *Provide details regarding any proposed construction and/or renovations. Discuss alternatives to new construction and why these alternatives were rejected. For a multi-floor project, construction and/or renovation must be described, by floor, to include any additions and/or deletions made to each floor. Provide evidence that the applicant has adequately planned for any temporary move or relocation of any department, facility, or services, which may be necessary during the construction period. Document that plans exist to assure adequate protection (from fire, noise, dust, etc.) and continuation of all services during the proposed construction period.*

The 85-bed hospital will be a Roper St. Francis Healthcare System hospital, which will primarily serve Mount Pleasant and the surrounding communities. The architectural design will be in a traditional stucco Charleston style, keeping in context with surrounding Lowcountry structures.

The building will be laid out so that visitors and patients will be able to find their way clearly. There will be a public circulation pathway along the front of the hospital that will consist of a series of foyers and lobbies that will have public amenities like the cafeteria, gift shop, and waiting rooms adjacent to the public circulation route. The staff and services hallway spine along the back of the hospital, and will keep rolling carts and general hospital traffic away from the public. The entrances will be separated and clearly marked with a center main entry and separate entries for the Women's Center and Emergency walk-in patients. The Emergency Room ambulance entry will be easily accessible for ambulances coming from a loop road but will be located on the back side of the hospital away from the public.

The hospital and adjacent Medical Office Building will occupy 25 acres. Parking will be easily accessible. Approximately 800 parking spaces will be constructed, 500 for the hospital and 300 for the Medical Office Building.

The facility will consist of three floors. The first floor will contain a diagnostic and treatment platform and a Women's Center with 15 beds. The second floor will house a 10 bed Intensive Care unit and peri-operative services. The third floor will be dedicated to two-30 bed Medical and Surgical Units.

Each private room will utilize the latest research in providing a healing environment for the patient and providing a comfortable area for the patient's advocates, caregivers, and his or her family members. To achieve this, there will be three zones for the room: the staff/caregiver zone, the patient zone, and the family zone. The staff zone would include a hand-washing sink and be located by the door to the corridor. The patient zone would be located in the middle of the room and would allow the patient to view the outside (the aforementioned undeveloped natural portion of the site) and to have the ability to control the inside (lights, TV, telephone, etc.) The family area would be located next to the window and would include a lounge chair and a convertible sofa bed for overnight stays.

As this proposal is to relocate existing acute care beds to a new satellite hospital in Mount Pleasant, there are no alternatives to new construction. No protection for services from fire, noise, dust, etc. will be required, as occupancy will not occur until the DHEC Health Licensing Division inspects, approves, and issues a license for the hospital.

B6. *If a replacement facility or ancillary service is being constructed, describe plans for disposition of the existing facility or ancillary service area upon completion of the project.*

The project involves the relocation of 85 licensed, but not staffed acute care beds from Roper Hospital located on the Peninsula. Roper Hospital will continue to operate as a full-service acute care hospital.

B7. *Provide a timetable for development and completion of the project to include, at a minimum, the date of site acquisition, date of architectural contract, architectural design schedule, date of closing for financing, date of valid construction contract, date that all necessary permits (grading, building, sewer, etc.) will be obtained, and date of start of construction. The timetable shall be presented in one month increments commencing with the month following receipt of the Certificate of Need and ending with the execution of a contract or purchase order for equipment only projects.*

TASK	COMPLETION DATE
Anticipated date CON issued	October 2006
Architectural Design Completion	November 2006
Secure Permits	December 2006
Begin Construction	January 2007
Complete Construction	December 2008
Licensure and Occupancy	January 2009

B8. *Provide the following ownership information:*

a. *Proposed name of the facility.*

Roper St. Francis Mount Pleasant Hospital

b. *Name and mailing address of Licensee/prospective Licensee. (Note: The Licensee is defined as the legal entity who, or whose governing body, has ultimate responsibility and authority for the conduct of the facility or service: the owner of the business. The licensee must be the entity to whom the Certificate of Need will be issued.)*

Roper St. Francis Mount Pleasant Hospital
c/o Mr. David Dunlap, Board Chairman
125 Doughty Street, Suite 760
Charleston, South Carolina 29403

c. *Complete title of the licensee's governing body.*

Board of Directors

d. *Name, title and mailing address of presiding officer of governing body.*

Mr. David Dunlap, Chairman
Roper St. Francis Mount Pleasant Hospital
125 Doughty Street, Suite 760
Charleston, South Carolina 29403

e. *Name and mailing address of all persons and/or legal entities having any ownership interest or owners' equity of the license to include a schedule of percent and type ownership claim of each.*

CareAlliance Health Services 100% (d/b/a Roper St. Francis Healthcare)
125 Doughty St. Ste. 760
Charleston, SC 29403

f. Name and mailing address of all persons and/or legal entities claiming liabilities of the licensee or of the facility or service for which this Certificate of Need is requested to include a schedule of percent and type of claim of each.

See response to (e) above.

g. Provide a listing which identifies all officers of the licensee.

David Dunlap	Chairman
Peter Campbell	Secretary
Bret Johnson	Treasurer

h. Is the land and/or building on/in which the proposed facility or service is to be conducted owned by the licensee? __Yes; _X_No. If no, provide information on the land and building similar to that required in (b) through (g) above.

Roper St. Francis Healthcare has an option to purchase the land from:

Carolina Park Associates, LLC
1280 Maryland Avenue SW, Ste. 280
Washington, D.C. 20024
Attn: Steven Grigg
Phone: (202) 863-0300

The proposed Medical Office Building will be developed and owned by:
Cogdell Spencer Advisors
125 Doughty Street, Suite 620
Charleston, SC 29403

The licensee, Roper St. Francis Mount Pleasant Hospital will own the hospital proper.

i. Has the licensee engaged an entity other than an employee of the licensee to manage or operate the facility or service? __ Yes; _X_No. If yes, provide information on the land and building similar to that required in (b) through (g) above.

j. Is there any agreement, contract, option, understanding, intent, or other arrangement that will effect a change in any of the information requested

and/or provided in (b) through (g) above? __Yes; X No. If yes, provide a complete description to include information similar to that required in (b) through (g) above.

k. *Provide a complete listing of all existing licensed health care facilities and/or services and Certificates of Need in which the proposed licensee currently has an ownership interest, to include names and addresses of each facility or service. In the cases of Certificates of Need for undeveloped facilities and services, provide the name, address, and telephone number of a contact person representing the authority which issued the Certificate of Need.*

A description of licensed healthcare facilities and services within the Roper St. Francis Healthcare system is outlined in the response to B-25.

l. *Should the licensee be a subsidiary corporation, provide a diagram of the licensee's relationship to the parent corporation and list the name and address of the parent corporation as well as the corporation which has ultimate control. In addition, please provide the name and mailing address of all persons and/or legal entities having ownership interest of 5 percent or more, or any person with any agreement, contract, option, arrangement, or intent to acquire ownership interest of 5 percent or more, of all corporations in the corporate organizational structure which have ultimate control of the licensee.*

A name change has been submitted on behalf of the existing (inactive) corporation, Roper Hospital North, Inc. As a result, the same corporation with a new name, Roper St. Francis Mount Pleasant Hospital will be the licensee. This corporation will become an obligated group member, (reference Tab 6) similar to Roper Hospital and Bon Secours St. Francis Xavier Hospital. A copy of the CareAlliance Health Services (d/b/a Roper St. Francis Healthcare) organizational chart is also located in Tab 6.

B9. *Provide documentation that the applicant has sought cooperative agreements such as transfer agreements with other facilities, as applicable.*

Roper Hospital, Inc. has patient transfer agreements with the following facilities: Hermina Traeye Nursing Center, Gambro Healthcare, East Cooper Regional Medical Center, and MUSC Medical Center, among others. Disaster agreements are in place with Palmetto Richland Memorial Hospital, Palmetto Baptist Medical Center, Mary Black Health System, and Anderson Area Medical Center, among others. A number of transfer and disaster agreements will be extended to Roper St. Francis Mount Pleasant Hospital.

B10. *Indicate the means by which a person will have access to the facility's services (i.e. physician referral, self admission, etc.). Identify the specific facilities or agencies the applicant expects to receive referrals from (i.e. hospitals, home health agencies, etc.). Describe any limitations placed on admissions.*

A person will have access to the facility's services via several methods including: physician referral, hospital transfers and admission from the Emergency Department. The proposed hospital will not discriminate with regard to race, sex, creed, national origin, age, or ability to pay (see the "indigent care" discussion in part C of this application).

B11. *Demonstrate that the proposed project is needed or projected as necessary to meet an identified need of the public. This shall address at a minimum: identification of the target population; the degree of unmet need; projected utilization of existing facilities and services; past utilization of existing similar services within the facility; and justification that the proposed project will not unnecessarily duplicate existing entities. The applicant must show all assumptions, data sources, and methodologies used. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.*

Justification Overview

The proposed relocation of 85 beds will provide a significant positive impact to the residents of the Mount Pleasant area by establishing a community-based, not-for-profit competitive alternative to the one hospital provider located in Mount Pleasant and by bringing enhanced access to Roper St. Francis aligned patients residing in the Mount Pleasant area who currently travel out of the local area for care. In addition, with the proposed project basically a re-positioning of currently underutilized acute care beds from an area of limited growth (Peninsula) to an area of strong vibrant growth (East Cooper Area), the project will have no impact on the county's bed count or bed need. Further, the proposal is consistent with general health planning goals of maximizing the use of existing resources and positioning underutilized resources in areas of strong volume and population growth.

The proposed hospital will include 60 medical surgical beds, 10 intensive care beds, plus 15 beds for women's services including obstetric, perinatal, antenatal, and gynecological care. In addition, the proposed hospital will offer a full array of

diagnostic, therapeutic and support services ensuring that efficient, cost effective and quality care will be provided at the new location. The new facility will be fully supported by the existing resources and support systems currently in use throughout the Roper St. Francis Healthcare System, with this locally-based existing and established infrastructure ensuring that the proposed project can be established and then operated in a cost effective and efficient manner.

The quantitative justification for this project is presented in the subsequent sections of this application. However, the strategic justification for this project is based on:

- Providing a community-based competitive alternative to the one existing for-profit facility located within the Mount Pleasant area,
- Enhancing access to care for the Roper St. Francis-aligned patients living within the Mount Pleasant area who currently travel out of the local area for care,
- Maximizing the usage of under-utilized acute care beds at Roper's downtown facility, and,
- Establishing the proposed new facility with no addition of licensed beds within Charleston County or the Tri-County region.

Proposed Service Area Definition

Primary Service Area

The proposed new hospital is anticipated to primarily serve the residents of the Mount Pleasant area, with expected additional patients originating from adjacent geographic areas within the metro Charleston area and from the pool of vacation and partial year residents that will require acute care services during some portion of their stay within the area.

The proposed primary service area for the new hospital consists of seven geographic Zip codes in the Mount Pleasant area, plus one P.O. Box Zip code. These Zips include 29425, 29450, 29451, 29464, 29465 (P.O. Box), 29466, 29482, and 29492. The P.O. Box Zip code 29465 is included in this analysis as this Post Office site is located within Zip 29464. As a result, although there is no population associated with this Zip code, the patient volume generated from patients identifying their P.O. Box as their address rather than a street address has been incorporated into the volume generated from Zip 29464. This ensures that all volume from local area is appropriately identified and utilized in the

subsequent need analyses. The service area Zip codes are located in both Charleston County and Berkeley County. This proposed primary service area is expected to generate 2/3 of the facility's total patient volume.

This definition of geographic patient origin is consistent with the patient origin experienced by the existing Mount Pleasant hospital. As documented in Exhibit 3 in East Cooper's replacement hospital CON application, only 53% of East Cooper's patients originate from its primary service area, an area which is actually broader than the primary service area proposed for this project. As a result, the expectation that 2/3 of the proposed Roper Mount Pleasant hospital patients will originate from the proposed local service area is a reasonable and conservative forecast approach.

Secondary Service Area

The remaining 1/3 of patients will originate from adjacent areas within the Tri-county area and from partial year / vacation visitors to the area. Partial year / vacation residents play an important role in the local health care market and should be included in demand analyses for this area. While these persons indicate a home address and not a local address when utilizing health care services, the reality is that they are located within the local area at the time of utilization of health care services. In addition to the resident population of the East Cooper area, there are at least 800,000 visitors per year out of the total 4.7 million visitors to the Charleston region, according to estimates from the Center for Business Research (CBR) of the Charleston Metro Chamber of Commerce.

Having tracked economic data including accommodations occupancy trends in the area for more than a decade, the CBR reports that there are more than 2,100 hotel/motel rooms east of the Cooper River, which hosted an estimated 525,000 visitors in 2004 (two guests per room on average and each party staying an average of two nights per trip). In addition to the overnight guests, there are another approximately 275,000 visitors to the Charleston area that either stay in lodging outside the East Cooper area or simply are visiting the region for the day, and which make "day trips" to East Cooper area restaurants and attractions such as Boone Hall Plantation, Patriots Point Naval and Maritime Museum, and/or the Mt. Pleasant/Isle of Palms Visitor Center. These annual 800,000 East Cooper area business and leisure travelers add an average of 2,192 per day to the "population" of the area during the year, ranging from an average of about 1,000 per day in the slower tourist months of the winter and more than 3,000 per day in the summer months (daily averages may be even higher on weekend days than weekdays).

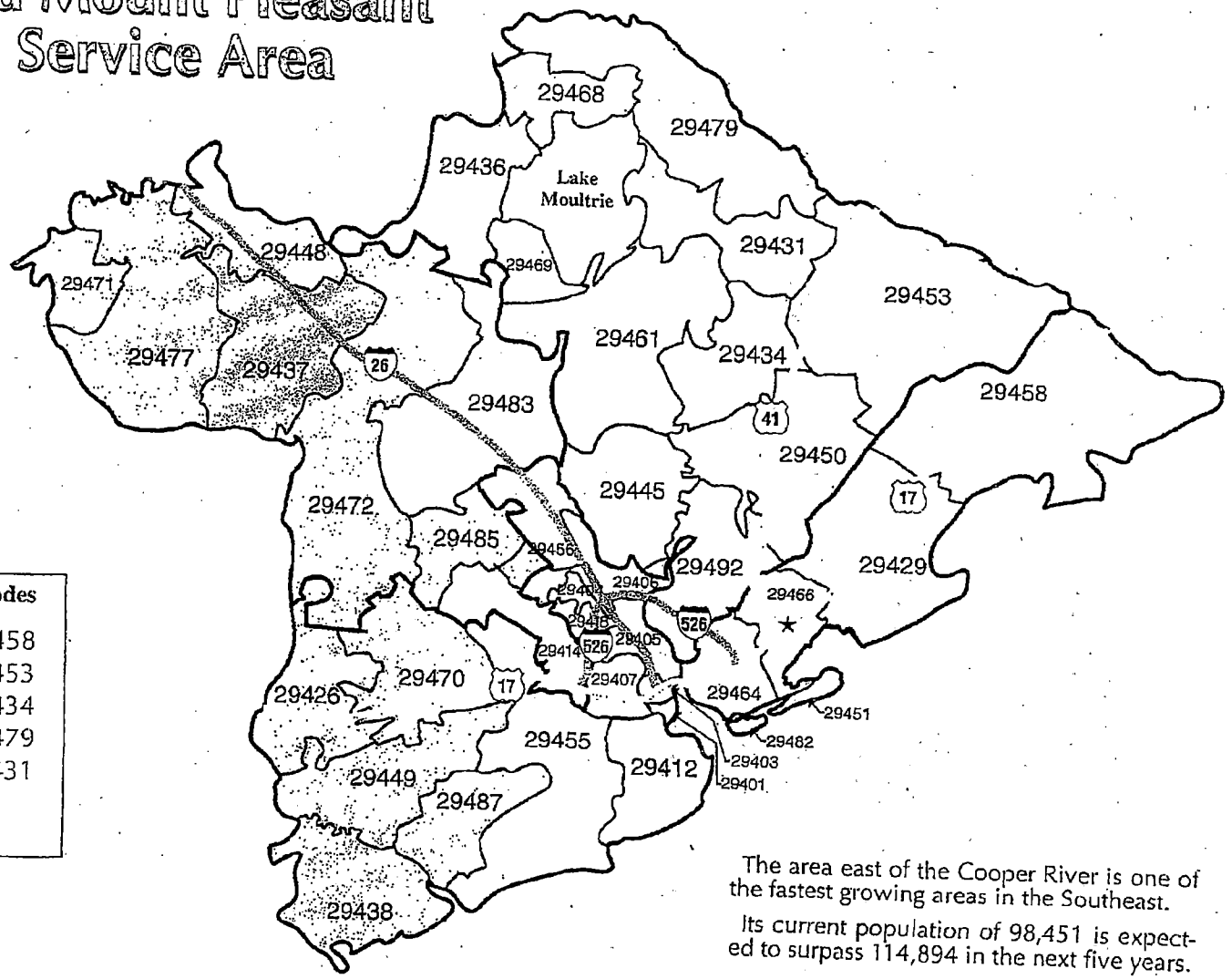
The CBR notes that all of these estimates could be considered conservative since their estimates do not necessarily take into account visitors who might be

staying at rented beach resorts/condos/villas not represented in their hotel/motel occupancy data.

While the forecasts (following) did not include the tourist population described above, this additional population contributes to the reasonableness and achievability of the volume forecasts included in the financial forecasts. As a result, the expectation that a large number of partial year / visitor residents will utilize the proposed facility is based upon historical fact and reasonable expectations.

A map identifying the proposed service area is presented below.

Roper St. Francis Healthcare's Proposed Mount Pleasant Hospital Service Area



Targeted Zip Codes	
29464	29458
29466	29453
29450	29434
29492	29479
29429	29431
29451	
29482	

The area east of the Cooper River is one of the fastest growing areas in the Southeast.

Its current population of 98,451 is expected to surpass 114,894 in the next five years.

RECORD 007073
000022
Trident_08339
Joint Exhibit 008-0022

Population Projections

The population located within the proposed service area was estimated to be over 80,000 persons in 2004 and is forecast to grow by more than +20% or +16,000 persons through 2009. This growth rate is significantly higher than forecast for either Charleston or Berkeley Counties or the State of South Carolina.

SERVICE AREA POPULATION GROWTH

Zip / Area	2000 Pop.	2004 Pop.	2009 Pop.	2004-09 Pop. Growth	2004-09 % Growth
29429 Awendaw		2,968	3,386	+418	+14.1%
29450 Huger		4,408	6,167	+1,759	+39.9%
29451 Isle of Palms		4,524	4,454	-70	-1.5%
29464 Mount Pleasant		44,198	49,785	+5,587	+12.6%
29466 Mount Pleasant		18,810	25,640	+6,830	+36.3%
29482 Sullivan's Island		1,844	1,765	-79	-4.3%
29492 Charleston		3,597	5,317	+1,720	+47.8%
Primary Service Area Total		**80,349**	**96,514**	**+16,165**	**+20.1%**
Total Charleston County	309,969	318,025	326,842	+8,817	+2.8%
Total Berkeley County	142,651	153,734	165,285	+11,551	+7.5%
Total State of SC	4,012,012	4,176,218	4,399,810	+223,598	+5.4%

Sources: Claritas, 2005 for Zip level data
State of South Carolina, ORS, 2004 for County and State data
County and State data extrapolated from 2000 / 2005 / 2010 data

Of the new growth expected between 2004 and 2009, the highest growth rates are forecast for the 45-64 and 65+ old age groups, with the 45-64 age cohort forecast to grow by 26% and the 65+ age cohort forecast to grow by 23%. The

implication of the higher levels of growth in these older population cohorts is that this group consumes healthcare and outpatient services at a higher rate than younger population groups or the population as a whole. As a result, this "aging" of the population will generate more volume growth than would be assumed by reviewing just total population growth.

SERVICE AREA AGE COHORT GROWTH

Age Cohort	2004 Population	2009 Population	2004-09 Pop. Growth	2004-09 % Growth
0-15 years	16,516	19,392	+2,876	+17.4%
15-44 years	34,777	40,741	+5,964	+17.1%
45-64 years	20,776	26,178	+5,402	+26.0%
65+	8,280	10,203	+1,923	+23.2%
Total Population	**80,349**	**96,514**	**+16,165**	**+20.1%**

Source: Claritas, 2005

To meet the needs of the residents currently residing within the service area and to meet the increased demand for health care services associated with the total population growth and the aging of the population, healthcare services must be convenient, accessible and available to all segments of the service area. The proposed project is planned to address the needs and desires of this growing and aging population by providing an appropriately designed / sized / supported acute care hospital offering the residents, employers, and third party payors of the Mount Pleasant community a community-focused, locally-based, not-for-profit alternative.

To further support the projected population growth in a part of the service area, the following chart outlines a number of major subdivisions either under construction or planned in the Town of Mt. Pleasant. The additional population growth from these developments is conservatively estimated at 30,988.

Town of Mount Pleasant Major Subdivisions – Development Status as of 2/28/05

Subdivision Name	Built # Dwellings	Estimated Current Pop	Max # Dwellings 500+	Estimated Build Out Pop
Bell Hall	863	2,252	1,126	2,939
Brickyard Plantation	802	2,093	891	2,326
Charleston National	651	1,699	1,159	2,953
Dunes West	1,185	3,011	3,156	8,006
Etiwanda Point	37	97	773	1,606
Hamlin Plantation	260	679	840	2,192
I'On	436	1,138	759	1,981
Longpoint	680	1,775	697	1,819
Park West	1,003	2,618	5,281	13,393
River Towne	768	2,004	1,500	3,861
RT Country Club	294	767	705	1,840
Seaside Farms	478	1,188	1,285	3,021
Carolina Park	0	0	1,750	4,372
Totals	**7,457**	**19,321**	**19,922**	**50,309**

Source: The Town of Mount Pleasant, Department of Planning and Development
Assumptions: Dept. provided a Single Family Persons per Household (PPH) rate of 2.61, and Multi Family PPH 2.05.

While these development population figures are generally reflected in the growth trends that are included in the population projections, they do lend additional support to the tremendous growth the area is experiencing and the need for an additional hospital to serve residents East of the Cooper River.

Projected Market-Based Volume Forecasts / Bed Need

Projected demand and bed need for the proposed hospital is a function of the population served by the facility and the growth forecast for that service area population, the expected volume levels that will be generated by service area population, the forecasted level of market capture within the service area that can be expected for the hospital, and the level of volume that is expected to originate from beyond the defined service area.

In projecting future demand for the proposed project, the following assumptions were made:

- The seven Zip Code primary service area (plus one P.O. Box Zip code) identified in the prior section is expected to generate 2/3 of the proposed facility's total volume,
- An additional 1/3 of the project's volume will come from the areas adjacent to the service area and from partial year residents and tourist visitors who are not included in the primary population based forecast methodology,
- Actual CY 2003 service area discharges for patients aged 15+, excluding behavioral health (MDC 19/20) and newborns and other neonates (MDC 15), are used as the baseline to forecast potential discharges volumes from the service area,
- Baseline discharge volume is segmented into patients served by Roper St. Francis and patients served by other providers,
- The planning horizon for the proposed project is 2011, the 3rd year of operation of the new facility,
- Baseline CY 2003 discharges are forecast to grow directly in conjunction with population growth, resulting in a 2011 forecast of service area discharges – again segmented into Roper St. Francis served patients and patients served by other providers,
- 2/3 of the 2011 Roper St. Francis-aligned volume forecasted to be generated by service area population is expected to seek care at the new local Roper St. Francis Mount Pleasant Hospital,
- Market share capture for the non-Roper St. Francis patient pool is expected to be 30% by 2011, the third year of operation,
- With the one existing provider in Mount Pleasant currently capturing 35.3% market share of the local medical surgical market and 69% market share of the local obstetric market (pages 49 / 51 of the replacement hospital CON application) the 30% market share level is reasonable and achievable,
- Total Roper Mount Pleasant discharges are then forecast by applying a 1/3 in-migration factor, assuming that 2/3 of total volume would originated from the service area and 1/3 of total volume would originate from outside of the service area,

- Once the total facility discharge forecast is established, the discharge volume is converted into a patient day forecast by applying a 4.68 average length of stay – the actual length of stay observed at St. Francis Hospital,

- The St. Francis operations are used as a surrogate for the proposed Mount Pleasant hospital as it has a similar bed size and service complement to that proposed in the new facility,

- Once the 2011 patient day forecast is established, the patient day volume is converted into a 2011 bed need forecast utilizing a 65% target occupancy rate as is suggested for facilities of this size in the current State Health Plan,

- In order to present a conservative and very achievable financial forecast, the actual 2011 volume forecast included in the pro forma has been deflated from this market-based projected volume level,

- The 2011 volume forecast included in the financial forecast is set at 65% occupancy of the proposed 85 beds or approximately 90% of the market-based forecast,

- As the project is financially viable at these lower deflated volume levels, it will be even more financial viable at the higher expected market potential volume presented above,

- Volume forecasts for Year 1 and Year 2 of the proposed facility are set assuming a slow volume build up, with Year 1 volume set at 50% of Year 3 potential and Year 2 volume set at 80% of Year 3 volume.

The basic construct of the forecast model is to:

- Establish a 2011 forecast of service area discharge volume (patients age 15+ excluding MDC 15 and MDC 19/20 patients) for Roper St. Francis-aligned patients and patients treated by other providers by applying the age cohort specific population growth rates to baseline 2003 age specific volume levels,

- Once the gross market potential is established, expected redirection / market share levels are then applied to this market potential to create an estimate of the number of discharges the proposed project can expect to treat from the service area,

- Once the service area volume forecast for the proposed project has been established, the total volume forecast for the project is calculated based upon the assumption that 1/3 of the project's volume will originate from outside the seven-Zip service area, and,

- Once the total market-based volume forecast for the proposed new facility is established, a bed need is identified and the actual operational volume forecast to be used in the pro forma for the proposed project is developed based on the assumption that 95% of the market-based forecasted volume would actually be treated at the new hospital.

Baseline Service Area Utilization

Based on data provided by ORS, during 2003 (most recent data available) service area residents generated 6,285 total discharges (excluding discharges within MDC 15/19/20). Of this total volume, 6,035 discharges were generated by patients age 15+, and 1,540 discharges age 15+ were served at Roper or St. Francis Hospital. The table below presents this baseline service area discharge data.

2003 BASELINE SERVICE AREA TARGET DISCHARGES

Age Cohort	2003 Service Area Discharges – All Providers	2003 Service Area Volume at Roper / St. Francis
0-14	250	214
15-44	2,165	658
45-64	1,536	464
65+	2,334	418
Total All Ages	**6,285**	1,754
Total Age 15+	**6,035**	**1,540**

Source: SC ORS, excluding patients in MDC 15/19/20

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Service Area Population Growth

As discussed above, the primary service area population expected to be served by this proposed project is forecast to grow from 17% to 26% depending on the age cohort during the five-year period from 2004 through 2009. However, in order to establish the 2011 volume forecast for this project, the forecasted growth for the period 2003 (most recent discharge data available) through 2011 must be determined. Using the 2004 through 2009 data as a baseline, the compound average growth rate (CAGR) for the service area population was identified, with the yearly CAGR growth rate then extrapolated to determine the expected 8 year growth rate from the 2003 baseline period to the 2011 third year of operation period. As shown below, the 2003 to 2011 forecasted growth rates range from 28% to 39% depending on the age cohort, with total population forecast to grow by 34% during this 8-year period 2003 – 2011.

These population forecasts are based on data from Claritas. Data from ORS is not available at a Zip level, and therefore the use of a private demographic forecasting source is required to establish the population characteristics of this Zip-based service area.

As required, a comparison between the State Demographer's population projections and Claritas demonstrating the consistency of the two data sources is located in Tab 7.

SERVICE AREA AGE COHORT GROWTH

Age Cohort	2004-09 % Growth	2003 – 2011 % Growth
0-15 years	+17.4%	+29.26%
15-44 years	+17.1%	+28.86%
45-64 years	+26.0%	+44.73%
65+	+23.2%	+39.73%
Total Population	**+20.1%**	**+34.1%**

2011 Service Area Volume Forecasts

Combining the 2003 baseline volume generated from the service area with the population growth forecasted for the 2003 – 2011 timeframe results in the 2011 volume forecast for the service area. As shown below, total service area discharges age 15+ are forecast to grow to 8,274 discharges with 2,103 age 15+ discharges forecast to be Roper St. Francis discharges.

2011 MEDICAL / SURGICAL / INTENSIVE CARE DISCHARGE FORECAST

Age Cohort	2003 Service Area Discharges All Providers	2003 Service Area Volume at Roper / St. Francis	Service Area Pop Growth 2003 - 2011
0-14	250	214	+29.26%
15-44	2,165	658	+28.86%
45-64	1,536	464	+44.73%
65+	2,334	418	+39.73%
Total All Ages	**6,285**	**1,754**	
Total Age 15+	**6,035**	**1,540**	

Age Cohort	2011 Service Area Discharges All Providers	2011 Service Area Volume at Roper St. Francis
0-14	323	277
15-44	2,790	848
45-64	2,223	671
65+	3,261	584
Total All Ages	**8,597**	**2,380**
Total Age 15+	**8,274**	**2,103**

Market Share

The redirection / market capture levels for the proposed facility are estimated to be such that by 2011 (Year 3 of operation) 2/3 of the Roper St. Francis volume originating from the service area will be redirected to the new facility and that 30% of the non-Roper St. Francis volume from the service area will be served at the proposed new hospital. With the current provider within the service area capturing 35% of the local area medical surgical market and 69% of the local obstetric market (pages 49 / 51 in the replacement hospital CON application the Department is reviewing), the expectation that the proposed Roper St. Francis

Mount Pleasant Hospital could achieve a 30% market capture level of non-aligned patients by the third year of operation is reasonable and achievable.

Patients Treated From Outside of the Seven-Zip Service Area

In addition to the forecast of patients expected to be treated from within the seven-zip service area, the proposed project also expects to serve 1/3 of total patients from areas outside of this compact geographic area. As a result, the forecast of patient volume from the service area described above will be expanded to reflect the assumption that the seven-zip service area will generate only 2/3 of total volume and that 1/3 of volume will originate from outside of this small geographic area.

Forecasted Volumes for the Proposed New Hospital

Once the market-based volume forecast has been calculated, the 2011 volume level to be included in the financial forecasts for the new hospital is determined based on a conservative estimate that a 65% occupancy level would be achieved in the proposed 85 beds or that approximately only 90% of the market-based volume forecast would be served in the proposed new facility.

Combining all of these forecast inputs together results in a 2011 service area age 15+ volume forecast of 8,274 discharges with 2,103 of this volume Roper St. Francis-aligned, a facility-served volume of 3,239 discharges from the service area and a total facility volume forecast of 4,835 discharges based on expected patients from outside the seven-Zip service area. This discharge forecast is then converted into a patient day forecast using a 4.68 ALOS, with 22,627 patient days the result of this step. This patient day forecast is then converted into a bed need forecast through the use of a 65% occupancy target, with a final 2011 bed need of 95.4 beds based on the assumptions above. However, based upon architectural considerations and the applicant's intent to conservatively develop this service, the decision to only create an 85-bed facility was made.

Details of the calculations made to reach these volume / bed need levels are presented below.

1. Baseline 2003 Discharges Age 15+ from Service Area

   6,035 discharges served by all providers

   1,540 discharges served by Roper St. Francis

2. 2011 Discharges Age 15+ from Service Area

   8,274 discharges served by all providers

2,103 discharges served by Roper St. Francis

3. 2011 Roper Mount Pleasant Discharges Age 15+ from Service Area

   1,388 Roper St. Francis-aligned discharges (2/3 redirection of total Roper St. Francis patients)

   1,851 non-Roper St. Francis discharges (30% market capture of total non-Roper St. Francis patients)

   3,239 total discharges from service area

4. Total 2011 Roper Mount Pleasant Discharges Age 15+ from Service Area and Beyond

   4,835 total discharges (2/3 of volume from service area / 1/3 from outside of service area)

5. Total 2011 Roper Mount Pleasant Patient Days Age 15+ from Service Area and Beyond

   22,627 total patient days (4.68 average length of stay)

6. 2011 Roper Mount Pleasant Age 15+ Bed Need

   95.4 beds (62.0 average daily census and a 95.4 bed need utilizing a 65% target occupancy rate)

7. Roper Mount Pleasant 2011 Age 15+ Volume Included in the Financial Forecasts

   20,166 patient days (65% occupancy on the proposed 85 beds / 90% of potential)

Physician Support

With 168 local area physicians providing a letter of support for the proposed project there is strong documented local support for the proposed project by physicians who now live, work and treat patients within the service area. This factor also

contributes to the reasonableness and achievability of the volume forecasts included in the financial forecasts.

2004-2005 State Health Plan Criteria:

1) Transfer or exchange of beds between affiliated hospitals:

1) *A transfer or exchange of beds may be approved only if there is no overall increase in the number of beds;*

The addition of general acute care beds is not proposed, but rather the relocation of 85 existing acute care beds to an area of Charleston County experiencing significant population growth.

2) *Such transfers may cross county lines; however the applicants must document the historical utilization of the receiving facility by residents of the county giving up beds;*

The bed transfer does not cross county lines, but rather remains within Roper Hospital's historical service area.

3) *Should the response to criterion 2 fail to show a historical precedence, the applicants must document why it is in the best interest of these residents to transfer the beds to a facility with no historical affinity for them;*

Not applicable

4) *The applicant must explain the impact of transferring the beds on the health care delivery system of the county from which the beds are to be taken;*

The transfer of beds (currently not staffed) from the Peninsula to the East Cooper Area will improve both access and distribution of inpatient healthcare services in Charleston County, and the Tri-county overall. The proposed project will deploy underutilized assets to an area that has already experienced enormous growth and this trend is expected to continue.

5) *The facility receiving the beds must demonstrate the need for the additional capacity based on both historical and projected utilization patterns;*

The need for the proposed project is documented throughout the application.

6) *The facility giving up the beds may not use the loss of these beds as justification for a subsequent request for the approval of additional beds;*

Roper Hospital stipulates it will not use the permanent bed transfer as justification for a subsequent application to add acute care beds.

7) *A written contract or agreement between the governing bodies of the affected facilities approving the transfer or exchange of beds must be included in the application;*

Not applicable as only one governing body exists.

8) *Each facility giving up beds must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.*

Roper Hospital acknowledges that the proposed transfer of 85 acute care beds is permanent, (reference Tab 8 for a letter from Mr. Matthew Severance, CEO of Roper Hospital) and that any further transfers are subject to this same process.

2) Obstetrical and Neonatal Services:

The satellite hospital will seek a Level I, Community Perinatal Center designation from the DHEC Health Licensing Division, providing services for uncomplicated deliveries and normal neonates.

3) Emergency Hospital Services:

The 2004-2005 State Health Plan does not have CON criteria for this service; however, it does outline four categorized levels of service. The proposed satellite hospital plans to seek a Level III designation from the DHEC Health Licensing Division.

Magnetic Resonance Imaging

In addition to the bed components discussed above, a Magnetic Resonance Imaging (MRI) system will also be included in the proposed new hospital development.

While the State Health Plan does not include a need methodology or a need forecast for this service, the Plan does include a number of standards which provide guidance for the development of MRI services. A discussion of each of these standards is presented below.

(1) Each hospital should have at least one MRI unit available for diagnosis of emergency patients, inpatients and outpatients.

The proposed project is consistent with this standard, as an MRI unit will be included within the diagnostic capabilities of the new hospital. With a full array of emergency / inpatient / outpatient services to be offered at the new facility, the proposed MRI system will provide required access to diagnostic capabilities and will allow the hospital to offer immediate access to on-site MRI services.

(2) In order to promote cost effectiveness, the use of shared mobile MRI units should be considered.

The use of a shared mobile MRI service was assessed by the applicant but rejected. With the need for 24 hours per day / seven days per week MRI imaging capability to support the 24 / 7 inpatient and emergency patients proposed to be served at the new hospital, the use of a shared mobile service is not a practical, reasonable or cost effective service option.

(3) The applicant agrees in writing to provide to the Department utilization data on the operation of the MRI service.

The applicant agrees to provide all required MRI utilization data to DHEC.

Specific to the forecasted volume for the proposed MRI service, a population-based volume forecast for the proposed service is presented below.

MRI Use Rates

Review of MRI volume trends within South Carolina over the 1998 – 2003 time frame shows that there has been strong increase in the utilization of this imaging technology. As additional technology enhancements are implemented, additional MRI applications become clinically accepted. As the utilization of MRI scans becomes the community standard of care for many imaging requirements, the utilization is forecast to increase even further.

As shown below, MRI scans per 1,000 population within South Carolina have increased from 36.3 during 1998 to over 61 during 2003. This is a CAGR use rate increase of 11% per year.

SOUTH CAROLINA MRI VOLUME TRENDS -- 1998 - 2003

	1998	2000	2001	2003
SC MRI Scans	141,740	200,134	228,858	253,130
Population (US Census / ORS)	3,900,971	4,012,012	4,052,448	4,134,547
MRI Use Rate Scans / 1,000 Pop	36.3	49.9	56.6	61.2

Sources: MRI Scans from 1999,2003 and 2004 State Health Plans
Population data from SC ORS

Assuming that the MRI use rate increases by only 5% per year, less than 1/2 of actual yearly average increase, the forecast 2011 MRI use rate is expected to reach 90.4 MRI scans per 1,000 population.

Applying this MRI use rate to the forecast 2011 service area population discussed above (103,848 persons) results in a service area MRI volume base of 9,388 scans.

Assuming that the proposed Roper Mount Pleasant MRI service achieves only a 25% market share of this market potential results in a forecasted volume of 2,347 scans from the service area and a total of 3,502 total scans assuming a 33% In-migration factor.

This MRI scan volume level supports the need for the proposed MRI system and supports the feasibility of operating this proposed diagnostic service.

B12. Discuss alternative facilities and/or services considered including the advantages and disadvantages of each alternative. Include a statement as to why this project alternative was adopted.

Multiple alternative options or strategies were considered prior to the development of the proposed satellite hospital project. These included:

- Maintaining the status quo,
- Repositioning and developing a smaller sized hospital,

- Repositioning and developing a larger bed sized hospital,

- Repositioning 85 acute care beds and developing an 85-bed satellite hospital in the Mount Pleasant area – the project proposed in this Certificate of Need application.

A discussion of each option is presented below.

Maintaining the Status Quo

Maintaining the current situation, where Roper in its downtown location is housing a significant number of underutilized acute care beds in a section of the metro area with limited population growth results in an inefficient utilization of the community's and Roper's acute care resources. Further, keeping acute care services centralized at the downtown campus results in a continuation of Roper St. Francis-aligned patients living in the Mount Pleasant area being forced to travel to downtown Charleston to obtain desired care. Last, maintaining the current situation results in Mount Pleasant residents having no local choice in hospital providers and no hospital options other than the existing provider.

Repositioning and Developing a Smaller Sized Hospital

While establishing a smaller sized hospital would provide some enhanced re-use of the existing Roper acute care assets, and would provide some level of competition, choice, and enhanced access within the Mount Pleasant area, the economic and competitive reality of today's healthcare system is that hospital operations must be of an adequate size in order to successfully compete and financially survive. Based upon financial, market, and competitive assessments, it is the applicant's conclusion that the proposed 85 bed size is the minimum bed size necessary to establish a competitive presence within the service area and to show financial viability within today's financial constraints. The financial model demonstrates 65% capacity by the third year of operations.

Repositioning and Developing a Larger Sized Hospital

Establishing a larger sized hospital in the Mount Pleasant market would provide Roper with the ability to effect an even larger re-use of underutilized resources, to establish an even larger competitive option, to establish a stronger market presence and to generate a larger operational profit than anticipated with the current 85-bed proposal. However, development of a facility larger than that proposed would have the effect of potentially adversely impacting the existing Mount Pleasant provider and potentially disrupting the existing local health care market.

Repositioning 85 Acute Care Beds and Developing an 85 Bed Satellite Hospital in the Mount Pleasant area – The Project Proposed in this Certificate of Need Application

It is Roper's position that the proposed 85 bed hospital is "right-sized" to meet local needs, is an optimal re-use of under-utilized acute care resources, is the appropriate size to ensure that long term competitive and financial viability is ensured, and can be developed and operated without adversely impacting the one existing local provider. The project proposed in this application is a balancing of benefits to the applicant, benefits to the local community, and potential impact on the local for profit provider. In weighing these issues it is the applicant's position that there will be strong applicant and community gains achieved, while there will be little to no adverse impact on the existing provider. Taken together, the conclusion was reached that the proposed project is the best course of action, and is the development alternative that best meets community and applicant needs.

B13. *Discuss any serious problems, such as costs, availability, or accessibility in obtaining care of the type proposed, experienced by patients in the absence of this project.*

As discussed in prior sections of this application, the proposed project is being developed for a number of reasons including a desire to provide enhanced access to care for Roper St. Francis-aligned patients living in the Mount Pleasant area, to provide a competitive, community-based alternative to the only provider located in the local area, and to establish the resources necessary within the local area to meet the growing needs of the local service area population.

As a result, without this project Roper St. Francis-aligned patients residing in the Mount Pleasant area will continue to experience serious access problems as they are required to travel to the Roper or St. Francis campuses for care. With traffic and travel times already an issue within the Mount Pleasant area, and with the forecast population growth expected to further exacerbate the traffic / travel situation, it is the applicant's position that there already are serious access problems and that without the proposed hospital these access limitations will become even more of an issue.

In addition, without the proposed project there will continue to be no local consumer choice or local competitive pressure within the Mount Pleasant area resulting in the one local provider having no local market incentive to enhance services, improve quality or to offer a cost effective pricing strategy. This lack of

local competitive alternatives is particularly an issue in insurance and managed care contracting where at the present time there is only one provider able to offer local care. As a result, insurance / managed care providers have limited leverage with which to negotiate provider contracts and local health care consumers have little choice in obtaining care or in accessing a lower cost alternative to the one hospital.

Finally, it is the applicant's position that without the repositioning of the acute care beds and the establishment of the infrastructure services included with the hospital development, the growing local service area population will have inadequate facility and service resources to meet future needs. With patient volume conservatively forecast to grow by approximately 40% from 2003 through 2011, the repositioned beds and support services proposed for the new hospital will provide required resources and service availability that would otherwise be unavailable if the proposed project were not established.

Taken together, it is the applicant's position that serious problems with costs, availability and accessibility will be experienced within the service area if the proposed Roper St. Francis Mount Pleasant Hospital project is not approved and developed.

B14. Where a project effects an increase or decrease in bed capacity, provide annual occupancy rates for the facility based on licensed beds, for the past three years by category (i.e. general acute, psychiatric, obstetric, nursing home, etc.).

As the licensed bed capacity at Roper Hospital will decrease, the most recent 3 years' annual occupancy rates are as follows:

Annual Occupancy Rates by Category for Roper Hospital

Bed Type	2002	2003	2004
Medical / Surgical (378)	62%	60%	57%
Rehabilitation (39)	80%	78%	81%
Intensive Care (36)	81%	80%	76%
Total (453)	**65%**	**63%**	**61%**

Source: 2003 and 2004 Roper Hospital Joint Annual Reports

B15. Identify the method of financing the cost of the project, including the start-up costs. Provide documentation that the applicant can obtain such financing.

Alternative sources and/or methods of financing should be identified and the method chosen demonstrated to be the most feasible option.

Management proposed funding the project through the use of $25 million in cash on hand and bond financing to fund the remainder of the project. A letter from Goldman, Sachs & Co. documenting support in financing the project is attached in Tab 9.

B16. *For an addition to an existing facility or service, provide a current annual budget and at least a three fiscal year projected budget for both the overall facility and the proposed project on forms provided by the department. The projections must be developed by an accountant. For a new facility or service, provide a projected annual budget for not less than three fiscal years following the completion of the proposed project on forms provided by the department. The projections must be developed by an accountant. These budgets must at a minimum include how proposed charges, proposed cost of service, utilization, depreciation, reimbursement rates and contractual adjustments were calculated. All assumptions used must be shown.*

Reference Tab 9

B17. *Document that the proposed charges for the project are comparable to those established by other facilities for similar services within the health service area or state.*

Three separate sources are cited below relative to local area charges. "Carolinas Cost Trends Report" was prepared in March 2004 by MedCost, a PPO and medical management services firm, and reflects 2003 severity-adjusted claims paid data. This report reflects the following:

* **Bon Secours St. Francis Xavier Hospital:**

  * **Lower than average net charges** for inpatient, outpatient, and overall
  * **Lower than average net charges** for each of the 5 services addressed for St. Francis: ER services, colonoscopy, laparoscopic cholesystectomy, C-section delivery, and normal delivery.

* **Roper Hospital:**

  * **Lower than average net charges** for inpatient, outpatient, and overall
  * **Lower than average net charges** for each of the 5 services addressed

for Roper Hospital: ER services, colonoscopy, laparoscopic cholesystectomy, C-section delivery, and normal delivery.

* **East Cooper Regional Medical Center:**

  * **Higher than average net charges** for inpatient, outpatient, and overall
  * **Higher than average net charges** for each of the 4 services addressed for East Cooper Regional Health Center: ER services, colonoscopy, C-section delivery, and normal delivery.

Hospital-specific public domain charge data from the American Hospital Directory (AHD) for 2003 data corroborates the above observations:

1. Of the top 20 DRGs (as measured by Medicare volume) for ECRMC and St. Francis, there were 13 DRGs that were in both lists of the top 20. Using a common DRG caseload frequency distribution (St. Francis's), ECRMC's DRG-specific charge per case was multiplied by St. Francis's DRG-specific caseload, giving rise to ECRMC's DRG-specific "prices" multiplied by St. Francis's DRG-specific cases. These DRG-specific amounts were then summed and compared to St. Francis's actual revenues for these 13 DRGs. The results were as follows:

   * ECRMC's charge per case exceeded St. Francis's **for every DRG, ranging from 20% greater** (DRG 14 - Intracranial Hemorrhage & Stroke with Infarction) **to 204% greater** (DRG 395 - Red Blood Cell Disorders, age >17).

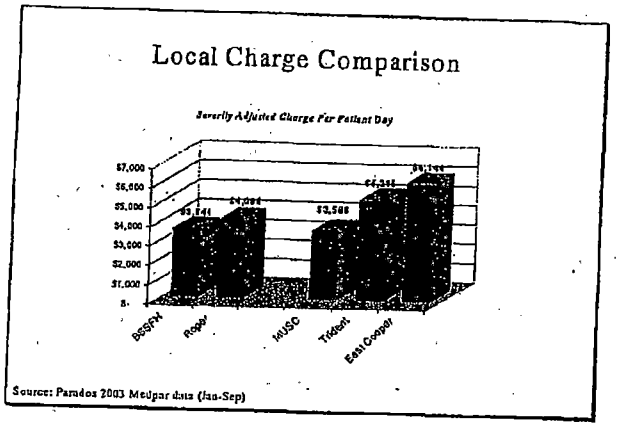
   * Using a common DRG frequency distribution to neutralize any differences in DRG case mix, **ECRMC's charges are approximately 78% greater than St. Francis's charges.**

2. A broader approach was also taken, the result of which comports closely with the above observation that **ECRMC's charges are 78 percent greater than St. Francis's.** Comparing inpatient gross revenue per adjusted admission, adjusting by Medicare case mix index, shows that **ECRMC's charges are approximately 79 percent greater than St. Francis's charges.**

3. Clearly, patient charge levels at ECRMC are profoundly greater than those at St. Francis Hospital.

4. While the nearly 80 percent gap between ECRMC and St. Francis for gross revenue (list prices) would shrink when comparing **net charges** (due largely to fixed payments in the Medicare and Medicaid sectors), the difference would still be profound and support the notion that **St. Francis is much more third party payor-friendly than is ECRMC.**

Thirdly, according to a report ran by RSFH's Vice President of Managed Care and Physician Services, 2003 Parados data revealed the following:



The proposed charges for Roper St. Francis Mount Pleasant Hospital were developed based upon the charge structure at Roper St. Francis Healthcare, which has been shown to be comparable to or less than other hospitals within the region. The pro forma assumes charges will increase at a modest 3% annually, which is similar to recent trends at Bon Secours St. Francis Hospital, and comports with recent overall healthcare inflation rates.

B18. *Document that the proposed project is economically feasible, both immediately and long-term. In the case of existing facilities, what impact will the proposed project have on patient charges and cost per unit of service?*

The proposed project is economically feasible, as evidenced by the positive projected bottom line by the third year of operation. The proposed Roper St. Francis Mount Pleasant Hospital will not affect patient charge levels. The proposed charges at Roper St. Francis Mount Pleasant Hospital were developed based upon the charge structure at Bon Secours St. Francis Xavier Hospital, and independent of the project. The pro forma assumes charges will increase at a modest 3% annually, which is similar to recent trends at BSSFH, and comports with recent overall healthcare inflation rates. Cost per unit of service will initially be minimally higher for Roper St. Francis Healthcare, owing to the ramping up of volume for the first couple years of operation for Roper St. Francis Mount Pleasant Hospital. By the third year of operation, however, the presence of

Roper St. Francis Mount Pleasant Hospital will have a downward effect on the overall cost per unit of service for Roper St. Francis Healthcare. This is because the incremental fixed costs arising from the proposed hospital are spread over increasing incremental volume as the proposed hospital enters its third year of operation.

B19. *State how the project will foster cost containment and improve quality of care, promotion of shared services, economies of scale, and design and construction economies.*

The program will foster cost containment by benefiting from being a member of Roper St. Francis Healthcare, which provides an extensive corporate infrastructure for such support functions as human resources, finance, information technology, audit, planning, and compliance. These functions are centralized at the corporate level and can therefore operate more efficiently than duplicating these functions at each hospital venue. The incremental FTEs expected at this corporate level arising from the presence of Roper St. Francis Mount Pleasant Hospital are less than 20, creating scalable economies of scale. Also, it is important to note that Roper St. Francis Healthcare hospital department managers have demonstrated the ability over time to cost effectively manage the delivery of high quality healthcare and are held accountable for significant departmental variances from budgeted expense targets, which results in prompt reaction to adverse trends and the cost effective provision of services.

B20. *In the case of projects involving additional long-term care beds, discuss how the plans of other agencies, organizations, or programs responsible for providing and financing long-term care have been considered.*

Not Applicable

B21. *Provide a three-year projected manpower budget in full-time equivalents (FTE's) detailing the existing and proposed nursing, other professional, and non-professional personnel required for the staffing of the new project. Include the name of the Nurse Supervisor or Director, if available.*

Job Title	2009	2010	2011
Admin Secretary II	1.0	1.0	1.0
Administrator	1.0	1.0	1.0

ACT	5.0	8.0	10.0
Anesthesia Tech	1.5	2.4	3.0
Biomed Tech III	0.7	1.2	1.5
Case Cart Tech	1.5	2.4	3.0
Case Manager	3.0	3.0	3.0
Chaplain	2.0	2.0	2.0
Clinical Dietician	1.0	1.0	1.0
Clinical Manager	4.5	4.5	4.5
Coder II	1.0	1.6	2.0
CT Tech	2.0	3.2	4.0
Dept Secretary	3.0	3.0	3.0
Distribution Clerk	1.5	2.4	3.0
Echo/EKG Tech II	0.5	0.8	1.0
ED Case Manager	1.0	1.0	1.0
ED Tech	2.5	4.0	5.0
Environ Svcs Assoc	7.5	12.0	15.0
Financial Services Rep	4.5	7.2	9.0
Food Service Assoc I	3.2	5.2	6.5
Food Service Assoc II	1.7	2.8	3.5
Food Service Assoc III	2.5	4.0	5.0
GI Tech	0.5	0.8	1.0
HR Asst	1.0	1.0	1.0
HR Generalist	1.0	1.0	1.0
Infection Control Prac	1.0	1.0	1.0
Information Clerk	0.5	0.8	1.0
Laundry Worker	0.7	1.2	1.5
LPN	7.0	11.2	14.0
Mammo Tech	1.2	2.0	2.5
Management Acct	1.0	1.0	1.0
Medical Records Clerk	2.5	4.0	5.0
Medical Staff Asst	0.5	0.8	1.0
Mgr Dietary Opers	1.0	1.0	1.0
Mgr Imaging	1.0	1.0	1.0
MLT II	2.5	4.0	5.0
MT II	2.0	3.2	4.0
MRI TECH	0.7	1.2	1.5
Multi-Skill Tech I	0.5	0.8	1.0
Multi-Skill Tech II	0.5	0.8	1.0
Multi-Skill Tech III	0.5	0.8	1.0
OT	0.7	1.2	1.5

000044

Trident_08361

PCC	1.5	2.4	3.0
PCA	4.7	7.6	9.5
Pharmacist	2.5	4.0	5.0
Pharmacy Tech	2.5	4.0	5.0
Phlebotomist	2.5	4.0	5.0
PTA	1.2	2.0	2.5
PT	1.7	2.8	3.5
Radiology Clerk	2.0	3.2	4.0
Radiology Tech	1.7	2.8	3.5
Reg US Tech	0.7	1.2	1.5
Resp Therapist II	2.5	4.0	5.0
RN	50.0	80.0	100.0
RN Admin Supv	2.5	2.5	2.5
RN Clinical Nurse Spec	1.0	1.0	1.0
RN Periop Spec Coord	1.7	2.8	3.5
Scrub Tech	3.0	4.8	6.0
SNE	1.0	1.0	1.0
Spec Procedures Tech	0.7	1.2	1.5
SP Tech I	0.7	1.2	1.5
Supv Environ Svcs	1.5	1.5	1.5
Supv Food Services	1.5	1.5	1.5
Supv Lab	1.0	1.0	1.0
Supv Pharmacist	1.0	1.0	1.0
Transcriptionist	2.5	4.0	5.0
Transporter	1.5	2.4	3.0
Treatment Asst	0.7	1.2	1.5
Unit Secretary	7.5	12.0	15.0
Groundskeeper	0.5	0.5	0.5
Mailroom Clerk	0.5	0.8	1.0
Materials Mgmt Spec	1.0	1.0	1.0
Nuclear Med Tech	0.5	0.8	1.0
RN Enterostomal Therapy	0.5	0.8	1.0
SLP	0.5	0.8	1.0
Student Nurse Extern	2.5	4.0	5.0
Coord Volunteers	1.0	1.0	1.0
TOTAL	187.4	279.2	340.5

The Nursing Supervisor has not yet been determined.

000045

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B22. *Provide the number of existing and proposed medical staff by specialty, to include physicians and dentists employees by, or with admission privileges to, the facility. Include the name of the Chief of the Medical Staff, if available.*

The medical staff will be open to anyone who wishes to apply for privileges. While Roper St. Francis Mount Pleasant Hospital will maintain a separate medical staff, all physicians currently maintaining privileges at Roper St. Francis Healthcare member hospitals (Roper or BSSFH) can apply for privileges via an abbreviated process. A current listing of medical staff specialties at both hospitals can be found in Tab 10.

The Medical Director for Roper St. Francis Mount Pleasant Hospital has not yet been determined.

B23. *Indicate those physicians who have expressed a willingness to utilize the proposed services or to refer patients to the facility for the provision of services.*

168 physician letters supporting the project are located in Tab 11. Additional letters will be forwarded to the Department as received.

B24. *Discuss the availability of health manpower resources for the provision of the proposed services, including the contemplated program and plan for recruiting and training personnel.*

Manpower needs will be met largely through internal transfers within the Roper St. Francis Healthcare system and recruitment from local and out of area labor force pools. Historically, Roper St. Francis Healthcare has been very effective in its staff recruitment and retention (Roper St. Francis Healthcare continues to place nationally in the top quartile on peer comparisons for employee retention rates).

Staffing strategies for the new hospital will focus on local newspaper advertising, career fairs, direct mailing and targeted university program recruitment. For specialized occupations and nursing positions, RSFH has effectively promoted its unique staffing models, compensation rates, continuing education and facility location to attract quality personnel. If necessary, a targeted recruitment effort for hard to fill positions will begin well in advance of opening.

B25. *Describe the previous experience of the applicant in the proposed health care field. If the applicant has no prior experience, specify the anticipated sources of technical assistance, either from specific individuals or organizations.*

The Roper St. Francis Healthcare system includes two hospitals. Roper Hospital was founded in 1850 as the first community hospital in the Carolinas. The 453-bed acute care facility and regional referral center offers signature services including a Heart Center, Cancer Center, Joint Replacement Center, PET Imaging Center, Sleep Wake Disorders Center, Rehabilitation Hospital, and the only Hyperbaric Oxygen Therapy Unit in the Lowcountry. Additional services include: Neurosciences, Orthopedics, Women's, Infants' & Children's services, Cardiac Rehab, Emergency Services, Ambulatory Surgery, and Peds Plus, a children's after hours urgent care clinic, among others.

Established in 1882 by the Sisters of Charity of Our Lady of Mercy, Bon Secours St. Francis Xavier Hospital is Charleston's oldest and only Catholic hospital. This 141-bed acute care facility also offers a number of signature services including a Spine Health & Sports Center, Spine Center, Diabetes Management Center, and Digestive Health & Continence Services. Additional services include among others: Emergency Services, Heart and Stroke Emergency Networks, Women's, Infants' & Children's services, and Ambulatory Surgery Services.

The Roper St. Francis Healthcare system also operates a variety of additional facilities and services. This care continuum extends throughout areas of the Tri-county (and Walterboro), as detailed in the following chart.

Service Area	Facility and/or Service
Downtown	Roper Hospital (414 acute care and 39 rehab beds) PedsPlus After Hours Pediatric Urgent Care Roper Lowcountry PET Imaging Center Roper St. Francis Diagnostics (location: MOB) Charleston Plastic Surgery Center, Inc.
West Ashley	Bon Secours St. Francis Xavier Hospital (141 beds) Roper West Ashley Surgery Center Roper St. Francis Diagnostics (Farmfield) Roper St. Francis Mammography Center (Farmfield)
North Charleston	Roper St. Francis Medical Center Northwoods Roper St. Francis Diagnostics 24-hour Emergency Room
James Island	Roper St. Francis Diagnostics
Kiawah Island	Roper St. Francis Medical Services Roper St. Francis Diagnostics

000047

Mt. Pleasant	Roper St. Francis Medical Center Urgent Care Roper St. Francis Diagnostics
Goose Creek	Roper St. Francis Medical Services Roper St. Francis Diagnostics Roper St. Francis MedShare (Physician Specialists)
Moncks Corner	Roper St. Francis Medical Center Berkeley (lab, oncology, radiology, PT, EKG) Roper Berkeley Ambulatory Surgery Center 24-hour Emergency Room Roper St. Francis MedShare
Walterboro	Roper St. Francis MedShare

As seen above and documented in the need analysis, the proposed satellite hospital in Mount Pleasant will be a perfect complement to the array of services and facilities Roper St. Francis Healthcare currently provides.

B26. *Discuss the impact of the project on the clinical training programs of health professional schools particularly the extent to which these schools will have access to the services for training.*

Roper St. Francis Healthcare promotes health related and nursing education. It has clinical affiliation agreements with Trident Technical College, whereby first and second year students receive Radiologic clinical training at Roper Berkeley Day Hospital, Farmfield, Northwoods Emergency Department, Roper Hospital, and Bon Secours St. Francis Xavier Hospital. In addition, agreements are in place with Greenville Technical College for MRI clinical training and Midlands Technical College for nuclear medicine and PET training. Clinical training programs at Roper St. Francis Healthcare hospitals also include the rotation of student nurses, physical therapists, occupational therapists, ultrasonographers, pharmacy techs and pharmacists in training. Many, if not all of these clinical training programs will extend to Roper St. Francis Mount Pleasant Hospital.

B27. *Provide any additional information that would assist the department in evaluating this project.*

1) The 2004-2005 State Health Plan (page I-6) requires that all CON applications address the policies and procedures taken to assure patient safety. The policy excerpts below are in place at both RSFH member hospitals, Roper Hospital and Bon Secours St. Francis Xavier Hospital. Those developed for the Roper St. Francis Mount Pleasant Hospital shall be consistent.

Patient Safety

The purpose of the safety plan is to provide an organization-wide systematic, coordinated, and continuous approach to improve and maintain a culture of safety for patients, staff, physicians, volunteers, visitors, and all who come into our organization. The scope of activities includes emphasis on the following hospital and patient care functions:

- Ethics, Rights, and Responsibilities
- Provision of Care, Treatment, and Services
- Medication Management
- Surveillance, Prevention, and Control of Infection
- Improving Organization Performance
- Leadership
- Management of the Environment of Care
- Management of Human Resources
- Management of Information
- National Patient Safety Goals

The plan also includes provisions for patient safety event reporting, data collection, a proactive risk assessment program, technology assessments, and staff education/orientation and communication.

Patient Identification

This policy serves to provide complete and accurate means of patient identification and to take all measures to perform processes of identification. Identification bands are used for inpatients and outpatients (who are to receive invasive diagnostic tests, procedures, receipt of blood and blood products/transfusions or medication administration). All clinical areas and other ancillary departments who interact with the patient must verify a patient's identification by checking at least two patient identifiers on the identification band and verbal verification at each encounter. For outpatient procedures that do not require the identification band, identification is confirmed by asking the patient to state his/her name and date of birth. The stated name and birth date must exactly match the identification on the order/test request. If a patient is unable to state his/her name and date of birth, a responsible party may identify the patient.

Effective Caregiver Communications

All employees and associated persons are responsible for protecting the security of all personal health information (oral or recorded, in any form) that is obtained, handled, learned, heard or viewed in the course of his or her work (or association). Use or disclosure of protected health information (PHI) is

acceptable only in the discharge of one's responsibilities and duties and based on the need to know. Discussion regarding PHI shall not take place in the presence of persons not entitled to such information or in public places (elevators, lobbies, cafeterias, off premises, etc.). Unauthorized use or disclosure of confidential information shall result in a disciplinary response up to and including termination of employment/contract/association/appointment. A procedure is in place (outlined in the policy) for all individuals who become aware of a possible breach of the security or confidentiality of personal health information.

Medication Administration

This policy serves to ensure the safe and accurate administration and documentation of medications. There are five steps required of the practitioner prior to administering meds, which include:

- Verify the medication corresponds with the order and product label
- Verify medication stability
- Verify that there are no contraindications for medication
- Verify the correct dose, time and route of administration
- Verify the correct patient

Documentation of medications administered to patients is to be done following said administration on the Medication Administration Record (MAR) or unit-specific tool.

Site Identification

With several exceptions, all patients having an invasive or surgical procedure that involves laterality, multiple structure or multiple levels must have their site marked. Immediately before starting the procedure, a formal process involving the entire surgical team (active communication) is implemented. The following checks must be documented in the medical record:

- Correct patient
- Correct procedure
- Correct side/site, if applicable
- Correct patient position
- Correct implant(s) and special equipment, if applicable
- Correct radiographic images, if applicable

The procedure/surgery will not proceed if the entire team does not agree.

Autotransfusion via Infusion Pump

Utilization of the infusion pump allows for accurate control method of autotransfusion. A credentialed RN in the Intensive Care Unit setting shall

perform autologous infusion. Both the equipment and procedure are delineated in the policy.

Medical Equipment Management Plan

This plan strives to maintain complete and continuous compliance with the JCAHO medical equipment management requirements. These requirements are designed to assess and control the clinical and physical risks of fixed and portable equipment used for diagnosis, treatment, monitoring, and care of patients. It entails the selection, acquisition, and assessment of medical equipment prior to its initial use; a preventive maintenance program; monitoring and acting on equipment alerts and recalls; monitoring and reporting incidents as required by the Safe Medical Device Act; reporting and investigating equipment management problems, failures and user errors; and the orientation and education of medical equipment users.

Infection Control

The policy's purpose is to prevent the transmission of microorganisms among patients, staff and visitors. Specific infection transmission reduction methods (when applicable to a department, all personnel will comply with) include: Standard Precautions for all patients; Transmission based precautions when applicable; TB Exposure Control Plan; Exposure Control Plan; Prompt reporting of blood borne/communicable disease exposures; Communicable Disease follow-up by Employee Health; Off-work order requirements for communicable diseases; Hand Hygiene Policy; Cleaning and disinfecting instruments; the Linen Policy; Aseptic Sterile Technique; Proper Handling of biohazard waste and sharps; Expiration dates or event related dating of supplies; No eating, drinking or applying cosmetics is allowed in patient care areas or at workstations where blood or body fluids may be present.

2) When deliberating on whether to grant a Certificate of Need for a third hospital as part of the Roper St. Francis Healthcare system, please take into account the following accomplishments in 2004, which distinguish Roper St. Francis Healthcare as an excellent provider of choice:

High Quality:

- Radiation Therapy Center accredited by National Cancer Institute for Intensity Modulated Radiotherapy (1st in South Carolina)
- Chest Pain Center accredited by Society of Chest Pain Centers and Providers (1st in the Lowcountry, 2nd in South Carolina)

- Bone Marrow Transplant accredited by the National Marrow Donor Program to perform unrelated donor transplants (2nd in South Carolina)

- Roper St. Francis Healthcare ranks #85 in Top 100 Integrated Health Networks as named by Verispan (1 of only 3 in South Carolina), published in *Modern Healthcare*, January 31, 2005 (attached in Tab 7).

Growth Initiatives:

- Numerous growth initiatives received DHEC approval and were implemented, including a $77 Million New Patient Tower at Roper Hospital; $6 Million Emergency Department expansion at Bon Secours St. Francis Xavier Hospital (BSSFH); construction of a Medical Office Building on the campus of BSSFH; Renovation and expansion to Roper West Ashley Surgery Center

Satisfaction:

- Received 28 national medical staff and patient satisfaction awards
- High retention rates: 87.5% for all employees and 87% for RN's

Community Benefit 2004:

- $674 million total economic impact
- $81.9 million in community benefit
- +2,300 hours of staff time in community benefit

These accomplishments also demonstrate the commitment of Roper St. Francis Healthcare to fulfilling its mission- healing all people with compassion, faith, and excellence.

3) Thirdly, as the Lowcountry's only private not-for-profit healthcare system, it is a significant part of the Roper St. Francis Healthcare mission to provide healthcare services to everyone, regardless of their ability to pay. Roper St. Francis Healthcare is also committed to public service as part of its mission, as demonstrated by community outreach, sponsorships, and various support groups. The following summarizes Roper St. Francis Healthcare's public service last year.

Charity Care

- In 2004, the system provided $18,584,973 in charity care to its community.

Community Outreach

- Roper St. Francis Healthcare employees showed their commitment to the community and donated $204,831 to the Trident United Way.
- The system brings health and wellness education and screenings to the community it serves through health fairs and clinics. Health fairs and screenings serve an important role in detecting early onset illness and disease in many of our residents. In 2004, we provided screenings and health fairs to 56,746 residents.

Sponsorships

- Corporate donations, contributions of paid employee time and donations of supplies and equipment are among the many ways RSFH supports community organizations and events that are in alliance with its mission. 2004 recipients included: Tri-County Project Care, Franklin C. Fetter Family Health Centers, Our Lady of Mercy Wellness House, Sea Island Medical Center and the American Heart Association.

Support Groups

- Roper St. Francis support groups include: Aneurysm, Breast Feeding, Breast Cancer, Diabetes, Expressions of Healing, Mended Hearts, Parkinson's and Stroke.

Giving Back

- In 2004 Roper St. Francis Healthcare contributed nearly $82 million in direct charitable expenditures to provide for the community we serve.

Unreimbursed Care	$52,794,175
Charity Care	$18,584,973
Advocacy & Direct In-Kind Services	$ 2,302,471
Taxes and Payments in Lieu of Taxes	$ 8,007,915
Community Outreach Programs	$ 198,590
Total	**$81,888,124**

The residents in Mount Pleasant and East of the Cooper River would be well served by having a community-based alternative to the one for profit provider in the area.

000053

c. Part C. Programmatic Documents

Provide adequate programmatic documents in support of the various elements of the proposed project. These documents will include as appropriate:

1. *An Indigent Care Plan as required by the Board of Health and Environmental Control. It shall address at minimum, the following:*

   a. *The existing and proposed admission and treatment policies of the facility or agency with regard to race, sex, creed, national origin, and ability to pay.*

      The current policy of Roper St. Francis Healthcare member hospitals is to provide required treatment and care to patients residing in the system's service area regardless of race, sex, creed, national origin, or ability to pay provided the patient is admitted by a member of the facility's medical staff. Emergency patients will be treated regardless of ability to pay before, during, or after their visits and will not be denied access to care because of ability to pay at time of admission. A similar policy will be adopted by the Roper St. Francis Mount Pleasant Hospital.

   b. *The proposed admission and treatment policies of the facility or agency with respect to admission and care of indigent patients including those patients unable to pay at the time of admission and those whose benefits expire while in the care of the facility or agency.*

      Refer to the response in "a" above.

   c. *In existing facilities or agencies, provide the amount, in dollars and percent of gross revenues, that the facility or agency provided in indigent care during the past three fiscal years. NOTE: Indigent care does not include bad debt; contractual adjustments; or care which is reimbursed by a governmental program (Medicare, Medicaid, county indigent program), church, or philanthropic organization.*

      Not applicable, as this is a proposed new facility.

   d. *Provide the proposed amount of indigent care the facility or agency projects to provide during the existing fiscal year and next fiscal year. This projection should be expressed in dollars and a percent of gross revenues.*

Incremental Days Only	2009	2010	2011
Gross Revenues	$68,614,610	$113,078,280	$145,586,480
Indigent Care	$ 1,303,678	$ 2,148,487	$ 2,766,143
% of Gross Revenues	1.9%	1.9%	1.9%

e. *A discussion of why the above figures are adequate or inadequate for the needs of the community; the need of indigent care within the proposed service area; and any solutions, remedial plans or proposals by the facility or agency to better address the indigent care problem in the service area. Include any initiatives or undertakings the facility or agency has begun to address the indigent care problem in the proposed service area.*

Projected indigent funding in conjunction with other programs at Roper St. Francis Healthcare facilities address many needs of indigent patients in our community. Roper St. Francis Healthcare plans to continue working with local, state and national leaders in efforts to better address the indigent care issues in conjunction with health care reform.

f. *Describe any Board or Advisory Board established to implement or control the indigent problem at the facility or agency. Include the Board's functions, responsibilities, and limitations.*

The Roper St. Francis Healthcare Board of Directors will be responsible for the Indigent Care Program by allocating funds on an annual basis for indigent and uncompensated care at each member hospital.

2. *A map of sufficiently large scale to be meaningful, indicating the location of the project site and its geographical area.*

Reference Tab 5

3. *A plot plan of the project site showing existing buildings, roads, parking areas, walks, service and entrance courts, existing utilities, and other natural land features necessary for adequate analysis of site conditions.*

Also reference Tab 5

000055

4. *A legal description of the project site indicating its physical characteristics and existing easements.*

   Included in Tab 5

5. *A square foot program of space and/or equipment elements, and scale drawings describing the existing space and proposed alterations and additions.*

   Reference Tab 3

6. *Evidence that the site will be properly zoned for the proposed project.*

   Tab 12 includes an excerpt from the Development Agreement, which outlines the permitted uses for each district in Carolina Park. The site is zoned CPI, and this page documents a hospital can be constructed.

7. *Documentation from appropriate sources that utilities supplied to the site are adequate for the project to include electricity, gas, water, and sewerage.*

   Letters from SCE&G, Mt. Pleasant Waterworks, and Berkeley Electric Cooperative are located in Tab 12.

8. *Endorsement from the community that the project is desirable. This may include but is not limited to members of the medical community, citizen's groups, and other health and social service disciplines in the community.*

   Community Support:

   Rawle Murdy is the largest full-service marketing, advertising, and public relations firm in the Coastal regions of Georgia and the Carolinas. The firm was

commissioned by RSFH to conduct an East Cooper community opinion survey. Their role was to assess public opinion of existing health care facilities and proposed expansions.

The methodology:

- statistically valid phone survey conducted April 11-18, 2005
- 400 total residents from Mt. Pleasant, Sullivan's Island, Isle of Palms and Daniel Island
- 20 questions plus demographic collection
- attempted to match community demographics
- Charleston area hospitals included in the survey: RSFH, MUSC, East Cooper Regional Medical Center, Trident Health System

Key Findings:

- Roper St. Francis Healthcare was rated the highest provider for overall delivery of quality healthcare
- Choice, convenience, controlling the cost of healthcare, and serving the growing population are concerns for people living East of the Cooper
- 96% agreed it was somewhat or very important to have a choice in hospitals
- 86% agreed with "More healthcare facility choices mean more services and convenience, and I support that."
- In addition, 86% agreed "Roper St. Francis has an outstanding reputation and I'd like for them to have a hospital in Mt. Pleasant."
- Awareness of both proposed expansions (East Cooper and RSFH) was very high, 74% and 75% respectively
- 88% of respondents support RSFH's expansion, compared to 85% that support East Cooper's expansion

In addition to the community opinion survey, 78 community support letters are located in Tab 11.

Physician Support:
168 physician support letters for the project can be found in Tab 11. Several additional letters from other healthcare providers are also included.

Legislative Support:
Eight support letters for the project are in Tab 11.

Note that additional letters of support will be forwarded to the Department as received.

9. *Documentation that the proposed project has been approved by the health facility's planning committee and governing body.*

   Reference Tab 8 for a copy of the Roper St. Francis Healthcare Board of Directors' approval as excerpted from the minutes.

10. *For the facilities or services not licensed by the Department of Health and Environmental Control, provided documentation of coordination and support from the appropriate licensing agency.*

    Not applicable

Part D. Assurances

The applicant must furnish written assurance of each of the following where applicable:

1. That the applicant has or will have a fee simple title or such other estate or interest in the site including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

2. That approval by the department of the final drawings and specifications, which will be prepared by an architectural and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.

3. That the applicant will submit to the Department for prior approval changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.

4. That the applicant will cause the project to be completed in accordance with the Certificate of Need application.

5. That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge

and belief, based upon available records, supplemental documents, and periodic observation of the work, the project was constructed according to those documents approved by the Department.

6. That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.

7. That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.

8. That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.

9. That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of without a Certificate of Need or exemption by the Department being received by the appropriate individual.

10. That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For service projects, the letter should indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.

11. That the applicant will notify the Department in writing of the date that a new or expanded services has been implemented, completed or terminated.

12. That the applicant will provide monthly progress reports and a final completion report which contains the information required by Section 607 of these regulations.

Roper St. Francis Mount Pleasant Hospital so assures

000059

Shannon Cantwell
The Gov. Thomas Bennett House, 69 Barre Street
Charleston SC 29401

Number of Copies: 1

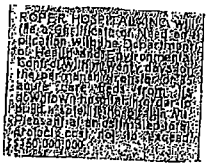
AFFIDAVIT OF PUBLICATION

The Post and Courier

State of South Carolina

County of Charleston

Personally appeared before me the undersigned advertising Clerk of the above indicated newspaper published in the City of Charleston, County and State aforesaid, who, being sworn, says that the advertisement of



(Copy attached)

appeared in the issues of said newspaper on the following day(s):

06/02/2005, 06/03/2005, 06/04/2005

at a cost of $ 62.40
Account# H766159
Order# C220UXRQ
P.O. Number: satellite

Subscribed and sworn to before me this 7th day of June A.D. 2005

Advertising Clerk

NOTARY PUBLIC, SC
My Commission expires 10/10/13

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Roper Hospital

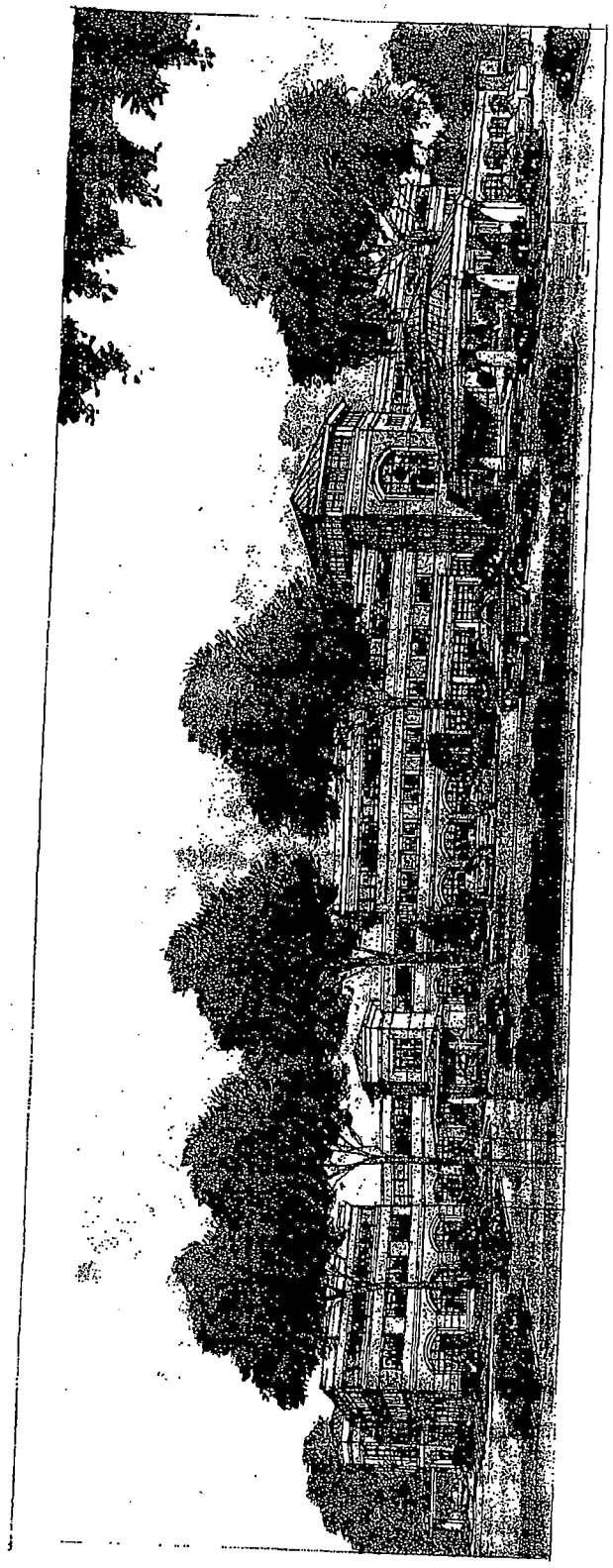
316 Acute Care Beds
39 Rehabilitation Beds
355 Total Licensed Beds [1]

Service Line	Location	# Beds
Cardiac [2]	5th floor, New Tower	12
	4th floor, New Tower	46
	3rd floor, New Tower	24
	2nd floor, New Tower	8
		90
Surgery	7th floor, New Tower	42
	6 East	21
	7 Pettit	18
		81
Oncology	5 South	22
	5 Pettit	16
		38
Orthopedics	6 South	19
	6 Pettit	15
		34
Medicine	2 Pettit	14
	3 East	21
	5 East	22
	3 Pettit	16
		73
Sub-Total of Acute Care		316
Rehabilitation	8 Pettit	32
	3 North	7
		39
Total # Licensed Beds		355

[1] Assumes the permanent transfer of 13 acute care beds to BSSFH and 85 acute care beds to Roper St. Francis Mt. Pleasant Hospital. Reference page 3 of the application for further explanation.
[2] The 2nd floor, New Tower also includes 15 unlicensed cardiac observation beds for a total of 147 beds located in the new patient tower currently under construction (SC-03-58).

000061

Trident_08378



Concept Sketch

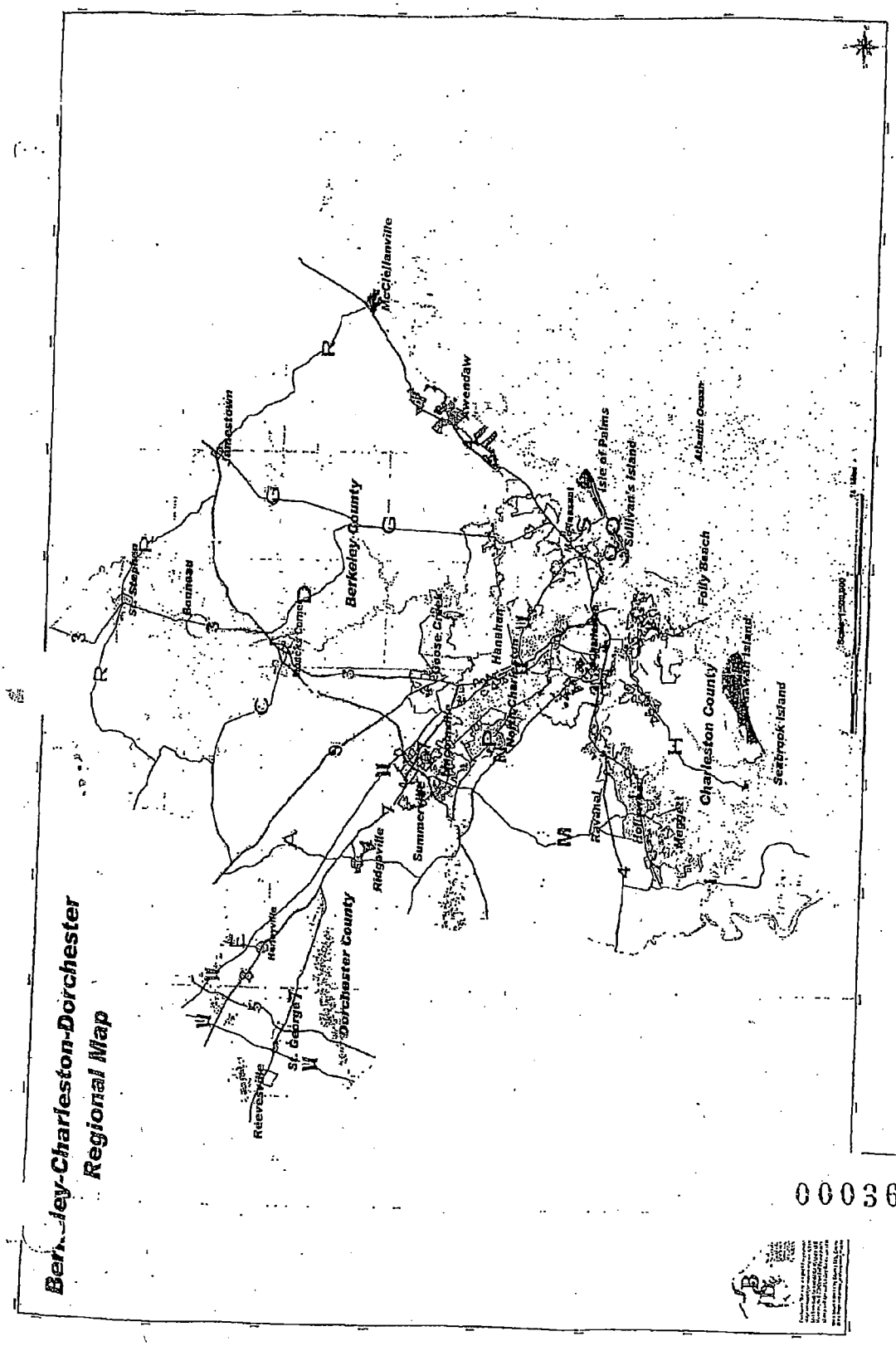
13 June 2005

HKS

Mt. Pleasant Hospital

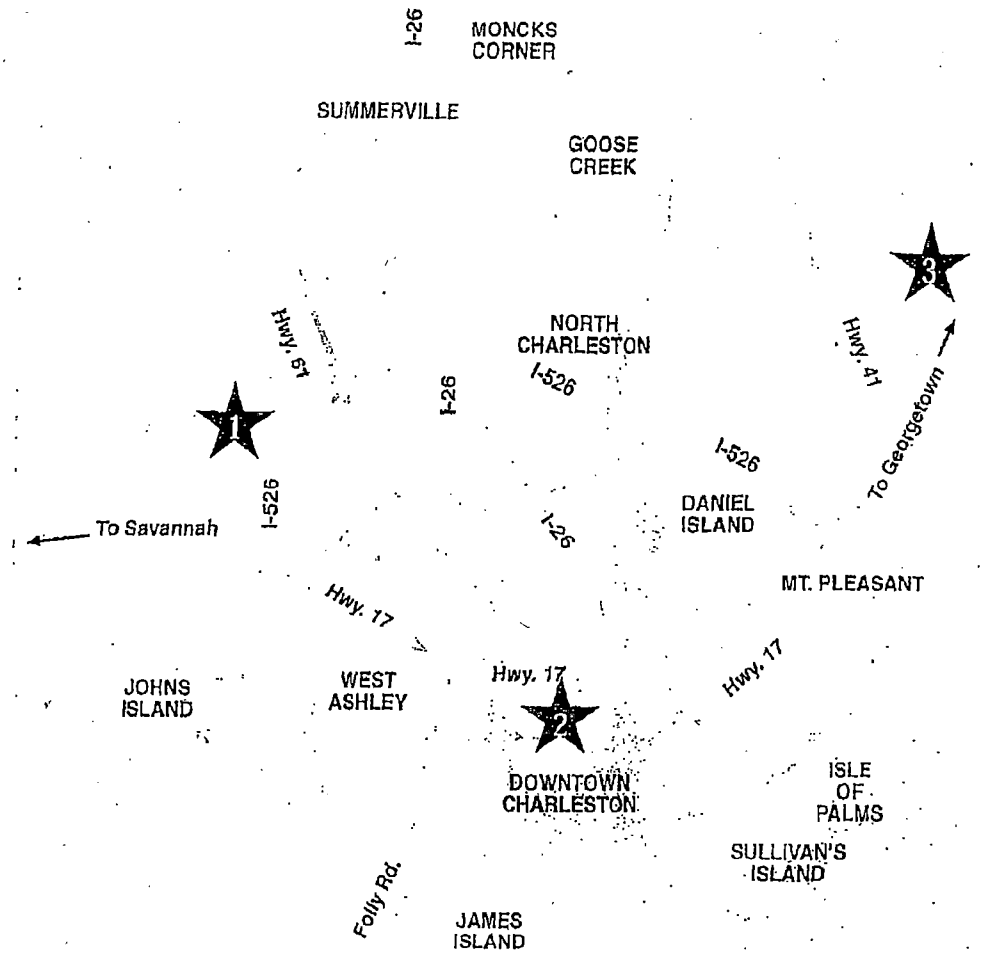
Mt. Pleasant, South Carolina

000062



000363

Trident_08686



ROPER ST. FRANCIS HEALTHCARE

1. Bon Secours St. Francis Hospital
2. Roper Hospital
3. Proposed Roper St. Francis Mount Pleasant Hospital

000364

Trident_08687

What is your Credit Score?
150 250 350 450 550 650 750 850 950
Lowest Highest
Find out instantly!

MAPQUEST FIND IT MAPS DIRECTIONS

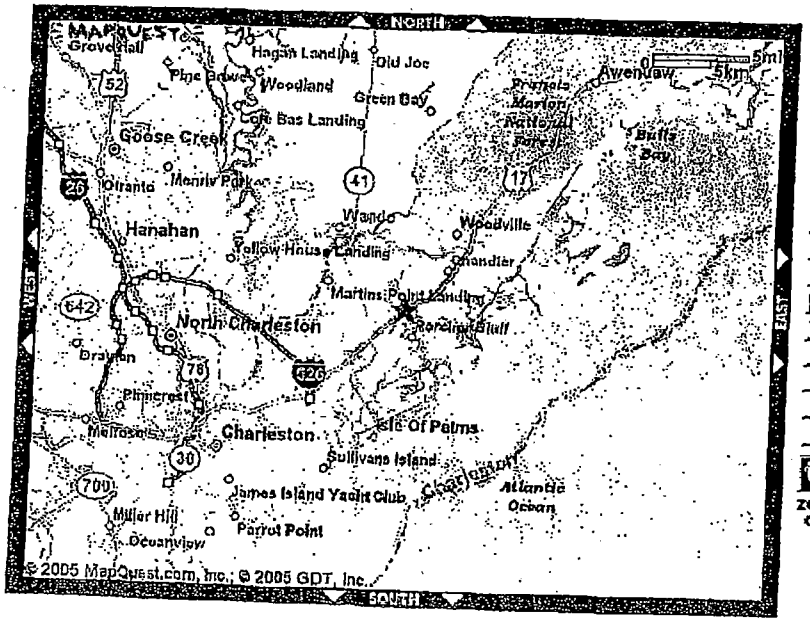
Maps

Print | E-Mail | Send to Phone | PDA | Revise | New Map | Directions To or Directions From

Airport Rd & N Highway 17 Mt Pleasant, SC 29466, US - Mt Pleasant Hotel Offers - Mt Pleasant Flight Offers

Find Nearby:
(e.g., Theaters)

Or Top Categories Search



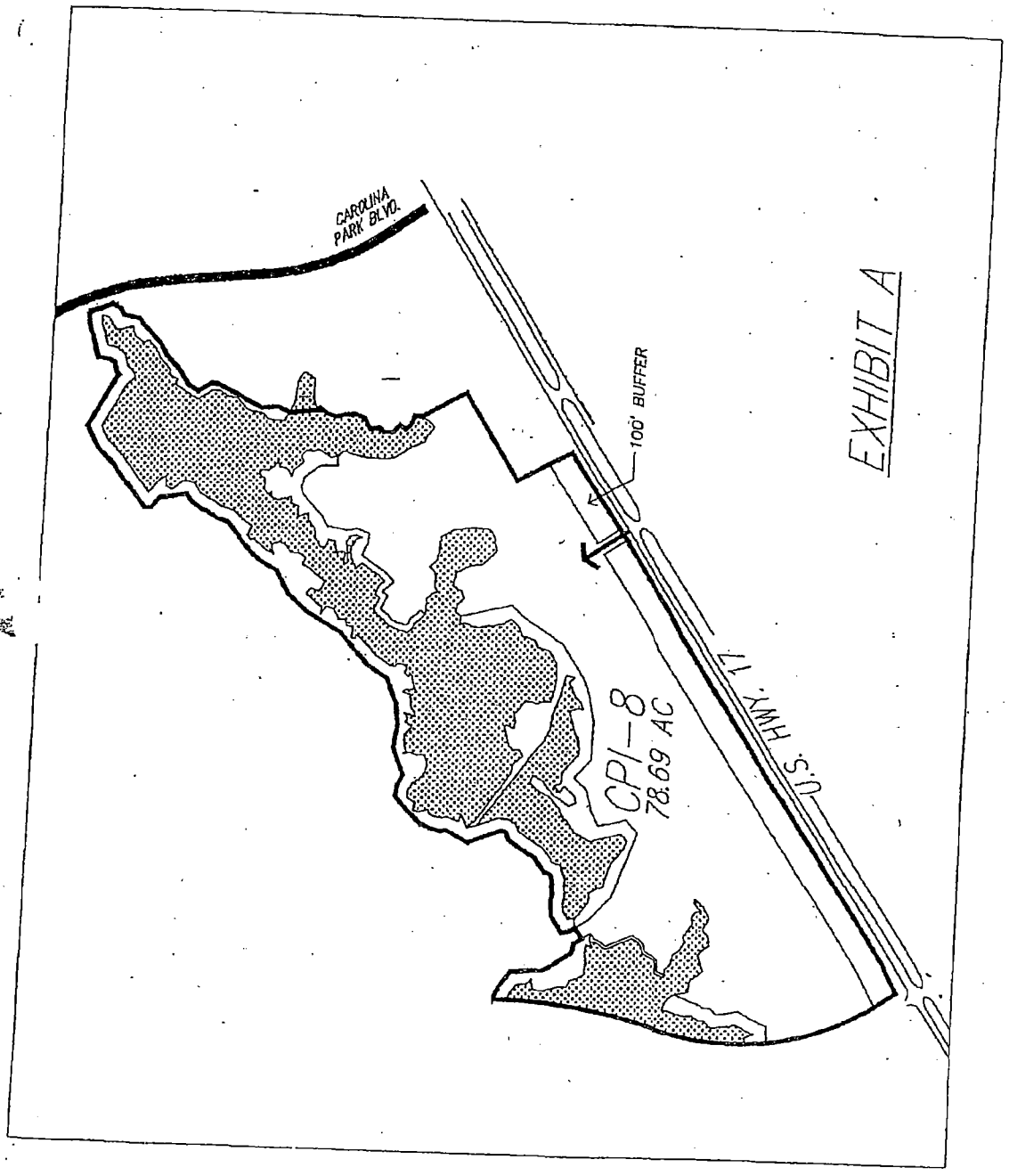
Get Directions To Above Location

Address or Intersection
City

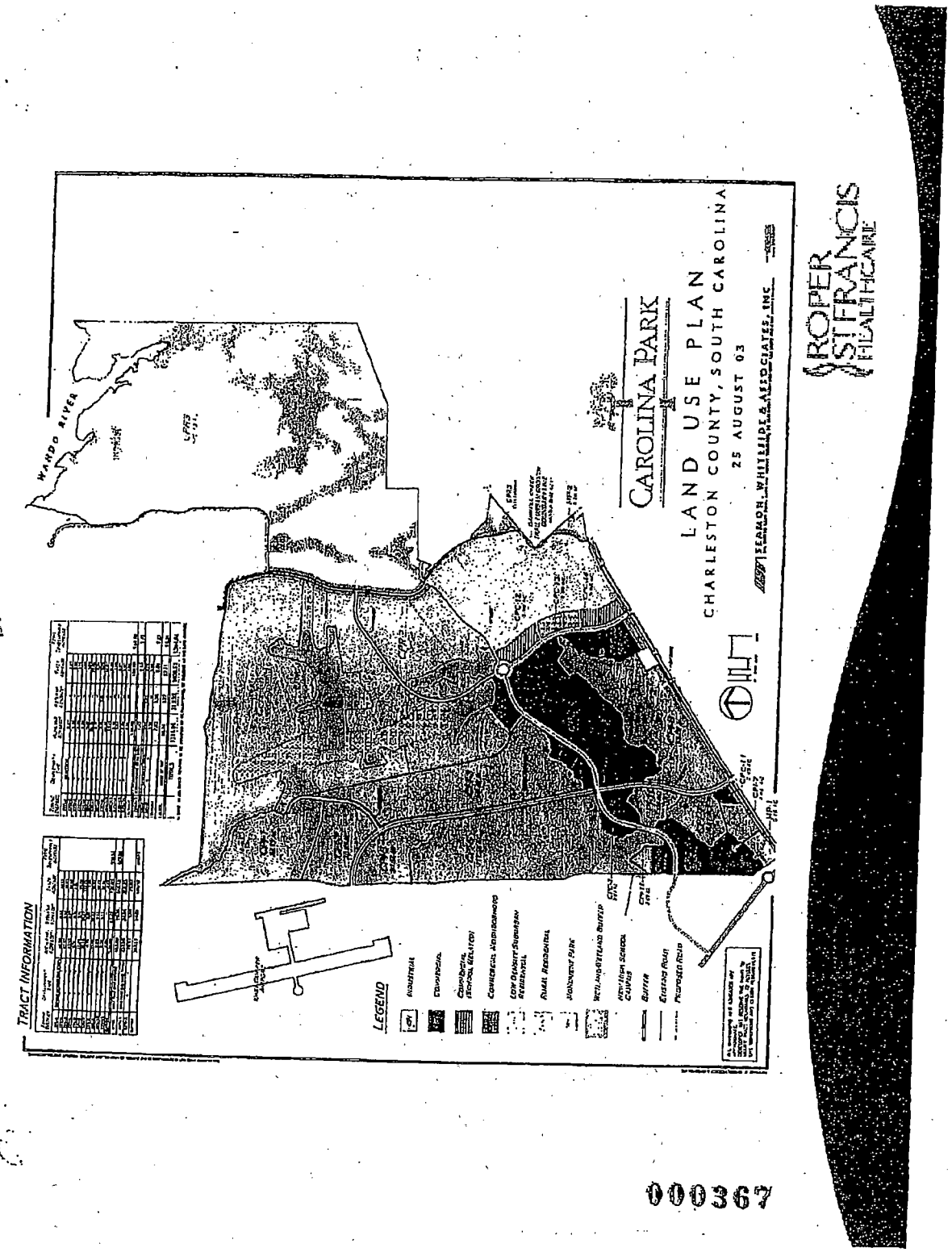
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South Carolina Vacati
Mt Pleasant Homes
South Carolina Homes
Mt Pleasant New Cars
South Carolina Resort
Mt Pleasant Apartmer
Mt Pleasant Jobs
Mt Pleasant Real Esta

000365


CAROLINA PARK BLVD.
100' BUFFER
EXHIBIT A
CPI-8
78.69 AC
U.S. HWY. 17

000366


CAROLINA PARK
LAND USE PLAN
CHARLESTON COUNTY, SOUTH CAROLINA
25 AUGUST 03
SEAMON, WHITESIDE & ASSOCIATES, INC.
ROPER ST FRANCIS HEALTHCARE
WANDO RIVER
TRACT INFORMATION
LEGEND
INDUSTRIAL
COMMERCIAL
CONSERVATION/ RECREATION
COMMERCIAL NEIGHBORHOOD
LOW DENSITY SUBURBAN RESIDENTIAL
RURAL RESIDENTIAL
MONUMENT PARK
WETLAND/UPLAND BUFFER
NEIGHBORHOOD SCHOOL CAMPUS
BUFFER
EXISTING ROAD
PROPOSED ROAD

000367

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78.805 ACRE TRACT
LEGAL DESCRIPTION

Beginning at an existing 1"pinched pipe at the intersection of the eastern right-of-way of Airport Road and the northern right-of-way of U.S. Highway 17, said point being the POINT OF BEGINNING; thence along the right-of-way of Airport Road N33°40'40"W, 90.31' to an existing 1"pinched pipe; thence along a curve to the right with a radius of 986.38', N08°11'08"W, 856.91' along the chord to an existing 1"pinched pipe; thence N17°09'46"E, 74.02' to an existing 1"pinched pipe; thence along a curve to the left with a radius of 1,803.03', N08°09'35"E, 587.87' along the chord to a new 1/2" rebar; thence along a new property line S62°29'16"E, 59.66' to a new 1/2" rebar; thence S53°29'44"E, 71.27' to an new 1/2" rebar; thence S02°46'26"E, 127.83' to a point; thence S34°53'19"E, 128.16' to a point; thence S80°44'55"E, 32.98' to a new 1/2" rebar; thence S33°57'49"E, 38.09' to a new 1/2" rebar; thence N52°56'43"E, 50.07' to a new 1/2" rebar; thence N33°57'49"W, 28.04' to a new 1/2" rebar; thence N08°00'03"W, 27.67' to a point; thence N57°07'15"E, 79.70' to a point ; thence N86°00'24"E, 48.88' to a point; thence S81°59'42"E, 35.02' to a point; thence N84°35'29"E, 30.35' to a point; thence S89°16'01"E, 24.27' to a point ; thence N73°23'30"E, 24.34' to a point; thence N20°32'11"E, 26.81' to a point; thence N52°05'26"E, 70.12' to a point ; thence N30°39'33"E, 40.69' to a point; thence N33°11'34"E, 81.05' to a point; thence N65°13'36"E, 32.17' to a point ; thence N32°48'28"E, 7.30' to a point; thence N05°26'28"E, 16.56' to a point; thence N20°16'50"W, 46.13' to a point; thence N21°27'56"W, 78.01' to a point ; thence N41°47'05"W, 6.32' to a new 1/2" rebar; thence N28°05'28"E, 98.03' to a point; thence N13°42'23"W, 25.31' to a new 1/2" rebar; thence N15°58'58"E, 45.27' to a point; thence N27°01'44"E, 32.05' to a point; thence N10°53'31"W, 4.93' to a point; thence N44°30'22"E, 147.77' to a point; thence S84°30'48"E, 44.66' to a point; thence S61°27'23"E, 49.81' to a point; thence N66°04'08"E, 113.58' to a point; thence S81°43'14"E, 89.92' to a point; thence N82°32'27"E, 80.68' to a point; thence N67°30'52"E, 100.31' to a point; thence N31°48'24"E, 93.95' to a point; thence N47°57'14"E, 41.52' to a point; thence N40°28'08"E, 28.58' to a point; thence N45°44'19"E, 99.69' to a point; thence N29°08'56"E, 147.49' to a point; thence N40°30'17"E, 108.69' to a new 1/2" rebar; thence N59°48'26"E, 101.44' to a new 1/2" rebar; thence N27°56'29"E, 77.29' to a point; thence N35°28'00"E, 39.72' to a point; thence N48°01'13"E, 161.69' to a point; thence N17°41'42"E, 43.98' to a point; thence N31°07'13"E, 44.37' to a point; thence N25°25'31"E, 30.44' to a point; thence N35°22'55"E, 47.63' to a point; thence N54°14'47"E, 33.57' to a point; thence N07°31'12"W, 104.11' to a point; thence N48°00'32"W, 56.28' to a point; thence N00°58'47"E, 28.17' to a new 1/2" rebar; thence N49°58'06"E, 125.87' to a point; thence N53°24'11"E, 89.38' to a point; thence N43°56'09"E, 88.50' to a point; thence N61°39'32"E, 92.41' to a new 1/2" rebar; thence S60°43'01"E, 157.06' to a point; thence S60°40'13"E, 58.55' to a point; thence S42°16'30"E, 9.31' to a point; thence N48°46'34"E, 16.05' to a point; thence N74°26'40"E, 38.62' to a point; thence N34°42'39"E, 15.78' to a point; thence N11°01'04"E, 54.70' to a point; thence N74°24'09"E, 80.90' to a point; thence N69°49'48"E, 49.26' to a point; thence N85°40'12"E, 33.17' to a point; thence N68°17'01"E, 11.33' to a new 1/2" rebar on the right-of-way of Carolina Park Boulevard; thence along the right-of-way a curve to the right with a radius of 1,095.34', S18°55'00"E, 107.00' along the chord to a new 1/2" rebar; thence along a new property line S73°52'59"W, 11.33' to a point; thence S26°08'52"W, 22.91' to a point; thence S58°11'15"W, 28.75' to a point; thence S11°02'58"W, 63.35' to a point; thence S43°09'13"W, 128.66' to a point; thence S57°24'07"W, 48.83' to a point; thence S46°16'32"W, 76.04' to a point; thence S55°04'59"W, 74.22' to a point; thence S31°37'10"W, 45.10' to a point; thence S32°41'10"E, 24.61' to a point; thence S32°54'03"E, 34.38' to a point; thence S03°45'45"W, 26.69' to a point; thence S25°17'05"W, 199.04' to a point; thence S04°53'20"E, 67.35' to a point; thence S04°53'20"E, 118.65' to a point; thence S55°39'34"E, S24°10'28"W, 48.02' to a point; thence S04°53'20"E, 118.65' to a point; thence S55°39'34"E, 9.17' to a point; thence S32°04'07"W, 36.15' to a point; thence S15°49'34"W, 38.75' to a point; thence S14°55'28"E, 34.64' to a point; thence S08°21'18"E, 40.54' to a point; thence S17°30'51"W, 41.31' to a point; thence S60°15'51"W, 49.49' to a point; thence S08°36'13"E, 35.86' to a point; thence S34°21'45"W, 27.93' to a point; thence S01°37'32"E, 32.03' to a point; thence S47°43'49"E, 37.81' to a point; thence S33°59'07"W, 27.73' to a point; thence S39°56'09"E, 27.61' to a point; thence S67°24'34"E, 37.43' to a point; thence S03°13'09"W, 30.05' to a new 1/2" rebar; thence S30°32'59"E, 192.58' to an existing 3" open pipe; thence S56°45'29"W, 394.03' to an existing 1/2" rebar; thence S28°07'01"E, 239.40' to an existing 1 1/2" pinched pipe on the right-of-way of U.S. Highway 17; thence along the right-of-way of U.S. Highway 17 S55°58'22"W, 741.04' to an existing 6"concrete monument disturbed; thence S62°07'41"W, 100.85' to an existing 6"concrete monument; thence S56°02'33"W, 1,500.77' to an existing 6"concrete monument; thence S61°14'12"W, 100.50' to an existing 6"concrete monument; thence S57°59'27"W, 24.91' to an existing 1"pinched pipe to the POINT OF BEGINNING.
Containing 78.805 acres, more or less.

END OF DESCRIPTION.

000368

- MAPQUEST -

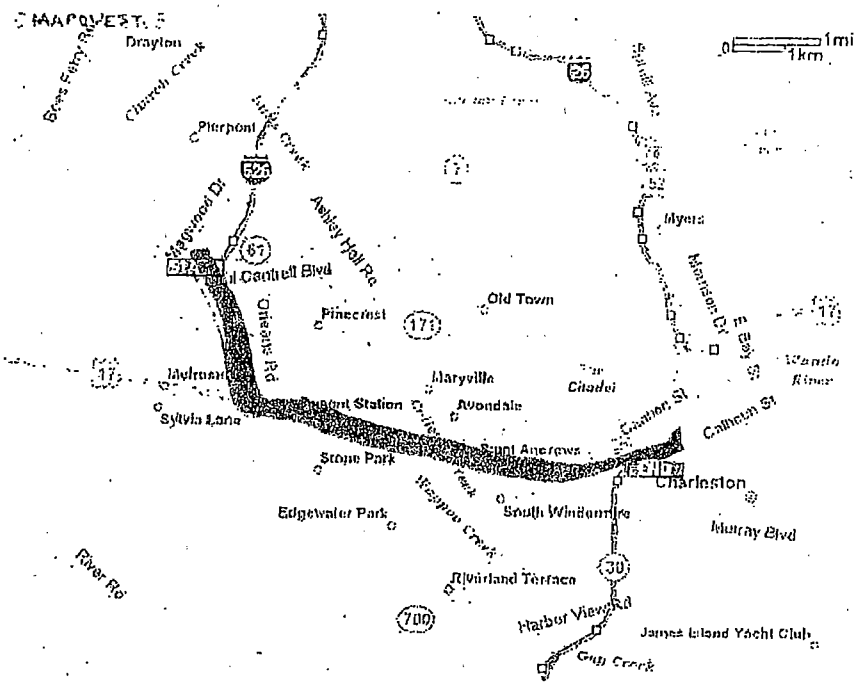
2095 Henry Tecklenburg Dr
Charleston, SC 29414-5733,
US

316 Calhoun St
Charleston, SC 29401-1113,
US

Maneuvers	Distance
1: Start out going WEST on HENRY TECKENBURG DR toward MAGWOOD RD.	0.2 miles
2: Turn LEFT onto MAGWOOD RD.	<0.1 miles
3: Turn RIGHT onto PAUL CANTRELL BLVD.	0.3 miles
4: Merge onto I-526 W/MARK CLARK EXPY/THEODORE TOBIAS MAPPUS JR PKWY toward SAVANNAH.	1.4 miles
5: Turn LEFT onto SAVANNAH HWY/US-17. Continue to follow US-17 N.	4.4 miles
6: Take the LOCKWOOD DR ramp.	<0.1 miles
7: Take the LOCKWOOD DR - SOUTH ramp.	<0.1 miles
8: Merge onto LOCKWOOD DR/LOCKWOOD BLVD.	0.3 miles
9: Turn SLIGHT LEFT to take the CALHOUN STREET ramp.	<0.1 miles
10: Turn SLIGHT RIGHT onto CALHOUN ST.	<0.1 miles
11: End at **316 Calhoun St** Charleston, SC 29401-1113, US	

Total Est. Time: 12 minutes **Total Est. Distance:** 7.25 miles

000369



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000370

- MAPQUEST -

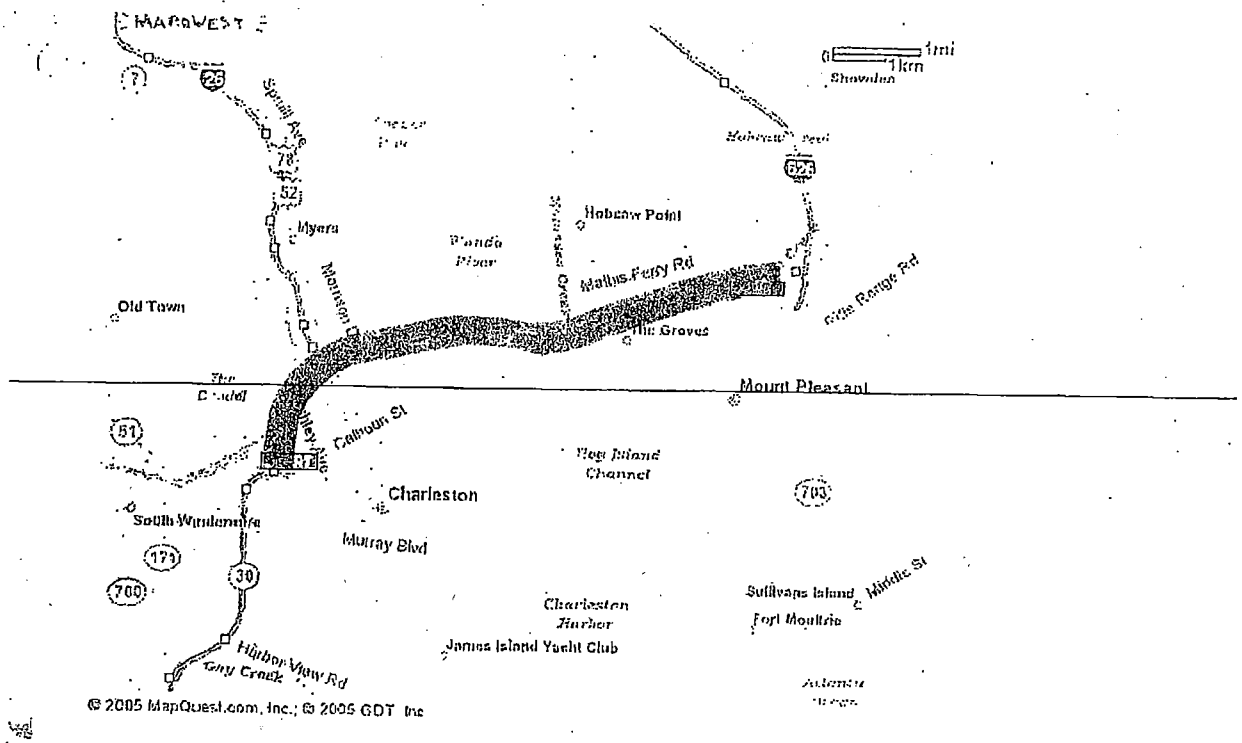
316 Calhoun St
Charleston, SC 29401-1113,
US

1200 Johnnie Dodds Blvd
Mt Pleasant, SC 29464-3231,
US

Maneuvers	Distance
1: Start out going WEST on CALHOUN ST toward COURTENAY DR.	<0.1 miles
2: Turn RIGHT onto COURTENAY DR.	0.3 miles
3: Turn RIGHT onto CANNON ST/US-17 N. Continue to follow US-17 N.	5.7 miles
4: Turn LEFT onto ANNA KNAPP BLVD.	<0.1 miles
5: Turn RIGHT onto JOHNNIE DODDS BLVD.	0.3 miles
6: End at **1200 Johnnie Dodds Blvd** Mt Pleasant, SC 29464-3231, US	

Total Est. Time: 12 minutes [redacted]

000371



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000372

MAPQUEST

1200 Johnnie Dodds Blvd
Mt Pleasant, SC 29464-3231,
US

Mount Pleasant, SC 29466, US

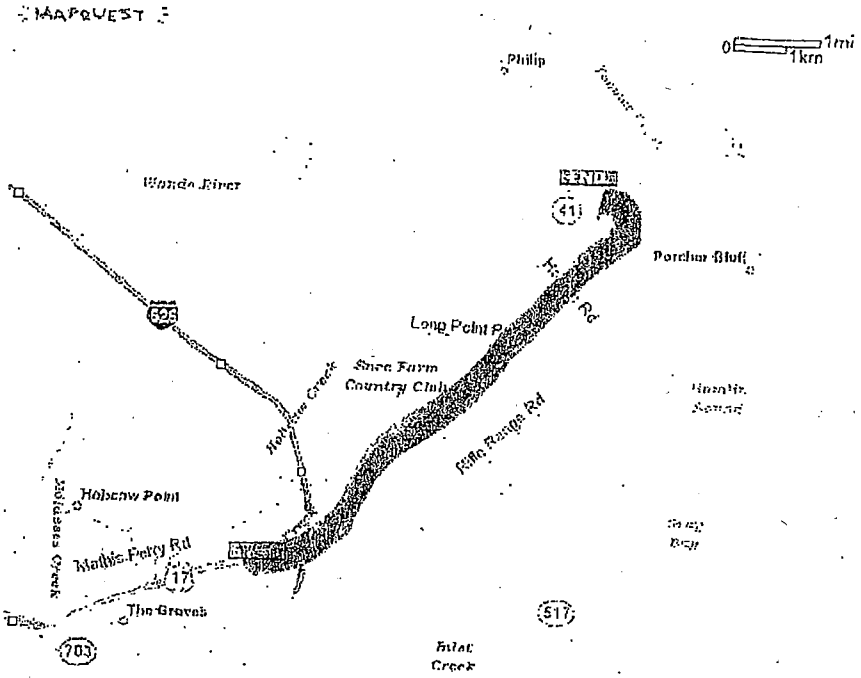
Maneuvers	Distance
1: Start out going EAST on JOHNNIE DODDS BLVD toward BOWMAN RD.	0.1 miles
2: Turn RIGHT onto BOWMAN RD.	<0.1 miles
3: Turn LEFT onto US-17 N/US-701 N.	5.4 miles
4: Turn LEFT onto LEXINGTON DR.	0.3 miles
5: Turn RIGHT onto SEABORN DR.	0.2 miles

There are .37 miles between your ending location and the end of your driving directions. Use maps to get from your ending location to the end of your route.

6: End at Mount Pleasant, SC 29466, US

Total Est. Time: 11 minutes [redacted]

000373



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000374

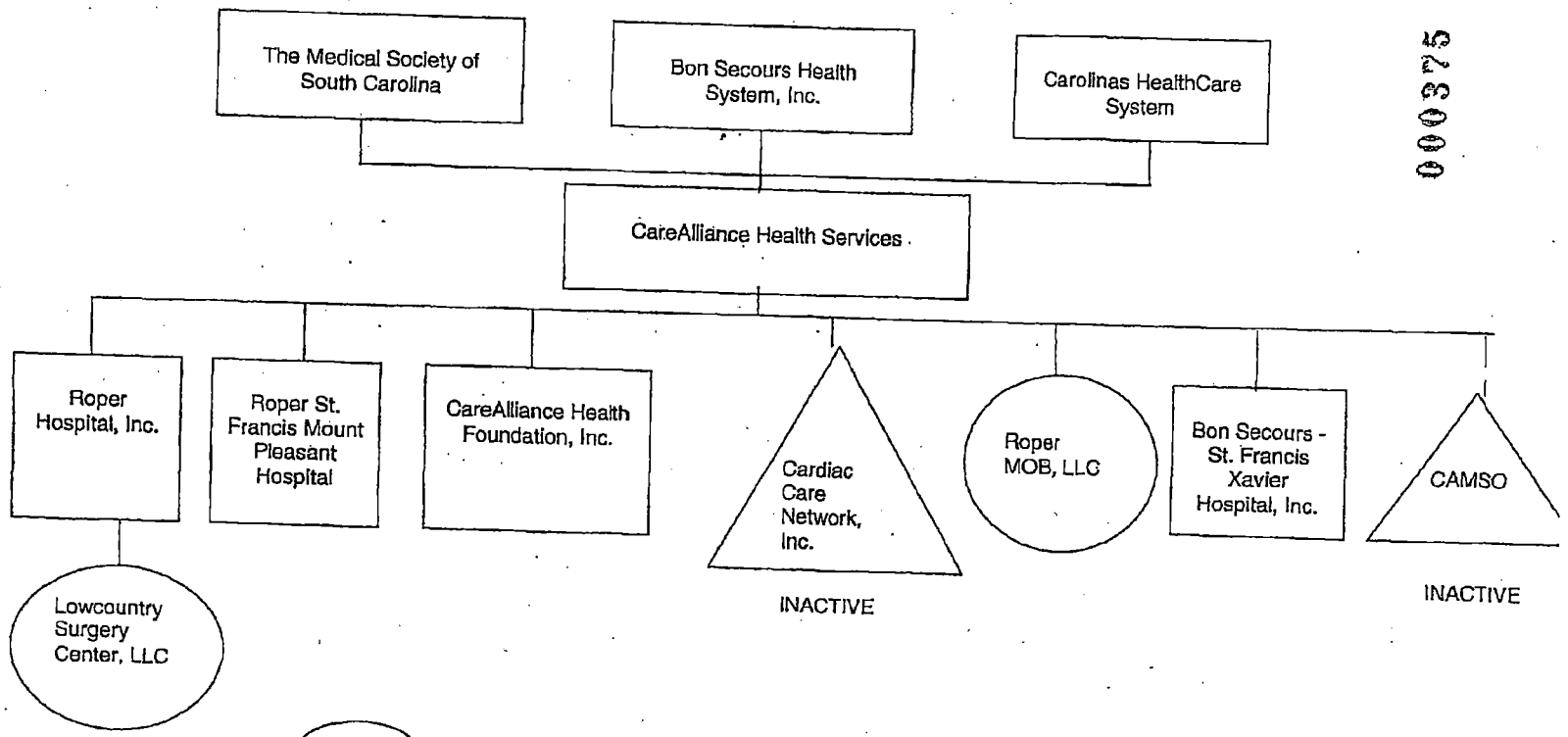
Joint Exhibit 008-0075

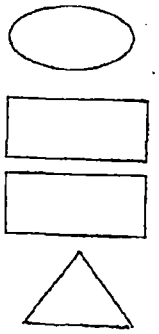
Trident_08698

RECORD 007126

000325

Organization Chart
CareAlliance Health Services d/b/a
Roper St. Francis Healthcare





General and limited partner interest in S.C. Limited Partnership or ownership interest in Limited Liability Corporation

Obligated Group Member

Not for profit

For profit

RESOLUTIONS OF THE
SOLE MEMBER OF
ROPER HOSPITAL NORTH, INC. TO ACTIONS WITHOUT A MEETING

RE: AMENDMENT OF ARTICLES OF INCORPORATION AND BYLAWS

The undersigned, CareAlliance Health Services, d/b/a Roper St. Francis Healthcare, constituting the sole member ("Member") of Roper Hospital North, Inc., a nonprofit corporation organized and governed under the laws of the State of South Carolina (hereinafter referred to as the "Corporation"), does hereby by written consent agree to the following:

WITNESSETH:

WHEREAS, Article VIII, Section 8.2 of the Corporation's Bylaws (the "Bylaws") states that the Bylaws may be amended at any time by the Member;

WHEREAS, Article II, Section 2.8 of the Bylaws states that any action of the Member may be taken without a meeting by written consent;

WHEREAS, the Member has decided to conduct any future business primarily in Mt. Pleasant, South Carolina to better serve the healthcare needs of the residents of Charleston County, South Carolina and its surrounding areas;

WHEREAS, the Member has also decided to change the name of the Corporation; and

WHEREAS, the Member has determined that it is in the best interest of the Corporation to amend its Articles of Incorporation and Bylaws to change the name of the Corporation from "Roper Hospital North, Inc." to "Roper St. Francis Mount Pleasant Hospital".

NOW, THEREFORE, IT IS HEREBY RESOLVED, that the above recitals are true and correct and are incorporated herein.

BE IT FURTHER RESOLVED, that the Articles of Incorporation be amended to change the name of the Corporation to Roper St. Francis Mount Pleasant Hospital (The Articles of Amendment are attached hereto as Exhibit "A".).

BE IT FURTHER RESOLVED, that the Bylaws of the Corporation shall be amended to change the name of the Corporation to Roper St. Francis Mount Pleasant Hospital and to otherwise update the Bylaws from a best practice standpoint.

000376

IN WITNESS WHEREOF, the undersigned Member of the Corporation agrees to the above resolutions dated as of this 22 day of June, 2005.

SOLE MEMBER:
CAREALLIANCE HEALTH SERVICES
d/b/a ROPER ST. FRANCIS HEALTHCARE

By: David L. Dunlap, FACHE
Its: President and Chief Executive Officer

CHARLESTON\192767v2

EXHIBIT "A"

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUN 3 2005

NONPROFIT CORPORATION ARTICLES OF AMENDMENT

PLEASE PRINT CLEARLY WITH BLACK INK

SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to the provisions of Section 33-31-1005 of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State these articles of amendment.

1. The name of the nonprofit corporation is Roper Hospital North, Inc.

2. Date incorporated July 26, 1934

3. Specify (a) the text of every amendment adopted, and (b) list when each amendment was adopted.
   See attached Addendum.

4. ☐ By checking this paragraph #4 the applicant represents that (a) approval of the amendment by the members was not required, (b) the amendment was approved by a sufficient vote of the board or directors or the incorporators. (Do not check this paragraph #4 if member vote was required or if the required vote of directors or incorporators was not obtained.)

5. If the approval of the members was required to adopt the amendment(s), provide the following information:

   (a) Designation (Classes of Membership)
   CareAlliance Health Services

   (b) Number of memberships outstanding
   1

   (c) Number of votes entitled to be cast by each class entitled to vote separately on the amendment
   1

   (d) Number of votes of each class indisputably voting on the amendment
   1

   (e) Complete one of the following as appropriate

   (i) Total number of votes cast for and against the amendment by each class entitled to vote separately For- 1

   Against- 0

   (ii) Total number of undisputed votes cast for the amendment by each class which was sufficient for approval for that class

050606-0157 FILED: 06/03/2005
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
Filing Fee: $10.00 ORIG

Mark Hammond South Carolina Secretary of State

SOSOS 8037341014 FAX 12:16 08/06/05

002/004

000379

Trident_08702

Roper Hospital North, Inc.
Name of Corporation

6. ☐ By checking this paragraph #6 the applicant represents that approval of the amendment by some person or persons other than the members, the board, or the incorporators is required pursuant to Section 33-31-1030 of the 1976 South Carolina Code of Laws, as amended, and that the approval was obtained. (Do not mark paragraph #6 if either of these statements is not true.)

7. If the amendment provides for an exchange, reclassification, or cancellation of memberships, provisions for implementing the amendment must be set forth here if provisions are not contained in the amendment itself _____

8. ☐ If this corporation is converting from either a public benefit or religious corporation into a mutual benefit corporation, mark this paragraph #8 which certifies that a notice, including a copy of the proposed amendment, was delivered to the South Carolina Attorney General at least twenty days before the consummation of the amendment.

Date June 2, 2005

Roper Hospital North, Inc.
Name of Corporation

Signature of Officer

David L. Dunlap
Type or Print Name and Office President and Chief Executive Officer

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must by filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.
3. This form must be accompanied by the filing fee of $10.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NP-ARTICLES OF AMENDMENT.doc

Form Revised by South Carolina Secretary of State, January 2000

003/004

06/08/05 12:17 FAX 8037341814 SCSOS

000380

ADDENDUM TO ARTICLES OF AMENDMENT

Section 3. of the Articles of Amendment shall read as follows:

(a) Resolved that the Articles of Incorporation be amended to change the name of the Corporation from "Roper Hospital North, Inc." to "Roper St. Francis Mount Pleasant Hospital".

Resolved that all references in Exhibit A to Amendment to Articles of Incorporation filed July 31, 1998 with the South Carolina Secretary of State to "Roper Hospital North, Inc." be replaced with "Roper St. Francis Mount Pleasant Hospital".

Resolved that all references in Exhibit A to Amendment to Articles of Incorporation filed July 31, 1998 with the South Carolina Secretary of State to "RBC Health System, Inc." be replaced with "CareAlliance Health Services".

(b) The sole member of the Corporation, CareAlliance Health Services, adopted the amendment June 2, 2005.

2004 Medstat / Claritas Data

Tri-County Area Populations

000382

2004 Demographic Snapshot
Area: Pennisula Population

Level of Geography: ZIP Code

29401, 29403

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2000 Total Population	33,750	281,421,906
2004 Total Population	33,688	292,936,668
2009 Total Population	33,664	307,115,866
% Change 2004 - 2009	-0.1%	4.8%
Average Household Income	$51,144	$63,301

	2004	2009	% Change
Total Male Population	16,059	15,970	-0.6%
Total Female Population	17,629	17,694	0.4%
Females, Child Bearing Age (15-44)	8,734	8,495	-2.7%

POPULATION and INCOME DISTRIBUTION

Age Distribution

Age Group	2004	% of Total	2009	% of Total	USA 2004 % of Total
0-14	4,427	13.1%	4,362	13.0%	20.7%
15-24	9,825	29.2%	9,334	27.7%	14.2%
25-44	7,802	23.2%	7,629	22.7%	28.9%
45-64	6,866	20.4%	7,363	21.9%	23.7%
65+	4,748	14.1%	4,976	14.8%	12.5%
Total	33,688	100.0%	33,664	100.0%	100.0%

Income Distribution

2004 Household Income	HH Count	% of Total	USA % of Total
<15K	5,135	36.0%	14.7%
$15-25K	2,032	14.3%	11.3%
$25-50K	3,155	22.1%	27.7%
$50-75K	1,465	10.3%	19.1%
$75-100K	747	5.2%	11.6%
Over $100K	1,723	12.1%	15.7%
Total	14,257	100.0%	100.0%

SOCIO-ECONOMIC INDICATORS

Education Level Distribution

2004 Adult Education Level	Pop Age 25+	% of Total	USA% of Total
Less than High School	1,788	9.2%	7.5%
Some High School	3,026	15.6%	12.0%
High School Degree	3,872	19.9%	28.5%
Some College/Assoc. Degree	3,877	19.9%	27.5%
Bachelor's Degree or Greater	6,873	35.4%	24.6%
Total	19,436	100.0%	100.0%

Race/Ethnicity Distribution

Race/Ethnicity	2004 Pop	% of Total	USA % of Total
White Non-Hispanic	16,611	49.3%	67.0%
Black Non-Hispanic	15,816	46.9%	12.1%
Hispanic	535	1.6%	14.0%
Asian Non-Hispanic	273	0.8%	4.0%
All Others	453	1.3%	2.8%
Total	33,688	100.0%	100.0%

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RECORD 007134

Trident_08706

Joint Exhibit 008-0083

Population for Age Group and Sex
Area: East Cooper Area [1]
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-	Males 18-24	Females 18-2	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
29429	Awendaw	2,968	3.0%	310	320	74	80	107	115	357	402	413	427	99	110	49	88
29431	Bonneau	6,131	6.2%	634	641	127	135	259	269	781	792	813	856	246	246	144	168
29434	Cordesville	662	0.7%	64	66	19	18	30	31	88	85	80	89	38	27	16	19
29450	Huger	4,408	4.5%	519	493	139	148	193	196	564	636	535	580	131	112	62	109
29451	Isle of Palms	4,524	4.6%	360	316	76	59	135	124	536	573	805	847	213	218	110	150
29453	Jamestown	1,488	1.5%	142	133	43	40	70	73	198	200	197	215	51	52	25	49
29458	Mc Clellanville	2,943	3.0%	298	285	85	81	120	106	321	382	440	431	100	113	68	112
29464	Mount Pleasant	44,198	44.9%	4,405	4,099	797	822	1,538	1,595	7,027	7,725	5,214	5,851	1,100	1,353	966	1,685
29465	Mount Pleasant	18,810	19.1%	2,213	2,262	343	338	530	568	3,153	3,487	2,232	2,385	415	400	194	289
29479	Saint Stephen	6,878	7.0%	829	776	169	166	287	324	773	903	818	821	210	237	159	292
29482	Sullivans Island	1,844	1.9%	179	165	36	30	55	47	254	263	308	300	47	53	43	64
29492	Charleston	3,597	3.7%	425	430	91	64	136	149	583	620	413	465	71	76	26	47
Total		98,451	100.0%	10,399	9,986	1,989	1,996	3,490	3,597	14,615	16,089	12,268	13,388	2,713	2,997	1,872	3,092

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RECORD 007135

Trident_08707

Joint Exhibit 008-0084

Current Population for Age Group and Sex
Area: John's, James, West Ashley (1)
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
	29407	Charleston	15,377	27.5%	2,761	2,679	571	606	2,221	2,115	4,968	5,273	3,930	4,586	1,172	1,624	1,041	1,698
	29412	Charleston	34,871	27.2%	2,825	2,712	573	605	1,543	1,543	5,274	5,328	4,361	4,908	1,184	1,450	889	1,566
	29414	Charleston	24,795	19.4%	2,381	2,237	451	499	1,156	1,236	4,048	4,312	2,811	3,276	635	723	362	675
	29426	Adams Run	1,916	1.5%	235	211	46	43	88	78	233	280	229	257	85	71	36	64
	29438	Edisto Island	2,343	1.8%	167	157	51	38	62	82	252	251	408	449	136	158	63	89
	29449	Hollywood	7,619	6.0%	799	787	173	194	296	285	921	1,035	1,071	1,177	234	289	146	212
	29455	Johns Island	14,142	11.1%	1,199	1,180	281	243	558	506	1,780	1,830	1,998	2,393	697	856	358	463
	29470	Ravenel	4,413	3.4%	475	481	121	98	157	160	884	648	570	646	119	142	82	130
	29487	Wadmalaw Island	2,504	2.0%	202	205	62	72	111	85	297	315	391	416	89	94	51	114
Total			127,880	100.0%	11,144	10,649	2,329	2,391	6,192	6,088	18,357	19,272	15,769	18,210	4,324	5,207	3,038	5,011

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000385

Current Population for Age Group and Sex
Area: North Char and Summerville (1)
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
	29404	Charleston AFB	3,902	1.2%	613	628	50	47	452	311	816	741	103	101	9	13	11	7
	29405	North Charleston	30,603	9.7%	3,622	3,296	718	660	1,867	1,592	4,477	4,122	3,063	3,419	783	1,185	592	1,233
	29406	Charleston	37,337	11.9%	3,682	3,532	648	556	3,201	2,820	6,016	5,540	3,640	3,911	843	1,217	641	1,150
	29418	North Charleston	22,536	7.1%	2,508	2,437	456	433	1,233	1,297	3,789	3,909	2,205	2,520	454	529	214	323
	29420	North Charleston	18,293	5.8%	2,192	2,067	448	391	798	799	2,597	2,949	1,358	1,681	269	284	86	164
	29436	Cross.	4,743	1.5%	588	479	137	131	178	216	448	639	628	582	192	209	92	147
	29437	Dorchester	2,477	0.8%	253	231	60	55	113	110	321	348	329	353	73	98	47	78
	29445	Goose Creek	49,975	15.9%	5,660	5,483	1,117	1,015	5,724	2,870	7,662	7,876	4,758	5,113	917	1,011	377	672
	29448	Harleyville	2,302	0.7%	246	233	56	48	114	103	277	306	290	334	70	99	42	81
	29456	Ladson	18,209	5.8%	2,185	2,043	493	441	918	650	2,863	2,991	1,973	2,166	467	621	175	304
	29461	Moncks Corner	24,385	7.8%	2,575	2,457	589	540	1,149	1,067	3,271	3,435	3,040	3,264	790	854	464	903
	29468	Pineville	2,183	0.7%	241	208	55	55	102	101	250	272	285	331	78	96	38	78
	29469	Pinopolis	713	0.2%	87	88	21	14	38	28	96	103	91	88	22	22	9	14
	29471	Reevesville	1,458	0.5%	162	116	30	44	67	64	166	191	202	210	48	55	33	70
	29472	Ridgeville	9,496	3.0%	633	666	287	167	943	320	2,571	871	1,274	966	231	236	112	201
	29477	Saint George	7,008	2.2%	677	593	166	170	334	311	872	986	915	973	258	336	164	335
	29483	Summerville	50,415	16.0%	6,716	5,561	1,427	1,233	2,324	2,416	7,432	7,854	5,743	6,433	1,192	1,398	525	1,161
	29485	Summerville	39,744	12.6%	5,161	4,736	1,233	1,298	1,293	1,483	4,365	4,718	3,763	4,131	809	844	430	862
Total			314,583	100.0%	34,991	33,142	7,612	6,789	20,845	16,362	48,279	47,664	33,883	36,666	7,636	8,989	4,252	7,763

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RECORD 007137

Trident_08709

Joint Exhibit 008-0086

Current Population for Age Group and Se
Area: East Cooper Area (1
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Group
Ranked on ZIP Code (Ascending

ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	emales 15-	Males 18-24	emales 18-	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Male
29429	Awendaw	2,968	3.0%	330	320	71	80	107	115	357	402	413	427	
29431	Bonneau	6,131	6.2%	634	641	127	135	259	269	781	792	813	856	
29434	Cordesville	662	0.7%	64	66	19	18	30	31	88	85	80	89	
29450	Huger	4,408	4.5%	519	493	130	148	193	196	564	636	535	580	
29451	Isle of Palms	4,524	4.6%	360	316	78	59	135	124	536	573	805	847	
29453	Jamestown	1,488	1.5%	142	133	43	40	70	73	198	200	197	215	
29458	Mc Clellanville	2,943	3.0%	299	285	85	81	120	106	321	382	440	431	
29464	Mount Pleasant	44,198	44.9%	4,405	4,099	797	822	1,558	1,595	7,027	7,726	5,214	5,851	
29466	Mount Pleasant	18,810	19.1%	2,213	2,262	343	339	530	568	3,153	3,487	2,232	2,385	
29479	Saint Stephen	6,878	7.0%	829	776	169	160	297	324	773	903	818	921	
29482	Sullivans Island	1,844	1.9%	179	165	36	30	55	47	254	263	308	300	
29492	Charleston	3,597	3.7%	425	430	91	84	136	149	563	620	413	466	
Total		98,451	100.0%	10,399	9,986	1,989	1,996	3,490	3,597	14,615	16,069	12,268	13,368	

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000384

Current Population for Age Group and Sex
Area: John's, James, West Ashley (1)
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Male
	29407	Charleston	35,377	27.6%	2,761	2,675	571	608	2,221	2,115	4,998	5,273	3,930	4,686	
	29412	Charleston	34,871	27.2%	2,925	2,712	573	605	1,543	1,543	5,274	5,328	4,361	4,908	
	29414	Charleston	24,795	19.4%	2,381	2,237	451	490	1,156	1,236	4,048	4,312	2,811	3,278	
	29426	Adams Run	1,916	1.5%	235	211	46	43	88	76	233	280	229	257	
	29438	Edisto Island	2,343	1.8%	167	157	51	38	62	82	232	251	408	449	
	29449	Hollywood	7,619	6.0%	799	787	173	194	296	285	921	1,035	1,071	1,177	
	29455	Johns Island	14,142	11.1%	1,199	1,180	281	243	558	506	1,780	1,830	1,998	2,393	
	29470	Ravenel	4,413	3.4%	475	481	121	98	157	160	584	648	570	646	
	29487	Wadmalaw Island	2,504	2.0%	202	205	62	72	111	85	297	315	391	416	
Total			127,980	100.0%	11,144	10,649	2,329	2,391	6,192	6,088	18,367	19,272	15,769	18,210	

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RECORD 007139

000385

Trident_08711

Joint Exhibit 008-0088

Current Population for Age Group and Sex
Area: North Char and Summerville (1)
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	M
29404	Charleston AFB	3,902	1.2%	613	628	50	47	462	311	816	741	103	101	
29405	North Charleston	30,603	9.7%	3,522	3,298	710	660	1,867	1,692	4,477	4,122	3,063	3,419	
29406	Charleston	37,337	11.9%	3,882	3,532	646	598	3,201	2,620	6,016	5,840	3,640	3,911	
29418	North Charleston	22,338	7.1%	2,505	2,437	486	433	1,233	1,297	3,789	3,909	2,209	2,520	
29420	North Charleston	16,293	5.2%	2,192	2,067	448	391	798	799	2,597	2,949	1,568	1,681	
29436	Cross	4,743	1.5%	588	479	137	131	170	210	448	639	528	582	
29437	Dorchester	2,477	0.8%	253	231	69	53	113	110	321	346	329	353	
29445	Goose Creek	49,975	15.9%	5,680	5,483	1,117	1,015	5,724	2,870	7,662	7,576	4,758	5,113	
29448	Harleyville	2,302	0.7%	246	233	56	48	114	103	277	309	290	334	
29456	Ladson	18,209	5.8%	2,185	2,043	493	441	918	850	2,853	2,991	1,972	2,156	
29461	Moncks Corner	24,385	7.8%	2,575	2,457	586	540	1,149	1,067	3,271	3,425	3,040	3,264	
29468	Pineville	2,183	0.7%	241	200	55	53	102	101	250	272	295	331	
29469	Pinopolis	713	0.2%	87	80	21	14	38	28	96	103	91	88	
29471	Reevesville	1,458	0.5%	162	116	30	44	67	64	166	181	202	210	
29472	Ridgeville	9,498	3.0%	633	666	207	167	943	320	2,571	971	1,274	966	
29477	Saint George	7,008	2.2%	677	593	166	170	334	311	872	906	915	973	
29483	Summerville	50,415	16.0%	5,716	5,361	1,427	1,233	2,324	2,416	7,432	7,954	5,743	6,433	
29485	Summerville	30,744	9.8%	3,344	3,238	808	751	1,298	1,293	4,365	4,718	3,763	4,131	
Total		314,583	100.0%	34,901	33,142	7,512	6,789	20,845	16,362	48,279	47,664	33,883	36,666	

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Trident_08712

Joint Exhibit 008-0089

Medstat and ORS

Population Comparison

000387

Confirmed Consistency of Data Sources

East Cooper Area Population Comparison
(State Demographer and Medstat)

Zip Code	City or Town	State Demographer Population Yr. 2000	Medstat Population Yr. 2000	Difference
29431	Bonneau	5,468	5,645	+177
29434	Cordesville	573	705	+132
29466	Mt. Pleasant	12,824	12,884	+60
29464	Mt. Pleasant	39,506	39,506	0
29450	Huger	2,876	2,860	-16
29453	Jamestown	1,365	1,441	+76
29458	Mc Clellanville	2,994	3,083	+89
29479	Saint Stephen	7,161	7,183	+22
29492	Charleston	2,110	2,097	- 13
29429	Awendaw	2,739	2,578	-161
29451	Isle of Palms	4,601	4,597	-4
29482	Sullivan's Island	1,911	1,911	0
Total		84,128	84,490	0.43%

Tri-County Population Comparison
(State Demographer and Medstat)

	State Demographer Yr. 2004	Medstat Yr. 2004	State Demographer Yr. 2009	Medstat Yr. 2009
Tri-County	576,858	574,702	605,754	606,054
Difference		-2,156 - 0.37%		+300 + 0.05%

Supporting Documentation (attached):

(1) State Demographer's Census 2000 Population by Zip Code
(2) Medstat Population by Zip Code
(3) State Demographer's Tri-County Projections (2005-2015)
(4) Medstat Tri-County Projections (2004,2009)

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(1)

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SOUTH CAROLINA STATE BUDGET & CONTROL BOARD

Census 2000 Population by Zip Code (29401-29493)

Zip Code	Total Population
29401 5-Digit ZCTA	11,250
29403 5-Digit ZCTA	23,464
29404 5-Digit ZCTA	4,384
29405 5-Digit ZCTA	30,319
29406 5-Digit ZCTA	36,451
29407 5-Digit ZCTA	36,578
29412 5-Digit ZCTA	31,923
29414 5-Digit ZCTA	23,598
29418 5-Digit ZCTA	21,707
29420 5-Digit ZCTA	14,860
29423 5-Digit ZCTA	791
29426 5-Digit ZCTA	1,834
29429 5-Digit ZCTA	2,739
29430 5-Digit ZCTA	132
29431 5-Digit ZCTA	5,468
29432 5-Digit ZCTA	2,770
29434 5-Digit ZCTA	573
29435 5-Digit ZCTA	3,675
29436 5-Digit ZCTA	4,451
29437 5-Digit ZCTA	2,106
29438 5-Digit ZCTA	2,301
29439 5-Digit ZCTA	1,948
29440 5-Digit ZCTA	28,875
29445 5-Digit ZCTA	48,628
29446 5-Digit ZCTA	1,412
29448 5-Digit ZCTA	2,388
29449 5-Digit ZCTA	7,374
29450 5-Digit ZCTA	2,876
29451 5-Digit ZCTA	4,601
29452 5-Digit ZCTA	496
29453 5-Digit ZCTA	1,365
29455 5-Digit ZCTA	13,684
29456 5-Digit ZCTA	17,793
29458 5-Digit ZCTA	2,994
29461 5-Digit ZCTA	24,081
29464 5-Digit ZCTA	39,506
29466 5-Digit ZCTA	12,824
29468 5-Digit ZCTA	2,318
29469 5-Digit ZCTA	792

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29470 5-Digit ZCTA	4,004
29471 5-Digit ZCTA	1,560
29472 5-Digit ZCTA	9,360
29474 5-Digit ZCTA	1,815
29475 5-Digit ZCTA	2,543
29477 5-Digit ZCTA	6,700
29479 5-Digit ZCTA	7,161
29481 5-Digit ZCTA	2,068
29482 5-Digit ZCTA	1,911
29483 5-Digit ZCTA	48,091
29485 5-Digit ZCTA	28,337
29487 5-Digit ZCTA	2,611
29488 5-Digit ZCTA	21,411
29492 5-Digit ZCTA	2,110
29493 5-Digit ZCTA	125
294HH 5-Digit ZCTA	0
294XX 5-Digit ZCTA	6

Source: U.S. Census Bureau, Census 2000. SF1, Table P1.

Definitions

ZIP Code: A ZIP (Zone Improvement Plan) Code is a five-, seven-, nine-, or eleven-digit code assigned by the U.S. Postal Service to a section of a street, a collection of streets, an establishment, structure, or group of post office boxes, for the delivery of mail.

ZIP Code Tabulation Area (ZCTA): A ZIP Code Tabulation Area is a geographic area that approximates the delivery area for a five-digit or a three-digit ZIP Code. ZCTAs do not precisely depict the area within which mail deliveries associated with that ZIP Code occur.

A five-digit ZCTA ending in "HH" (e.g., "006HH") represents the water area within a three-digit ZCTA that is not associated with any mail delivery route.

A five-digit ZCTA ending in "XX" (e.g., "006XX") represents the land area within a three-digit ZCTA that is not associated with any mail delivery route.

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Office of Research and Statistics
Health & Demographics Division
1919 Blanding St.
Columbia, SC 29201

Joint Exhibit 008-0094

000391

Trident_08717

RECORD 007145

Demographic Analysis for a Selected Variable
Area: East Cooper Area (1)
2004 ZIP Code Report
Type of Report: Summable
Ranked on Tot (Desc)

	ZIP Code	ZIP City Name	2000 Population Count	2000 Population %Down	2004 Total Population Count	2004 Total Population %Down	2009 Total Population Count	2009 Total Population %Down
	29429	Awendaw	2,578	3.1%	2,968	3.0%	3,386	2.9%
	29431	Bonneau	5,645	6.7%	6,131	6.2%	6,711	5.8%
	29492	Charleston	2,097	2.5%	3,597	3.7%	5,317	4.6%
	29434	Cordesville	705	0.8%	662	0.7%	633	0.6%
	29450	Huger	2,860	3.4%	4,408	4.5%	6,167	5.4%
	29451	Isle of Palms	4,597	5.4%	4,524	4.6%	4,454	3.9%
	29453	Jamestown	1,441	1.7%	1,488	1.5%	1,507	1.3%
	29458	Mc Clellanville	3,083	3.6%	2,943	3.0%	2,821	2.5%
	29464	Mount Pleasant	39,506	46.8%	44,198	44.9%	49,785	43.3%
	29466	Mount Pleasant	12,884	15.2%	18,810	19.1%	25,640	22.3%
	29479	Saint Stephen	7,183	8.5%	6,878	7.0%	6,708	5.8%
	29482	Sullivans Island	1,911	2.3%	1,844	1.9%	1,765	1.5%
Total			84,490	100.0%	98,451	100.0%	114,894	100.0%

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(3)

	Berkeley	Charleston	Dorchester	Tricounty
2000	145,651	309,969	96,413	552,033
CAGR: 2000-2005	1.47%	0.64%	2.03%	1.11%
2001	147,785	311,961	98,366	558,112
2002	149,951	313,967	100,358	564,275
2003	152,148	315,985	102,391	570,524
2004	154,378	318,016	104,464	576,858
2005	156,640	320,060	106,580	583,280
CAGR: 2006-2010	1.35%	0.53%	1.61%	0.95%
2006	158,758	321,742	108,300	588,800
2007	160,905	323,433	110,047	594,385
2008	163,080	325,133	111,823	600,036
2009	165,285	326,842	113,627	605,754
2010	167,520	328,560	115,460	611,540
CAGR: 2011-2015	1.27%	0.51%	1.48%	0.91%
2011	169,643	330,246	117,171	617,081
2012	171,794	331,938	118,906	622,672
2013	173,972	333,640	120,668	628,313
2014	176,177	335,351	122,456	634,006
2015	178,410	337,070	124,270	639,750

Source: Office of Research and Statistics
S.C. State Budget and Control Board
4/21/2005

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South Carolina Population Reports

Berkeley County Population Projections: 2005

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	3,780	3,800	1,960	1,820	7,580	3,780	5,740	5,620	11,360
5-9	3,360	3,120	2,240	2,130	6,480	4,370	5,600	5,250	10,850
10-14	3,260	3,120	2,600	2,520	6,380	5,120	5,860	5,640	11,500
15-19	4,950	3,390	2,970	2,580	8,340	5,550	7,920	5,970	13,890
20-24	4,410	3,190	2,490	2,080	7,600	4,570	6,900	5,270	12,170
25-29	3,780	3,270	1,770	1,660	7,050	3,430	5,550	4,930	10,480
30-34	3,710	3,620	1,800	1,710	7,330	3,510	5,510	5,330	10,840
35-39	3,390	3,360	1,750	2,070	6,750	3,820	5,140	5,430	10,570
40-44	3,780	3,930	1,910	2,200	7,710	4,110	5,690	6,130	11,820
45-49	3,760	3,830	1,680	2,170	7,590	3,850	5,440	6,000	11,440
50-54	3,200	3,420	1,630	2,010	6,620	3,640	4,830	5,430	10,260
55-59	3,140	3,440	1,250	1,520	6,580	2,770	4,390	4,960	9,350
60-64	2,620	2,610	850	1,060	5,230	1,910	3,470	3,670	7,140
65-69	1,780	2,050	660	740	3,830	1,400	2,440	2,790	5,230
70-74	1,440	1,400	550	550	2,840	1,100	1,990	1,950	3,940
75-79	850	1,140	310	440	1,990	750	1,160	1,580	2,740
80-84	560	830	150	280	1,390	430	710	1,110	1,820
85 &	280	590	80	290	870	370	360	880	1,240
TOTAL	52,050	50,110	26,650	27,830	102,160	54,480	78,700	77,940	156,640

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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South Carolina Population Reports

Berkeley County Population Projections: 2010

AGE	White -Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL
0-4	3,610	3,630	2,240	2,080	7,240	4,320	5,850	5,710	11,560
5-9	3,640	3,700	2,300	2,160	7,340	4,460	5,940	5,860	11,800
10-14	3,060	2,840	2,700	2,590	5,900	5,290	5,760	5,430	11,190
15-19	4,460	2,890	3,250	2,800	7,350	6,050	7,710	5,690	13,400
20-24	4,290	3,190	2,880	2,570	7,480	5,450	7,170	5,760	12,930
25-29	3,870	3,270	2,330	2,110	7,140	4,440	6,200	5,380	11,580
30-34	3,570	3,350	1,880	1,880	6,920	3,760	5,450	5,230	10,680
35-39	3,460	3,430	1,870	2,010	6,890	3,880	5,330	5,440	10,770
40-44	2,860	3,030	1,930	2,390	5,890	4,320	4,790	5,420	10,210
45-49	3,220	3,590	1,940	2,510	6,810	4,450	5,160	6,100	11,260
50-54	3,610	3,800	1,930	2,600	7,410	4,530	5,540	6,400	11,940
55-59	3,140	3,670	1,710	2,250	6,810	3,960	4,850	5,920	10,770
60-64	3,160	3,450	1,380	1,680	6,610	3,060	4,540	5,130	9,670
65-69	2,570	2,660	930	1,120	5,230	2,050	3,500	3,780	7,280
70-74	1,620	1,980	700	740	3,600	1,440	2,320	2,720	5,040
75-79	1,290	1,250	530	480	2,540	1,010	1,820	1,730	3,550
80-84	570	970	230	350	1,540	580	800	1,320	2,120
85 & OVER	470	920	100	280	1,390	380	570	1,200	1,770
TOTAL	52,470	51,620	30,830	32,600	104,090	63,430	83,300	84,220	167,520

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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SOUTH CAROLINA STATE BUDGET & CONTROL BOARD

South Carolina Population Reports

Berkeley County Population Projections: 2015

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	3,460	3,490	2,640	2,440	6,950	5,080	6,100	5,930	12,030
5-9	3,430	3,470	2,580	2,430	6,900	5,010	6,010	5,900	11,910
10-14	3,360	3,460	2,760	2,620	6,820	5,380	6,120	6,080	12,200
15-19	4,360	2,660	3,370	2,890	7,020	6,260	7,730	5,550	13,280
20-24	3,760	2,670	3,110	2,760	6,430	5,870	6,870	5,430	12,300
25-29	3,710	3,260	2,690	2,590	6,970	5,280	6,400	5,850	12,250
30-34	3,650	3,340	2,450	2,350	6,990	4,800	6,100	5,690	11,790
35-39	3,300	3,140	1,940	2,170	6,440	4,110	5,240	5,310	10,550
40-44	3,060	3,200	2,040	2,340	6,260	4,380	5,100	5,540	10,640
45-49	2,340	2,690	1,960	2,730	5,030	4,690	4,300	5,420	9,720
50-54	3,010	3,530	2,230	3,050	6,540	5,280	5,240	6,580	11,820
55-59	3,550	4,060	2,040	2,930	7,610	4,970	5,590	6,990	12,580
60-64	3,120	3,650	1,910	2,490	6,770	4,400	5,030	6,140	11,170
65-69	3,050	3,500	1,490	1,760	6,550	3,250	4,540	5,260	9,800
70-74	2,390	2,530	980	1,110	4,920	2,090	3,370	3,640	7,010
75-79	1,360	1,820	650	660	3,180	1,310	2,010	2,480	4,490
80-84	1,010	1,050	420	360	2,060	780	1,430	1,410	2,840
85 & OVER	400	1,090	180	360	1,490	540	580	1,450	2,030
TOTAL	52,320	52,610	35,440	38,040	104,930	73,480	87,760	90,650	178,410

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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South Carolina Population Reports

Charleston County Population Projections: 2005

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	5,960	6,060	4,960	4,820	12,020	9,780	10,920	10,880	21,800
5-9	4,530	4,400	4,700	4,390	8,930	9,090	9,230	8,790	18,020
10-14	4,390	4,130	5,560	5,400	8,520	10,960	9,950	9,530	19,480
15-19	5,900	5,950	6,060	5,850	11,850	11,910	11,960	11,800	23,760
20-24	7,950	7,120	5,110	5,250	15,070	10,360	13,060	12,370	25,430
25-29	9,260	9,140	3,750	4,470	18,400	8,220	13,010	13,610	26,620
30-34	8,010	7,560	3,440	4,110	15,570	7,550	11,450	11,670	23,120
35-39	6,120	6,150	3,330	4,050	12,270	7,380	9,450	10,200	19,650
40-44	6,740	6,930	4,120	4,850	13,670	8,970	10,860	11,780	22,640
45-49	6,880	7,410	3,860	4,770	14,290	8,630	10,740	12,180	22,920
50-54	6,780	7,470	3,540	4,560	14,250	8,100	10,320	12,030	22,350
55-59	6,160	6,740	3,040	3,810	12,900	6,850	9,200	10,550	19,750
60-64	4,890	5,340	2,080	2,790	10,230	4,870	6,970	8,130	15,100
65-69	3,810	4,150	1,520	2,170	7,960	3,690	5,330	6,320	11,650
70-74	3,100	3,580	1,220	1,860	6,680	3,080	4,320	5,440	9,760
75-79	2,400	3,160	860	1,450	5,560	2,310	3,260	4,610	7,870
80-84	1,660	2,750	540	1,020	4,410	1,560	2,200	3,770	5,970
85 & OVER	790	2,200	260	920	2,990	1,180	1,050	3,120	4,170
TOTAL	95,330	100,240	57,950	66,540	195,570	124,490	153,280	166,780	320,060

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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SOUTH CAROLINA STATE BUDGET & CONTROL BOARD

South Carolina Population Reports

Charleston County Population Projections: 2010

AGE	White - Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL
0-4	5,910	6,020	5,260	5,110	11,930	10,370	11,170	11,130	22,300
5-9	5,150	5,320	4,900	4,730	10,470	9,630	10,050	10,050	20,100
10-14	3,830	3,800	4,870	4,530	7,630	9,400	8,700	8,330	17,030
15-19	5,230	5,240	5,780	5,630	10,470	11,410	11,010	10,870	21,880
20-24	7,520	6,540	5,740	5,620	14,060	11,360	13,260	12,160	25,420
25-29	8,130	8,250	4,480	5,060	16,380	9,540	12,610	13,310	25,920
30-34	8,730	8,780	3,580	4,400	17,510	7,980	12,310	13,180	25,490
35-39	6,870	6,800	3,240	3,990	13,670	7,230	10,110	10,790	20,900
40-44	5,110	5,620	3,360	3,980	10,730	7,340	8,470	9,600	18,070
45-49	6,180	6,790	4,010	4,860	12,970	8,870	10,190	11,650	21,840
50-54	6,750	7,730	3,790	4,980	14,480	8,770	10,540	12,710	23,250
55-59	6,630	7,700	3,580	4,680	14,330	8,260	10,210	12,380	22,590
60-64	6,080	6,780	2,990	3,880	12,860	6,870	9,070	10,660	19,730
65-69	4,810	5,270	1,920	2,770	10,080	4,690	6,730	8,040	14,770
70-74	3,430	3,940	1,360	2,120	7,370	3,480	4,790	6,060	10,850
75-79	2,470	3,050	1,020	1,510	5,520	2,530	3,490	4,560	8,050
80-84	1,460	2,310	560	980	3,770	1,540	2,020	3,290	5,310
85 & OVER	1,030	2,680	330	1,020	3,710	1,350	1,360	3,700	5,060
TOTAL	95,320	102,620	60,770	69,850	197,940	130,620	-156,090	172,470	328,560

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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HEALTH
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South Carolina Population Reports

Charleston County Population Projections: 2015

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	6,040	6,040	5,550	5,400	12,080	10,950	11,590	11,440	23,030
5-9	5,000	5,140	5,220	5,040	10,140	10,260	10,220	10,180	20,400
10-14	4,560	4,800	5,070	4,880	9,360	9,950	9,630	9,680	19,310
15-19	4,720	4,970	5,130	4,780	9,690	9,910	9,850	9,750	19,600
20-24	6,790	5,720	5,410	5,400	12,510	10,810	12,200	11,120	23,320
25-29	7,530	7,540	5,050	5,440	15,070	10,490	12,580	12,980	25,560
30-34	7,580	7,850	4,320	5,000	15,430	9,320	11,900	12,850	24,750
35-39	7,490	7,970	3,390	4,290	15,460	7,680	10,880	12,260	23,140
40-44	6,130	6,400	3,270	3,950	12,530	7,220	9,400	10,350	19,750
45-49	4,620	5,510	3,260	4,010	10,130	7,270	7,880	9,520	17,400
50-54	6,070	7,150	3,950	5,120	13,220	9,070	10,020	12,270	22,290
55-59	6,610	8,020	3,870	5,140	14,630	9,010	10,480	13,160	23,640
60-64	6,560	7,770	3,520	4,790	14,330	8,310	10,080	12,560	22,640
65-69	6,010	6,700	2,800	3,870	12,710	6,670	8,810	10,570	19,380
70-74	4,410	5,060	1,750	2,710	9,470	4,460	6,160	7,770	13,930
75-79	2,790	3,450	1,130	1,760	6,240	2,890	3,920	5,210	9,130
80-84	1,660	2,370	710	1,070	4,030	1,780	2,370	3,440	5,810
85 & OVER	590	2,130	290	980	2,720	1,270	880	3,110	3,990
TOTAL	95,160	104,590	63,690	73,630	199,750	137,320	158,850	178,220	337,070

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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South Carolina Population Reports

Dorchester County Population Projections: 2005

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	2,140	2,210	1,040	1,040	4,350	2,080	3,180	3,250	6,430
5-9	2,410	2,190	1,360	1,340	4,600	2,700	3,770	3,530	7,300
10-14	2,910	2,620	1,800	1,750	5,530	3,550	4,710	4,370	9,080
15-19	2,940	2,700	1,750	1,550	5,640	3,300	4,690	4,250	8,940
20-24	2,340	2,190	1,290	1,190	4,530	2,480	3,630	3,380	7,010
25-29	1,690	1,820	860	800	3,510	1,660	2,550	2,620	5,170
30-34	2,180	2,440	940	1,100	4,620	2,040	3,120	3,540	6,660
35-39	2,620	2,790	1,180	1,400	5,410	2,580	3,800	4,190	7,990
40-44	3,210	3,310	1,240	1,540	6,520	2,780	4,450	4,850	9,300
45-49	2,970	3,040	1,160	1,270	6,010	2,430	4,130	4,310	8,440
50-54	2,440	2,730	990	1,270	5,170	2,260	3,430	4,000	7,430
55-59	2,400	2,480	780	930	4,880	1,710	3,180	3,410	6,590
60-64	1,830	1,900	570	650	3,730	1,220	2,400	2,550	4,950
65-69	1,300	1,430	430	520	2,730	950	1,730	1,950	3,680
70-74	980	1,110	290	430	2,090	720	1,270	1,540	2,810
75-79	620	920	160	290	1,540	450	780	1,210	1,990
80-84	410	770	120	190	1,180	310	530	960	1,490
85 & OVER	290	780	50	200	1,070	250	340	980	1,320
TOTAL	35,680	37,430	16,010	17,460	73,110	33,470	51,690	54,890	106,580

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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South Carolina Population Reports

Dorchester County Population Projections: 2010

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL
0-4	2,130	2,190	1,210	1,210	4,320	2,420	3,340	3,400	6,740
5-9	2,220	2,240	1,340	1,330	4,460	2,670	3,560	3,570	7,130
10-14	2,540	2,250	1,860	1,810	4,790	3,670	4,400	4,060	8,460
15-19	2,830	2,510	2,150	1,940	5,340	4,090	4,980	4,450	9,430
20-24	2,660	2,480	1,700	1,460	5,140	3,160	4,360	3,940	8,300
25-29	2,350	2,260	1,290	1,190	4,610	2,480	3,640	3,450	7,090
30-34	1,700	1,930	950	1,000	3,630	1,950	2,650	2,930	5,580
35-39	2,160	2,540	1,120	1,410	4,700	2,530	3,280	3,950	7,230
40-44	2,550	2,850	1,280	1,680	5,400	2,960	3,830	4,530	8,360
45-49	3,060	3,350	1,380	1,690	6,410	3,070	4,440	5,040	9,480
50-54	2,930	3,020	1,250	1,530	5,950	2,780	4,180	4,550	8,730
55-59	2,380	2,770	1,100	1,390	5,150	2,490	3,480	4,160	7,640
60-64	2,410	2,530	840	1,010	4,940	1,850	3,250	3,540	6,790
65-69	1,770	1,960	620	690	3,730	1,310	2,390	2,650	5,040
70-74	1,170	1,410	400	560	2,580	960	1,570	1,970	3,540
75-79	890	1,110	250	350	2,000	600	1,140	1,460	2,600
80-84	440	740	120	210	1,180	330	560	950	1,510
85 & OVER	370	1,160	80	200	1,530	280	450	1,360	1,810
TOTAL	36,560	39,300	18,940	20,660	75,860	39,600	55,500	59,960	115,460

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

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South Carolina State Budget and Control Board
Office of Research and Statistics
Health & Demographics Division
1919 Blanding St.
Columbia, SC 29201

000400

Trident_08726

RECORD 007154

OFFICE OF RESEARCH & STATISTICS | HEALTH & DEMOGRAPHICS
SOUTH CAROLINA STATE BUDGET & CONTROL BOARD

South Carolina Population Reports

Dorchester County Population Projections: 2015

AGE	White Male	White Female	Non-White Male	Non-White Female	Total White	Total Non-White	Total Male	Total Female	TOTAL POPULATION
0-4	2,230	2,230	1,470	1,440	4,460	2,910	3,700	3,670	7,370
5-9	2,190	2,210	1,490	1,500	4,400	2,990	3,680	3,710	7,390
10-14	2,320	2,290	1,850	1,810	4,610	3,660	4,170	4,100	8,270
15-19	2,450	2,150	2,280	2,040	4,600	4,320	4,730	4,190	8,920
20-24	2,490	2,250	2,030	1,830	4,740	3,860	4,520	4,080	8,600
25-29	2,650	2,550	1,670	1,440	5,200	3,110	4,320	3,990	8,310
30-34	2,360	2,340	1,380	1,360	4,700	2,740	3,740	3,700	7,440
35-39	1,680	2,020	1,110	1,300	3,700	2,410	2,790	3,320	6,110
40-44	2,090	2,580	1,220	1,700	4,670	2,920	3,310	4,280	7,590
45-49	2,380	2,870	1,440	1,870	5,250	3,310	3,820	4,740	8,560
50-54	3,000	3,320	1,480	2,000	6,320	3,480	4,480	5,320	9,800
55-59	2,850	3,050	1,400	1,700	5,900	3,100	4,250	4,750	9,000
60-64	2,380	2,820	1,170	1,510	5,200	2,680	3,550	4,330	7,880
65-69	2,320	2,590	920	1,070	4,910	1,990	3,240	3,660	6,900
70-74	1,610	1,920	580	740	3,530	1,320	2,190	2,660	4,850
75-79	1,040	1,390	350	460	2,430	810	1,390	1,850	3,240
80-84	690	940	210	260	1,630	470	900	1,200	2,100
85 & OVER	370	1,300	60	210	1,670	270	430	1,510	1,940
TOTAL	37,100	40,820	22,110	24,240	77,920	46,350	59,210	65,060	124,270

Source: Office of Research and Statistics, Health and Demographics Division. Based on Census 2000 SF1 population data.

A publication of the:

South Carolina State Budget and Control Board
Office of Research and Statistics
Health & Demographics Division
1919 Blanding St.
Columbia, SC 29201

000401

Total Population Growth for Age Groups
Area: Berkeley County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	Change 2004 - 2009 Total Population Count	%	Change 2004 - 2009 Age <15 Count	%	Change 2004 - 2009 Age 15-17 Count	%	Change 2004 - 2009 Age 18-24 Count	%	Change 2004 - 2009 Age 25-44 Count	%	Change 2004 - 2009 Age 45-64 Count	%	Change 2004 - 2009 Age 65-74 Count	%	Change 2004 - 2009 Age 75+ Count	%
	29431	Bonneau	580	9.5%	88	6.9%	28	10.7%	77	14.6%	56	3.6%	242	14.5%	43	8.7%	46	13.9%
	29434	Cordesville	-29	-4.4%	-10	-7.7%	2	5.4%	0	0.0%	-19	-11.0%	0	0.0%	-4	-7.0%	2	5.7%
	29436	Cross	266	5.6%	16	1.5%	24	9.0%	58	15.3%	-18	-1.7%	134	10.2%	23	5.9%	29	12.1%
	29445	Goose Creek	1,883	3.8%	-281	-2.5%	128	6.0%	940	10.9%	-468	-3.1%	1,024	10.4%	242	12.6%	298	28.4%
	29460	Huger	1,759	39.9%	361	35.7%	120	43.2%	175	45.0%	398	33.2%	510	45.7%	112	46.1%	83	48.5%
	29453	Jamestown	19	1.3%	-9	-3.3%	1	1.2%	7	4.9%	-15	-3.8%	26	6.1%	4	3.9%	6	8.1%
	29456	Ladson	868	4.8%	35	0.8%	60	6.4%	106	6.0%	-10	-0.2%	444	10.8%	105	13.2%	124	25.9%
	29461	Moncks Corner	571	2.3%	-109	-2.2%	54	4.8%	138	6.2%	-164	-2.4%	429	6.8%	71	4.3%	152	11.1%
	29468	Pineville	-196	-9.0%	-67	-15.2%	-6	-5.6%	-12	-5.9%	-73	-14.0%	-21	-3.4%	-18	-9.6%	-1	-0.9%
	29469	Pinopolis	28	3.9%	-1	-0.6%	0	0.0%	4	6.1%	-2	-1.0%	15	8.4%	6	13.6%	6	26.1%
	29479	Saint Stephen	-170	-2.6%	-92	-5.7%	-1	-0.3%	-2	-0.3%	-127	-7.8%	26	1.5%	7	1.6%	19	4.1%
	29492	Charleston	1,720	47.8%	365	42.7%	90	51.4%	151	53.0%	470	39.7%	487	55.4%	91	61.9%	66	90.4%
Total			7,299	5.9%	296	1.1%	500	8.7%	1,642	10.8%	28	0.1%	3,315	11.7%	688	10.6%	830	18.8%

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000402

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Trident_08728

Joint Exhibit 008-0105

Current Population for Age Group and Sex
Area: Berkeley County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
	29431	Bonneau	6,131	5.0%	634	641	127	135	259	259	781	792	813	856	246	246	144	188
	29434	Cordesville	662	0.5%	64	66	19	18	30	31	88	85	89	89	30	27	16	19
	29436	Cross	4,743	3.8%	588	479	137	131	170	210	448	639	628	682	192	200	92	147
	29445	Goose Creek	49,975	40.5%	5,680	5,483	1,117	1,015	5,724	2,870	7,662	7,576	4,798	5,113	917	1,011	377	672
	29450	Huger	4,408	3.6%	519	493	130	148	193	196	564	636	536	580	131	112	62	109
	29453	Jamestown	1,488	1.2%	142	133	43	40	70	73	198	200	197	215	51	52	25	49
	29455	Ladson	18,209	14.8%	2,166	2,043	483	441	918	850	2,853	2,981	1,972	2,156	407	421	175	304
	29461	Moncks Corner	24,365	19.8%	2,579	2,457	586	540	1,149	1,067	3,271	3,425	3,040	3,264	790	854	464	903
	29466	Pineville	2,183	1.8%	241	200	55	53	102	101	250	272	295	331	71	95	38	78
	29469	Pinopolis	713	0.6%	87	80	21	14	36	28	56	103	91	88	22	22	9	14
	29479	Saint Stephen	6,878	5.6%	825	776	169	160	297	324	773	903	818	921	210	237	169	292
	29492	Charleston	3,597	2.9%	425	430	91	84	135	149	594	629	413	466	71	76	28	47
Total			123,372	100.0%	13,969	13,281	2,988	2,779	9,085	6,166	17,547	18,242	13,640	14,761	3,138	3,354	1,597	2,822

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000403

RECORD 007157
Trident_08729
Joint Exhibit 008-0106

Projected Population for Age Group and Sex
Area: Berkeley County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2009 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
29431	Bonneau	6,711	5.1%	684	678	142	141	256	309	810	819	937	974	370	265	160	218
29434	Cordesville	633	0.5%	60	60	20	19	30	31	79	75	83	87	29	24	15	22
29436	Cross	5,009	3.8%	593	488	155	137	209	229	435	434	549	755	203	212	100	168
29448	Goose Creek	51,958	39.7%	5,556	6,326	1,188	1,072	6,629	2,905	7,440	7,330	5,256	5,639	1,031	1,139	487	880
29450	Huger	6,167	4.7%	710	663	187	211	281	283	755	843	782	843	184	171	94	160
29453	Jamestown	1,507	1.2%	138	128	44	40	75	75	193	190	209	228	92	55	28	52
29455	Ladson	19,077	14.6%	2,211	2,052	529	465	567	907	2,860	2,974	2,181	2,391	449	498	228	375
29461	Moncks Corner	24,956	19.1%	2,830	2,393	618	562	1,238	1,116	3,231	3,301	3,238	3,498	833	882	502	1,017
29465	Pineville	1,987	1.5%	207	167	52	50	94	97	216	233	285	320	68	93	36	79
29469	Pinopolis	741	0.6%	84	82	20	15	38	31	95	102	98	98	24	26	11	18
29478	Saint Stephen	5,708	-4.1%	793	770	164	164	306	313	721	828	854	931	213	241	175	305
29492	Charleston	5,317	4.1%	609	511	139	126	211	225	787	866	841	725	116	122	84	65
Total		130,671	100.0%	14,177	13,349	3,258	3,009	10,375	8,521	17,622	18,195	15,229	16,487	3,472	3,708	1,890	3,359

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RECORD 007158
Trident_08730
Joint Exhibit 008-0107

Current Population for Age Group and Sex
Area: Charleston County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
29401	Charleston	9,783	3.0%	386	412	78	93	1,185	1,541	1,136	1,099	1,068	1,211	313	350	298	513
29403	Charleston	23,905	7.2%	1,873	1,766	396	398	3,295	2,841	2,805	2,762	2,162	2,453	577	991	497	1,099
29404	Charleston AFB	3,902	1.2%	513	628	50	47	452	311	816	741	103	101	9	13	11	7
29405	North Charleston	30,603	9.2%	3,522	3,298	710	569	1,867	1,592	4,477	4,122	3,063	3,419	783	1,188	692	1,233
29406	Charleston	37,337	11.3%	3,882	3,532	648	698	3,207	2,620	6,616	5,540	3,640	3,911	943	1,217	641	1,158
29407	Charleston	35,377	10.7%	2,761	2,679	571	608	2,221	2,115	4,966	5,273	3,930	4,686	1,172	1,624	1,041	1,698
29412	Charleston	34,871	10.5%	2,925	2,712	573	605	1,843	1,543	5,274	6,328	4,381	4,908	1,194	1,460	889	1,568
29414	Charleston	24,795	7.5%	2,381	2,237	451	480	1,156	1,235	4,048	4,312	2,811	3,278	635	725	362	678
29418	North Charleston	22,338	6.7%	2,506	2,437	486	435	1,233	1,297	3,789	3,909	2,209	2,529	464	529	214	323
29426	Adams Run	1,916	0.6%	235	211	46	43	88	76	233	280	229	257	45	71	38	64
29429	Awendaw	2,968	0.9%	330	320	74	80	107	115	357	402	413	427	99	110	49	88
29438	Edisto Island	2,340	0.7%	167	167	51	38	62	82	232	251	408	449	126	168	63	69
29449	Hollywood	7,619	2.3%	739	787	173	194	296	288	921	1,035	1,071	1,177	234	288	146	212
29451	Isle of Palms	4,524	1.4%	350	316	78	59	136	124	536	570	865	847	213	218	110	150
29455	Johns Island	14,142	4.3%	1,199	1,180	281	243	558	506	1,780	1,830	1,998	2,393	697	658	358	463
29458	Mc Clellanville	2,943	0.9%	299	285	66	61	120	105	321	362	440	431	100	113	68	112
29464	Mount Pleasant	44,198	13.3%	4,405	4,099	797	822	1,558	1,595	7,027	7,726	5,214	5,891	1,180	1,353	986	1,686
29466	Mount Pleasant	18,810	5.7%	2,213	2,262	343	335	538	568	3,193	3,467	2,232	2,385	415	409	194	289
29470	Ravenel	6,413	1.9%	476	481	131	98	157	160	584	648	570	646	118	142	82	130
29482	Sullivans Island	1,944	0.6%	179	165	36	30	55	47	254	253	308	300	47	53	43	64
29487	Wadmalaw Island	2,504	0.8%	202	205	62	72	111	85	297	316	391	416	89	94	51	114
Total		331,136	100.0%	31,511	30,159	6,103	6,031	19,930	18,845	49,054	50,278	37,418	42,066	9,374	11,729	6,813	11,824

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000405

RECORD 007159

Trident_08731

Joint Exhibit 008-0108

RECORD 007160

Trident_08732

Joint Exhibit 008-0109

Projected Population for Age Group and Sex
Area: Charleston County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2005 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
	29401	Charleston	9,436	2.7%	383	385	60	74	1,053	1,377	1,098	1,079	1,085	1,231	322	375	298	612
	29403	Charleston	24,228	7.0%	1,893	1,709	429	422	3,109	2,816	2,727	2,724	2,358	2,688	936	1,050	522	1,160
	29404	Charleston AFB	3,482	1.0%	532	540	54	48	367	269	692	635	155	151	8	11	8	11
	29405	North Charleston	30,107	8.7%	3,448	3,120	725	684	1,766	1,508	4,015	3,862	3,191	3,656	836	1,231	712	1,253
	29406	Charleston	39,169	11.0%	3,643	3,457	686	637	3,388	2,846	5,590	5,382	3,944	4,269	1,060	1,289	670	1,196
	29407	Charleston	34,283	9.9%	2,806	2,460	589	613	2,150	2,059	4,662	4,842	4,008	4,816	1,181	1,617	1,020	1,666
	29412	Charleston	36,190	10.4%	2,940	2,660	622	556	1,628	1,920	5,223	5,226	4,767	5,377	1,288	1,554	986	1,674
	29414	Charleston	26,104	7.5%	2,429	2,230	508	554	1,273	1,318	4,041	4,298	3,136	3,663	700	864	418	740
	29418	North Charleston	23,211	6.7%	2,510	2,402	523	478	1,300	1,340	3,763	3,834	2,445	2,734	528	602	262	413
	29426	Adams Run	2,062	0.6%	251	212	49	62	97	84	237	280	287	290	54	88	48	69
	29429	Awendaw	3,336	1.0%	363	347	81	85	127	132	389	436	497	515	114	139	62	108
	29438	Edisto Island	2,407	0.7%	165	151	43	35	70	86	224	237	432	481	148	172	87	98
	29449	Hollywood	7,995	2.3%	808	785	198	214	316	298	915	1,014	1,178	1,395	256	315	461	236
	29451	Isle of Palms	4,454	1.3%	336	294	83	68	139	129	493	620	819	865	215	220	113	135
	29455	Johns Island	14,765	4.2%	1,203	1,172	304	261	601	536	1,781	1,803	2,178	2,604	735	697	383	506
	29459	Mc Clellanville	2,821	0.8%	278	281	87	82	112	103	291	342	436	437	101	113	83	111
	29464	Mount Pleasant	49,785	14.3%	4,935	4,424	966	892	1,825	1,815	7,674	8,262	6,223	6,998	1,297	1,606	1,098	1,671
	29466	Mount Pleasant	25,640	7.4%	2,344	2,341	496	498	742	794	4,055	4,473	3,206	3,459	615	632	318	482
	29470	Ravenel	4,854	1.4%	510	498	138	116	180	180	810	670	660	750	135	165	84	148
	29482	Sullivans Island	1,753	0.5%	164	151	37	31	55	47	230	237	345	300	48	54	42	64
	29487	Wadmalaw Island	2,383	0.7%	186	183	60	73	107	82	264	281	387	415	89	93	52	111
Total			347,508	100.0%	32,413	30,374	6,731	6,672	20,405	19,336	49,289	50,448	41,669	47,081	10,303	12,774	7,359	12,669

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Total Population Growth for Age Groups
Area: Charleston County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	Change 2004 - 2009 Total Population Count	%	Change 2004 - 2009 Age <15 Count	%	Change 2004 - 2009 Age 15-17 Count	%	Change 2004 - 2009 Age 18-24 Count	%	Change 2004 - 2009 Age 25-44 Count	%	Change 2004 - 2009 Age 45-64 Count	%	Change 2004 - 2009 Age 65-74 Count	%	Change 2004 - 2009 Age 75+ Count	%
29401	Charleston	-347	-3.5%	-30	-3.8%	-35	-20.7%	-296	-10.9%	-58	-2.6%	48	2.1%	24	3.6%	0	0.0%
29403	Charleston	323	1.4%	-35	-1.0%	49	6.2%	-209	-3.4%	-115	-2.1%	429	9.3%	118	7.6%	86	5.4%
29404	Charleston AFB	-420	-10.8%	-169	-13.6%	5	5.2%	-127	-16.6%	-230	-14.8%	102	50.0%	-2	-9.1%	1	5.6%
29405	North Charleston	-496	-1.6%	-252	-3.7%	39	2.8%	-85	-2.5%	-722	-8.4%	366	5.6%	119	6.1%	40	2.1%
29406	Charleston	822	2.2%	-116	-1.6%	73	5.9%	213	3.7%	-184	-1.6%	662	8.8%	99	4.6%	75	4.2%
29407	Charleston	-1,094	-3.1%	-374	-6.9%	23	2.0%	-136	-3.1%	-767	-7.5%	208	2.4%	2	0.1%	-50	-1.8%
29412	Charleston	1,319	3.8%	-37	-0.7%	102	8.7%	162	5.2%	-154	-1.5%	875	9.4%	196	7.4%	175	7.1%
29414	Charleston	1,309	5.3%	41	0.9%	121	12.9%	199	8.3%	-29	-0.3%	710	11.7%	146	10.8%	121	11.7%
29418	North Charleston	873	3.9%	-30	-0.6%	79	8.6%	110	4.3%	-81	-1.1%	510	10.8%	147	15.0%	138	25.7%
29426	Adams Run	136	7.1%	17	3.8%	12	13.5%	17	10.4%	4	0.8%	81	12.6%	18	15.5%	7	6.9%
29429	Awendaw	418	14.1%	60	9.2%	15	9.9%	37	16.7%	66	8.7%	172	20.5%	35	16.7%	33	24.1%
29438	Edisto Island	64	2.7%	-18	-5.6%	-1	-1.1%	12	8.3%	-22	-4.6%	56	6.5%	24	8.2%	13	8.6%
29449	Hollywood	377	4.9%	7	0.4%	42	11.4%	33	5.7%	-26	-1.3%	232	10.3%	48	9.2%	41	11.5%
29451	Isle of Palms	-70	-1.5%	-46	-6.8%	14	10.2%	9	3.5%	-91	-8.2%	32	1.9%	4	0.8%	8	3.1%
29455	Johns Island	623	4.4%	-4	-0.2%	41	7.8%	73	6.9%	-26	-0.7%	392	8.9%	79	5.8%	68	8.3%
29458	Mc Clellanville	-122	-4.1%	-47	-8.0%	3	1.8%	-11	-4.9%	-64	-9.1%	2	0.2%	1	0.5%	-6	-3.3%
29464	Mount Pleasant	5,587	12.6%	755	8.9%	339	20.9%	495	15.7%	1,082	7.3%	2,158	19.5%	444	18.1%	316	11.9%
29466	Mount Pleasant	6,830	36.3%	1,410	31.5%	312	45.7%	438	39.9%	1,892	28.5%	2,048	44.4%	432	53.0%	298	61.7%
29470	Ravenel	441	10.0%	52	5.4%	35	16.0%	43	13.6%	48	3.9%	194	16.0%	39	14.9%	30	14.2%
29482	Sullivans Island	-79	-4.3%	-29	-8.4%	2	3.0%	0	0.0%	-50	-9.7%	-3	-0.6%	2	2.0%	-1	-0.8%
29487	Wadmalaw Island	-121	-4.8%	-38	-9.3%	-1	-0.7%	-7	-3.6%	-67	-10.9%	-5	-0.6%	-1	-0.5%	-2	-1.2%
Total		16,373	4.9%	1,117	1.8%	1,269	10.5%	970	2.5%	406	0.4%	9,246	11.6%	1,974	9.4%	1,391	7.5%

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DEMO0042
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000407

RECORD 007161
Trident_08733
Joint Exhibit 008-0110

Current Population for Age Group and Sex
Area: Dorchester County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

ZIP Code	ZIP City Name	2004 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
29420	North Charleston	19,293	13.6%	2,192	2,067	448	391	799	799	2,597	2,949	1,568	1,681	288	394	86	154
29437	Dorchester	2,477	2.1%	253	231	69	63	113	110	321	348	329	353	73	99	47	78
29448	Harleyville	2,302	1.9%	246	233	56	48	114	103	277	309	290	334	70	99	42	81
29471	Ruevesville	1,468	1.2%	162	116	30	44	67	64	168	191	202	270	48	66	33	70
29472	Ridgeville	9,498	7.9%	633	598	207	167	943	320	2,671	971	1,274	866	231	236	112	201
29477	Saint George	7,008	5.8%	677	593	165	170	334	311	872	806	918	973	256	336	164	335
29483	Summerville	50,415	41.9%	5,716	5,361	1,427	1,233	2,324	2,416	7,432	7,964	5,743	6,433	1,192	1,398	525	1,161
29485	Summerville	30,744	25.6%	3,344	3,238	809	751	1,298	1,293	4,166	4,718	3,753	4,131	809	944	430	862
Total		120,195	100.0%	13,223	12,605	3,211	2,857	5,991	5,416	16,501	16,348	14,684	16,091	2,640	3,461	1,539	2,932

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000408

Projected Population for Age Group and Sex
Area: Dorchester County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	2009 Total Population Count	%Down	Males <15	Females <15	Males 15-17	Females 15-17	Males 18-24	Females 18-24	Males 25-44	Females 25-44	Males 45-64	Females 45-64	Males 65-74	Females 65-74	Males 75+	Females 75+
	29420	North Charleston	17,417	13.8%	2,268	2,111	484	433	860	848	2,639	2,982	1,801	1,935	330	377	130	209
	29437	Dorchester	2,648	2.1%	260	235	73	61	123	115	323	345	372	405	85	111	54	88
	29448	Harleyville	2,400	1.9%	255	234	61	51	116	107	276	308	316	360	76	104	45	89
	29471	Reevesville	1,682	1.3%	172	120	34	50	76	72	177	198	231	238	62	63	39	60
	29472	Ridgeville	10,094	7.9%	634	638	214	174	1,069	334	2,826	939	1,400	1,037	250	243	122	314
	29477	Saint George	7,077	5.5%	663	567	171	172	345	318	835	891	975	1,044	256	342	169	349
	29483	Summerville	53,285	41.7%	5,846	5,413	1,539	1,326	2,482	2,650	7,508	7,944	6,426	7,201	1,330	1,568	756	1,386
	29485	Summerville	33,372	26.1%	3,601	3,339	895	836	1,462	1,422	4,509	4,862	4,299	4,720	908	1,082	534	1,012
Total			127,975	100.0%	13,599	12,657	3,471	3,103	6,535	5,776	19,094	18,449	16,920	16,940	3,295	3,890	1,849	3,497

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DEMO0038
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RECORD 007163
Trident_08735
Joint Exhibit 008-0112

Total Population Growth for Age Groups
Area: Dorchester County
2004 ZIP Code Report
Selected Age Group Set: Medstat Standard Age Groups
Ranked on ZIP Code (Ascending)

	ZIP Code	ZIP City Name	Change 2004 - 2009 Total Population Count	%	Change 2004 - 2009 Age <15 Count	%	Change 2004 - 2009 Age 15-17 Count	%	Change 2004 - 2009 Age 18-24 Count	%	Change 2004 - 2009 Age 25-44 Count	%	Change 2004 - 2009 Age 45-64 Count	%	Change 2004 - 2009 Age 65-74 Count	%	Change 2004 - 2009 Age 75+ Count	%
	29420	North Charleston	1,124	6.9%	120	2.8%	78	9.3%	111	7.0%	85	1.5%	487	16.0%	144	25.6%	99	41.3%
	29437	Dorchester	171	6.9%	11	2.3%	12	9.8%	15	6.7%	-1	-0.1%	95	13.9%	22	12.8%	17	13.6%
	29448	Harleyville	98	4.3%	10	2.1%	8	7.7%	8	3.7%	-2	-0.3%	52	8.3%	11	6.5%	11	8.9%
	29471	Reevesville	144	9.9%	14	5.0%	10	13.5%	17	13.0%	18	5.0%	57	13.8%	12	11.7%	16	15.5%
	29472	Ridgeville	596	6.3%	-27	-2.1%	14	3.7%	140	11.1%	223	6.3%	197	8.8%	26	5.6%	23	7.3%
	29477	Saint George	69	1.0%	-40	-3.1%	7	2.1%	18	2.8%	-82	-4.6%	131	6.9%	16	2.7%	19	3.8%
	29483	Summerville	2,850	5.7%	182	1.6%	205	7.7%	302	6.4%	66	0.4%	1,451	11.9%	308	11.5%	336	18.8%
	29485	Summerville	2,628	8.8%	258	3.9%	172	11.0%	293	11.3%	279	3.1%	1,125	14.3%	237	13.5%	264	20.6%
Total			7,680	6.4%	528	2.1%	506	8.3%	904	7.9%	586	1.6%	3,595	12.3%	776	12.1%	785	17.6%

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DEMO0042

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000410

RECORD 007164

Trident_08736

Joint Exhibit 008-0113

Roper Hospital

Joint Annual Reports

2001, 2003, 2004

000411

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN COOPERATION WITH:
SOUTH CAROLINA HOSPITAL ASSOCIATION
OFFICE OF RESEARCH AND STATISTICAL SERVICES
AMERICAN HOSPITAL ASSOCIATION

*** SCHEDULE A - IDENTIFICATION ***

1. Name of Hospital: ROPER HOSPITAL, INC.

2. Name of Operating Authority: CAREALLIANCE HEALTH SERVICES

3. Building Ownership: ROPER HOSPITAL, INC.

4. Name Of Person Completing Form: DONNA WILSON Date: 2/21/02

5. Telephone Number of Facility or Person Completing Form: (843) 937-5129

6. Signature of Chief Administrative Officer: _____

*** SCHEDULE B - CLASSIFICATION ****

1. CONTROL: Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. CHECK ONLY ONE CODE.

GOVERNMENT, NON-FEDERAL	NONGOVERNMENT, NOT-FOR-PROFIT	INVESTOR-OWNED, FOR-PROFIT	FEDERAL GOV'T
( ) 12 State	( ) 21 Church-Operated	( ) 31 Individual	( ) 41 Air Force
( ) 13 County	(x) 23 Other	( ) 32 Partnership	( ) 42 Army
( ) 15 City, County		( ) 33 Corporation	( ) 43 Navy
( ) 16 Hospital District or Authority		( ) 34 Limited Liability Co.	( ) 45 Veterans Affairs

2. SERVICE: Indicate the one category that best describes the type of service your hospital provides to the majority of admissions.

(x) 10 General Medical & Surgical
( ) 11 Hospital Unit of an Institution (E.g., Prison Hospital, College Infirmary)
( ) 12 Hospital Unit in an Institution for the Mentally Retarded
( ) 22 Psychiatric
( ) 44 Obstetrics & Gynecology
( ) 33 Tuberculosis & Other Respiratory Diseases
( ) 45 Eye, Ear, Nose & Throat
( ) 46 Rehabilitation
( ) 47 Orthopedic
( ) 48 Chronic Disease
( ) 62 Institution for Mentally Retarded
( ) 82 Alcoholism & Other Chemical Dependency
( ) 49 Other _____ (Specify Treatment Area)

Return Completed Form To:
SOUTH CAROLINA DEPT. OF HEALTH & ENVIRONMENTAL CONTROL
DIVISION OF PLANNING AND CERTIFICATE OF NEED
2600 BULL STREET
COLUMBIA, S.C. 29201

PLEASE NOTE: Questions marked to the left with '##', on pages 10 and 12, are required under section 44-6-170 of the 1976 code as amended, (THE S.C. MEDICALLY INDIGENT ASSISTANCE ACT). These items must be reported no later than March 1, 2002.

000412

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE B - CLASSIFICATION (continued)

3. Is the Hospital a part of a healthcare system? Yes(x) No( )

If YES, please provide the name, city & state of the system headquarters.

Name CAREALLIANCE HEALTH SERVICES
City CHARLESTON
State SOUTH CAROLINA

4. Is the Hospital a division or subsidiary of a holding company? Yes(x) No( )

5. Does the Hospital itself operate subsidiary corporations? Yes(x) No( )

6. Is the Hospital contract managed? Yes(x) No( )

If YES, please provide the name, city & state of the organization that manages the hospital.

Name CAROLINAS HEALTHCARE SYSTEMS
City CHARLOTTE
State NORTH CAROLINA

7. Is the Hospital a member of an alliance? Yes(x) No( )

If YES please give the name & address of the Alliance Headquarters
Name
City
State

8. Is your Hospital a participant in a network? * Yes( ) No( )

If YES please give the name, address & telephone of the network.

Name
Address Telephone
City,State,Zip

* If your Hospital participates in more than one network, provide this information on an additional page.

9. Does your hospital have an Internet or Homepage address? Yes(x) No( )
If YES, please provide the address:Http:www.carealliance.com

---------- ---------- OFFICE USE ONLY ----------

AHA NO. 6370090 TYPE 10 IDNO 110063 HID 590

COUNTY 19 HSA 4

000413

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001
*** SCHEDULE C - REPORTING PERIOD ***

Report data for a 12-month period,
preferably October 1, 2000 through September 30, 2001 (365 days):

1. Indicate period used: Begin: 1 (Mo) 1 (Day) 01 (Yr) End: 12 (Mo) 31 (Day) 01 (Yr) No. of days: 365

2. In operation 12 full months at the end of reporting period? Yes(x) No( )
Number of days open: 365

3. Indicate the beginning of your current fiscal year: 1 (Mo) 1 (day) 02 (yr)

*** SCHEDULE D - FACILITIES AND SERVICES ***

1. GENERAL MEDICAL, SURGICAL AND ANCILLARY SERVICES: for each sevice listed below please check ALL the categories that describe how each item is provided as of the last day of the reporting period. Check all categories that apply for an item. Column 3 refers to the systems identified in Schedule B Question 8, & Column 4 refers to Schedule B Question 3.
Please check ALL THAT APPLY.

COLUMN DESCRIPTION
(1) Service available in the Hospital.
(2) Service not maintained in the Hospital, but is available through a formal contractual arrangement with another hospital/provider.
(3) Service provided by your Network.
(4) Service provided by your Health System (in your community)

SERVICE AREA	(1)	(2)	(3)	(4)
1. Medical/Surgical Acute	(x)	( )	( )	(x)
2. Pediatric Acute	(x)	( )	( )	(x)
3. Psychiatric Acute	( )	( )	( )	( )
4. Obstetrics	(x)	( )	( )	(x)
5. Physical Medicine & Rehabilitation	( )	( )	( )	(x)
6. Alcoholism & Chemical dependency (Detoxification)	( )	( )	( )	(x)
7. Alcoholism & Chemical Dependency (Inpatient)	( )	( )	( )	(x)
8. Medical/Surgical Intensive Care	(x)	( )	( )	(x)
9. Cardiac Intensive Care	(x)	( )	( )	(x)
10. Pediatric Intensive Care	( )	( )	( )	( )
11. Neonatal Intensive Care	(x)	( )	( )	(x)
12. Burn Care	( )	( )	( )	( )
13. Other Special Care	( )	( )	( )	( )
14. Psychiatric Long Term Care	( )	( )	( )	( )
15. Dental Services	( )	( )	( )	( )
16. Primary Care Department	(x)	( )	( )	( )
17. Crisis Prevention	( )	( )	( )	( )
18. Acquired Immune-Deficiency Syndrome (AIDS) Services	(x)	( )	( )	(x)
19. Chronic Obstructive Pulmonary Disease	(x)	( )	( )	(x)
20. Geriatric Services	( )	( )	( )	( )
21. Assisted Living	( )	( )	( )	( )
22. Hemodialysis	(x)	( )	( )	(x)
23. Laboratory Services:				
(a) Histopathology	(x)	( )	( )	(x)
(b) Blood Bank	(x)	( )	( )	(x)
Lithotripsy:				
(a) Lithotripter, (ESWL). Extracorporeal Shockwave	( )	(x)	( )	(x)
(b) Lithotripter, Biliary	( )	( )	( )	(x)

* DENOTES NEW INFORMATION....PLEASE COMPLETE

000414

ROPER HOSPITAL, INC. PAGE 4

JOINT ANNUAL REPORT OF HOSPITALS - 2001

EDULE D - FACILITIES & SERVICES (CONTINUED) SERVICE AREA....CONTINUED	IN HOSPITAL (1)	VIA CONTRACT (2)	NETWORK (3)	HEALTH SYSTEM (4)
25. Psychiatric Services:				
(a) Psych. Services, Child/Adolescent	( )	( )	( )	( )
(b) Psych. Services Geriatric	( )	( )	( )	(x)
(c) Psych. Emergency Services	( )	( )	( )	(x)
(d) Psych. Services Education	( )	( )	( )	(x)
(e) Psych. Consultation - Liaison	( )	( )	( )	(x)
(f) Psych. Partial Hospitalization Program	( )	( )	( )	(x)
(g) Psych. Outpatient Services	( )	( )	( )	(x)
(h) Anorexia Nervosa or Bulimia Services	( )	( )	( )	( )
26. Radiology Diagnostic Services:				
(a) CT Scanner	(x)	( )	( )	(x)
(b) Diagnostic Radioisotope Facility	(x)	( )	( )	(x)
(c) Ultrasound	(x)	( )	( )	(x)
(d) Magnetic Resonance Imaging (MRI)	(x)	( )	( )	(x)
(e) Diagnostic X-ray	(x)	( )	( )	(x)
(f) Positron Emission Tomography Scanner (PET)	( )	( )	(x)	( )
(g) Single Photon Emission Computerized Tomography (SPECT) Fixed (X) Mobile ( )	(x)	( )	( )	(x)
27. Radiation Therapy Services:				
(a) Megavoltage Radiation Therapy	(x)	( )	( )	( )
(b) Radioactive Implants	(x)	( )	( )	( )
(c) Therapeutic Radioisotope Facility	(x)	( )	( )	( )
(d) X-Ray Radiation Therapy	(x)	( )	( )	( )
(e) Stereotactic Radiosurgery	( )	( )	( )	( )
(f) Gamma Knife	( )	( )	( )	( )
28. Surgical Services:				
(a) Outpatient Surgery	(x)	( )	( )	(x)
(b) Kidney Transplant (Number of Transplants _____)	( )	( )	( )	( )
(c) Organ Transplant (Exclude Kidney)	( )	( )	( )	( )
(d) Orthopedic Surgery	(x)	( )	( )	(x)
(e) Tissue Transplant	( )	( )	( )	( )
(f) Bone Marrow Transplant Program	(x)	( )	( )	( )
29. Therapy Services:				
(a) Occupational Therapy	(x)	( )	( )	(x)
(b) Physical Therapy	(x)	( )	( )	(x)
(c) Recreational Therapy	(x)	( )	( )	( )
(d) Respiratory Therapy	(x)	( )	( )	(x)
(e) Speech Pathology	(x)	( )	( )	(x)
(f) Chiropractic Services	( )	( )	( )	( )
30. Outpatient Services:				
(a) Hospital Based Outpatient Care Center/Services	(x)	( )	( )	(x)
(b) Freestanding Outpatient Care Center	(x)	( )	( )	(x)
31. Emergency Services:				
(a) Emergency Department	(x)	( )	( )	(x)
(b) Certified Trauma Center	(x)	( )	( )	(x)
(c) Urgent Care Center	( )	( )	( )	( )

* DENOTES NEW INFORMATION....PLEASE COMPLETE

000415

Trident_08741

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

HEDULE D - FACILITIES & SERVICES (CONTINUED)

SERVICE AREA....CONTINUED	IN HOSPITAL (1)	VIA CONTRACT (2)	NETWORK (3)	HEALTH SYSTEM (4)
32. Alcoholism/Chemical Dependency Outpatient Service	( )	( )	( )	( )
33. Arthritis Treatment Center	( )	( )	( )	( )
34. Reproductive Health	( )	( )	( )	( )
35. Genetic Counseling/Screening	( )	( )	( )	(x)
36. Health Promotion:				
(a) Patient Education	(x)	( )	( )	( )
(b) Community Outreach	(x)	( )	( )	( )
(c) Health Fair	(x)	( )	( )	( )
(d) Health Screenings	(x)	( )	( )	( )
(e) Health Information Center	( )	( )	( )	(x)
(f) Children Wellness Services	(x)	( )	( )	( )
(g) Fitness Center	( )	( )	( )	( )
37. Meals on Wheels	(x)	( )	( )	( )
38. Nutrition Program	(x)	( )	( )	( )
39. Teen Outreach	( )	( )	( )	( )
40. Home Health Services	(x)	( )	( )	( )
41a Hospice	( )	( )	( )	( )
41b End of Life Services	( )	( )	( )	( )
42. Occupational Health Services	( )	( )	( )	(x)
43. Rehabilitation Outpatient Services	(x)	( )	( )	(x)
. Sports Medicine Clinic/Services	( )	( )	( )	(x)
. Women's Health Center/Services	(x)	( )	( )	( )
46. Supplementary Patient Assistance:				
(a) Hospital Auxiliary ....(# of Auxilians_____)	(x)	( )	( )	(x)
(b) Patient Representative Services	(x)	( )	( )	(x)
(c) Volunteer Services Department ..(# of Volunteers_____)	(x)	( )	( )	(x)
47. Social Work Services	(x)	( )	( )	(x)
48a Retirement Housing	( )	( )	( )	( )
48b Adult Day Care Program	( )	( )	( )	( )
49. Support Groups	(x)	( )	( )	(x)
50. Transportation to Health Facilities	(x)	( )	( )	( )
51. Organized Cancer Treatment Center/Oncology Services	(x)	( )	( )	( )
52. Cardiac Services:				
(a) Cardiac Catheterization Laboratory	(x)	( )	( )	(x)
(b) Open Heart Surgery	(x)	( )	( )	( )
(c) Coronary Angioplasty	(x)	( )	( )	( )
(d) Non-Invasive Cardiac Assessment Services	(x)	( )	( )	(x)
(e) Cardiac Rehabilitation	(x)	( )	( )	( )
53. Mammography Services:				
(a) Screening	(x)	( )	( )	(x)
(b) Diagnostic	(x)	( )	( )	(x)
54. Pain Management Program	(x)	( )	( )	(x)
Case Management	(x)	( )	( )	(x)
Complementary Medicine Services	( )	( )	( )	( )

* DENOTES NEW INFORMATION....PLEASE COMPLETE

000416

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

SELECTED SERVICE UTILIZATION - see accompanying instructions and definitions.
~~(OCTOBER 1, 2000 -- SEPTEMBER 30, 2001)~~
JANUARY 1, 2001 - DECEMBER 31, 2001

A. HEART SURGERY:**	Reported 2000	2001
(1) Adult Open-Heart Surgical Operations	650	567
(2) Pediatric Open-Heart Surgical Operations	0	0
(3) Pediatric Heart Surgical Operations (exclude open-heart)	0	0
(4) Number of Heart Surgery Suites	2	2

**ICD-9 CM Codes 35.10-35.51,35.53-35.95,35.98,35.99,36.03,36.09-36.2,36.91, 36.99,37.10,37.11,37.32, or 37.33.
NOTE: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. CARDIAC CATHETERIZATIONS: # of Mobile Labs: 0 # of Fixed Labs: 3

PATIENTS:	Adult		Pediatric	
	2000	2001	2000	2001
**Diagnostic,Total	2760	2625	0	0
Inpatient	1758	1665	0	0
Outpatient	1002	960	0	0
*Therapeutic,Total	793	644	0	0
Inpatient	743	610	0	0
Outpatient	50	34	0	0
All Other,Total	0	0	0	0
Inpatient	0	0	0	0
Outpatient	0	0	0	0

**Diagnostic: ICD-9 CM Codes 37.21,37.22 or 37.23.
*Therapeutic:ICD-9 CM Codes 36.01,36.02,36.05 or 35.96.
NOTE: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. MAGNETIC RESONANCE IMAGING # of Mobile Units 0 # of Fixed Units 2

	# of procedures 2000	# of procedures 2001
Inpatient	1155	1282
Outpatient	3537	4189
Total	4692	5471

D. PET SCANNER

	# of procedures 2000	# of procedures 2001
Inpatient		0
Outpatient		535
Total		535

E. EXTRACORPOREAL LITHOTRIPTER # of Mobile Units 1 # of Fixed Units 0

	Reported 2000	2001
Total Patients	145	146
Total Procedures	145	146

000417

ROPER HOSPITAL, INC.

* See revised page dated 7-22-02 for 2001 data

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE D - FACILITIES AND SERVICES (continued)

G. RADIATION THERAPY

Megavoltage	Number of Machines	New patients ~~10/1/00~~ 1/1/01 thru ~~9/30/01~~ 12/31/01	Number of Treatments*
1. Linear Accelerator			
2000	2	588	14126
2001	2	614	14460
2. Gamma Knife			
2000			
2001	0	0	0

* NOTE: Under number of treatments, record the number of patient visits. This is NOT ports.

H. SURGICAL DEPARTMENT

Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room. For ambulatory surgical operations record operations performed on patients who do not remain in the hospital overnight.

Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in the ambulatory facility.

Exclude deliveries and c-sections.

Count other special rooms (e.g. laser surgery) on the OTHER line

NUMBER OF OPERATING/SPECIAL PURPOSE ROOMS & NUMBER OF OPERATIONS

Type Room	Number Rooms		Inpatient Operations		Outpatient Operations		TOTAL
	2000	2001	2000	2001	2000	2001	
Operating	14	15	5521	5319	6051	6425	11744
Cystoscopy	1	1	304	350	431	585	935
Endoscopy			1286	1203	3428	3916	5119
Other							
TOTAL	15	16	7111	6872	9910	10926	17798

How many days per week may elective surgery be scheduled? 7

I. PHYSICAL THERAPY

		2000	2001
(1) Number of visits	INPATIENT	21013	5377
	OUTPATIENT*	8481	2581
(2) Number of treatments, applications, or procedures	INPATIENT	70765	78808
	OUTPATIENT*	22917	23799

* exclude home care visits

***SCHEDULE E - LICENSED BEDS ***

LICENSED BED CAPACITY ON DECEMBER 31, ~~SEPTEMBER 30~~, 2001	453
Beds set up & staffed for use a year ago (12/31/00 ~~10/1/00~~)	380

000418

ROPER HOSPITAL, INC. PAGE 8

JOINT ANNUAL REPORT OF HOSPITALS - 2001

*** SCHEDULE F - UTILIZATION ***

1. INPATIENT - ADULT AND PEDIATRIC (exclude newborn):
(A) PATIENT CENSUS RECORDS:
Please refer to accompanying instructions & definitions.

Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed. List beds for a particular service area only if a unit is specifically designated for the service area. If beds are not assigned to separate services, indicate by recording all beds under 'UNASSIGNED'. The total number of beds set up and staffed for use on ~~September 30~~ December 31, 2001, should be recorded in 'TOTAL'. Please account for all the inpatient beds set up and staffed on ~~September 30~~ December 31, 2001. Do NOT include swing beds or medicaid administrative days program or observation patients not admitted as inpatients. Include patient days in observation for patients admitted as inpatients following observation status.
Do not count beds more than once.

SERVICE AREA	BEDS SET UP & STAFFED		ADMISSIONS (exclude births)		DISCHARGES INCL DEATHS (exclude newborns)		TOTAL PATIENT DAYS CARE (exclude newborns)	
	2000	2001	2000	2001	2000	2001	2000	2001
ACUTE & SUBACUTE CARE								
Adult Medical/Surgical	305	291	14483	15804	15422	15917	86963	85149
Obstetrical (give level of unit __ see instructions)								
Gynecology								
Pediatric Medical/Surgical								
Orthopedic								
Psychiatric, ...TOTAL								
(Age 0-64)			0		0		0	
(Age 65 & Older)			0		0		0	
Psych. Crisis Stabilization	0		0		0		0	
(Age 0-64)			0		0		0	
(Age 65 & Older)			0		0		0	
Eye, Ear, Nose & Throat								
Rehabilitation.....Total	39	39	1058	1041	1050	1039	11542	11547
(Age 0-64)			0		0		0	
(Age 65 & older)			0		0		0	
Chronic Obstructive Pulmonary Disease								

000419

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE F - UTILIZATION CONTINUED:

SERVICE AREA	BEDS SET UP & STAFFED 2000	BEDS SET UP & STAFFED 2001	ADMISSIONS (EXCLUDE births) 2000	ADMISSIONS (EXCLUDE births) 2001	DISCHARGES INCL DEATHS: (exclude newborns) 2000	DISCHARGES INCL DEATHS: (exclude newborns) 2001	TOTAL PATIENT DAYS CARE (exclude newborns) 2000	TOTAL PATIENT DAYS CARE (exclude newborns) 2001
ACUTE & SUBACUTE CONTINUED								
Chronic Disease								
Alcohol/Chemical Dependency (Detoxification)								
Total Age 0-64			0		0		0	
Total Age 65 & older			0		0		0	
Alcohol/Chemical Dependency (Inpatient)								
Total Age 0-64			0		0		0	
Total Age 65 & older			0		0		0	
Self Care								
Hospice								
Other/specify								
Unassigned								
INTENSIVE CARE								
Medical/Surgical (ICU)	18	18	580	506	171	173	5967	5957
Cardiac (CCU)	18	18	890	749	124	157	4596	4639
Pediatric								
Burn/Trauma								
Psychiatric								
Other Special Care (e.g., progressive)								
Other (specify type)								
## GRAND TOTAL (acute and intensive care)	380	366	17011	18100	16767	17286	106068	107292
Total Age 0-64			0		0		0	
Total Age 65 & older			0		0		0	

	2000	2001
B) Total Discharge days of care* Dec. 31	107154	108000
Number of patients in hospital on ~~Sept 30~~, 2001*	267	272

* Exclude newborns; include neonatal, swing-bed patients & deaths.

000420

Trident_08746

ROPER HOSPITAL, INC. PAGE 10

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE F - UTILIZATION (CONTINUED)

NOTE: (D) REQUIRED BY MARCH 1, 2002 BY S.C. MEDICALLY INDIGENT ASSISTANCE ACT
(exclude newborns, swing beds, medicaid admin. days & observation patients)

(D) MEDICARE/MEDICAID/MIAP UTILIZATION	2000	2001
##(1) Total Medicare Inpatient Discharges-Title XVIII	9156	9335
##(2) Total Medicare Inpatient Days	71617	63963
##(3) Total Medicaid Inpatient Discharges-Title XIX	1620	1624
##(4) Total Medicaid Inpatient Days	8534	7596
##(5) Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	139	143
##(6) Total S.C. MIAP Inpatient Days	776	798

+2. NURSING HOME CARE	BEDS SET UP (9/30/01)	LICENSED BEDS	ADMISSIONS	PATIENT DAYS
A. Hospital based unit	0	0	0	0
B. Free standing on hospital campus	0	0	0	0
C. Free standing off campus	0	0	0	0

+3. RESIDENTIAL TREATMENT CENTER FOR CHILDREN & ADOLESCENTS:

	0	0	0	0

+4. FOR HOSPITALS WITH APPROVED SWING BEDS:
A. Number of acute care beds designated as swing beds 0
B. Utilization (medicare & non-medicare) during reporting period of swing beds for provision of acute and subacute care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/days	Admissions	Pat/days	Admissions	Pat/day
TOTAL all swing beds	0	0	0	0	0	0

+5. MEDICAID ADMINISTRATIVE DAYS PROGRAM
Admissions 0 Patient days 0

+6. OBSERVATION PATIENTS (patients that do NOT result in an inpatient admission ... regardless of pay source)
Patients 286

+ DO NOT INCLUDE these admissions or patient days in schedule F,1,A.

January 1, 2001 - December 31, 2001

6. OBSTETRICS UNIT* ~~(October 1, 2000 - September 30, 2001)~~.

A. Labor and delivery as of Dec. 31 ~~Sept 30~~ 2001	2000	2001
1. Number of labor rooms	0	0
2. Number of delivery rooms	2	2
3. Number of LDR rooms	8	0
4. Number of LDRP rooms	0	8

*Please check that the obstetrics level is completed on page 9.

000421

Trident_08747

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE F - UTILIZATION - OBSTETRICS (CONTINUED)

	2000	2001
B. Newborn nursery (well baby) 12/31/01		
1. Number of bassinets .... ~~9/30/01~~	24	20
2. Number of newborn patient days.....	2430	2238
C. Birth and death records		
1. Number of infants born alive.....	1200	1162
2. Number of deaths of infants born alive....	0	0
3. Number of fetal deaths (still-born).....	9	5

D. Neonatal special care bassinets. (A special unit for care of infants who are less than 28 days old at the time of admission to the unit. The unit is equipped with monitoring & life-saving systems and staffed with personnel specifically qualified, by training or experience, in providing neonatal care.)

SERVICE AREA	Bassinets Set up	Bed days available	Admissions	Discharges	Patient days
INTENSIVE CARE					
2000					
2001	0	0	0	0	0
INTERMED. CARE					
2000	5		144	144	1086
2001	5	1825	105	105	735
CONTINUING CARE					
2000					
2001	0	0	0	0	0

7. Total neonatal special care patient days 2000 1086 2001 735

*** SCHEDULE G - OUTPATIENT UTILIZATION ***DEFINITIONS AND INSTRUCTIONS:

OUTPATIENT VISIT - visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital over-night while receiving medical or dental services. Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area. DO NOT INCLUDE the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.

A. EMERGENCY VISITS should reflect total number of patients seen in an emergency or trauma unit.

B. CLINIC VISITS should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.

C. OTHER VISITS should reflect any other non-emergency visit. DO NOT INCLUDE occasions of service. (Note: An occasion of service is each test, examination, treatment or procedure rendered to an outpatient in ancillary departments).
FOR EXAMPLE: One 'OTHER' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

1. Are your emergency services staffed by a physician present 24 hours a day?
(x) Yes ( ) No

Indicate emergency department category (JCAHO level) 2

Indicate level of unit # for certified trauma department 3

Source of designation (check all that apply):
American College of Surgeons ( ) State/Local Govt. (x) Self Designation ( )

000422

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE G - OUTPATIENT UTILIZATION (CONTINUED)

4.	Emergency or Trauma Dept 2000	Emergency or Trauma Dept 2001	Organized Outpatient Clinic 2000	Organized Outpatient Clinic 2001	Other Ancillary Services ** 2000	Other Ancillary Services ** 2001
A. Capacity (estimated annual # of visits which could be accommodated in space with equipment and personnel available)	80000	73156		NA		NA
## B. Visits (Total sum of 1,2)	71456	73156	6936	5740	152266	144642
1. Non-emergency visits	42593	42430				
2. True emergency visits	28863	30726				
C. Visits resulting in admission to hospital	6009	6378				

** exclude outpatient surgeries reported in schedule D.

5. In terms of location, your ambulatory care programs are: (check all that apply).
   a. Within the hospital (x) b. On hospital campus in a freestanding center ( )
   c. Freestanding off campus (x) d. No ambulatory care ( )

6. In terms of ownership, your ambulatory care programs are: (check all that apply).
   (a) Part of a division of your hospital (x)
   (b) Offered through a subsidiary of the hospital ( )
   (c) Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary ( )

NOTE: (B) REQUIRED BY MARCH 1, 2002 BY S.C. MEDICALLY INDIGENT ASSISTANCE ACT

*** SCHEDULE H - HOSPITAL EMPLOYEES AS OF SEPTEMBER 30, 2001 ***

1. Instructions For Completing Hospital Position Survey:
Information is requested on the total number of employees of the hospital and select types of personnel & status of employment, as of September 30, 2001. Numbers reported here for full and part-time, and budgeted vacancies should be consistent with payroll expenses reported on the Financial Data Report which accompanies this survey. Include members of religious orders for whom dollar equivalents will be reported. People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once. DO NOT INCLUDE NURSING HOME STAFF ON THIS PAGE. If there are staff positions that are shared between the hospital and nursing home, please record these staff as part-time employees. Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.

NUMBER EMPLOYED FULL-TIME: Persons on the payroll in a full-time position (35 or more hours per week) as of September 30, 2001. Include trainees.

NUMBER EMPLOYED PART-TIME: Persons on the payroll in a part-time position (less than 35 hours per week) as of September 30, 2001. Include trainees.

NUMBER BUDGETED VACANCIES: Include only that number of budgeted staff positions the institution can afford to employ under current budgetary and operating conditions and for which the hospital is actively seeking a permanent placement. DO NOT INCLUDE THE NUMBERS OF PERSONNEL THAT THE INSTITUTION WOULD LIKE TO HAVE THAT WOULD REQUIRE UNLIMITED INCOME RESOURCES.

CONSULTANT/CONTRACTUAL: Persons performing services in the facility under a contract or paid on a fee-for-service basis.

000423

ROPER HOSPITAL, INC.

JOINT ANNUAL REPORT OF HOSPITALS - 2001

CHEDULE H - HOSPITAL EMPLOYEES (CONTINUED)

PERSONNEL CATEGORY	EMPLOYEES ON PAYROLL Full-time 2000	Full-time 2001	Part-time 2000	Part-time 2001	Budgeted Vacancies 2000	Budgeted Vacancies 2001	Consultant/ Contractual 2000	Consultant/ Contractual 2001
ADMINISTRATIVE OCCUPATION								
Hospital Administrator	1					1		
Asst. Hospital Administrator								
PHYSICIANS & DENTISTS								
Physicians		2		3				
Medical Interns & Residents								
Dentists								
Dental Interns & Residents								
NURSING CARE								
Registered Nurses (excluding next four categories)	444	479	341	452	82	102		
Nurse Clinicians						9		
Nurse Anesthetists	8	7	3	3		3		
Nurse Midwives								
Other Nurse Practitioners		3		1				
Licensed Practical/ Vocational Nurses	81	87	75	58	8	10	0	
Nursing Aides, Orderlies, Attendants	97	140	34	99	10	12	0	
Psychiatric Aides								
Ward Clerks	58	53	30	28	15	14	0	
MEDICAL RECORDS								
Medical Records Administrators								
Librarians (Accredited)								
Medical Records Administrators								
Librarians (Non-Accredited)								
Medical Record Technicians	33	23	4	4	3	1	0	
PHARMACY								
Pharmacists, Licensed	19	19	12	7	0		0	
Pharmacy Technicians	18	17	8	7	1	1	0	
MEDICAL TECHNOLOGY/CLINICAL LABORATORY								
Medical Technologists (Hematology Technologists Certified/Registered)	40	40	15	19	0		0	
Medical Technologists (Hematology Technologists Non-Certified/Non-Registered)	4		2		0		0	
Cytotechnologists (Certified/Registered)	0		1		0		0	
Histologic Technologists (Tissue Technologists Assoc. or Bachelor Degree)	4	6	1	2	0		0	
Histologic Technicians (1-Year Certificate)	1		1		1		0	

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000424

ROPER HOSPITAL, INC.

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE H - HOSPITAL EMPLOYEES (CONTINUED)

PERSONNEL CATEGORY	EMPLOYEES ON PAYROLL Full-time 2000	2001	Part-time 2000	2001	Budgeted Vacancies 2000	2001	Consultant/ Contractual 2000	2001
MEDICAL TECHNOLOGY CONTINUED								
Medical Laboratory Technicians (Certified/Registered)	16	19	15	15	1	3	0	
Medical Laboratory Technicians (Non-Certified/Non-Registered)	1		1		1		0	
Certified Laboratory Assistants (C.L.A.)	0		0		0		0	
Non-Certified Medical Lab. Assistants	0	3	0	1	0		0	
Other Clinical Laboratory Personnel	49	20	20	9	0	4	0	
DIETARY SERVICES								
Dieticians and/or Nutritionists (B.A. or M.A. Degree) A.D.A. Registered)	6	5	3	2	0	1	0	
Dieticians and/or Nutritionists (B.A. or M.A. Degree Non A.D.A. Registered)	0		0		0		0	
Dietetic Technicians (Diet Clerks) (Associate Degree, A.D.A. Reg.)	0		0		0		0	
Dietetic Technicians (Diet Clerks) (Assoc. Degree, Non A.D.A. Reg.)	0		0		0	3	0	
Food Service Supervisors/ Dietetic Assistants (ADA-Approved 90-Hour Course)	0		0		0		0	
RADIOLOGY/NUCLEAR MEDICINE								
Radiologic Technologists (Certified/Registered w/ 2-Yr Post-High School Educ.)	37	40	19	8	0	2	0	
Radiation Therapy Technologists (Certified/Registered w/ 3-Yr Post-High School Educ.)	8	7	5		0	2	0	
Radiological Technicians (X-Ray Technicians)	0		0		0		0	
Nuclear Medicine Technologists (Certified/Registered with Associate Degree)	0		0		0		0	
Nuclear Medicine Technologists (Certified/Registered with Bachelors Degree)	4	5	4	2	0		0	
Radiologic Assistants (X-Ray Assistants)	13	10	7	4	0		0	
Other Radiological and Nuclear Medicine Personnel	41	55	17	10	1	6	0	

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000425

ROPER HOSPITAL, INC.

JOINT ANNUAL REPORT OF HOSPITALS - 2001

SCHEDULE H - HOSPITAL EMPLOYEES (CONTINUED)

PERSONNEL CATEGORY	EMPLOYEES ON PAYROLL Full-time 2000	Full-time 2001	Part-time 2000	Part-time 2001	Budgeted Vacancies 2000	Budgeted Vacancies 2001	Consultant/ Contractual 2000	Consultant/ Contractual 2001
PHYSICAL MEDICINE & REHABILITATION								
Occupational Therapists (O.R.T)	7	7	10	7	2			
Occupational Therapists (Non-Certified)								
Certified Occupational Therapy Assistants (C.O.T.A.)	5	5	3	3	2			
Non-Certified Occupational Therapy Assistants								
Occupational Therapy Aides/Attendants								
Physical Therapists, Licensed	24	23	17	10	1			
Physical Therapist Assistants, Licensed	16	13	8	4	3			
Physical Therapy Aides, Attendants		6		1		1		
Recreational Therapists	2	2	1	1				
RESPIRATORY THERAPY SERVICES								
Respiratory Therapists (Inhalation Therapists) (Registered, RRT)	29	26	9	10	0	2	0	
Respiratory Therapy Technicians (Certified, CRTT)	5		4		0		0	
Respiratory Therapy Technicians (Non-Certified)	1							
Other Respiratory Therapy Personnel		2		2				
MISCELLANEOUS HEALTH OCCUPATIONS								
Psychologists								
Caseworkers (Medical Social Workers)	6	15	2	10	1			
Speech Pathologists		2		4		1		
Audiologists		[illegible]		[illegible]				
Surgical Technicians (O. R. Technicians)		2		3		3		
Physician Assistants								
Extracorporeal Circulatory Technicians								
Emergency Medical Technicians	9	16	6	8		2		
Advanced Emergency Medical Technicians						2		
ALL OTHER HEALTH PROFESSIONAL & TECHNICAL PERSONNEL	155	55 [illegible]	126	43	26	18	0	
ALL OTHER NON-HEALTH PROFESSIONAL & NON-TECHNICAL PERSONNEL	374	787	77	116	70	34 [illegible]	0	
TOTAL HOSPITAL PERSONNEL	1616	2001	881	956	228	238	0	

WILL BE REVISED 2/28/02

000426

Trident_08752

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

*** SCHEDULE I - MEDICAL STAFF ***

1. MEDICAL STAFF: Please indicate the number of practitioners on the active and associate medical staff (Do not include courtesy, consulting, honorary, or other) in each of the following specialty groups as of December 31, 2001. Do not report full-time equivalents or portions. If the exact numbers are unavailable, please give your best estimate.

	TOTAL NUMBER ACTIVE & ASSOC MEDICAL STAFF		OF THE TOTAL ACTIVE ASSOCIATE MEDICAL STAFF, THE NUMBER WHO ARE BOARD CERTIFIED	
	2000	2001	2000	2001
A. MEDICAL SPECIALTIES:				
1. General/Family Prac.	31	27	26	22
2. Pediatric Medicine	42	39	33	36
3. Gen. Internal Med.	45	47	39	42
4. Cardiology	19	17	19	16
5. Gastroenterology	15	12	14	12
6. Pulmonary Disease	8	9	8	9
7. Oncology	8	8	7	7
8. Neurology	6	6	5	6
9. Other Medical Spec.	22	26	20	25
		161		
B. SURGICAL SPECIALTIES:				
1. Obstetrics/Gynecol.	33	33	27	30
2. Ophthalmology	25	23	22	22
3. Otorhinolaryngology	14	14	12	12
4. Orthopedic Surgery	31	29	26	29
5. Plastic Surgery	9	10	9	10
6. General Surgery	19	14	18	14
7. Thoracic Surgery	3	3	3	3
8. Urological Surgery	15	16	12	13
9. Cardiovascular Surgery	3	3	3	3
10. Colon & Rectal Surgery	4	2	3	2
11. Neurosurgery	8	8	8	8
12. Other Surgical Specs.	8	11	8	3
	173	162		
C. OTHER SPECIALTIES:				
1. Anesthesiology	40	47	37	44
2. Dermatology	7	6	7	6
3. Emergency Medicine	15	28	14	28
4. Nuclear Medicine	2	8	2	7
5. Pathology	7	6	7	6
6. Psychiatry	4	4	4	4
7. Radiology	16	12	16	11
8. Physical Med & Rehab	6	6	5	6
9. Other Specialties	0	0	0	0
	97	117		

2. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Med. Director or V.P. for Medical Affairs) as liaison between hospital management & the medical staff?

Yes(X) No( )

Does your hospital offer core clerkship or elective undergraduate medical education programs?

Yes( ) No(X)

000427

Trident_08753

*** SCHEDULE I - MEDICAL STAFF ....continued ***

4. Which of the following physician arrangements does your hospital participate in? Network-refers to the network identified in Schedule B Question 8, Health System refers to Schedule B Question 3.

	IN HOSPITAL	NUMBER OF PHYSICIANS	NETWORK	HEALTH SYSTEM
(a) Independent Practice Association	( )	_____	( )	( )
(b) Group Practice without walls	( )	_____	( )	( )
(c) Open Physician-Hospital Organization (PHO)	( )	_____	( )	( )
(d) Closed Physician-Hospital Organization (PHO)	( )	_____	( )	( )
(e) Management Service Organization (MSO)	( )	_____	( )	( )
(f) Integrated Salary Model	( )	_____	( )	( )
(g) Equity Model	( )	_____	( )	( )
(h) Foundation	( )	_____	( )	( )

*** SCHEDULE J - COMMUNITY ORIENTATION ***

A1. Does your hospital, health system or health network have an equity interest in any of the following insurance products? Check all that apply. Network-refers to the network identified in Schedule B Question 8, Health System refers to Schedule B Question 3.

	IN HOSPITAL	HEALTH SYSTEM	NETWORK	JOINT VENTURE WITH INSURER
(a) Health Maintenance Organization	( )	( )	( )	( )
(b) Preferred Provider Organization	( )	( )	( )	( )
(c) Indemnity Fee for Service Plan	( )	( )	( )	( )

A2. Does your hospital have a formal written contract that specifies the obligations of each party with:

(a) Health maintenance organization(HMO) Yes (x) No ( ) How many contracts? 7
(b) Preferred provider organization(PPO) Yes (x) No ( ) How many contracts? 30

A3. What percentage of hospital's net patient revenue is paid on a capitated basis? 0 %

A4. What percentage of hospital's net revenue is paid on a shared risk basis? 0 %

A5. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis? Yes ( ) No (X)

A6. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered? N/A

000428

ROPER HOSPITAL, INC.
JOINT ANNUAL REPORT OF HOSPITALS - 2001

*** SCHEDULE J - COMMUNITY ORIENTATION ***

COMMUNITY OUTREACH:

B1. Does your hospital's mission statement include a focus on community benefit?
Yes (x) No ( )

B2. Does your hospital have a long-term plan for improving health in the community?
Yes (x) No ( )

B3. Does your hospital have resources for its community benefit activities?
Yes (x) No ( )

B4. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?
Yes (x) No ( )

B5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing sevices?
Yes (x) No ( )

Does your hospital work with local providers, public agencies or community representatives to develop a written assessment of the appropriate capacity for health services in the community?
Yes (x) No ( )

B7. If yes, have you used this to identify unmet health needs or duplicate services in the community?
Yes (x) No ( )

B8. Does your hospital work with other providers to collect, track and communicate clinical and health information across cooperating organizations?
Yes (x) No ( )

B9. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?
Yes (x) No ( )

B10 Does your hospital self-assess against Baldrige like criteria for sustained continuous improvement?
Yes (x) No ( )

Edit Schedules A, B and C

2003 Joint Annual Report of Hospitals

D H E C

SC Department of Health and Environmental Control
South Carolina Office of Research and Statistics

Roper Hospital, Inc.

Please edit your responses and then click on the 'Submit' button at the bottom of the page.

SCHEDULE A: Identification

Today's Date (MM/DD/YY):	02/18/04
Hospital Name:	Roper Hospital, Inc.
Name of Operating Authority:	Roper Hospital, Inc.
Building Ownership:	Roper Hospital, Inc.
Person Completing Form:	Donna Wilson
Phone Number of Facility or Person Completing Form:	843-937-5129
Chief Administrative Officer:	John Sullivan

SCHEDULE B: Classification

B1. CONTROL
Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. Check only one box.

You must answer this question again, even if you already answered it the first time you submitted your survey.

Government, Non-Federal	Nongovernment, Not for Profit	Investor-Owned, For-Profit	Federal Government
○ State ○ County ○ City, County ○ Hospital District or Authority	○ Church-Operated ◉ Other	○ Individual ○ Partnership ○ Corporation ○ Limited Liability Co.	○ Air Force ○ Army ○ Navy ○ Veterans Affairs

B2. SERVICE

000430

Indicate the one category that best describes the type of service your hospital provides to the majority of admissions. **Check only one box.**

You must answer this question again, even if you already answered it the first time you submitted your survey.

- (•) General Medical and Surgical
- ( ) Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ( ) Hospital Unit in an Institution for the Mentally Retarded
- ( ) Psychiatric
- ( ) Obstetrics and Gynecology
- ( ) Tuberculosis and Other Respiratory Diseases
- ( ) Long Term Acute Care
- ( ) Ear, Eye, Nose and Throat
- ( ) Rehabilitation
- ( ) Orthopedic
- ( ) Chronic Disease
- ( ) Institution for Mentally Relarded
- ( ) Alcoholism and Other Chemical Dependency
- ( ) Other (Specify Treatment Area): [ ]

B3. Does the hospital itself operate subsidiary corporations? (yes or no) [no]

B4. Is the hospital contract managed? (yes or no) [no]

If YES, please provide the name, city and state for the organization that manages the hospital.

Name: [ ]
City: [ ]
State: [ ]

B5. Is your hospital a participant in a network? (yes or no) [no]

If YES, please provide the name, address, and telephone for the network.

Name: [ ]
Address: [ ]
City: [ ]
State: [ ]
Zip: [ ]
Phone: [ ]

000431

Edit Schedules A, B and C

B6. Does your hospital have a web site? (yes or no) yes

If YES, please provide the address http://www.ropersaintfrancis

SCHEDULE C: Reporting Period

C1. Indicate period used:

Begin Date (MM/DD/YY): 01/01/03 End Date (MM/DD/YY): 12/31/03

Number of Days: 365

C2. In operation 12 full months at the end of reporting period? (yes or no) yes

Number of days open: 365

C3. Indicate the beginning of your current fiscal year (MM/DD/YY): 01/01/04

Submit

000432

Edit Schedule D

2003 Joint Annual Report of Hospitals

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SCHEDULE D: Facilites and Services

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Service area	Service available in the hospital	Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider	Service provided by your Network	Service provided by your Health System (in your community)
1. Adult day care program	☐	☐	☐	☐
2. Airborne infection isolation room # of rooms: 5	☑	☐	☐	☑
3. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
4. Alzheimer Center	☐	☐	☐	☐
5. Ambulance services	☑	☐	☐	☑
6. Arthritis treatment center	☐	☐	☐	☐
7. Assisted living	☐	☐	☐	☐
8. Auxiliary	☑	☐	☐	☑
9. Bariatric/weight control services	☐	☐	☐	☐
10. Birthing room - LDR room - LDRP room	☑	☐	☐	☑
11. Breast cancer screening/mammograms	☑	☐	☐	☑
12. Cardiology services				
a. Angioplasty	☑	☐	☐	☑
b. Cardiac catheterization laboratory	☑	☐	☐	☑

c. Open heart surgery	☑	☐	☐	☑
Service area	**Service available in the hospital**	**Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider**	**Service provided by your Network**	**Service provided by your Health System (in your community)**
13. Case management	☑	☐	☐	☑
14. Chaplaincy/pastoral care services	☑	☐	☐	☑
15. Chemotherapy	☑	☐	☐	☑
16. Children wellness program	☐	☐	☐	☐
17. Chiropractic services	☐	☐	☐	☐
18. Community outreach	☑	☐	☐	☑
19. Complementary medicine services	☐	☐	☐	☐
20. Crisis prevention	☐	☐	☐	☐
21. Dental services	☐	☐	☐	☐
22. Emergency services				
a. Emergency department	☑	☐	☐	☑
b. Trauma center (certified) Level of unit (1-3): 3	☑	☐	☐	☑
23. Enabling services	☐	☐	☐	☐
24. End of life service				
a. Hospice program	☐	☑	☐	☐
b. Pain management program	☐	☐	☐	☑
c. Palliative care program	☐	☐	☐	☐
Service area	**Service available in the hospital**	**Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider**	**Service provided by your Network**	**Service provided by your Health System (in your community)**
25. Enrollment assistance services	☑	☐	☐	☑
26. Extracorporeal shock wave lithotripter (ESWL)	☑	☐	☐	☑
27. Fitness center	☑	☐	☐	☑
28. Freestanding outpatient care center	☑	☐	☐	☑

000434

29. Geriatric services	☐	☐	☐	☐
30. Gamma knife	☐	☐	☐	☐
31. Health fair	☑	☐	☐	☑
32. Health information center	☑	☐	☐	☑
33. Health screenings	☑	☐	☐	☑
34. Hemodialysis	☑	☐	☐	☑
35. HIV-AIDS services	☑	☐	☐	☑
36. Home health services	☑	☐	☐	☑
37. Hospital-based outpatient care center-services	☑	☐	☐	☑
38. Linguistic/translation services	☐	☑	☐	☑
39. Meals on wheels	☐	☐	☐	☐
Service area	Service available in the hospital	Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider	Service provided by your Network	Service provided by your Health System (in your community)
40. Neurological services	☑	☐	☐	☑
41. Nutrition programs	☑	☐	☐	☑
42. Occupational health services	☑	☐	☐	☑
43. Oncology services	☑	☐	☐	☑
44. Orthopedic services	☑	☐	☐	☑
45. Outpatient surgery	☑	☐	☐	☑
46. Patient education center	☑	☐	☐	☑
47. Patient representative services	☑	☐	☐	☑
48. Physical rehabilitation outpatient services	☑	☐	☐	☑
49. Primary care department	☐	☐	☐	☐
50. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☑	☐	☐	☑
c. Psychiatric education services	☐	☐	☐	☐

d. Psychiatric emergency services	☐	☐	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
Service area	Service available in the hospital	Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider	Service provided by your Network	Service provided by your Health System (in your community)
51. Radiation therapy				
a. Intensity-Modulated Radiation Therapy (IMRT)	☐	☐	☐	☐
52. Radiology, diagnostic				
a. CT scanner	☑	☐	☐	☑
b. Diagnostic radioisotope facility	☑	☐	☐	☑
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Magnetic resonance imaging (MRI)	☑	☐	☐	☑
e. Multislice spiral computed tomography(MSCT)	☑	☐	☐	☑
f. Positron emission tomography (PET)	☑	☐	☐	☑
g. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☑
h. Ultrasound	☑	☐	☐	☑
53. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
54. Retirement housing	☐	☐	☐	☐
55. Sleep Center	☑	☐	☐	☑
56. Social work services	☑	☐	☐	☑
Service area	Service available in the hospital	Service not maintained in hospital, but is available through a formal contractual agreement with another hospital/provider	Service provided by your Network	Service provided by your Health System (in your community)

57. Sports medicine	☐	☐	☐	☑
58. Support groups	☑	☐	☐	☑
59. Swing bed services	☐	☐	☐	☐
60. Teen outreach services	☐	☐	☐	☐
61. Tobacco Treatment/Cessation program	☐	☐	☐	☐
62. Transplant services	☑	☐	☐	☑
63. Transportation to health facilities	☐	☐	☐	☐
64. Urgent care center	☑	☐	☐	☑
65. Volunteer services department	☑	☐	☐	☑
66. Women's health center/services	☑	☐	☐	☑
67. Wound Management Services	☑	☐	☐	☑

D2. SELECTED SERVICE UTILIZATION (OCTOBER 1, 2002 - SEPTEMBER 30, 2003)

A. Heart Surgery

	Reported 2002	2003
1. Adult Open-Heart Surgical Operations	533	467
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	2	2

Note: Report the number of patients having open heart surgery regardless of the number of procedures performed during that visit.

B. Cardiac Catheterizations

# of Mobile Labs: 0

# of Fixed Labs: 3

Patients	Adult		Pediatric	
	2002 Reported	2003	2002 Reported	2003
Diagnostic, Total	2,600	2824		0
Inpatient	1,681	1692		0
Outpatient	919	1132		0

000437

Edit Schedule D

Therapeutic, Total	659	782		0
Inpatient	608	688		0
Outpatient	51	94		0
All Other, Total	0	0		0
Inpatient	0	0		0
Outpatient	0	0		0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

# of Mobile Units: 0

# of Fixed Units: 2

	# of Procedures 2002	# of Procedures 2003
Inpatient	1,376	1423
Outpatient	4,438	4632
Total	5,814	6055

D. PET Scanner

# of Mobile Units: 0

# of Fixed Units: 1

	# of Procedures 2002	# of Procedures 2003
Inpatient	0	0
Outpatient	1,048	1373
Total	1,048	1373

000438

Extracorporeal Lithotripter

# of Mobile Units: 1

# of Fixed Units: 0

	# of Procedures 2002	# of Procedures 2003
Total Patients	65	96
Total Procedures	73	96

F. Radiation Therapy

Megavoltage	Number of Machines	New Patients 10/01/02 - 9/30/03	Number of Treatments*
1. Linear Accelerator			
2002	2	610	14,453
2003	2	495	12237
2. Gamma Knife			
2002			
2003	0	0	0

***Note:** Under **Number of Treatments**, record the number of patient visits. This is NOT ports.

G. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performaed while the patient was in the operating room or procedure room.
- For ambulatory surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the ambulatory facility.
- Exclude deliveries and c-sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

000439

Number of Operating/Special Purpose Rooms and Number of Operations

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2003 Total
	2002	2003	2002	2003	2002	2003	
Operating	15	15	5,481	5269	6,103	6273	11542
Cystoscopy	1	1	0	0		831	831

Edit Schedule D

Endoscopy	5	5	1,131	1170		4631	5801
Other	1	1	0	0		0	0
TOTAL	22	22	6,612	6439	11,015	11735	18174

How many days per week may elective surgery be scheduled? 5

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SCHEDULE E: Licensed Beds

Licensed Bed Capacity on September 30, 2003: 453

Beds Set Up and Staffed for Use a Year Ago (10/01/02): 354

SCHEDULE F: Utilization

F1. INPATIENT - ADULT AND PEDIATRIC (Exclude Newborn)

A. Patient Census Records

- Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed.
- List beds for a particular service area only if a unit is specifically designated for the service area.
- If beds are not assigned to separate services, indicate by recording all beds under UNASSIGNED.
- The total number of beds set up and staffed for use on September 30, 2003 should be recorded in TOTAL.Please account for all the inpatient beds set up and staffed on September 30, 2003.
- DO NOT include swing beds or Medicaid administrative days program or observation patients not admitted as inpatients.
- Include patient days in observation for patients admitted as inpatients following observation status.
- Do not count beds more than once.

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Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2002	2003	2002	2003	2002	2003	2002	2003
Acute and Subacute Care								
Adult								

Edit Schedules E and F

Medical/Surgical	279	280	14,057	14180	15,911	15670	85,926	83011
Obstetrical (give level of unit [ ])		0		0		0		0
Gynecology		0		0		0		0
Pediatric Medical/Surgical		0		0		0		0
Orthopedic		0		0		0		0
Psychiatric - Total		0		0		0		0
Age 0-64				0		0		0
Age 65 and Older				0		0		0
Rehabilitation - Total	39	39	1,108	1099	1,120	1093	11,448	11150
Age 0-64				na		na		na
Age 65 and Older				na		na		na
Alcohol/Chemical Dependency (Detoxification)		0		0		0		0
Age 0-64				0		0		0
Age 65 and Older				0		0		0
Alcohol/Chemical Dependency (Inpatient)		0		0		0		0
Age 0-64				0		0		0
Age 65 and Older				0		0		0
Other (Please Specify) [ ]		0		0		0		0
Unassigned		0		0		0		0

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2002	2003	2002	2003	2002	2003	2002	2003
tensive Care								
Medical/Surgical	18		529		178		5,930	

000442

(ICU)		18		511		152		5881
Cardiac (CCU)	18	18	674	671	140	117	4,767	4597
Pediatric		0		0		0		0
Other (Please Specify)		0		0		0		0
Grand Total (Acute and Intensive Care)	354	355	17,358	16461	17,349	17032	108,071	104639
Age 0-64				na		na		na
Age 65 and Older				na		na		na

	2002	2003
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	108,392	104898
C. Number of Patients in Hospital on September 30, 2003	281	290

D. Medicare/Medicaid/MIAP Utilization

- **Required by March 1, 2004 by S.C. Medically Indigent Assistance Act.**
- Exclude newborns, swing beds, Medicaid admin. days and observation patients.

	2002	2003
1. Total Medicare Inpatient Discharges - Title XVIII	9,300	9385
2. Total Medicare Inpatient Days	68,084	68595
3. Total Medicaid Inpatient Discharges - Title XIX	1,814	1629
4. Total Medicaid Inpatient Days	9,733	8044
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	172	121
6. Total S.C. MIAP Inpatient Days	1,130	804

000443

F2. NURSING HOME CARE

	Beds Set Up (9/30/03)	Licensed Beds	Admissions	Patient Days

A. Hospital Based Unit	0	0	0	0
B. Free-Standing on Hospital Campus	0	0	0	0
C. Free-Standing Off Campus	0	0	0	0

F3. RESIDENTIAL TREATMENT CENTER FOR CHILDREN AND ADOLESCENTS

	Beds Set Up (9/30/03)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents	0	0	0	0

F4. FOR HOSPITALS WITH APPROVED SWING BEDS

A. Number of Acute Care Beds Designated as Swing Beds 0

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total All Swing Beds	0	0	0	0	0	0

F5. MEDICAID ADMINISTRATIVE DAYS PROGRAM

Admissions 0

Patient Days 0

F6. OBSERVATION PATIENTS

Patients 788

000444

F7. OBSTETRICS UNIT

	2002 Reported	2003
A. Labor and Delivery as of September 30, 2003		
1. Number of Labor Rooms	0	0
2. Number of Delivery Rooms	0	0
3. Number of LDR Rooms	8	8
4. Number of LDRP Rooms	0	0
B. Newborn Nursery (Well Baby)		
1. Number of Bassinets (9/30/03)	20	20
2. Number of Newborn Patient Days	2,031	1940
C. Birth and Death Records		
1. Number of Infants Born Alive	972	875
2. Number of Deaths of Infants Born Alive	1	0
3. Number of Fetal Deaths (Still-born)	6	12

D. Neonatal Special Care Bassinets

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2002 Reported					
2003	0	0	0	0	0
Intermed. Care					
2002 Reported	5		79	80	321
2003	5	1825	66	67	259
Continuing Care Care					
2002 Reported					
2003	0	0	0	0	0

	2002 Reported	2003

000445

Total Neonatal Special Care Patient Days	321	259

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SCHEDULE G: Outpatient Utilization

- **Outpatient Visit:** A visit to each organized outpatient care program or the emergency service area by a person who is not lodged in the hospital overnight while receiving medical or dental services.
- Include in the visit count each appearance of an outpatient in each organized outpatient program or emergency service area.
- DO NOT include the number of diagnostic and/or therapeutic treatments the patient received in the ancillary departments.
  - o **A. Emergency Visits** should reflect total number of patients seen in an emergency or trauma unit.
  - o **B. Clinic Visits** should reflect total number of non-emergency outpatients with pre-arranged appointments in an organized outpatient care program.
  - o **C. Other Visits** should reflect any other non-emergency visit. **DO NOT** include occasions of service. For example, one 'other' visit would be an outpatient receiving a blood test and an x-ray during a single appearance in the ancillary service area.

G1. Are your emergency services staffed by a physician present 24 hours a day? (yes or no) yes

G2. Indicate emergency department category (JACHO level): 2

G3. Indicate level of unit # for certified trauma department: 3

Source of designation (check all that apply):

- ☐ American College of Surgeons
- ☑ State/Local Government
- ☐ Self Designation

000447

G4.

	Emergency or Trauma Department		Organized Outpatient Clinic		Other Ancillary Services (exclude outpatient surgeries reported in Schedule D)	
	2002 Reported	2003	2002 Reported	2003	2002 Reported	2003

A. Capacity	81,000	80750		na		na
B. Visits (Total sum of G1, G2) *	75,962	71192	5,925	5555	173,957	178916
1. Non-Emergency Visits	43,808	24029				
2. True Emergency Visits	32,154	47163				
C. Visits Resulting in Admission to Hospital	5,927	6005				

* *Required by March 1, 2004 by S.C. Medically Indigent Assistance Act.*

G5. In terms of location, your ambulatory care programs are: (check all that apply)

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☑ Freestanding off campus
- ☐ No ambulatory care

In terms of ownership, your ambulatory care programs are: (check all that apply)

- ☐ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

SCHEDULE H: Hospital Employees as of September 30, 2003

- Information is requested on the total number of employees of the hospital and select types of personnel and status of employment, as of September 30, 2003.
- Numbers reported here for full and part-time, and budgeted vacancies, should be consistent with payroll expenses reported on the Financial Data Report.
- Include members of religious orders for whom dollar equivalents will be reported.
- People who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.
- **Do not include nursing home staff on this page.**
- If there are staff positions that are shared between the hospital and nursing home, please record these staff as part-time employees.
- Where one or more physicians maintain offices for private practice in the hospital building, do not include personnel employed for assistance with the private office practice.

000448

	Full-Time		Part-Time		Budgeted Vacancies		Consultant/ Contractual	
	2002	2003	2002	2003	2002	2003	2002	2003

Edit Schedules G-H

Administrative Occupations								
Hospital Administrator	1	0		0	1	1		0
Assistant Hospital Administrator		0		0		0		0
Physicians and Dentists								
Physicians	1	2		0	1	0		0
Medical Interns and Residents		0		0		0		0
Dentists		0		0		0		0
Dental Interns and Assistants		0		0		0		0

	Full-Time		Part-Time		Budgeted Vacancies		Consultant/ Contractual	
	2002	2003	2002	2003	2002	2003	2002	2003
Nursing Care								
Registered Nurses (excluding next four categories)	530	597	299	273	107	37	0	0
Nurse Clinicians	7	12	1	0	1	3	0	0
Nurse Anesthetists	5	5	3	3	4	0	0	0
Nurse Midwives		0		0		0		0
Other Nurse Practitioners	2	1	1	2	1	1	0	0
Licensed Practical/Vocational Nurses	94	97	36	34	1	0	0	0
Nursing Aides, Orderlies, Attendants	139	138	33	37	7	1	0	0
Psychiatric Aides		0		0		0		0
Ward Clerks	63	62	29	27	11	0	0	0
All Other Health Professionals and Technical Personnel	114	326	65	90	5	15	0	0
All Other Non-Health Professionals and Non-Technical Personnel	493	690	78	181	22	10	0	
Total Hospital Personnel	1,910	1930	654	647	228	67	0	0

000449

2. Do hospitalists provide care for patients in your hospital? (yes or no) no

3. If yes, please report the number of full-time and part-time hospitalists:

[ ] Full-Time [ ] Part-Time

4. If yes, please select the category below that best describes the employment model for your hospitalists:

You must answer this question again, even if you already answered it the first time you submitted your survey.

- O Independent Provider Group
- O Employed by a Physician Group
- O Employed by Your Hospital
- O Employed by a University or School Program
- O Other

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SCHEDULE I: Medical Staff

I1. Medical Staff

- Please indicate the number of practitioners on the active and associate medical staff (do not include courtesy, consulting, honorary, or other) in each of the following specialty groups as of September 30, 2003.
- Do not report full-time equivalents or portions.
- If the exact numbers are unavailable, please give your best estimate.

	Total Number of Active and Assoc. Medical Staff	
	2002 Reported	2003
A. Medical Specialties		
1. General/Family Practitioner	28	29
2. Pediatric Medicine	41	37
3. General Internal Medicine	40	53
4. Cardiology	19	19
5. Gastroenterology	11	11
6. Pulmonary Disease	10	9
7. Oncology	8	8
8. Neurology	6	7
9. Other Medical Specialties	34	47
	Total Number of Active and Assoc. Medical Staff	
	2002 Reported	2003
Surgical Specialties		
1. Obstetrics/Gynecology	26	28

000451

2. Ophthalmology	21	23
3. Otorhinolaryngology	11	10
4. Orthopedic Surgery	29	27
5. Plastic Surgery	11	12
6. General Surgery	13	14
7. Thoracic Surgery	3	4
8. Urological Surgery	17	16
9. Cardiovascular Surgery	3	3
10. Colon and Rectal Surgery	2	2
11. Neurosurgery	7	8
12. Other Surgical Specialties	8	6

	Total Number of Active and Assoc. Medical Staff	
	2002 Reported	2003
C. Other Specialties		
1. Anesthesiology	45	43
2. Dermatology	10	9
3. Emergency Medicine	30	26
4. Nuclear Medicine	10	2
5. Pathology	6	7
6. Psychiatry	4	4
7. Radiology	12	11
8. Physical Medicine and Rehab	5	7
9. Other Specialties	0	0

12. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liason between hospital management and the medical staff? (yes or no) yes

(Does your hospital offer core clerkship or elective undergraduate medical education programs? (yes or no) no

000452

I4. Which of the following physician arrangements does your hospital participate in?

- Network refers to the network identified in Schedule B, Question 8.
- Health System refers to Schedule B, Question 3.

	In Hospital	Number of Physicians	Network	Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐	2	☐	☑
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐

SCHEDULE J: Community Orientation

J1. Does your hospital, health system or health network have an equity interest in any of the following insurance products? Check all that apply:

- Network refers to the network identified in Schedule B, Question 8.
- Health System refers to Schedule B, Question 3.

	In Hospital	Health System	Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐
B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J2. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO) (yes or no) yes — If yes, how many contracts? 5

Preferred Provider Organization (PPO) (yes or no) yes — If yes, how many contracts? 25

000453

J3. What percentage of the hospital's net patient revenue is paid on a capitated basis? 0

Edit Schedules I-J

J4. What percentage of the hospital's net revenue is paid on a shared risk basis? 0

J5. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis? (yes or no) no

J6. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered? na

J7. Community Outreach

1. Does your hospital's mission statement include a focus on community benefit?	yes
2. Does your hospital have a long-term plan for improving health in the community?	yes
3. Does your hospital have resources for its community benefit activities?	yes
4. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	yes
5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	yes
6. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	yes
7. If yes, have you used this to identify unmet health needs or duplicate services in the community?	yes
8. Does your hospital work with other providers to collect, track and communicate clinical and health information accross cooperating organizations?	yes
9. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	yes
10. Does your hospital self-assess against Baldrige like criteria for sustained continuous improvement?	yes
11. Does your hospital gather information on a patient's race/ethnicity at any point during their stay?	no
12. Does your hospital gather information on a patient's language at any point during their stay?	no
13. Does your hospital participate in the Quality Initiative?	yes
14. If yes, how many conditions have you submitted data on? Enter a number from 0 to 3.	3

000454

Edit Schedules I-J

Submit

000455

Joint Annual Report of Hospitals 2004

Roper Hospital, Inc.

SCHEDULE A: Identification

Hospital Name:	Roper Hospital, Inc.
Name of Operating Authority:	Roper Hospital, Inc.
Building Ownership:	Roper Hospital, Inc.
Name of Person Completing Form:	Donna Wilson
E-mail of Person Completing Form:	donna.wilsonj@ropersaintfranci
Phone:	843-937-5129
Chief Administrative Officer:	Matt Severance

SCHEDULE B: Classification

B1. CONTROL

Government, Non-Federal	Nongovernment, Not for Profit	Investor-Owned, For-Profit	Federal Government
◉ State	○ Church-Operated	◉ Individual	○ Air Force
◉ County	◉ Other	○ Partnership	○ Army
○ City, County		◉ Corporation	○ Navy
○ Hospital District or Authority		◉ Limited Liability Co.	◉ Veterans Affairs

B2. SERVICE

- ◉ General Medical and Surgical
- ◉ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ○ Hospital Unit in an Institution for the Mentally Retarded
- ◉ Surgical
- ◉ Psychiatric
- ○ Obstetrics and Gynecology
- ◉ Tuberculosis and Other Respiratory Diseases
- ◉ Long Term Acute Care
- ○ Ear, Eye, Nose and Throat
- ◉ Rehabilitation
- ○ Orthopedic
- ◉ Chronic Disease
- ◉ Institution for Mentally Retarded
- ○ Alcoholism and Other Chemical Dependency
- ◉ Other (Specify Treatment Area): _____

Does the hospital itself operate subsidiary corporations?

000456

Yes ○ No ◉

B4. Is the hospital contract managed?

Yes ○ No ◉

If YES, please provide the name, city and state for the organization that manages the hospital.

Name:
City:
State:

B5. Is your hospital a participant in a network?

Yes ○ No ◉

If YES, please provide the name, address, and telephone for the network.

Name:
Address:
City:
State:
Zip:
Phone: --

B6. Does your hospital have a web site?

Yes ◉ No ○

If YES, please provide the address: http://www.ropersaintfrancis.com

SCHEDULE C: Reporting Period

C1. Indicate reporting period used:

Begin Date (MM/DD/YY): 01/01/04 End Date (MM/DD/YY): 12/31/04

Number of Days: 366

C2. In operation 12 full months at the end of reporting period?
Yes ◉ No ○

Number of days open: 366

C3. Indicate the beginning of your current fiscal year (MM/DD/YY): 01/01/05

000458

SCHEDULE D: Facilites and Services

D1. GENERAL MEDICAL, SURGICAL, AND ANCILLARY SERVICES

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
1. General medical-surgical care	☑	☐	☐	☑
2. Pediatric medical-surgical care	☑	☐	☐	☑
3. Obstetrics Level of unit (1-3): 2	☑	☐	☐	☑
4. Medical surgical intensive care	☑	☐	☐	☑
5. Cardiac intensive care	☑	☐	☐	☑
6. Neonatal intensive care	☐	☐	☐	☐
7. Neonatal intermediate care	☑	☐	☐	☑
8. Pediatric intensive care	☐	☐	☐	☐
9. Burn care	☐	☐	☐	☐
0. Other special care	☑	☐	☐	☑
11. Other intensive care	☑	☐	☐	☑
12. Physical Rehabilitation	☑	☐	☐	☑
13. Alcoholism-drug abuse or dependency care	☐	☐	☐	☐
14. Psychiatric care	☐	☐	☐	☐
15. Skilled nursing care	☐	☐	☐	☐

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
16. Intermediate nursing care	☐	☐	☐	☐
17. Acute long-term care	☐	☐	☐	☐
18. Other long-term care	☐	☐	☐	☐
19. Other care Specify:_	☐	☐	☐	☐
0. Adult day care program	☐	☐	☐	☐
Airborne infection isolation room # of rooms: 5	☑	☐	☐	☑

000459

22. Alcoholism-drug abuse or dependency outpatient services	☐	☐	☐	☐
23. Alzheimer Center	☐	☐	☐	☐
24. Ambulance services	☑	☐	☐	☑
25. Arthritis treatment center	☐	☐	☐	☐
26. Assisted living	☐	☐	☐	☐
27. Auxiliary	☑	☐	☐	☑
28. Bariatric/weight control services	☐	☐	☐	☐
29. Birthing room - LDR room - LDRP room	☑	☐	☐	☑
30. Breast cancer screening/mammograms	☑	☐	☐	☑

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
31. Cardiology services				
a. Adult diagnostic/invasive catheterization	☑	☐	☐	☑
b. Pediatric diagnostic/invasive catheterization	☐	☐	☐	☐
c. Adult interventional cardiac catheterization	☑	☐	☐	☑
d. Pediatric interventional cardiac catheterization	☐	☐	☐	☐
e. Adult cardiac surgery	☑	☐	☐	☑
f. Pediatric cardiac surgery	☐	☐	☐	☐
32. Case management	☑	☐	☐	☑
33. Chaplaincy/pastoral care services	☑	☐	☐	☑
34. Chemotherapy	☑	☐	☐	☑
35. Children wellness program	☐	☐	☐	☐
36. Chiropractic services	☐	☐	☐	☐
37. Community outreach	☑	☐	☐	☑
38. Complementary medicine services	☐	☐	☐	☐
39. Crisis prevention	☐	☐	☐	☐

000460

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
40. Dental services	☐	☐	☐	☐
41. Emergency services				
a. Emergency department	☑	☐	☐	☑
b. Trauma center (certified) Level of unit (1-3): 3	☑	☐	☐	☑
42. Enabling services	☐	☐	☐	☐
43. End of life service				
a. Hospice program	☐	☑	☐	☐
b. Pain management program	☐	☐	☐	☑
c. Palliative care program	☐	☐	☐	☐
44. Enrollment assistance services	☑	☐	☐	☑
45. Extracorporeal shock wave lithotripter (ESWL)	☑	☐	☐	☑
46. Fitness center	☑	☐	☐	☑
47. Freestanding outpatient care center	☑	☐	☐	☑
48. Gamma knife	☐	☐	☐	☐
49. Geriatric services	☐	☐	☐	☐

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
50. Health fair	☑	☐	☐	☑
51. Health information center	☑	☐	☐	☑
52. Health screenings	☑	☐	☐	☑
53. Hemodialysis	☑	☐	☐	☑
54. HIV-AIDS services	☑	☐	☐	☑
55. Home health services	☑	☐	☐	☑
56. Hospital-based outpatient care center services	☑	☐	☐	☑
57. Linguistic/translation services	☐	☑	☐	☑
58. Meals on wheels	☑	☐	☐	☑
59. Neurological services				

000461

	☑	☐	☐	☑
60. Nutrition programs	☑	☐	☐	☑
61. Occupational health services	☑	☐	☐	☑
62. Oncology services	☑	☐	☐	☑
63. Orthopedic services	☑	☐	☐	☑
64. Outpatient surgery	☑	☐	☐	☑
65. Patient Controlled Analgesia (PCA)	☑	☐	☐	☑
Service area	**Owned or provided by my hospital or its subsidiary**	**Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)**	**Provided by my network (in my local community)**	**Provided by my Health System (in my local community)**
66. Patient education center	☑	☐	☐	☑
67. Patient representative services	☑	☐	☐	☑
68. Physical rehabilitation outpatient services	☑	☐	☐	☑
69. Primary care department	☐	☐	☐	☐
70. Psychiatric services				
a. Psychiatric child-adolescent services	☐	☐	☐	☐
b. Psychiatric consultation-liaison services	☑	☐	☐	☑
c. Psychiatric education services	☐	☐	☐	☐
d. Psychiatric emergency services	☐	☐	☐	☐
e. Psychiatric geriatric services	☐	☐	☐	☐
f. Psychiatric outpatient services	☐	☐	☐	☐
g. Psychiatric partial hospitalization program	☐	☐	☐	☐
71. Radiology, therapeutic				
a. Intensity-Modulated Radiation Therapy (IMRT)	☑	☐	☐	☑
b. Shaped Beam Radiation System	☑	☐	☐	☑

000462

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
72. Radiology, diagnostic				
a. CT scanner	☑	☐	☐	☑
b. Diagnostic radioisotope facility	☑	☐	☐	☑
c. Electron Beam Computed Tomography (EBCT)	☐	☐	☐	☐
d. Magnetic resonance imaging (MRI)	☑	☐	☐	☑
e. Multislice spiral computed tomography	☑	☐	☐	☑
f. Positron emission tomography (PET)	☑	☐	☐	☑
g. Single photon emission computerized tomography (SPECT)	☑	☐	☐	☑
h. Ultrasound	☑	☐	☐	☑
73. Reproductive health				
a. Fertility Clinic	☐	☐	☐	☐
b. Genetic testing/counseling	☐	☐	☐	☐
74. Retirement housing	☐	☐	☐	☐
75. Sleep Center	☑	☐	☐	☑
76. Social work services	☑	☐	☐	☑

Service area	Owned or provided by my hospital or its subsidiary	Provided through a formal contractual agreement or joint venture with another provider that is not in my system or network (in my local community)	Provided by my network (in my local community)	Provided by my Health System (in my local community)
77. Sports medicine	☑	☐	☐	☑
78. Support groups	☑	☐	☐	☑
79. Swing bed services	☐	☐	☐	☐
80. Teen outreach services	☐	☐	☐	☐
81. Tobacco Treatment/Cessation program	☑	☐	☐	☑
82. Transplant services				
a. Bone marrow transplant services	☑	☐	☐	☑
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐

000463

d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
83. Transportation to health services	☐	☐	☐	☐
84. Urgent care center	☑	☐	☐	☑
85. Volunteer services department	☑	☐	☐	☑
86. Women's health center/services	☑	☐	☐	☑
87. Wound Management Services	☑	☐	☐	☑

D2. SELECTED SERVICE UTILIZATION (OCTOBER 1, 2003 - SEPTEMBER 30, 2004)

A. Heart Surgery

	Reported 2003	2004
1. Adult Open-Heart Surgical Operations	467	471
2. Pediatric Open-Heart Surgical Operations	0	0
3. Number of Heart Surgery Suites	2	2

B. Cardiac Catheterizations

# of Mobile Labs: 0

# of Fixed Labs: 3

Patients	Adult		Pediatric	
	2003 Reported	2004	2003 Reported	2004
Diagnostic, Total	2824	2841	0	0
Inpatient	1692	1736	0	0
Outpatient	1132	1105	0	0
Therapeutic, Total	782	779	0	0
Inpatient	688	663	0	0
Outpatient	94	116	0	0
All Other, Total	0	802	0	0
Inpatient	0	449	0	0
Outpatient	0	353	0	0

000464

C. Magnetic Resonance Imaging

# of Mobile Units: 0

# of Fixed Units: 2

	# of Procedures 2003	# of Procedures 2004
Inpatient	1423	1514
Outpatient	4632	5325
Total	6055	6839

D. PET Scanner

# of Mobile Units: 0

# of Fixed Units: 1

	# of Procedures 2003	# of Procedures 2004
Inpatient	0	0
Outpatient	1373	1367
Total	1373	1367

E. Extracorporeal Lithotripter

# of Mobile Units: 1

# of Fixed Units: 0

	# of Procedures 2003	# of Procedures 2004
Total Patients	96	111
Total Procedures	96	111

F. Radiation Therapy

Megavoltage	Number of Machines	New Patients 10/01/03 - 9/30/04	Number of Treatments
1. Linear Accelerator			
2003	2	495	12237
2004	2	353	11806
2. Gamma Knife			
2003	0	0	0
2004	0	0	0

000465

G. Surgical Department

Number of Operating/Special Purpose Rooms and Number of Operations

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2004 Total
	2003	2004	2003	2004	2003	2004	
Operating	15	15	5269	5446	6273	6522	11968
Cystoscopy	1	1	0	0	831	864	864
Endoscopy	5	5	1170	1165	4631	2788	3953
Other	1	4	0	374	0	14	388
TOTAL	22	25	6439	6985	11735	10188	17173

How many days per week may elective surgery be scheduled? 6

SCHEDULE E: Licensed Beds

Licensed Bed Capacity on September 30, 2004: 453

Beds Set Up and Staffed for Use a Year Ago (10/01/03): 355

SCHEDULE F: Utilization

F1. INPATIENT - ADULT AND PEDIATRIC (Exclude Newborn)

Patient Census Records

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2003	2004	2003	2004	2003	2004	2003	2004
Acute and Subacute Care								
Adult Medical/Surgical	280	267	14180	14457	15670	15356	83011	79278
Obstetrical (give level of unit: 2)	0	0	0	0	0	0	0	0
Gynecology	0	0	0	0	0	0	0	0
Pediatric Medical/Surgical	0	0	0	0	0	0	0	0
Orthopedic	0	0	0	0	0	0	0	0
Psychiatric - Total	0	0	0	0	0	0	0	0
Age 0-64			0	0	0	0	0	0
Age 65 and Older			0	0	0	0	0	0
Rehabilitation - Total	39	39	1099	1048	1093	1036	11150	11500
Age 0-64				0		0		0
Age 65 and Older				0		0		0
Alcohol/Chemical Dependency (Detoxification)	0	0	0	0	0	0	0	0

000466

Age 0-64			0	0	0	0	0	0
Age 65 and Older			0	0	0	0	0	0
Alcohol/Chemical Dependency (Inpatient)	0	0	0	0	0	0	0	0
Age 0-64			0	0	0	0	0	0
Age 65 and Older			0	0	0	0	0	0
Other Please Specify: 0	0	0	0	0	0	0	0	0
Unassigned	0	0	0	0	0	0	0	0

Service Area	Beds Set Up and Staffed		Admissions (Exclude Births)		Discharges: Include Deaths (Exclude Newborns)		Total Patient Days Care (Exclude Newborns)	
	2003	2004	2003	2004	2003	2004	2003	2004
Intensive Care								
Medical/Surgical (ICU)	18	18	511	541	152	188	5881	5598
Cardiac (CCU)	18	16	671	727	117	144	4597	4378
Pediatric	0	0	0	0	0	0	0	0
Other Please Specify:	0	0	0	0	0	0	0	0
Grand Total (Acute and Intensive Care)	355	340	16461	16773	17032	18724	104639	100754
Age 0-64				0		8548		43415
Age 65 and Older				0		8176		57339

	2003	2004
B. Total Discharge Days of Care (exclude newborns; include neonatal, swing-bed patients, and deaths)	104898	101101
C. Number of Patients in Hospital on September 30, 2004	290	236

D. Medicare/Medicaid/MIAP Utilization

	2003	2004
1. Total Medicare Inpatient Discharges - Title XVIII	9385	9254
2. Total Medicare Inpatient Days	68595	66181
3. Total Medicaid Inpatient Discharges - Title XIX	1629	1508
4. Total Medicaid Inpatient Days	8044	7814
5. Total S.C. MIAP Inpatient Discharges (Medically Indigent Assistance Program)	121	184
6. Total S.C. MIAP Inpatient Days	804	1115

000467

"2. NURSING HOME CARE

	Beds Set Up (9/30/04)	Licensed Beds	Admissions	Patient Days
A. Hospital Based Unit	0	0	0	0
B. Free-Standing on Hospital Campus	0	0	0	0
C. Free-Standing Off Campus	0	0	0	0

F3. RESIDENTIAL TREATMENT CENTER FOR CHILDREN AND ADOLESCENTS

	Beds Set Up (9/30/04)	Licensed Beds	Admissions	Patient Days
Residential Treatment Center for Children and Adolescents	0	0	0	0

F4. FOR HOSPITALS WITH APPROVED SWING BEDS

A. Number of Acute Care Beds Designated as Swing Beds: 0

B. Utilization (Medicare and Non-Medicare) During Reporting Period of Swing Beds for Provision of Acute and Subacute Care

	MEDICAID		MEDICARE		OTHER	
	Admissions	Pat/Days	Admissions	Pat/Days	Admissions	Pat/Days
Total All Swing Beds	0	0	0	0	0	0

F5. MEDICAID ADMINISTRATIVE DAYS PROGRAM

Admissions: 0

Patient Days: 0

F6. OBSERVATION PATIENTS

Patients: 1069

F7. OBSTETRICS UNIT (October 1, 2003 - September 30, 2004)

	2003 Reported	2004
A. Labor and Delivery as of September 30, 2004		
1. Number of Labor Rooms	0	0
2. Number of Delivery Rooms	0	0
3. Number of LDR Rooms	8	8
Number of LDRP Rooms	0	0
B. Newborn Nursery (Well Baby)		

000468

1. Number of Bassinets (9/30/04)	20	20
2. Number of Newborn Patient Days	1940	1703
C. Birth and Death Records		
1. Number of Infants Born Alive	875	839
2. Number of Deaths of Infants Born Alive	0	0
3. Number of Fetal Deaths (Still-born)	12	7

D. Neonatal Special Care Bassinets

	Bassinets Set Up	Bed Days Available	Admissions	Discharges	Patient Days
Intensive Care					
2003 Reported	0	0	0	0	0
2004	0	0	0	0	0
Intermed. Care					
2003 Reported	5	1825	66	67	259
2004	5	1830	63	62	347
Continuing Care Care					
2003 Reported	0	0	0	0	0
2004	0	0	0	0	0

	2003 Reported	2004
Total Neonatal Special Care Patient Days	259	347

SCHEDULE G: Outpatient Utilization

G1. Are your emergency services staffed by a physician present 24 hours a day? yes

G2. Indicate emergency department category (JACHO level): 2

G3. Indicate level of unit # for certified trauma department: 3

Source of designation (check all that apply):

- ☐ American College of Surgeons
- ☑ State/Local Government
- ☐ Self Designation

000469

G4.

	Emergency or Trauma Department		Organized Outpatient Clinic		Other Ancillary Services (exclude outpatient surgeries reported in Schedule D)	
	2003 Reported	2004	2003 Reported	2004	2003 Reported	2004
A. Capacity	80750	72000		na		na
B. Visits (Total sum of 1, 2)	71192	63307	5555	4253	178916	185532
1. Non-Emergency Visits	24029	28437				
2. True Emergency Visits	47163	34870				
C. Visits Resulting in Admission to Hospital	6005	6017				

G5. In terms of location, your ambulatory care programs are: (check all that apply)

- ☑ Within the hospital
- ☐ On hospital campus in a freestanding center
- ☑ Freestanding off campus
- ☐ No ambulatory care

G6. In terms of ownership, your ambulatory care programs are: (check all that apply)

- ☑ Part of a division of your hospital
- ☐ Offered through a subsidiary of the hospital
- ☐ Primarily through a division of the hospital with some special services (e.g. rehabilitation) through a separate subsidiary

SCHEDULE H: Hospital Employees as of September 30, 2004

	Full-Time		Part-Time		Budgeted Vacancies		Consultant/ Contractual	
	2003	2004	2003	2004	2003	2004	2003	2004
Administrative Occupations								
Hospital Administrator	0	1	0	0	1	0	0	0
Assistant Hospital Administrator	0	0	0	0	0	0	0	0
Physicians and Dentists								
Physicians	2	1	0	0	0	0	0	0
Medical Interns and Residents	0	0	0	0	0	0	0	0
Dentists	0	0	0	0	0	0	0	0
Dental Interns and Assistants	0	0	0	0	0	0	0	0
	Full-Time		Part-Time		Budgeted Vacancies		Consultant/ Contractual	
	2003	2004	2003	2004	2003	2004	2003	2004
sing Care								
Registered Nurses (excluding next four categories)	597	588	273	245	37	87.1	0	0

Nurse Clinicians	12	12	0	2	3	2.3	0	0
Nurse Anesthetists	5	0	3	0	0	0	0	0
Nurse Midwives	0	0	0	0	0	0	0	0
Other Nurse Practitioners	1	2	2	2	1	0	0	0
Licensed Practical/Vocational Nurses	97	83	34	27	0	1.4	0	0
Nursing Aides, Orderlies, Attendants	138	155	37	40	1	17.7	0	0
Psychiatric Aides	0	0	0	0	0	0	0	0
Ward Clerks	62	55	27	23	0	3.9	0	0
All Other Health Professionals and Technical Personnel	326	385	90	106	15	27	0	0
All Other Non-Health Professionals and Non-Technical Personnel	690	613	181	163	10	30.6		0
Total Hospital Personnel	1930	1895	647	608	67	170	0	0

2. Do hospitalists provide care for patients in your hospital? yes

3. If yes, please report the number of full-time and part-time hospitalists:
Full-Time: 4 Part-Time: 0

4. If yes, please select the category below that best describes the employment model for your hospitalists:

- (•) Independent Provider Group
- ( ) Employed by a Physician Group
- ( ) Employed by Your Hospital
- ( ) Employed by a University or School Program
- ( ) Other

SCHEDULE I: Medical Staff

I 1. Medical Staff

	Total Number of Active and Assoc. Medical Staff	
	2003 Reported	2004
A. Medical Specialties		
1. General/Family Practitioner	29	34
2. Pediatric Medicine	37	36
3. General Internal Medicine	53	47
4. Cardiology	19	20
5. Gastroenterology	11	13
6. Pulmonary Disease	9	9
7. Oncology	8	11
Neurology	7	8
9. Other Medical Specialties	47	37

000471

	Total Number of Active and Assoc. Medical Staff	
	2003 Reported	2004
B. Surgical Specialties		
1. Obstetrics/Gynecology	28	31
2. Ophthalmology	23	26
3. Otorhinolaryngology	10	10
4. Orthopedic Surgery	27	31
5. Plastic Surgery	12	14
6. General Surgery	14	16
7. Thoracic Surgery	4	4
8. Urological Surgery	16	15
9. Cardiovascular Surgery	3	3
10. Colon and Rectal Surgery	2	2
11. Neurosurgery	8	8
12. Other Surgical Specialties	6	9

	Total Number of Active and Assoc. Medical Staff	
	2003 Reported	2004
C. Other Specialties		
1. Anesthesiology	43	48
2. Dermatology	9	11
3. Emergency Medicine	26	28
4. Nuclear Medicine	2	2
5. Pathology	7	9
6. Psychiatry	4	4
7. Radiology	11	12
8. Physical Medicine and Rehab	7	6
9. Other Specialties	0	0

12. Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (Medical Director or V.P. for Medical Affairs) as a liason between hospital management and the medical staff?
yes

13. Does your hospital offer core clerkship or elective undergraduate medical education programs?
no

000472

I4. Which of the following physician arrangements does your hospital participate in?

	In Hospital	Number of Physicians	Network	Health System
A. Independent Practice Association	☐		☐	☐
B. Group Practice Without Walls	☐		☐	☐
C. Open Physician-Hospital Organization (PHO)	☐		☐	☐
D. Closed Physician-Hospital Organization (PHO)	☐		☐	☐
E. Management Service Organization (MSO)	☐		☐	☐
F. Integrated Salary Model	☐		☐	☐
G. Equity Model	☐		☐	☐
H. Foundation	☐		☐	☐

I5. Does your hospital participate in any joint venture arrangements with physicians or physician groups?
yes

I6. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures (check all that apply).

a. ☐ Limited Service Hospital (check all that apply)
   - ☐ Cardiac
   - ☐ Orthopedic
   - ☐ Surgical
   - ☐ Other

b. ☑ Medicare-Certified Ambulatory Surgical Centers
c. ☐ Imaging Centers
d. ☐ Other

I7. Does your hospital participate in joint venture arrangements with organizations other than physician groups?
no

SCHEDULE J: Community Orientation

000473

J1. Does your hospital, health system or health network have an equity interest in any of the following insurance products? Check all that apply:

	In Hospital	Health System	Network	Joint Venture with Insurer
A. Health Maintenance Organization	☐	☐	☐	☐

B. Preferred Provider Organization	☐	☐	☐	☐
C. Indemnity Fee for Service Plan	☐	☐	☐	☐

J2. Does your hospital have a formal written contract that specifies the obligations of each party with:

Health Maintenance Organization (HMO)	yes	How many contracts? 5
Preferred Provider Organization (PPO)	yes	How many contracts? 35

J3. What percentage of the hospital's net patient revenue is paid on a capitated basis? 0

J4. What percentage of the hospital's net revenue is paid on a shared risk basis? 0

J5. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?
no

J6. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

J7. Community Outreach

1. Does your hospital's mission statement include a focus on community benefit?	yes
2. Does your hospital have a long-term plan for improving health in the community?	yes
3. Does your hospital have resources for its community benefit activities?	yes
4. Does your hospital work with other providers, public agencies or community representatives to conduct a health status assessment in the community?	yes
5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services?	yes
6. Does your hospital work with local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community?	yes
7. If yes, have you used this to identify unmet health needs or duplicate services in the community?	yes
8. Does your hospital work with other providers to collect, track and communicate clinical and health information accross cooperating organizations?	no
9. Does your hospital either by itself or in conjunction with others, disseminate reports to the community on the quality and cost of health care?	yes
10. Does your hospital self-assess against Baldrige like criteria for sustained continuous improvement?	yes
11. Does your hospital gather information on a patient's race/ethnicity at any point during	

000474

their stay?	yes
12. Does your hospital gather information on a patient's language at any point during their stay?	yes
13. Does your hospital participate in the Quality Initiative?	yes
14. If yes, how many conditions have you submitted data on? Enter a number from 0 to 3.	3

Relevant Articles

March 9, 2005 Vol. 31 No. 10 East Cooper's Weekly Community Newspaper Since 1974

Moultrie News

Roper St.Francis to build new hospital at Carolina Park

By Sully Witte
[illegible]

I don't have a name for it, but owners of Roper St. Francis Healthcare are planning a new full service hospital facility for Mount Pleasant.

Plans for this facility, which will be located at Carolina Park, were announced last Wednesday.

It would be the first new hospital facility east of the Cooper since 1993.

This $90 million facility will feature 85 beds and will be located on a 50-acre tract.

Regulations dictate that those beds will come from Roper downtown. Those beds are licensed for that downtown facility, but aren't being used so they can legally be transferred.

David Dunlap, chief executive of Roper's parent company, Roper St. Francis Healthcare, said the 250,000 square foot facility will employ 300 people and as the census increases, that number could double.

Dunlap said that 25 percent of the residents in Mount Pleasant choose Roper or St. Francis for their healthcare needs.

By his calculations, the area holds 21 percent of the greater Charleston area's population but only five percent of its hospital beds. On the other hand, downtown Charleston has nine percent of the population and nearly 70 percent of the beds.

Mount Pleasant Mayor Harry M. Hallman Jr. said the town is now the fourth largest municipality in South Carolina. He said the population could easily support two hospitals in this area and he was in favor of both. He estimates that 30,000 people will live on the northern end of the town in the next few years.

The new hospital will serve as a 24-hour full-service facility featuring an emergency room, labor and delivery, inpatient and outpatient surgery, intensive care and critical care units, radiology labs and a pharmacy.

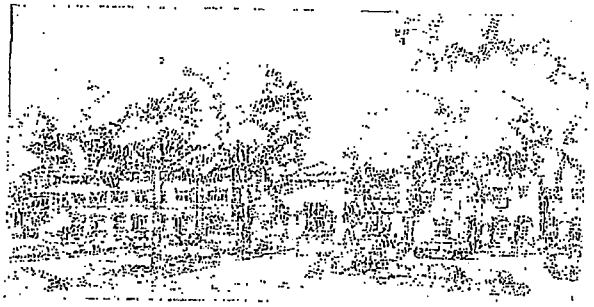
An application to the state Department of Health and Environmental Control will be submitted this summer.

Dunlap said by the time this hospital is built in four to five years, there will be enough growth to support it.

He said Roper St. Francis Healthcare has been looking at the East Cooper area for years.

Fast facts
- $90 million
- 50 acre tract
- 250,000 sq. ft.
- 300 employees
- 85 beds
- 24 hour emergency care

Roper St. Francis Healthcare is a not for profit organization.



The proposed 250,000 square foot hospital is being designed by Dallas-based architectural firm HKS Inc., which designed Dan Seconra St. Francis Hospital in West Ashley. It will be the area's first new hospital since Summerville Medical Center opened in 1989 as an outpatient facility and as a full-service hospital in 1993.

They closed on 50 acres at Carolina Park, but won't use the entire acreage for the full service hospital.

They will ultimately bring in some free standing medical operations that complement their facility.

Stacey Bornstein, of and Republic Properties, a partner with CDM Charleston said, "We're thrilled to have Roper St. Francis as an important part of our master planned community."

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THURSDAY The Post and Courier March 3, 2005

Roper plans Mt. Pleasant hospital

$90M facility will be located near new Wando High School

BY JONATHAN MAZE
The Post and Courier Staff

The owner of Roper Hospital downtown and Bon Secours St. Francis in West Ashley announced plans Wednesday to cross the Cooper River to build the area's first all-new hospital in 16 years, a $90 million facility with 85 beds near the new Wando High School.

The plan could ignite a lengthy legal battle with East Cooper Regional Medical Center, which is planning to replace and expand its own hospital at Highway 17 and Interstate 526.

David Dunlap, chief executive of Roper's parent company, Roper St. Francis Healthcare, acknowledged the potential for a fight but said he believes there is room for both facilities because of population growth east of the Cooper.

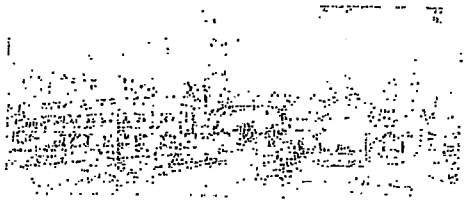
Dunlap said a quarter of Roper's patients cross the Cooper River bridge. He noted that Mount Pleasant and its surrounding communities is home to some 85,000 people and could grow to 180,000 within five years. He also said the area holds 21 percent of the greater Charleston area's population but only 5 percent of its hospital beds. In contrast, the Charleston peninsula has 9 percent of the population and nearly 30 percent of the beds.

"We're seeing more and more growth here," Dunlap said. "By the time this hospital is built in four or five years there will be enough growth to support this hospital."

Shortly after its announcement, the company wrapped up a deal with the developers of Carolina Park, a 1,700-acre development near East Cooper Airport, to buy a 50-acre tract on Airport Road at U.S. Highway 17 for the project.

The proposed hospital would be 250,000 square feet and is being designed by Dallas-based architectural firm HKS Inc., which designed Bon Secours St. Francis

See ROPER, Page 8A



Details of Roper's proposal for a hospital in Mount Pleasant

Location: Airport Road at U.S. Highway 17
Beds: 85
Size: 250,000 square feet
Cost: $90 million
Employees: 300 to 400 when fully operational
Services: Emergency room, labor and delivery, women and outpatient surgery. There will also be medical care units, [illegible] and a pharmacy.

Roper plans new hospital in Mount Pleasant

ROPER from Page 1A

Hospital in West Ashley. It will be the area's first new hospital, rather than a replacement, since Summerville Medical Center opened in 1989 as an outpatient facility and as a full-service hospital in 1993.

The facility has not been named.

The Medical Society of South Carolina, majority owner of Roper St. Francis, has endorsed the proposal, and company officials are talking with employees this week to inform them of the plans.

Harry Hallman, Mount Pleasant's mayor, also endorsed the project Wednesday. He noted that the area where Roper plans to build will have 36,000 people in the next few years.

"Some people ask me how I could be in favor of a second hospital," Hallman said. "I'm in favor of Mount Pleasant. I'm in favor of both. It's a wonderful opportunity for the town."

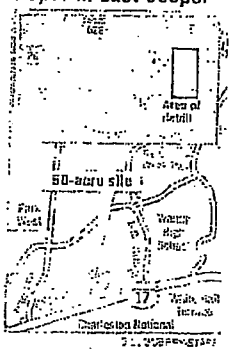
The project would be the third major expansion Roper St. Francis has undertaken in the last two years. It is in the midst of a $71.4 million expansion to its downtown hospital, and in January St. Francis proposed a $24 million project that will add 48 beds at the West Ashley facility.

That expansion and the Mount Pleasant project underscore a realization by Roper that boosting its market share downtown will be difficult.

The hospital downtown has little land to grow. And its neighbor, MUSC, is building a new, $400 million facility nearby on the way to a full replacement of its facilities.

"Our market share is flat," Dunlap said. The number of patients treated at the hospital dropped in 2003, a year when many hospitals saw growth.

Roper in East Cooper



For regulatory purposes, the 85 beds the hospital wants to put in Mount Pleasant would come from beds for which Roper is licensed but isn't using. Some of the beds in the St. Francis expansion will also come from Roper.

Lynn Bailey, a health care economist in Columbia, said it's commonplace for downtown facilities to look to build suburban hospitals as a way to grow and attract more patients, especially those with private health coverage, which hospitals rely on for profits.

"The patients are in the 'burbs," Bailey said. "Roper is landlocked downtown. Access to that facility is not convenient."

Indeed, company officials have noted the success of St. Francis, which moved to West Ashley from downtown in 1997 and now needs to expand. "We've had such great success on the west side," said Dr. James Stevens, who chairs the Roper St. Francis board. "We can't centralize in one area."

Roper has long wanted a presence east of the Cooper. It once owned the land on which the East Cooper hospital now stands, before selling it in favor of a downtown project, and later tried unsuccessfully to buy the facility, as did MUSC. Roper also has tried building an outpatient surgery center in Mount Pleasant but was rebuffed by state regulators. It then tried to relocate its West Ashley ambulatory surgery center to Mount Pleasant but again was denied.

It finally succeeded in 1999, when state regulators agreed the company could build an emergency room and diagnostic facility on Long Point Road at I-526.

That project ignited a lengthy fight with the East Cooper hospital that held up Roper's downtown expansion. The fight ended in 2003, after Roper agreed to downgrade the ER to an urgent care center and East Cooper dropped its opposition to Roper's expansion.

Andrea Wantuk, chief executive of East Cooper hospital, did not return phone calls Wednesday seeking comment. Industry observers expect that Roper's new effort could reignite tensions between the two facilities and may start another protracted legal battle.

Roper plans to submit its proposal to the state Department of Health and Environmental Control in early summer.

East Cooper hospital, meanwhile, is expected to propose its own expansion, which would add 50 beds to an entirely new hospital on land Tenet bought near the existing facility.

"This is going to be a major food fight for sure," Bailey said.

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CHARLESTON REGIONAL
BUSINESS JOURNAL

New Roper hospital could lure more business to East Cooper area

March 21, 2005
By DENNIS QUICK,
Senior Staff Writer

When Roper St. Francis Healthcare officials on March 2 announced plans to build a full-service, 85-room hospital in East Cooper, the news was pure music to Myles Stempin's ears.

"Businesses looking to relocate always consider health care," Stempin, economic development coordinator for Mount Pleasant, explains, adding that the number of hospital beds in a community is an important relocation factor.

Roper's proposed hospital strengthens Mount Pleasant's health care community, which already features the 100-bed East Cooper Medical Center. Stempin considers the new hospital an economic development drawing card.

"It gives us more ways to attract new investment," he explains.

Stempin hopes to attract a lot of new investment to Carolina Park, where Roper plans to build its $90 million, 250,000-square-foot hospital.

Located in northern Mount Pleasant off U.S. Highway 17, the 1,700-acre Carolina Park will be a mixed-use development of offices, business parks, retail shops, residential neighborhoods and schools, including the new Wando High School, where Roper St. Francis held its press conference announcing the new hospital plans.

Construction projects in Carolina Park could begin this year, as soon as deals with relocating businesses get inked, says Stempin.

Carolina Park will contain about 400 acres of offices and business parks to attract technology companies, research-and-development-companies, biotech firms and other knowledge-based industry.

"We want to get more companies like Automated Trading Desk and Benefitfocus.com," says Stempin, referring respectively to the electronic stock-trading company and the health benefits software provider, both located in Mount Pleasant. "We want companies that provide prime, high-paying jobs."

The new Roper hospital, plus East Cooper Medical Center's planned 50-bed expansion, will help Mount Pleasant attract such businesses, Stempin believes.

Roper St. Francis officials see the East Cooper area as an opportunity to increase their market share. During the next five years, the area's population is projected to grow by 19%, to more than 100,000. To take advantage of that growth, Roper St. Francis is transferring 85 unused beds from its downtown Charleston hospital to the new facility in Carolina Park. Offices and labs will occupy the space left by the beds transfer, says David Dunlap, Roper St. Francis Healthcare's president and chief executive.

Nearly 70% of Charleston County's hospital beds are located in downtown Charleston, where only 9% of the county's population lives, says Dunlap. Meanwhile, the East Cooper area, with a population of

about 85,000, has only 5% of the county's hospital beds.

"It is vitally important that we as health care providers acknowledge and respond to population growth and shifts," Dunlap emphasizes.

Roper St. Francis has applied to the S.C. Department of Health and Environmental Control for a certificate of need for approval to build the East Cooper-area hospital. In a best-case scenario, with a smooth approval process, groundbreaking for the hospital could begin next year and the hospital could be open in 2008.

Roper's East Cooper hospital will employ about 300, including a medical staff of about 100, says Dunlap. The hospital's services will include 24-hour emergency care, obstetrics and other women's services, inpatient and outpatient surgery, intensive and critical care units, plus imaging and laboratory services, and a pharmacy.

In addition to attracting businesses to Mount Pleasant, Roper's new hospital will help the town's existing businesses, Stempin says. Local hotels will book more rooms because of out-of-towners visiting friends and relatives who are patients at the hospital, he notes.

Although the new Roper hospital will be competing with East Cooper Medical Center, Stempin sees both hospitals as an economic development plus.

"Having the best health care you can possibly have is an asset to the community," says Stempin. "It's all part of the quality of life, and the Lowcountry is at the top of the list in that department. That's what draws people here."

Dennis Quick covers health and wellness and economic development for the Business Journal. E-mail him at dquick@crbj.com.

At a Glance:
Roper St. Francis
Healthcare's proposed
East Cooper hospital

Cost: $90 million
Beds: 85
Size: 250,000 square feet
Employees: 300

Services: Inpatient and
outpatient surgery, 24-hour emergency care, obstetrics, intensive and critical care, lab services and a pharmacy.

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Monday, May 2, 2005 POST AND COURIER HEALTH CARE BUSINESS REVIEW

Medical Melee

Ambitious plans by Roper St. Francis Healthcare and East Cooper Regional Medical Center would give residents greater health-care options. But can Mount Pleasant support two hospitals?

BY JONATHAN MAZE
Of The Post and Courier Staff

Since after East Cooper Regional Medical Center opened in 1988, an administrator from a rival hospital labeled it "a dismal failure."

The hospital, competitors reckoned, was too far from anywhere.

Now, it seems, other hospitals can't get enough of Mount Pleasant.

One of them, Roper St. Francis Healthcare, believes the town needs a second hospital and has proposed a $50 million, 85-bed facility at Folson Road and U.S. Highway 17 near the new Wando High School.

Not surprisingly, East Cooper Medical doesn't believe Mount Pleasant needs a second hospital. In part, that's because it is planning to build a new hospital itself, one to replace its old building and give it another 40 beds.

The two hospitals' ambitions would more than double the number of beds Mount Pleasant has now, giving residents there much greater access to health care than they've ever had.

That's the good news. On the downside, if their calculations are wrong and too many "beds" are built, both facilities could struggle.

Because the stakes are so high, state regulators say Roper must prove to them that Mount Pleasant can support an extra hospital before they will give the project its go-ahead.

"We'll have to decide whether there is a need for two hospitals," said Joel Gries, director of the Bureau of Health Facilities at the state Department of Health and Environmental Control, which oversees hospital construction, based on community needs. "It's something we'll look at carefully."

Regardless of what decision Gries's department makes, the result almost certainly will be appealed by the losing hospital, and many expect a long legal fight.

Mount Pleasant is a vital market for both hospitals. The fast-growing area has become the state's fourth-largest city and now boasts more than 60,000 people. In five years, the city and surrounding communities could have more than 100,000 residents.

Those residents have higher incomes and usually carry private health care coverage, demographics that hospitals covet.

It's why East Cooper hospital is a moneymaking machine for its parent, Tenet Healthcare. The 180-bed facility earned $31 million in profits in 2003 on $196 million in revenue, making it the Charleston area's most profitable hospital.

Roper Hospital downtown is banking on those patients, too.

David Dunlap, chief executive of Roper St. Francis, said that more than a quarter of Mount Pleasant hospital patients are treated at Roper downtown.

Overall, Roper Hospital's market there is stagnant. It is proposing the new hospital hoping to take advantage of Mount Pleasant's growth to push that share higher.

The company would use its hospital east of the Cooper, after fast-growing Bon Secours St. Francis Hospital in West Ashley, to boost business. Roper downtown would focus mostly on specialty services.

"I don't want to paint a picture that Roper's market share is declining," Dunlap said. "But as the population moves out, if it's not a problem today, it will be in the future."

To get its project done, Roper primarily will have to convince regulators that Mount Pleasant doesn't have enough beds. Dunlap points out that the East Cooper area has 31 percent of the area's population but only 5 percent of its hospital beds.

Even without those figures, he said, the population growth there by itself could support another facility. "If we don't build there," Dunlap said, "someone else will."

Not a lot of people live in the area around where Roper is proposing its hospital, at least right now. But the land for its facility was acquired from the developers of Carolina Park, a 1,500-acre development near the East Cooper Airport. This is where a lot of Mount Pleasant's growth is expected to take place in coming years.

"They're taking some risk in putting a facility up here and not knowing if people are going to be turned off by the traffic," said Rick Powers, a 40-year old carpenter who lives in Darrel Creek, behind where the new hospital is planned. "But if it's slow in a couple of years, business will pick up in five to 10 years."



BRAD NETTLES/staff

David Dunlap, chief executive of Roper St. Francis Healthcare, poses in front of the ize of Folson Road and U.S. Highway 17 in Mount Pleasant where his company plans to build a new hospital. The proposal is likely to spark a fight with East Cooper Regional Medical Center.

Roper hopes community support for its project will help it get its project built.

Mount Pleasant Mayor Harry Hallman has said repeatedly that his city could use two hospitals. And as part of its application for regulatory approval, the company commissioned a survey of area residents.

According to the figures, 88 percent supported Roper's plans, while 85 percent supported East Cooper hospital's plans.

Lynn Bailey, a Columbia-based health care consultant, said state regulators try to ensure there are an average of 2.7 beds for every 1,000 people in any given community. If the East Cooper area grows to 100,000 people, that would mean it could support 270 beds.

Combined, Roper's and East Cooper's hospitals would give the area 226 beds. "I don't think they're going to be overbedded if there are going to be over 100,000 people there," she said.

Then again, despite the city's growth, it has taken 20 years for East Cooper Medical to fill its 100 beds. While the number of patients hospitalized there grew 51 percent between 1999 and 2003, other Charleston hospitals grew much faster.

Andrea Wozniak, East Cooper Medical's chief executive, believes that her hospital's expansion should be enough to handle the area's growth.

She acknowledged that many residents cross the Cooper River for medical care, but believes that most of them do so to get the specialty services offered at Roper and the Medical University of South Carolina that aren't offered in Mount Pleasant.

Those people still would cross the Cooper because neither Mount Pleasant facility would offer those services. That means Mount Pleasant patients population would be split between Roper's new facility and East Cooper Medical — and that may not be enough.

As a result, Wozniak said, if both projects get approved, parent company Tenet may pull its support for her expansion. "Certainly, from a business perspective, that is where you have to make a decision," she said. "Is the investment worth it?"

Privately, some of Charleston's other hospital executives say that, even if Mount Pleasant could support a lot more beds, the town's residents would be better off in a single hospital that provides specialty services, rather than two suburban facilities that are largely the same.

In addition, traffic improvements mean the downtown hospitals are more accessible than they once were. Cries said the construction of East Cooper Medical originally was approved because the area was isolated. That isn't so much the case now, thanks to Interstate 526 and, beginning this summer, the new Cooper River bridge.

Others say there is another barrier east of the Cooper that may make a hospital farther north much more viable: Towne Centre traffic.

Dr. Sarah Fairey, a longtime family doctor in Mount Pleasant who has privileges at East Cooper hospital but supports Roper's project, said that traffic between the Isle of Palms connector and I-526 makes downtown Charleston and the older part of Mount Pleasant less accessible to those who live beyond it.

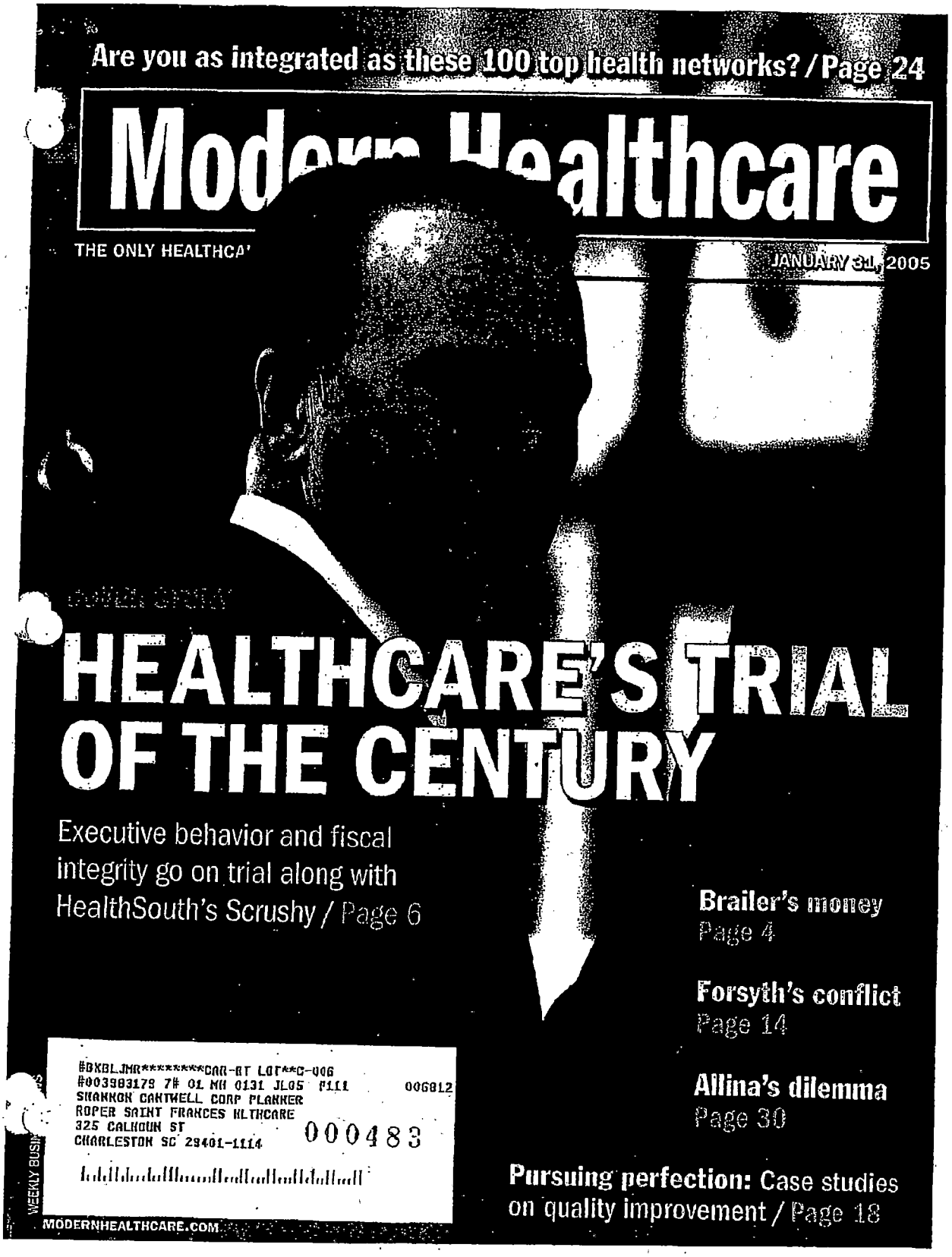
Some residents say that congestion on the road worries them should they have a medical emergency.

"I've looked at how Mount Pleasant has evolved, and it's to me incredible. If you will," Fairey said. "The Towne Centre creates a barricade, rather than a unifying part of Location."

His own medical practice recently opened a satellite office north on Highway 17 for that reason — at the urging of East Cooper hospital.

Jonathan Maze covers the business of health care and nonprofits. Reach him at 937-5718 or jmaze@postandcourier.com.

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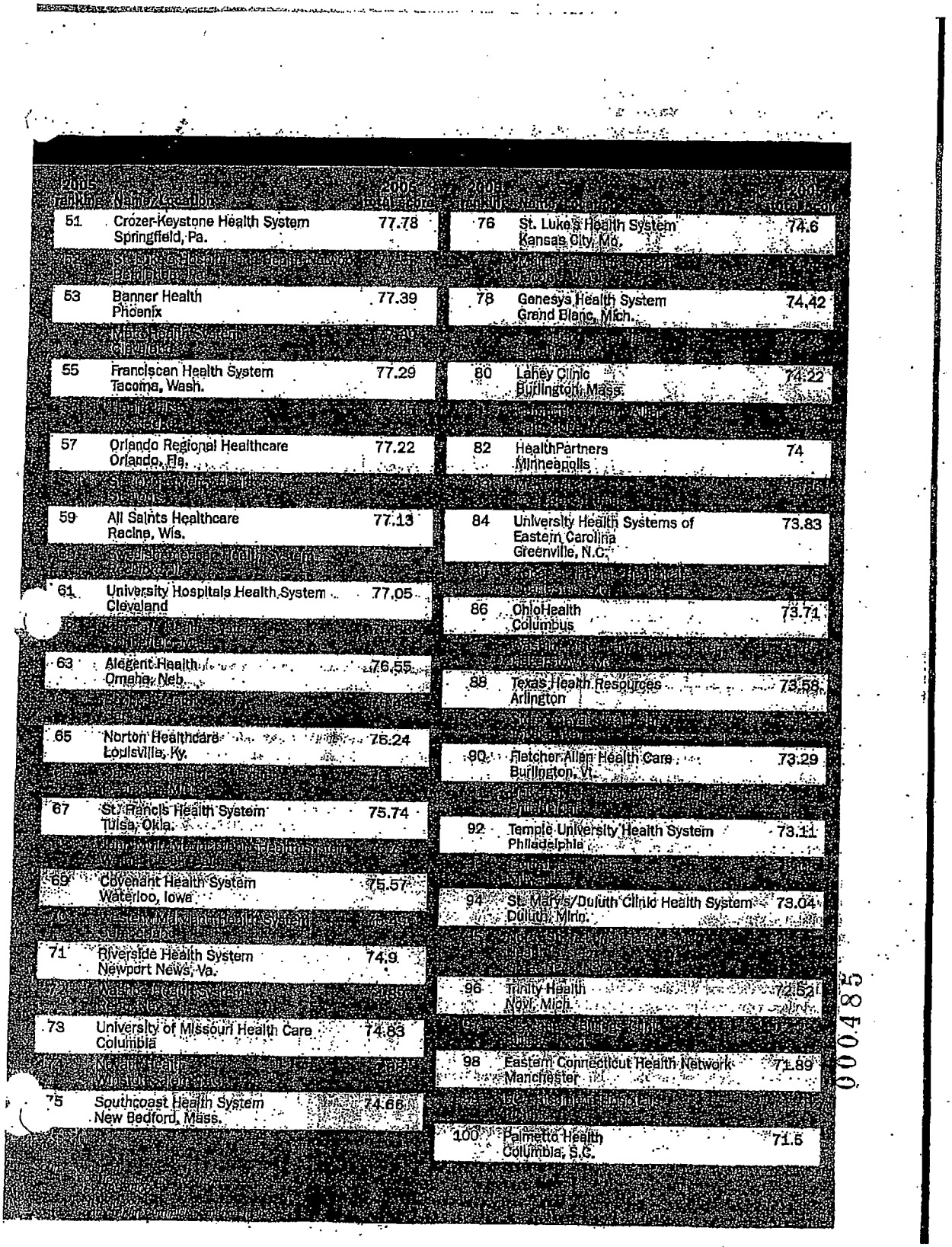
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Special Feature

2005 VERISPAN IHN 100

2005 ranking	Name, location	2005 total score
1	Intermountain Health Care Salt Lake City	92.65
3	Sentara Healthcare Norfolk, Va.	92.27
5	Carolinas HealthCare System Charlotte, N.C.	87.65
7	Presbyterian Healthcare Services Albuquerque	87.37
9	BJC HealthCare St. Louis	86.19
11	Advocate Health Care Oak Brook, Ill.	85.77
13	Evanston Northwestern Healthcare Evanston, Ill.	85.23
15	Mercy Health System Janesville, Wis.	84.8
17	Gundersen Lutheran La Crosse, Wis.	83.53
19	Aurora Health Care Milwaukee	83.02
21	Inova Health System Falls Church, Va.	82.93
23	Sharp HealthCare San Diego	82.1
25	Geisinger Health System Danville, Pa.	81.1
26	TriHealth Cincinnati	80.94
28	Lee Memorial Health System Fort Myers, Fla.	80.38
30	Methodist Healthcare Memphis, Tenn.	80.3
32	Iowa Health System Des Moines	80.17
34	Sparrow Health System Lansing, Mich.	80
36	Legacy Health System Portland, Ore.	79.61
38	Baptist Memorial Health Care Corp. Memphis, Tenn.	79.25
40	Carilion Health System Roanoke, Va.	79.12
42	Memorial Hermann Healthcare System Houston	78.87
44	Florida Hospital Orlando	78.5
	Ochsner Clinic Foundation New Orleans	78.29
48	St. Barnabas Health Care System West Orange, N.J.	78.09
50	Borgess Health Alliance Kalamazoo, Mich.	77.82

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2005 ranking	Name/Location	2005 score
51	Crozer-Keystone Health System Springfield, Pa.	77.78
53	Banner Health Phoenix	77.39
55	Franciscan Health System Tacoma, Wash.	77.29
57	Orlando Regional Healthcare Orlando, Fla.	77.22
59	All Saints Healthcare Racine, Wis.	77.13
61	University Hospitals Health System Cleveland	77.05
63	Alegent Health Omaha, Neb.	76.55
65	Norton Healthcare Louisville, Ky.	76.24
67	St. Francis Health System Tulsa, Okla.	75.74
69	Covenant Health System Waterloo, Iowa	75.57
71	Riverside Health System Newport News, Va.	74.9
73	University of Missouri Health Care Columbia	74.83
75	Southcoast Health System New Bedford, Mass.	74.66
76	St. Luke's Health System Kansas City, Mo.	74.6
78	Genesys Health System Grand Blanc, Mich.	74.42
80	Lahey Clinic Burlington, Mass.	74.22
82	HealthPartners Minneapolis	74
84	University Health Systems of Eastern Carolina Greenville, N.C.	73.83
86	OhioHealth Columbus	73.71
88	Texas Health Resources Arlington	73.58
90	Fletcher Allen Health Care Burlington, Vt.	73.29
92	Temple University Health System Philadelphia	73.11
94	St. Mary's/Duluth Clinic Health System Duluth, Minn.	73.04
96	Trinity Health Novi, Mich.	72.52
98	Eastern Connecticut Health Network Manchester	71.89
100	Palmetto Health Columbia, S.C.	71.5

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ROPER ST FRANCIS HEALTHCARE

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Suite 760
Charleston, SC 29403
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(843) 720-8355

CARE ALLIANCE HEALTH SERVICES BOARD RESOLUTION TAKEN FROM THE MINUTES OF THE FEBRUARY 24,2005MEETING

Context of the resolution:

At the February 24, 2005 meeting, the Board of Directors of the Corporation discussed the approval of the development of a new community hospital in the Mount Pleasant part of Charleston County. The board and management had a broad discussion of the needs of the Lowcountry for healthcare services, the location of populations, the current placement of acute care hospital beds, and where the system saw the need to deliver its services in order to be responsive to its nonprofit, charitable mission. Following the discussion and response to questions raised by board members a resolution was moved and seconded:

Resolution

That Roper Saint Francis Healthcare direct (subject to all appropriate regulatory approval) the transfer of 85 acute care beds from Roper Hospital to a new hospital East of the Cooper;

That building a new facility is consistent with the movement of physicians away from the Charleston peninsula and the reluctance of many patients to come to downtown Charleston for usual community health services;

That Roper Saint Francis Healthcare management select land for a new hospital in Mt. Pleasant near Highway 17 North where population growth is expected in the near future;

That Roper Saint Francis Healthcare recognizes that current building of MUSC's new hospital facility jeopardizes full use of Roper Hospital's current complement of licensed beds;

That management is authorized to pursue the application for a Certificate of Need and meeting other legal and regulatory obligations for a new hospital in Charleston County, East of the Cooper River;

That the exact scope of the project will be based on a demographic analysis of the Lowcountry and meeting the system's needs, but as stated above it is anticipated and authorized that the new facility would be approximately 85 beds and would be a community medical-surgical hospital with obstetrical services;

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That management will present to the Board a Plan of Finance to the Board for approval as soon as is practical. The Plan will include an analysis of the financial impact on the system and its credit rating; and

That management is authorized to work with any of the Founding Members who may participate in the development of this project.

The full Board of Directors approved this resolution on the date listed above.

Peter Campbell, CFX
Secretary
CareAlliance Health Services

Date: 5-11-05

000487

ROPER HOSPITAL

316 Calhoun Street
Charleston, SC 29401
(843) 724-2000

May 3, 2005

Mr. Joel C. Grice, Director
Bureau of Health Facilities
and Services Development
S.C. DHEC
1777 St. Julian Place Suite 201
Columbia, S.C. 29204

Dear Mr. Grice:

Roper Hospital, Inc. is submitting a Certificate of Need application to transfer 85 acute care beds from its hospital downtown to a new satellite hospital East of the Cooper River. This transfer of beds will result in a total licensed capacity of 368 beds at Roper Hospital (329 acute care and 39 rehab beds), exclusive of the proposed application submitted on February 22, 2005 on behalf of Bon Secours St. Francis Xavier Hospital for the permanent transfer of 13 beds from Roper Hospital.

This is to confirm Roper Hospital's acknowledgement that the proposed transfer of 85 acute care beds is permanent. In addition, as required by the State Health Plan, Roper Hospital stipulates it will not use the redistribution as justification for a subsequent application to add acute care beds.

If you have any questions or concerns, please feel free to contact me at (843) 724-2901.

Sincerely,

Matthew J. Severance
Chief Executive Officer
Roper Hospital

MJS/sc

000488

ROPER ST FRANCIS HEALTHCARE

125 Doughty Street
Suite 760
Charleston, SC 29403
(843) 724-2910
(843) 720-8355

May 31, 2005

Mr. Joel Grice, Director
Bureau of Health Facilities and Services Development
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Dear Mr. Grice:

This is written in regards to project funding for the proposed 85-bed Roper St. Francis Mt. Pleasant Hospital. Total project cost is projected not to exceed $150 million. Management proposes funding the project through the use of $25 million in cash on hand. Bond financing will fund the remainder of the project. Be assured that the Founding Members of Roper St. Francis Healthcare along with its Board of Directors support this project.

Should you have any questions, please contact me at (843) 724-2946.

Sincerely,

Bret Johnson
Chief Financial Officer
Roper St. Francis Healthcare

000489

Trident_08814

Goldman, Sachs & Co. | 85 Broad Street | New York, New York 10004
Tel: 212-902-1000

Goldman Sachs

May 18, 2005

Bret Johnson
Chief Financial Officer
Roper Saint Francis Healthcare
125 Doughty Street, Ste. 760
Charleston, SC 29403

Re: Certificate of Need Application
Development of a New Hospital in Mt. Pleasant, SC

Dear Bret:

We are writing in support of your certificate of need application for development of a new hospital in Mt. Pleasant, South Carolina. Having been privileged to serve as Senior Manager on your 1999 and 2004 financings, we are impressed by the mission of Roper St. Francis and the goals of the system. Given Roper St. Francis' current and projected financial performance, we fully expect that Roper St. Francis will be able to successfully access the capital markets in order to fund the proposed facility. We are extremely excited about the project and look forward to working with you to finance this much needed facility. We take great pride in serving as your Investment Banker. As always, please do not hesitate to call Edward Shapoff at (212) 902-6459 or Stacy Sonnenberg at (212) 902-6433 to discuss this matter further.

Sincerely,

Goldman, Sachs & Co.

Goldman, Sachs & Co.

000490

Roper St. Francis Healthcare
COMBINED STATEMENTS OF OPERATIONS

	BUDGET 2005	PROJECTED 2006	PROJECTED 2007	PROJECTED 2008	PROJECTED 2009	PROJECTED 2010	PROJECTED 2011
REVENUE:							
INPATIENT REVENUE	667,505,000	724,521,840	786,479,061	853,482,026	941,723,977	1,024,441,863	1,115,894,517
OUTPATIENT REVENUE	493,865,000	538,926,295	589,118,258	644,308,804	705,011,558	771,805,000	845,312,184
GROSS REVENUE	1,161,370,000	1,263,448,135	1,375,597,319	1,507,790,830	1,646,735,535	1,796,246,863	1,961,206,701
CONTRACTUAL ADJUSTMENTS	703,173,000	782,383,010	869,773,723	972,366,208	1,081,708,496	1,200,586,847	1,332,518,383
CHARITY CARE	22,542,000	24,737,844	27,213,219	30,163,861	33,360,465	36,851,866	40,761,354
PROV. FOR UNCOLL. ACCTS.	54,858,000	59,705,571	64,997,571	71,223,545	77,693,798	84,628,745	92,248,778
NET PATIENT SERVICE REVENUE	380,797,000	396,621,710	413,612,807	434,037,216	453,974,776	474,179,385	495,678,186
OTHER REVENUE	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000
TOTAL REVENUE	387,177,000	403,001,710	419,992,807	440,417,216	460,354,776	480,559,385	502,058,186
EXPENSES:							
SALARIES	146,012,000	153,146,807	160,647,901	168,534,501	177,097,217	186,344,150	196,099,322
EMPLOYEE BENEFITS	33,035,000	34,705,977	36,410,946	38,203,681	40,150,980	42,254,666	44,474,219
SUPPLIES	85,014,000	86,797,989	88,717,815	93,378,698	98,003,187	102,754,310	107,816,003
PURCHASED SERVICES	40,518,000	42,314,031	43,684,233	45,381,744	46,183,291	47,582,071	49,278,084
OTHER EXPENSE	25,831,000	27,181,335	28,081,441	29,267,758	29,157,607	30,034,306	31,189,076
DEPR. AND AMORT.	25,792,000	26,321,266	25,877,910	26,856,880	26,222,252	27,403,889	29,206,216
INTEREST EXPENSE	10,071,000	11,252,764	10,829,635	10,429,430	10,036,270	9,658,330	9,337,861
MANAGEMENT FEES	0	1	1	1	1	1	1
TOTAL EXPENSES	366,273,000	381,720,170	394,250,082	412,052,693	426,850,786	446,031,722	467,400,783
OPERATING INCOME (LOSS)	20,904,000	21,281,541	25,742,725	28,364,523	33,503,991	34,527,663	34,657,403
NONOPERATING GAINS (LOSSES)	3,410,000	7,080,000	6,940,000	7,840,000	8,400,000	8,995,000	9,695,000
REVENUE OVER (UNDER) EXPENSES BEFORE EXTRAORDINARY ITEM	24,314,000	28,361,541	32,682,725	36,204,523	41,903,991	43,522,663	44,352,403
EXTRAORDINARY ITEM- LOSS ON DEFEASANCE OF DEBT	-	0	0	0	0	0	0
REVENUE OVER (UNDER) EXPENSES	24,314,000	28,361,541	32,682,725	36,204,523	41,903,991	43,522,663	44,352,403

Need updated budget provided w/Cobb. info

RECORD 007244
000491
Trident_08816
Joint Exhibit 008-0193

RICHARDSON / KNAPP & ASSOCIATES, Inc.
Consultants to the Health Care Industry
1301 Hightower Trail, Suite 200
Atlanta, Georgia 30350-2983
Tel. (770) 587-1382 Fax (770) 587-1423

June 1, 2005

Mr. Joel C. Grice
Director, Certification of Need Program
South Carolina Department of Health and Environmental Control
1777 St. Julian Place
Columbia, SC 29204

Dear Mr. Grice,

I am a CPA and am responsible for the financial portion of the healthcare consulting practice of the firm of Richardson/Knapp & Associates, Inc. I have prepared the attached pro forma for the proposed Roper St. Francis Hospital - Mount Pleasant, and to the best of my knowledge believe it to be an accurate forecast of the proposed hospital.

If you have any questions, please feel free to call me at 828-295-4620. Thank you.

Sincerely,

Rick D. Knapp, CPA
Partner

000492

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL

FORECASTED STATEMENT OF OPERATIONS

FOR THE YEARS ENDING DECEMBER 31,

full income set provided by atty, w/ info, w/

	2009	2010	2011
PATIENT DAYS - INCREMENTAL	7,159	11,454	14,318
ADJUSTED PATIENT DAYS - INCREMENTAL	14,347	22,954	28,694
REVENUE:			
INPATIENT REVENUE	34,238,236	56,425,312	72,646,688
OUTPATIENT REVENUE	34,376,375	56,652,968	72,939,792
GROSS PATIENT SERVICE REVENUE	68,614,610	113,078,280	145,586,480
CONTRACTUAL ALLOWANCES	42,648,749	70,633,961	91,388,078
PROVISION FOR BAD DEBT	1,746,928	2,878,973	3,706,632
PROVISION FOR CHARITY CARE	1,303,678	2,148,487	2,766,143
TOTAL REVENUE DEDUCTIONS	45,699,355	75,661,421	97,860,853
NET PATIENT SERVICE REVENUE	22,915,255	37,416,858	47,725,627
OTHER OPERATING REVENUE	143,179	235,961	303,796
TOTAL REVENUE	23,058,434	37,652,820	48,029,424
EXPENSES:			
LABOR EXPENSE	10,630,176	16,063,608	20,179,330
PURCHASED SERVICES	1,856,372	2,107,460	2,304,887
SUPPLIES	3,880,036	6,228,073	7,947,662
OTHER EXPENSE	1,413,335	1,468,641	1,526,123
CORPORATE ADMINISTRATION	627,636	652,741	678,851
DEPRECIATION	6,958,000	6,958,000	6,958,000
INTEREST	5,403,000	5,363,000	5,323,000
TOTAL EXPENSES	30,768,554	38,841,523	44,917,852
REVENUE OVER EXPENSES	-7,710,120	-1,188,703	3,111,571

00045

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Total Number of Active and Assoc.
Medical Staff - Roper Hospital
2004

A. Medical Specialties	
1. General/Family Practitioner	34
2. Pediatric Medicine	36
3. General Internal Medicine	47
4. Cardiology	20
5. Gastroenterology	13
6. Pulmonary Disease	9
7. Oncology	11
8. Neurology	8
9. Other Medical Specialties	37
B. Surgical Specialties	
1. Obstetrics/Gynecology	31
2. Ophthalmology	26
3. Otorhinolaryngology	10
4. Orthopedic Surgery	31
5. Plastic Surgery	14
6. General Surgery	16
7. Thoracic Surgery	4
8. Urological Surgery	15
9. Cardiovascular Surgery	3
10. Colon and Rectal Surgery	2
11. Neurosurgery	8
12. Other Surgical Specialities	9
C. Other Specialities	
1. Anesthesiology	48
2. Dermatology	11
3. Emergency Medicine	28
4. Nuclear Medicine	2
5. Pathology	9
6. Psychiatry	4
7. Radiology	12
8. Physical Medicine and Rehab	6
9. Other Specialties	0
Total All Specialties	504

000494

	Total Number of Active and Assoc. Medical Staff - Bon Secours St. Francis Xavier 2004
A. Medical Specialties	
1. General/Family Practitioner	29
2. Pediatric Medicine	34
3. General Internal Medicine	28
4. Cardiology	13
5. Gastroenterology	13
6. Pulmonary Disease	4
7. Oncology	8
8. Neurology	7
9. Other Medical Specialties	27
B. Surgical Specialties	
1. Obstetrics/Gynecology	38
2. Ophthalmology	25
3. Otorhinolaryngology	11
4. Orthopedic Surgery	12
5. Plastic Surgery	14
6. General Surgery	15
7. Thoracic Surgery	2
8. Urological Surgery	14
9. Cardiovascular Surgery	0
10. Colon and Rectal Surgery	2
11. Neurosurgery	8
12. Other Surgical Specialities	38
C. Other Specialities	
1. Anesthesiology	48
2. Dermatology	2
3. Emergency Medicine	16
4. Nuclear Medicine	2
5. Pathology	2
6. Psychiatry	2
7. Radiology	6
8. Physical Medicine and Rehab	7
9. Other Specialties	0
Total All Specialties	427

000495

STATE OF SOUTH CAROLINA
THE SENATE
COLUMBIA

GLENN F. McCONNELL
PRESIDENT PRO TEMPORE

P. O. BOX 142
COLUMBIA, SC 29202
TELEPHONE: (803) 212-6610

April 4, 2005

Ms. Jordi Yarborough
Director, Government Relations
Roper St. Francis Healthcare
69 Barre Street
Charleston, SC 29401

Dear Ms. Yarborough:

The information you provided regarding Roper St. Francis' plans to request approval to construct an 85-bed satellite hospital in Mount Pleasant by transferring already licensed beds from Roper Hospital downtown to a new location on Highway 17 makes good sense. My understanding is close to 70% of the hospital beds for Charleston County are located on the peninsula where less than 10% of the population resides, compared to 5% of the beds in Mount Pleasant where 21% of the area's population currently lives. For this and other reasons, I would like to extend my full support of your effort.

The Roper St. Francis Healthcare system hospitals have a long-standing reputation of serving the healthcare needs of all of our residents with high quality care. The system is an excellent organization and I am certain will continue to meet this same standard in a new facility in Mount Pleasant.

As the population moves to outlying areas in the Charleston region, I feel it is important for the residents to have access to core community services, such as hospital services where they live. This plan certainly addresses that need. In addition, a new hospital will create new jobs that are a tremendous benefit the entire community.

Please accept this letter as my approval and support for your application.

With warmest personal regards, I am

Sincerely,

Glenn F. McConnell

000496

ROPER ST FRANCIS HEALTHCARE

July 29, 2005

Re: Construction of a new hospital by transferring 85 acute care beds from Roper Hospital to include a multi-slice Computed Tomography (CT) Scanner and a 1.5 T Magnetic Resonance Imaging (MRI) unit, for a total licensed capacity of 85 acute care beds at Roper St. Francis Mount Pleasant Hospital and 316 acute care beds and 39 rehabilitation beds at Roper Hospital
Roper St. Francis Mount Pleasant Hospital
Mt. Pleasant, South Carolina

Ms. Mary Fechtel
S.C. DHEC, Bureau of Health Facilities
1777 St. Julian Place Suite 201
Columbia, South Carolina 29204

Dear Ms. Fechtel:

Please accept the following information as our response to your July 15, 2005 letter seeking additional information on the above referenced project.

1. In relation to the need analysis, please verify/provide the following:

   a) That the right-hand column of targeted zip codes shown in the box on page 21 of the application are the zip codes for the secondary service area.

   The map on page 21 lists 12 zip codes titled "targeted zip codes". According to the Claritas population reports submitted in Attachment 7, the overall East Cooper area consists of these twelve zip codes. The map identifier "targeted zip codes" corresponds with this report.

   The seven zip codes in the left-hand column make up the primary service area, expected to generate 2/3 of the proposed hospital's patient volume. It should be noted that the secondary service area does consist of the five zip codes in the right-hand column, in addition to other areas within the Tri-County.

   b) Please include the discharge data that is referenced in the need analysis.

   The discharge data that was used in the need analysis was a raw data discharge data set provided by ORS identifying all patients from individual service area Zip codes, segmented by MDC, Payor Class,

000788

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HEALTH FACILITIES AND DEVELOPMENT

Age Band and Hospital of Service. For example, for each ZIP code there was a line of data for each MDC (25 potential MDC categories), with each Zip code / MDC line of data then segmented into payer class categories (four potential categories) and then into age band categories (0-14, 15-24, 25-44, 45-64, 65+). As a result, the report from ORS is not the typical Zip code market ***summary report*** *prepared by ORS, but rather is a raw data report with over 800 lines of data for just the eight Zip codes (seven geographic plus on PO Box Zip Code) used in the need analysis. While the raw data is too voluminous to print and include in the application, examples of the data used and supporting documentation for the market data used are attached. In addition, the complete electronic data report will be made available for inspection upon your request.*

Attachment 1 is the raw data for Zip 29429 showing ***all patients*** *(all MDCs) discharged from the Zip code for 2003, with the MDC / Payer Class / Age Band / Hospital of Service information segmented for these patients. This was the ORS data starting point for this Zip code.*

Attachment 2 presents the next step of the analysis with all ***targeted patients*** *from Zip 29429 for the new hospital identified. The difference between these two data sets is that the second data set excludes patients within MDC 15 (newborns) and MDC 19 / 20 (behavioral health). As shown in this second attachment, 323 total patients from Zip 29429 within the targeted MDC categories were admitted during 2003.*

The third attachment (Attachment 3) presents the Zip by Zip data taken from the detailed ORS data for each Zip code in the service area. As shown, when the Zip data is summed, the service area generated 6,285 total target patients during 2003, with 6,035 patients age 15+.

This 6,285 total patients and 6,035 patients age 15+ identified in Attachment 3 was then used as the baseline point for the subsequent market forecasts as shown at page 27 of the original CON application.

2. In relation to the budgets, please provide the following:

   a) Please verify that the systems budget provided is a status quo budget and does not include the proposed hospital for any of the years shown.

000789

Please disregard the referenced system budget. Attached are system budgets (Attachments 4-5) inclusive and exclusive of the proposed project.

b) In addition to the incremental budget provided, please provide a budget for the new facility that reflects all beds at the proposed facility, not just incremental. Also include a line item for the lease of the medical office space.

See the attached pro-forma (Attachment 6), inclusive of a lease expense line item and projected through Year 2013.

c) The Department also suggests that the applicant include subsequent years on the budget to demonstrate financial feasibility.

See the attached pro-forma, inclusive of a lease expense line item and projected through Year 2013.

d) Please provide a systems budget inclusive of the proposed project.

See response to "a" above.

3. Please correct the indigent care policy, if necessary, in accordance with the above.

No corrections were necessary.

4. Currently the Department has nine (9) applications under review for new hospitals and the support/oppositions letters have been over-whelming. Each applicant is requested to assess and prepare a schedule of the letters that have been received in support of their respective projects. The letters should be subdivided to include physician, elected officials representing constituencies, and general support. Schedules should include last name followed by the first name and city of residence. Any letter not having this minimum amount of information should be discounted. The schedule should also include the Bates-stamped page as a reference point. The Department will begin immediately sorting the letters, Bates-stamping, and placing them in the appropriate files. It is expected that this process make take the Department up to 30 days. This request will not preclude an application being deemed complete.

000790

The requested schedule is attached (Attachment 7). Note that the additional support letters included with this response have been added to the schedule, but labeled "Not numbered yet" in the Bates Stamped Page column.

Totals to date include the following:

- *General Support* — *91 letters*
- *Physician Support* — *166 letters*
- *Support from Elected Officials* — *9 letters*

5. Please have a survey prepared (not filed with the County Offices) to determine the location of the hospital and medical office building in relation to the 78+acre site. (C-4)

   A site plan prepared by Seamon, Whiteside & Associates, Inc. and HKS denoting the exact location of the proposed hospital and Medical Office Building on the 78+acre site, the remaining highland area, and wetland area is attached (Attachment 8).

Should you need additional information, please contact me at (843) 965-8234.

Sincerely,

Shannon Cantwell

Ms. Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
69 Barre Street
Charleston, SC 29401

Attachments

000791

Attachment 1
ORS Source Data
Zip 29429

Year	County	ZIP Code	Community	MDC	MDC Description
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM
2003	CHARLESTON	29429	AWENDAW	2	DISEASES & DISORDERS OF THE EYE
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE

Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
COMMERCIAL	AGE: 15-24	1				1
COMMERCIAL	AGE: 25-44	5	4		1	
COMMERCIAL	AGE: 45-64	4	1		3	
COMMERCIAL	AGE: 65+	1			1	
MEDICAID	AGE: 0-14	2	2			
MEDICAID	AGE: 25-44	1			1	
MEDICARE	AGE: 45-64	2	2			
MEDICARE	AGE: 65+	8	3		5	
SELF-PAY/INDIGENT	AGE: 25-44	1			1	
SELF-PAY/INDIGENT	AGE: 45-64	2	1		1	
COMMERCIAL	AGE: 45-64	1			1	
COMMERCIAL	AGE: 0-14	1			1	
COMMERCIAL	AGE: 45-64	1			1	
MEDICAID	AGE: 0-14	3	3			
MEDICARE	AGE: 65+	1	1			
SELF-PAY/INDIGENT	AGE: 25-44	2	1		1	
COMMERCIAL	AGE: 0-14	1			1	
COMMERCIAL	AGE: 25-44	1			1	
COMMERCIAL	AGE: 45-64	2	1		1	
COMMERCIAL	AGE: 65+	1	1			
MEDICAID	AGE: 15-24	1	1			
MEDICAID	AGE: 25-44	1			1	
MEDICAID	AGE: 45-64	2	1		1	
MEDICARE	AGE: 45-64	3			3	
MEDICARE	AGE: 65+	16	1		15	
NOT-STATED	AGE: 45-64	1			1	
SELF-PAY/INDIGENT	AGE: 25-44	4		1	3	
SELF-PAY/INDIGENT	AGE: 45-64	3			3	
COMMERCIAL	AGE: 25-44	6	2	1	3	
COMMERCIAL	AGE: 45-64	13	2	1	10	
COMMERCIAL	AGE: 65+	2	1		1	
MEDICAID	AGE: 0-14	6	6			
MEDICAID	AGE: 25-44	1			1	
MEDICARE	AGE: 45-64	9	4	1	4	
MEDICARE	AGE: 65+	33	2	2	29	
SELF-PAY/INDIGENT	AGE: 15-24	1			1	
SELF-PAY/INDIGENT	AGE: 25-44	1			1	
SELF-PAY/INDIGENT	AGE: 45-64	1			1	
SELF-PAY/INDIGENT	AGE: 65+	1			1	
COMMERCIAL	AGE: 0-14	1			1	
COMMERCIAL	AGE: 15-24	2	2			
COMMERCIAL	AGE: 25-44	1			1	
COMMERCIAL	AGE: 45-64	3			2	
MEDICAID	AGE: 45-64	3	1	1	1	
MEDICARE	AGE: 45-64	2		1	1	
MEDICARE	AGE: 65+	11	1	1	9	
SELF-PAY/INDIGENT	AGE: 45-64	1			1	
COMMERCIAL	AGE: 25-44	3			3	
COMMERCIAL	AGE: 45-64	1			1	
MEDICAID	AGE: 45-64	1	1			
MEDICARE	AGE: 65+	2	1		1	
SELF-PAY/INDIGENT	AGE: 15-24	1		1		
SELF-PAY/INDIGENT	AGE: 45-64	4			4	
COMMERCIAL	AGE: 25-44	3	1	1	1	
COMMERCIAL	AGE: 45-64	7		2	5	
COMMERCIAL	AGE: 65+	1			1	
MEDICARE	AGE: 45-64	1			1	
MEDICARE	AGE: 65+	10	1		9	
NOT-STATED	AGE: 25-44	1			1	
NOT-STATED	AGE: 45-64	1			1	

000792

RECORD 007254

Trident_09114

Joint Exhibit 008-0203

Atta
ORS So Data
Zip 29429

Year	County	ZIP Code	Community	MDC	MDC Description	Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	SELF-PAY/INDIGENT	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	COMMERCIAL	AGE: 15-24	1	1			1
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	COMMERCIAL	AGE: 25-44	1	1			
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	MEDICARE	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	MEDICARE	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	MEDICARE	AGE: 65+	3				1
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 0-14	1	1			3
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 25-44	4	4			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 65+	1	1			1
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICAID	AGE: 0-14	1	1			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 25-44	1	1			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 65+	2	1			1
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	SELF-PAY/INDIGENT	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	COMMERCIAL	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	COMMERCIAL	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICAID	AGE: 0-14	2	2			
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 45-64	5				1
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 65+	4				5
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	1				4
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 15-24	1				1
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 25-44	5				1
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 45-64	1		1		4
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	MEDICARE	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICARE	AGE: 65+	1		1		
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	COMMERCIAL	AGE: 15-24	4	1			1
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	COMMERCIAL	AGE: 25-44	10				3
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICAID	AGE: 15-24	5	4			10
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICAID	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	NOT-STATED	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	SELF-PAY/INDIGENT	AGE: 15-24	7	1			1
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	SELF-PAY/INDIGENT	AGE: 25-44	4				6
2003	CHARLESTON	29429	AWENDAW	15	NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	COMMERCIAL	AGE: 0-14	11	1			4
2003	CHARLESTON	29429	AWENDAW	15	NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	MEDICAID	AGE: 0-14	11	4			10
2003	CHARLESTON	29429	AWENDAW	15	NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD	NOT-STATED	AGE: 0-14	1				7
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	SELF-PAY/INDIGENT	AGE: 0-14	2	1			1
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	COMMERCIAL	AGE: 0-14	3	3			
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	COMMERCIAL	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	COMMERCIAL	AGE: 45-64	2	1			1
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	MEDICAID	AGE: 0-14	3	3			
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	MEDICAID	AGE: 45-64	4				4
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOR	MEDICARE	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	17	MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPLA	MEDICARE	AGE: 65+	1				
2003	CHARLESTON	29429	AWENDAW	17	MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPLA	COMMERCIAL	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICARE	AGE: 65+	2	1			1
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICAID	AGE: 0-14	2	2			
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICARE	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	19	MENTAL DISEASES & DISORDERS	MEDICARE	AGE: 65+	3				1
2003	CHARLESTON	29429	AWENDAW	19	MENTAL DISEASES & DISORDERS	MEDICAID	AGE: 0-14	1	1			3
2003	CHARLESTON	29429	AWENDAW	19	MENTAL DISEASES & DISORDERS	MEDICAID	AGE: 15-24	3	3			
2003	CHARLESTON	29429	AWENDAW	19	MENTAL DISEASES & DISORDERS	MEDICAID	AGE: 45-64	2	2			
2003	CHARLESTON	29429	AWENDAW	20	ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	SELF-PAY/INDIGENT	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	SELF-PAY/INDIGENT	AGE: 15-24	1	1			1
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	COMMERCIAL	AGE: 25-44	1		1		
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	COMMERCIAL	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS	SELF-PAY/INDIGENT	AGE: 25-44	1				1
						COMMERCIAL	AGE: 45-64	1				1

RECORD 007255
Trident_09115
Joint Exhibit 008-0204

Attachment 1
ORS Source Data
Zip 29429

Year	County	ZIP Code	Community	MDC	MDC Description
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS
2003	CHARLESTON	29429	AWENDAW	25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
MEDICAID	AGE: 25-44	1			1	
MEDICARE	AGE: 45-64	2	1		1	
MEDICARE	AGE: 65+	7			7	
SELF-PAY/INDIGENT	AGE: 45-64	2	2			
TOTAL FOR ZIP 29429		356	93	16	241	6

000754

RECORD 007256

Trident_09116

Joint Exhibit 008-0205

RECORD 007257

Trident_09117

All
DRS Data
Excluding MDC 15 / 19 / 20

Year	County	ZIP Code	Community	MDC	MDC Description	Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	COMMERCIAL	AGE: 15-24	1				1
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	COMMERCIAL	AGE: 25-44	5	4		1	
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	COMMERCIAL	AGE: 45-64	4	1		3	
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	COMMERCIAL	AGE: 65+	1			1	
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	MEDICAID	AGE: 0-14	2	2			
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	MEDICAID	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	MEDICARE	AGE: 45-64	2	2			
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	MEDICARE	AGE: 65+	8	3		5	
2003	CHARLESTON	29429	AWENDAW	1	DISEASES & DISORDERS OF THE NERVOUS SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	2	DISEASES & DISORDERS OF THE EYE	SELF-PAY/INDIGENT	AGE: 45-64	2	1		1	
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	COMMERCIAL	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	COMMERCIAL	AGE: 0-14	1			1	
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	COMMERCIAL	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	MEDICAID	AGE: 0-14	3	3			
2003	CHARLESTON	29429	AWENDAW	3	DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH & THROAT	MEDICARE	AGE: 65+	1	1			
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	2	1		1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	COMMERCIAL	AGE: 0-14	1			1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	COMMERCIAL	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	COMMERCIAL	AGE: 45-64	2	1		1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	COMMERCIAL	AGE: 65+	1	1		1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	MEDICAID	AGE: 15-24	1	1			
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	MEDICAID	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	MEDICAID	AGE: 45-64	2	1		1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	MEDICARE	AGE: 45-64	3			1	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	MEDICARE	AGE: 65+	16	1		3	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	NOT-STATED	AGE: 45-64	1			15	
2003	CHARLESTON	29429	AWENDAW	4	DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	4			1	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 45-64	3		1	3	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	COMMERCIAL	AGE: 25-44	6	2		3	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	COMMERCIAL	AGE: 45-64	13	2	1	10	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	COMMERCIAL	AGE: 65+	2	1	1	1	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	MEDICAID	AGE: 0-14	6	6			
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	MEDICAID	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	MEDICARE	AGE: 45-64	9	4	1	4	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	MEDICARE	AGE: 65+	33	2	2	29	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 15-24	1			1	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	5	DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	SELF-PAY/INDIGENT	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	SELF-PAY/INDIGENT	AGE: 65+	1			1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	COMMERCIAL	AGE: 0-14	1			1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	COMMERCIAL	AGE: 15-24	2	2			
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	COMMERCIAL	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	COMMERCIAL	AGE: 45-64	3			3	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	MEDICAID	AGE: 45-64	3	1	1	1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	MEDICARE	AGE: 45-64	2		1	1	
2003	CHARLESTON	29429	AWENDAW	6	DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	MEDICARE	AGE: 65+	11	1	1	9	
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS	SELF-PAY/INDIGENT	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS	COMMERCIAL	AGE: 25-44	3			3	
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS	COMMERCIAL	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS	MEDICAID	AGE: 45-64	1	1			
2003	CHARLESTON	29429	AWENDAW	7	DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS	MEDICARE	AGE: 65+	2	1		1	
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	SELF-PAY/INDIGENT	AGE: 15-24	1		1		
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	SELF-PAY/INDIGENT	AGE: 45-64	4			4	
						COMMERCIAL	AGE: 25-44	3	1	1	1	
						COMMERCIAL	AGE: 45-64	7		2	5	

Joint Exhibit 008-0206

Year	County	ZIP Code	Community	MDC	MDC Description	Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	COMMERCIAL	AGE: 65+	1				1
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	MEDICARE	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	MEDICARE	AGE: 65+	10	1			9
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	NOT-STATED	AGE: 25-44	1				1
2003	CHARLESTON	29429	AWENDAW	8	DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM & CONN TISSUE	NOT-STATED	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	SELF-PAY/INDIGENT	AGE: 45-64	1				1
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	COMMERCIAL	AGE: 15-24	1	1			
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	COMMERCIAL	AGE: 25-44	1	1			
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	MEDICARE	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	9	DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST	MEDICARE	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 65+	3			1	
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 0-14	1	1		3	
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 25-44	4	4			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	COMMERCIAL	AGE: 65+	1	1		1	
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICAID	AGE: 0-14	1	1			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 25-44	1	1			
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	10	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS	MEDICARE	AGE: 65+	2	1		1	
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	SELF-PAY/INDIGENT	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	COMMERCIAL	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	COMMERCIAL	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICAID	AGE: 0-14	2	2			
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 45-64	5			1	
2003	CHARLESTON	29429	AWENDAW	11	DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	MEDICARE	AGE: 65+	4			5	
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	SELF-PAY/INDIGENT	AGE: 25-44	1			4	
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 15-24	1			1	
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 25-44	5			1	
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	COMMERCIAL	AGE: 45-64	1		1	4	
2003	CHARLESTON	29429	AWENDAW	13	DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	MEDICARE	AGE: 45-64	1			1	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICARE	AGE: 65+	1		1		
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	COMMERCIAL	AGE: 15-24	4	1		1	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	COMMERCIAL	AGE: 25-44	10			3	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICAID	AGE: 15-24	5	5		10	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	MEDICAID	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	NOT-STATED	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	14	PREGNANCY, CHILDBIRTH & THE PUERPERIUM	SELF-PAY/INDIGENT	AGE: 15-24	1	1		1	
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS IMMUNOLOG DISOI	SELF-PAY/INDIGENT	AGE: 25-44	4			6	
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS IMMUNOLOG DISOI	COMMERCIAL	AGE: 0-14	3	3		4	
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOI	COMMERCIAL	AGE: 25-44	1				
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOI	COMMERCIAL	AGE: 45-64	2	1		1	
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOI	MEDICAID	AGE: 0-14	3	3			
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOI	MEDICAID	AGE: 45-64	4			1	
2003	CHARLESTON	29429	AWENDAW	16	DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISOI	MEDICARE	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	17	MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPL	MEDICARE	AGE: 65+	1				1
2003	CHARLESTON	29429	AWENDAW	17	MYELOPROLIFERATIVE DISEASES & DISORDERS, POORLY DIFFERENTIATED NEOPL	COMMERCIAL	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICARE	AGE: 65+	2	1		1	
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICAID	AGE: 0-14	2	2			
2003	CHARLESTON	29429	AWENDAW	18	INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	MEDICARE	AGE: 45-64	1				
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	MEDICARE	AGE: 65+	3			1	
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	COMMERCIAL	AGE: 25-44	1			3	
2003	CHARLESTON	29429	AWENDAW	21	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS	COMMERCIAL	AGE: 45-64	1		1		
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS	SELF-PAY/INDIGENT	AGE: 25-44	1			1	
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS	COMMERCIAL	AGE: 45-64	1			1	
						MEDICAID	AGE: 25-44	1			1	

RECORD 007258
Trident_09118
0007296
Joint Exhibit 008-0207

Year	County	ZIP Code	Community	MDC	MDC Description
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS
2003	CHARLESTON	29429	AWENDAW	23	FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS
2003	CHARLESTON	29429	AWENDAW	25	HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS

Payer Class	Age Band	TOTAL	ROPER	BON SECOURS	CHARLESTON	OTHER
MEDICARE	AGE: 45-64	2	1		1	
MEDICARE	AGE: 65+	7			7	
SELF-PAY/INDIGENT	AGE: 45-64	2	2			
TOTAL FOR ZIP 29429		323	80	16	221	6

RECORD 007259
Trident_09119
Joint Exhibit 008-0208

Attachment 3
CY 2003 ORS Data
Excluding MDC 15 / 19 / 20

2003 Actual Non-Specialty Discharges

	Total	Roper	Bon Secours	Charleston	Other
ZIP 29429	323	80	16	221	6
0-14	26	23	0	3	0
15-44	91	24	6	60	1
45-64	95	18	7	65	5
65+	111	15	3	93	0
ZIP 29450	397	112	28	256	1
0-14	23	20	0	3	0
15-44	126	35	10	81	0
45-64	130	36	14	80	0
65+	118	21	4	92	1
ZIP 29451	332	71	11	244	6
0-14	11	7	0	3	1
15-44	52	10	5	36	1
45-64	104	25	4	73	2
65+	165	29	2	132	2
ZIP 29464	3719	808	201	2696	14
0-14	114	98	4	12	0
15-44	1218	275	107	829	7
45-64	829	206	55	564	4
65+	1558	229	35	1291	3
ZIP 29465	65	13	7	44	1
0-14	0	0	0	0	0
15-44	12	2	1	9	0
45-64	17	5	2	9	1
65+	36	6	4	26	0
ZIP 29466	1065	200	86	776	3
0-14	54	43	1	10	0
15-44	525	81	22	441	1
45-64	262	46	15	199	2
65+	224	29	10	185	0
ZIP 29482	136	36	3	96	1
0-14	7	5	0	2	0
15-44	24	7	0	17	0
45-64	48	12	2	33	1
65+	57	12	1	44	0
ZIP 29492	248	60	22	165	1
0-14	15	13	0	2	0
15-44	117	21	13	82	1
45-64	51	11	6	34	0
65+	65	15	3	47	0
Total	6285	1380	374	4498	33
0-14	250	209	5	35	1
15-44	2165	435	164	1555	11
45-64	1536	359	105	1057	15
65+	2334	356	62	1910	6

000798

Attachment 4

ROPER ST. FRANCIS HEALTHCARE

INCLUDING MOUNT PLEASANT

FORECASTED STATEMENT OF OPERATIONS

FOR THE YEARS ENDING DECEMBER 31,

	2009	2010	2011	2012	2013
REVENUE:					
INPATIENT REVENUE	975,862,213	1,080,867,175	1,188,541,205	1,292,907,826	1,406,110,785
OUTPATIENT REVENUE	739,387,933	828,457,968	918,251,976	1,007,132,251	1,104,606,230
GROSS PATIENT SERVICE REVENUE	1,715,350,145	1,909,325,143	2,106,793,181	2,300,040,078	2,510,717,014
CONTRACTUAL ALLOWANCES	1,124,355,245	1,271,220,808	1,423,806,461	1,576,907,825	1,745,092,269
PROVISION FOR BAD DEBT	79,440,726	87,507,718	95,955,410	104,521,707	113,760,403
PROVISION FOR CHARITY CARE	34,664,143	39,000,373	43,527,497	48,093,546	53,219,667
TOTAL REVENUE DEDUCTIONS	1,238,460,114	1,397,728,899	1,563,389,368	1,729,523,078	1,912,072,339
NET PATIENT SERVICE REVENUE	476,890,031	511,596,243	543,403,813	570,517,000	598,644,676
OTHER OPERATING REVENUE	6,523,179	6,615,961	6,683,796	6,716,992	6,751,890
TOTAL REVENUE	483,413,210	518,212,205	550,087,610	577,233,992	605,396,566
EXPENSES:					
LABOR EXPENSE	227,878,373	244,662,424	260,752,871	275,356,660	290,775,626
PURCHASED SERVICES	48,039,663	49,689,531	51,582,971	53,859,388	55,976,928
SUPPLIES	101,883,203	108,982,383	115,763,665	121,884,224	128,279,874
OTHER EXPENSE	31,376,578	32,339,028	33,582,890	34,850,501	36,152,778
DEPRECIATION	33,180,252	34,361,889	36,164,216	38,455,669	36,416,531
INTEREST	15,439,270	15,021,330	14,660,861	14,215,601	13,766,101
TOTAL EXPENSES	457,797,339	485,056,584	512,507,474	536,622,043	561,367,838
OPERATING INCOME	25,615,871	33,155,620	37,580,136	40,611,949	44,028,729
NONOPERATING GAINS	8,400,000	8,995,000	9,695,000	10,465,000	11,235,000
REVENUE OVER EXPENSES	34,015,871	42,150,620	47,275,136	51,076,949	55,263,729

000799

FINANCIAL ASSUMPTIONS – ROPER ST. FRANCIS HEALTHCARE – WITH MOUNT PLEASANT

I. GENERAL ASSUMPTIONS:

* This pro forma presentation (three-campus) includes a projection of the current Roper St. Francis Healthcare entities **and the incremental impact of the proposed Roper St. Francis Mount Pleasant Hospital** for the five years ending December 31, 2013. It represents the three-campus **aggregation of the two-campus pro forma** for Roper St. Francis Healthcare without Mount Pleasant, and **the incremental pro forma** for the proposed Roper St. Francis Mount Pleasant Hospital. The **incremental pro forma** for the proposed Roper St. Francis Mount Pleasant Hospital is the appropriate Mount Pleasant Hospital pro forma to aggregate with the two-campus Roper St. Francis Healthcare pro forma, in that the incremental pro forma gives effect to the impact of patient volume cannibalized from Roper St. Francis Healthcare by the proposed Mount pleasant Hospital, whereas the venue Mount Pleasant pro forma does not.

Attachment 5

ROPER ST. FRANCIS HEALTHCARE

WITHOUT MOUNT PLEASANT

FORECASTED STATEMENT OF OPERATIONS

FOR THE YEARS ENDING DECEMBER 31,

	2009	2010	2011	2012	2013
REVENUE:					
INPATIENT REVENUE	941,723,977	1,024,441,863	1,115,894,517	1,212,323,030	1,317,180,798
OUTPATIENT REVENUE	705,011,558	771,805,000	845,312,184	926,222,324	1,015,317,442
GROSS PATIENT SERVICE REVENUE	1,646,735,535	1,796,246,863	1,961,206,701	2,138,545,354	2,332,498,240
CONTRACTUAL ALLOWANCES	1,081,706,496	1,200,586,847	1,332,518,383	1,475,036,835	1,632,123,342
PROVISION FOR BAD DEBT	77,693,798	84,628,745	92,248,778	100,410,051	109,222,953
PROVISION FOR CHARITY CARE	33,360,465	36,851,886	40,761,354	45,025,146	49,833,510
TOTAL REVENUE DEDUCTIONS	1,192,760,759	1,322,067,478	1,465,528,515	1,620,472,032	1,791,179,805
NET PATIENT SERVICE REVENUE	453,974,776	474,179,385	495,678,186	518,073,322	541,318,435
OTHER OPERATING REVENUE	6,380,000	6,380,000	6,380,000	6,380,000	6,380,000
TOTAL REVENUE	460,354,776	480,559,385	502,058,186	524,453,322	547,698,435
EXPENSES:					
LABOR EXPENSE	217,248,197	228,598,816	240,573,541	252,980,304	266,060,080
PURCHASED SERVICES	46,183,291	47,582,071	49,278,084	50,868,486	52,725,985
SUPPLIES	98,003,167	102,754,310	107,816,003	113,009,799	118,475,977
OTHER EXPENSE	29,157,607	30,034,306	31,189,076	32,327,188	33,514,775
DEPRECIATION	26,222,252	27,403,889	29,206,216	29,497,669	29,458,531
INTEREST	10,036,270	9,658,330	9,337,861	8,932,601	8,523,101
TOTAL EXPENSES	426,850,784	446,031,722	467,400,781	487,716,047	508,758,449
OPERATING INCOME	33,503,992	34,527,663	34,657,405	36,737,275	38,939,986
NONOPERATING GAINS	8,400,000	8,995,000	9,695,000	10,465,000	11,235,000
REVENUE OVER EXPENSES	41,903,992	43,522,663	44,352,405	47,202,275	50,174,986

000801

FINANCIAL ASSUMPTIONS – ROPER ST. FRANCIS HEALTHCARE – WITHOUT MOUNT PLEASANT

I. GENERAL ASSUMPTIONS:

* This pro forma presentation reflects a projection of the current (two-campus) Roper St. Francis Healthcare entities for the five years ending December 31, 2013, **without the proposed Roper St. Francis Mount Pleasant Hospital.**

II. FINANCIAL ASSUMPTIONS:

* Inpatient gross revenue was projected on a financial class-specific basis, using Roper St. Francis Healthcare's recent history, trended forward to the pro forma time frame, assuming a 3 percent annual inflation rate.

* Outpatient gross revenue was projected on a financial class-specific basis, using Roper St. Francis Healthcare's recent relationship between gross inpatient revenue and gross outpatient revenue, such that overall outpatient gross revenue as a percentage of total gross revenue increases slightly over the pro forma time frame.

* Contractual allowances represent the difference between gross charges and actual expected reimbursement from Medicare, Medicaid, managed care, and other payors. Contractual allowances were forecast on a financial class-specific based on current reimbursement profiles at Roper St. Francis Healthcare, trended forward at approximately a 2.5 percent annual rate.

* Bad debts were forecasted based upon Roper St. Francis Healthcare's recent history.

* Charity was forecasted based upon Roper St. Francis Healthcare's recent history.

* Other operating revenue was projected based on Roper St. Francis Healthcare's recent history, trended forward by a 3 percent annual inflation factor.

* Labor expense was forecasted based upon the expected FTEs necessary to service the projected adjusted patient days, including both salaries and wages and fringe benefits. Salaries and wages were inflated at 4% annually. Fringe benefits were forecasted at 20% of gross salaries and wages.

* Purchased services include such items as professional fees, medical director fees, maintenance contracts, reference lab, security, and contracted services, and is based upon

Roper St. Francis Healthcare's recent history, trended forward to the pro forma time frame, using a 3% annual inflation rate. The bulk of this category is fixed expense.

* Supplies include such items as drugs, food, chargable supplies, non-chargable supplies, and implants. The bulk of this category is variable, which was projected based on Roper St. Francis Healthcare's recent history, trended forward to the pro forma time frame, using a 3% annual inflation rate.

* Other expense includes such items as utilities and travel and education expense, and is virtually all fixed expense. Utilities were projected based upon Roper St. Francis Healthcare's recent history, trended forward to the pro forma time frame, using a 4% annual inflation rate.

* Depreciation expense was projected based upon existing and expected plant, property, and equipment, using straight-line depreciation, and the following useful life assumptions: construction – blended 30 years; site work – 20 years; equipment – 7 years.

* Interest expense was forecasted based upon existing debt, and expected amortization.

Attachment 6

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL

FORECASTED STATEMENT OF OPERATIONS - INCREMENTAL

FOR THE YEARS ENDING DECEMBER 31,

	2009	2010	2011	2012	2013
PATIENT DAYS - INCREMENTAL	7,159	11,454	14,318	15,420	16,521
ADJUSTED PATIENT DAYS - INCREMENTAL	14,347	22,954	28,694	30,902	33,109
REVENUE:					
INPATIENT REVENUE	34,238,236	56,425,312	72,646,688	80,584,796	88,929,987
OUTPATIENT REVENUE	34,376,375	56,652,968	72,939,792	80,909,927	89,288,788
GROSS PATIENT SERVICE REVENUE	68,614,610	113,078,280	145,586,480	161,494,724	178,218,774
CONTRACTUAL ALLOWANCES	42,648,749	70,633,961	91,388,078	101,870,990	112,968,927
PROVISION FOR BAD DEBT	1,746,928	2,878,973	3,706,632	4,111,656	4,537,450
PROVISION FOR CHARITY CARE	1,303,678	2,148,487	2,766,143	3,068,400	3,386,157
TOTAL REVENUE DEDUCTIONS	45,699,355	75,661,421	97,860,853	109,051,046	120,892,534
NET PATIENT SERVICE REVENUE	22,915,255	37,416,858	47,725,627	52,443,678	57,326,241
OTHER OPERATING REVENUE	143,179	235,961	303,796	336,992	371,890
TOTAL REVENUE	23,058,434	37,652,820	48,029,424	52,780,670	57,698,131
EXPENSES:					
LABOR EXPENSE	10,630,176	16,063,608	20,179,330	22,376,356	24,715,546
PURCHASED SERVICES	1,856,372	2,107,460	2,304,887	2,890,902	3,250,943
SUPPLIES	3,880,036	6,228,073	7,947,662	8,874,425	9,803,897
OTHER EXPENSE	1,413,335	1,468,641	1,526,123	1,622,803	1,703,417
CORPORATE ADMINISTRATION	627,636	652,741	678,851	706,005	734,245
LEASE EXPENSE	178,000	183,340	188,840	194,505	200,341
DEPRECIATION	6,958,000	6,958,000	6,958,000	6,958,000	6,958,000
INTEREST	5,403,000	5,363,000	5,323,000	5,283,000	5,243,000
TOTAL EXPENSES	30,946,554	39,024,863	45,106,692	48,905,996	52,609,388
REVENUE OVER EXPENSES	-7,888,120	-1,372,043	2,922,731	3,874,674	5,088,743

000804

FINANCIAL ASSUMPTIONS - INCREMENTAL

I. GENERAL ASSUMPTIONS:

* Patient day projections provided by Richardson/Knapp & Associates. Projected patient days are presented on an incremental basis, in order to generate a pro forma that addresses the financial feasibility of the proposed project. Patient days expected at the proposed hospital venue less days cannibalized from St. Francis Hospital or Roper Hospital (that otherwise would have been captured by St. Francis or Roper but for the proposed project) equals incremental days arising from the proposed project, relative to the project not going forward:

	2009	2010	2011	2012	2013
Projected days at venue	10,083	16,133	20,166	21,718	23,269
Cannibalized days	2,924	4,679	5,848	6,298	6,748
Incremental days	7,159	11,454	14,318	15,420	16,521

* The outpatient layer of gross revenue is expected to to be slightly greater than the inpatient layer of gross revenue. This relationship gives rise to the following projected adjusted patient days:

	2009	2010	2011	2012	2013
Incremental adjusted days	14,347	22,954	28,694	30,902	33,109

* The proposed hospital is assumed to have 85 beds: 30 medical, 30 surgical, 10 ICU, and 15 OB. The service offerring will be non-tertiary/non-specialty, similar to the service mix at St. Francis Hospital.

* Construction on the facility was assumed to begin January, 2007 and be completed by December, 2008. Therefore, the first five years of operation are assumed to be 2009, 2010, 2011, 2012, and 2013.

II. FINANCIAL ASSUMPTIONS:

* Inpatient gross revenue was projected on a financial class-specific basis, using St. Francis Hospital's 2004 gross inpatient revenue per patient day (PPD), multiplied by projected financial class-specific patient days, trended forward to the pro forma time frame, assuming a 3 percent annual inflation rate.

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL

FORECASTED STATEMENT OF OPERATIONS - VENUE

FOR THE YEARS ENDING DECEMBER 31,

	2009	2010	2011	2012	2013
PATIENT DAYS - VENUE	10,083	16,133	20,166	21,718	23,269
ADJUSTED PATIENT DAYS - VENUE	20,207	32,331	40,413	43,524	46,632
REVENUE:					
INPATIENT REVENUE	48,222,867	79,472,270	102,319,279	113,499,713	125,253,503
OUTPATIENT REVENUE	48,417,429	79,792,913	102,732,101	113,957,644	125,758,856
GROSS PATIENT SERVICE REVENUE	96,640,296	159,265,183	205,051,381	227,457,357	251,012,358
CONTRACTUAL ALLOWANCES	60,088,661	99,484,452	128,715,603	143,480,268	159,111,165
PROVISION FOR BAD DEBT	2,460,462	4,054,892	5,220,608	5,791,064	6,390,775
PROVISION FOR CHARITY CARE	1,836,166	3,026,038	3,895,976	4,321,690	4,769,235
TOTAL REVENUE DEDUCTIONS	64,385,289	106,565,382	137,832,187	153,593,022	170,271,174
NET PATIENT SERVICE REVENUE	32,275,008	52,699,801	67,219,193	73,864,335	80,741,184
OTHER OPERATING REVENUE	201,660	332,340	427,882	474,637	523,789
TOTAL REVENUE	32,476,668	53,032,140	67,647,076	74,338,972	81,264,974
EXPENSES:					
LABOR EXPENSE	13,908,505	21,519,447	27,271,011	30,319,233	33,566,368
PURCHASED SERVICES	2,614,604	2,968,281	3,246,311	4,071,678	4,578,793
SUPPLIES	5,464,789	8,772,248	11,193,784	12,499,020	13,808,298
OTHER EXPENSE	1,463,447	1,520,256	1,579,267	1,692,648	1,782,469
CORPORATE ADMINISTRATION	627,636	652,741	678,851	706,005	734,245
LEASE EXPENSE	178,000	183,340	188,840	194,505	200,341
DEPRECIATION	6,958,000	6,958,000	6,958,000	6,958,000	6,958,000
INTEREST	5,403,000	5,363,000	5,323,000	5,283,000	5,243,000
TOTAL EXPENSES	36,617,981	47,937,313	56,439,084	61,724,089	66,871,513
REVENUE OVER EXPENSES	-4,141,313	5,094,827	11,207,992	12,614,883	14,393,461

000806

FINANCIAL ASSUMPTIONS - VENUE

I. GENERAL ASSUMPTIONS:

* Patient day projections provided by Richardson/Knapp & Associates. Projected patient days are presented on a venue basis, and represent patients receiving care at the proposed Mount Pleasant hospital, whether cannibalized from St. Francis Hospital or Roper Hospital, or incremental to the system. Patient days expected at the proposed hospital venue less days cannibalized from St. Francis Hospital or Roper Hospital (that otherwise would have been captured by St. Francis or Roper but for the proposed project) equals incremental days arising from the proposed project, relative to the project not going forward:

	2009	2010	2011	2012	2013
Projected days at venue	10,083	16,133	20,166	21,718	23,269
Cannibalized days	2,924	4,679	5,848	6,298	6,748
Incremental days	7,159	11,454	14,318	15,420	16,521

* The outpatient layer of gross revenue is expected to to be slightly greater than the inpatient layer of gross revenue. This relationship gives rise to the following projected adjusted patient days:

	2009	2010	2011	2012	2013
Venue adjusted days	20,207	32,331	40,413	43,524	46,632

* The proposed hospital is assumed to have 85 beds: 30 medical, 30 surgical, 10 ICU, and 15 OB. The service offerring will be non-tertiary/non-specialty, similar to the service mix at St. Francis Hospital.

* Construction on the facility was assumed to begin January, 2007 and be completed by December, 2008. Therefore, the first five years of operation are assumed to be 2009, 2010, 2011, 2012, and 2013.

II. FINANCIAL ASSUMPTIONS:

* Inpatient gross revenue was projected on a financial class-specific basis, using St. Francis Hospital's 2004 gross inpatient revenue per patient day (PPD), multiplied by projected financial class-specific patient days, trended forward to the pro forma time

frame, assuming a 3 percent annual inflation rate.

* Outpatient gross revenue was projected on a financial class-specific basis, using St. Francis Hospital's 2004 relationship between gross inpatient revenue and gross outpatient revenue, such that overall outpatient gross revenue slightly exceeded projected inpatient gross revenue.

* Contractual allowances represent the difference between gross charges and actual expected reimbursement from Medicare, Medicaid, managed care, and other payors. Contractual allowances were forecast on a financial class-specific based on current reimbursement profiles at St. Francis Hospital, trended forward at approximately a 2.5 percent annual rate.

* Bad debts were forecasted based upon St. Francis Hospital's 2004 ratio of 2.5 percent of gross patient service revenue.

* Charity was forecasted based upon St. Francis Hospital's 2004 ratio of 1.9 percent of gross patient service revenue.

* Other operating revenue was projected based on St. Francis Hospital's experience on a PPD basis, trended forward by a 3 percent annual inflation factor.

* Labor expense was forecasted based upon the expected incremental FTEs necessary to service the projected incremental adjusted patient days, including both salaries and wages and fringe benefits. Salaries and wages were inflated at 4% annually. Fringe benefits were forecasted at 20% of gross salaries and wages.

* Purchased services include such items as professional fees, medical director fees, maintenance contracts, reference lab, security, and contracted services. The bulk of this category is fixed expense.

* Supplies include such items as drugs, food, chargable supplies, non-chargable supplies, and implants. The bulk of this category is variable, which was projected based on St. Francis Hospital's 2004 variable cost per adjusted patient day of $217, trended forward to the pro forma time frame, using a 3% annual inflation rate.

* Other expense includes such items as utilities and travel and education expense, and is virtually all fixed expense. Utilities were projected based upon St. Francis Hospital's 2004 expense, adjusted by the difference between the square footage amounts for St. Francis Hospital and the proposed hospital, trended forward to the pro forma time frame, using a 4% annual inflation rate.

* Corporate Administration expense was projected based on the expected incremental increase in corporate support FTEs arising from the presence of the Mount Pleasant

hospital, relative to the absence of the proposed hospital.

* Lease expense relates to the proposed hospital leasing 6,966 square feet in the proposed medical office building, at an initial rate of approximately $25.50 per square foot. A three percent inflation rate was used for the pro forma time frame.

* Depreciation expense was projected based on the proposed project cost, using straight-line depreciation, and the following useful life assumptions: construction - blended 30 years; site work -- 20 years; equipment - 7 years. The following table summarizes the sources and uses of funds related to the proposed project:

Sources:	
Debt	$ 98,000,000
Equity	25,235,586
Total Sources	$123,235,586
Uses:	
Construction	$ 49,155,460
Site Work	3,957,824
Signage, etc.	740,000
Equipment	27,451,002
Furniture	2,616,000
Contingency	6,320,000
Architect/other fees	8,071,000
Land	16,024,300
Bond costs/cap interest	8,900,000
Total Uses	$123,235,586

* Interest expense was forecasted based upon the proposed bond issue of $98,000,000 at a 5.5% interest rate, assuming 30-year level debt service.

Attachment 7

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Acker	Duval B.	General	Mt. Pleasant	673
Anderson	Charles M.	General	Mt. Pleasant	706
Anderson	Sandra P.	General	Mt. Pleasant	707
Anderson	William S.	Physician	Mt. Pleasant	614
Andrews	Emily	General	Mt. Pleasant	680
Appleby	Thomas C.	Physician	Charleston	568/768
Bagg	Michael	Physician	Charleston	575
Baird	David R. W.	Physician	Mt. Pleasant	669
Baker	Brett M.	Physician	Charleston	Not yet numbered
Ball	Bruce D.	Physician	Mt. Pleasant	657
Barfield	Carlysle	Physician	Charleston	564
Barnard	David J.	General	Mt. Pleasant	674
Baron	Paul	Physician	Charleston	588
Beach	P. Kevin	Physician	Charleston	577
Bellil	Dalila F.	Physician	Mt. Pleasant	639
Bensen	Richard D.	Physician	North Charleston	536
Bethea	Amy	Physician	Charleston	574
Bianco	Joseph	Physician	Charleston	Not yet numbered
Bickerstaff, Jr.	Charles A.	Physician	Mt. Pleasant	620
Blakeley	Geary A.	General	McClellanville	748
Blue	Matt	Physician	Charleston	579
Bolton	Robert G.	General	Mt. Pleasant	681
Bonner	Walter M.	Physician	Charleston	519
Botelho	Tina M.	Physician	Mt. Pleasant	629
Bowles	Robert H.	Physician	Charleston	512
Brener	William	Physician	Charleston	602
Brenninkmeijer	Paul A.	General	Awendaw	740
Browder	Richard W.	Physician	North Charleston	535
Brown	Carolyn V.	General	Summerville	701

000810

RECORD 007272

Trident_09132

Joint Exhibit 008-0221

Attachment 7

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Buchanan	Mark G.	Physician	Charleston	598
Buckaloo	Jerrold M.	Physician	Mt. Pleasant	618
Bumgartner	James L	Physician	Charleston	769
Burley	Roy M.	General	Mt. Pleasant	689
Caire	Elsa	Physician	Charleston	523
Call	James H.	General	Mt. Pleasant	734
Carmody	Brian M.	General	Charleston	720
Carswell IV	James J.	Physician	Charleston	549
Carter	James A.	General	Mt. Pleasant	739
Carter, III	William C.	Physician	Charleston	566
Castellana	Alexis	General	Mt. Pleasant	729
Chally	Margaret Kristin	Physician	Charleston	509
Chassereau	Harold T. and Patricia M.	General	Mt. Pleasant	705
Christian	Elizabeth	Physician	Charleston	560
Cleary, III	Raymond E.	Elected Official	Charleston County	498
Cohn	Charles J.	Physician	Georgetown	592
Condren	Stacey	Physician	Charleston	563
Coyle	H. Pamela	Physician	Charleston	573
Creech	Ted	General	Charleston	759
Cuddy	Brian G.	Physician	Charleston	520
Daniel	Donna	General	Mt. Pleasant	714
Daniel	Stephen L.	Physician	Charleston	545
Davidson	Andrew E.	Physician	Mt. Pleasant	658
Davis	Lucy	Physician	Daniel Island	649
Dawson	Cynthia P.	General	Mt. Pleasant	678
Dawson Jr.	William T.	Physician	Charleston	550
Dechert	Joan	General	Mt. Pleasant	726
Dellinger	Darnell B.	General	Mt. Pleasant	755
Dickinson	Renee B.	General	Mt. Pleasant	709
DiNicola	Peter J.	General	Mt. Pleasant	700

Joint Exhibit 008-0222

RECORD 007273

000811

Trident_09133

Attachment 7
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Dooley	James L.	General	Mt. Pleasant	676/758
Duc	Thomas Jr.	Physician	Mt. Pleasant	526
Dudley	Constance T.	General	Mt. Pleasant	Not yet numbered
Duke	Tara F.	General	Mt. Pleasant	747
Dull	William M. and Margaret A.	General	Mt. Pleasant	728
Dutton-Triplett	Casey	Physician	Daniel Island	650
Duvall	Lance A.	Physician	Georgetown	595
Dwyer	Forrest and Jackie	General	Mt. Pleasant	713
Edgar	Lori	General	Charleston	627
Effiong	Charles	Physician	Charleston	670
Ellison	William B.	Physician	Charleston	555
Ellison	David	Physician	Charleston	606
Elvington	Robert	Physician	Charleston	537
Emovon	Egie	Physician	Charleston	671
Etikerentse	Temisan L.	Physician	Moncks Corner	644
Everman	David G.	Physician	Mt. Pleasant	648
Ezman	Lorianne	Physician	Mt. Pleasant	664
Fairey	Strait	Physician	Mt. Pleasant	663
Feingold	Steven	Physician	Charleston	770
Feller	Mitchell D.	Physician	Mt. Pleasant	634
Fenwick	Jerry	Physician	Charleston	506
Finch	Bertram C.	Physician	Charleston	597
Fitts	Casey	Physician	Charleston	590
Folk	Jeff	Physician	Mt. Pleasant	525
Ford	Robert	Elected Official	Charleston County	499
Foss	Stuart	General	Mt. Pleasant	688
Fraley	Margaret Ann	General	Mt. Pleasant	745
Frame	R. Michael	General	Mt. Pleasant	695
Franklin	Samuel	Physician	North Charleston	533
Funke	Thomas J.	General	Mt. Pleasant	718
Galante	George L.	General	Mt. Pleasant	727

000812

RECORD 007274
Trident_09134
Joint Exhibit 008-0223

Attachment 7
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Game	Daniel K.	Physician	Charleston	583
Gant	Rosetta	General	Huger	749
Geils, Jr.	George	Physician	Charleston	607
Geils, Sr.	George F.	Physician	Charleston	541/605
Germain	Marguerite	Physician	Mt. Pleasant	636
Golding	John N.	General	Mt. Pleasant	Not yet numbered
Gough	Catherine	Physician	Charleston	572
Grayson	J. Michael	Physician	Charleston	554
Grimes	Starla	General	Mt. Pleasant	710
Grooms	Larry K.	Elected Official	Berkeley County	497
Guild	Roy	General	Wando	750
Gurney	Bill	General	Mt. Pleasant	683
Hagerty	Richard C.	Physician	Mt. Pleasant	642
Hahn	Thomas	Physician	Mt. Pleasant	613
Hallett	John	Physician	Charleston	626
Hancock	Edith R.	General	Mt. Pleasant	719
Hargrove	Kathryn M.	Physician	Charleston	600
Harper	Frank E.	Physician	Mt. Pleasant	637
Harper, III	Thomas B.	Physician	Mt. Pleasant	659
Harrell Jr.	Robert W.	Elected Official	Charleston	772
Harvey	Tracy S.	Physician	Mt. Pleasant	641
Haskins	Curtis	Physician	Charleston	515
Hawk III	John C.	Physician	Charleston	587
Hayes	James M.	Physician	Charleston	543
Henry	Wesley D.	Physician	Charleston	580
Hensel	Jack	Physician	Mt. Pleasant	617
Herns	Suzanne L.	General	Mt. Pleasant	730
Hickman	Cary S.	Physician	Charleston	529
Hiott	JoAnn	Physician	Charleston	511
Holt	Carol	General	Charleston	697

000813

RECORD 007275
Trident_09135
Joint Exhibit 008-0224

Attachment 7
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Hughes	Judith	General	Georgetown	593
Hughes	Frances Beth	Physician	Charleston	516
Humes	Loretta	General	Mt. Pleasant	715
Inman	John	Physician	Mt. Pleasant	640
Iwegbue	Kwame	Physician	Moncks Corner	645
Jackson	Ellen	General	Daniel Island	679
Jackson	Allen	Physician	North Charleston	651
Jefferson	Joe	Elected Official	Berkeley County	502
Jenkins	J.M.	Physician	Charleston	504
Joye	Todd	Physician	Mt. Pleasant	524
Kaplan	Raymond S.	Physician	Charleston	603
Keefe	Jerry	Physician	Charleston	635
Kelly	B.J.	General	Mt. Pleasant	756
Kelly	Pat	Physician	Charleston	508
Keogh	George P.	Physician	Charleston	559
Khoury	George H.	Physician	Charleston	521
Kingsley	S. Thomas	General	Mt. Pleasant	742
Kinney	Laura Lee	Physician	Charleston	542
Kitchens	Allston A.	Physician	Charleston	585
Klauber	Carol	Physician	Charleston	532
Knepper	John	Physician	Mt. Pleasant	615
Laird	Jason M.	Physician	Mt. Pleasant	611
Lawless	Benjamin	Physician	Georgetown	596
LeVeen	Eric G.	Physician	Charleston	540
Lindsey	K. Allen	General	Mt. Pleasant	675
Lowery	Robert B.W.	Physician	Charleston	518
Lucas, Jr.	David G.	Physician	Charleston	591
Magera	Barbara E.	Physician	Mt. Pleasant	628
Marino	John R.	Physician	Mt. Pleasant	621
Marshall	Alexander	Physician	Charleston	513
McAdams	Doug	Physician	Charleston	539

RECORD 007276
Trident_09136
000814
Joint Exhibit 008-0225

Attachment 7

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
McConnell	Glenn F.	Elected Official	Charleston County	496/624
McCrosson	John	Physician	Charleston	538
McCurdy	Lorrie	General	Mt. Pleasant	746
McFadden, II	John A.	Physician	Mt. Pleasant	646
McLaughlin	Mark G.	Physician	Mt. Pleasant	660
McPherson	Samuel L.	General	Mt. Pleasant	743
Melton	James	Physician	Charleston	571
Mendenhall	Julie	General	Huger	704
Miller	Vida O.	Elected Official	Charleston County	503
Mills	Richard E.	Physician	Mt. Pleasant	631
Mitchell	John	Physician	Charleston	551
Mittelbronn	Michele A.	Physician	Mt. Pleasant	622
Moe	Christopher	Physician	Charleston	510
Morris	James J.	Physician	Charleston	623
Morrison	Edward C.	Physician	Charleston	567/767
Morrow	David L.	Physician	Charleston	517
Moye	Matthew O.	General	Mt. Pleasant	753
Murray	Mary Cyril	General	Mt. Pleasant	741
Narang	Ramesh	Physician	Mt. Pleasant	638
Nawabi	M. Daud	Physician	Mt. Pleasant	619
Noone	Michael	Physician	Charleston	604
Nussbaum	Alan I.	Physician	Charleston	565/667
O'Dell	Robert F.	Physician	Mt. Pleasant	632
Orcutt	James	Physician	Charleston	558
Pacult	Artur	Physician	Charleston	773
Paraschos	Theodore K.	Physician	Charleston	Not yet numbered
Parnell	James L. and Nell C.	General	Mt. Pleasant	760
Perry	Joan	General	Charleston	702
Peterseim	David S.	Physician	Charleston	654
Pillai	R. Bhanu V.	Physician	Charleston	561

RECORD 007277
000815
Trident_09137
Joint Exhibit 008-0226

Attachment 7

ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Pillai	Ranjini	Physician	Mt. Pleasant	612
Pinckney	Roberta H.	General	McClellanville	Not yet numbered
Porcher	Robert and Marilyn	General	Wando	752
Pride	Eric T.	Physician	North Charleston	534
Pugh	Kim B.	Physician	Charleston	562
Ramsay	Alexander W.	Physician	Charleston	547
Ramsey	Michael	Physician	Charleston	578
Rand	John	Physician	Charleston	570
Randle	Kyle D.	General	Mt. Pleasant	751
Reeves	Bozman R.	Physician	Charleston	556
Renk	Geoffrey	Physician	Charleston	505
Reynolds	David L.	General	Mt. Pleasant	687
Ricciardone	Elizabeth	General	Mt. Pleasant	672
Ricciardone	Michael	General	Mt. Pleasant	686
Rieder	Jeffrey S.	Physician	Charleston	553
Riley	Amy	General	Mt. Pleasant	Not yet numbered
Roane	Georgia	Physician	Charleston	586
Robarbs	Jay B.	Physician	Charleston	582
Rodelsperger	Ed	Physician	Charleston	507
Rojugboken	Edward	Physician	Goose Creek	643
Rowe	John	Physician	Mt. Pleasant	661
Rowe	J.R.	Physician	Mt. Pleasant	662
Rustin	Dowse	Physician	Charleston	530
Rustin	Rudolph B.	Physician	Charleston	576
Sanders	Donald R.	General	Mt. Pleasant	691
Scarborough	Wallace B.	Elected Official	Charleston County	500
Scott	Harry and Sandy	General	Mt. Pleasant	724
Scott	Graham C.	Physician	Charleston	552
Shapiro	Stephen D.	Physician	Charleston	584
Shealy	Gerald J.	Physician	Mt. Pleasant	647
Shelley	Genny	General	Mt. Pleasant	738/774

000816

RECORD 007278

Trident_09138

Joint Exhibit 008-0227

Attachment 7
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Shoemaker	William H.	Physician	Charleston	514
Siegrist	Phil	General	Mt. Pleasant	708
Siegrist Jr.	Philip	General	Mt. Pleasant	723
Simmons	Jack	Physician	Charleston	522
Skinner	David J.	Physician	Charleston	581
Smith	J. Scott	Physician	Charleston	608
Smith	Robert H.	Physician	Charleston	569
Snyder	William H., III	Physician	Charleston	528
Sommer-Kresse	Sue	General	Charleston	757
Spandorfer	Michael	Physician	Charleston	557
Spicer	Galin J.	Physician	Charleston	625
Spratt	John A.	Physician	Charleston	655
Sprinkle	Ralph S.	Physician	Georgetown	594
Stelling	James M.	General	Mt. Pleasant	725
Stevens	Ruth F.	General	Mt. Pleasant	731
Stites	H. William	Physician	Charleston	609
Stone	Stephen Preston	General	Mt. Pleasant	544/Not yet numbered
Story	Diane	General	Mt. Pleasant	684
Sullivan	John D.	General	Mt. Pleasant	721
Sullivan	Jane Marie	General	Mt. Pleasant	722
Tant	Thomas and Corrine	General	Mt. Pleasant	717
Taylor	Steven and Julie	General	Mt. Pleasant	732
Thomas	Lucille	Physician	Daniel Island	653
Thomas	Karen W.	Physician	Mt. Pleasant	630
Thomas, Jr.	Brantley D.	General	Wando	685
Thomas, Jr.	Joseph D.	Physician	Mt. Pleasant	665
Thompson	David B.	General	Mt. Pleasant	735/737
Timmons	Rebecca A.	General	Mt. Pleasant	712

RECORD 007279
Trident_09139
000817
Joint Exhibit 008-0228

Attachment 7
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL
APPLICATION SUPPORT LETTERS

LAST NAME	FIRST NAME	TYPE	CITY	BATES PAGE
Townsend, Sr.	Robert S.	General	Mt. Pleasant	703
Trotman	Vera	General	North Charleston	682
Umphlett, Jr.	C. David	Elected Official	Berkeley County	501
Vial	Wayne C.	Physician	Charleston	548
Visconti	Chrystal	General	Mt. Pleasant	733
Vories	Michael W.	General	Mt. Pleasant	696
Walker	Sherri C.	General	Mt. Pleasant	716
Wall	Robert Jr.	Physician	Charleston	527
Ward	Sophia E.	General	Charleston	699
Warren	Frederick T.	Physician	Charleston	546
Weiss	Galen	Physician	Charleston	531
West	Henry C.	Physician	Mt. Pleasant	666
Williams	Heidi	Physician	Mt. Pleasant	616
Wilson	Nancy	General	Mt. Pleasant	677
Wilson	Laura	General	Mt. Pleasant	690
Wilson	Stanley	Physician	Charleston	589
Wilson	Susie	Physician	Charleston	599
Wilson	Larry L.	Physician	Charleston	601
Wilson	William E.	Physician	Mt. Pleasant	633
Woods	Thomas	Physician	Mt. Pleasant	610
Worthington	W. Curtis	Physician	Charleston	656
Wyatt	Sonya M.	General	Mt. Pleasant	711
Yochim	Richard H.	General	Mt. Pleasant	692
Yochim	Kathleen M.	General	Mt. Pleasant	693
Yochim	William A.	General	Mt. Pleasant	694

000818

RECORD 007280
Trident_09140
Joint Exhibit 008-0229

June 10, 2005

Mr. David L. Dunlap, CEO
Roper St. Francis Healthcare
69 Barre Street
Charleston, SC 29401

Dear Mr. Dunlap:

I have been informed that you are considering a new hospital campus in Mt. Pleasant. As a resident of Mount Pleasant, it would be great to have a choice for the many different medical needs for my family of four.

Currently, our only choice in Mt. Pleasant for more complex medical needs is East Cooper Hospital – a for profit Healthcare System.

It would be great to have a non-profit culture East of the Cooper. Currently, we have a number of Mt. Pleasant residents who have their babies delivered at your St. Francis campus West of the Ashley to the superior experience and infrastructure, and as you know, St. Francis is not at all convenient to Mt. Pleasant.

We welcome the addition of your new hospital campus.

Sincerely,

John N. Golding
1060 Groves Manor Court
Mt. Pleasant, SC 29464
(843) 971-7715

000819

ROPER ST. FRANCIS HEALTHCARE

January 26, 2006

Re: Construction of a new hospital by transferring 85 acute care beds from Roper Hospital to include a multi-slice Computed Tomography (CT) Scanner and a 1.5 T Magnetic Resonance Imaging (MRI) unit, for a total licensed capacity of 85 acute care beds at Roper St. Francis Mount Pleasant Hospital and 316 acute care beds and 39 rehabilitation beds at Roper Hospital
Roper St. Francis Mount Pleasant Hospital
Mt. Pleasant, South Carolina

Ms. Mary Fechtel
S.C. DHEC, Bureau of Health Facilities
1777 St. Julian Place Suite 201
Columbia, South Carolina 29204

Dear Ms. Fechtel:

As requested, enclosed are two copies of both the power point slides and related talking points presented to the project review committee at the January 18, 2006 meeting.

Should you need additional information, please contact me at (843) 965-8234.

Sincerely,

Shannon Cantwell

Ms. Shannon Cantwell
Regulatory Affairs Specialist
Roper St. Francis Healthcare
69 Barre Street
Charleston, SC 29401

Enclosures

RECEIVED
JAN 27 2006
HEALTH FACILITIES AND SERVICES DEVELOPMENT

001013

~~Roper Hospital~~ ~~Bon Secours St. Francis Hospital~~ ~~Roper Berkeley Day Hospital~~ ~~Roper Rehabilitation Hospital~~

Roper St. Francis Healthcare's request to transfer 85 licensed acute care beds to Mount Pleasant

Roper St. Francis Mount Pleasant Hospital
Project Review Committee Meeting
January 18, 2006

001014

ROPER ST FRANCIS HEALTHCARE

RECORD 007283
Trident_09339
Joint Exhibit 008-0232

MALDISTRIBUTION

OF ACUTE CARE BEDS

ROPER ST FRANCIS HEALTHCARE

001015

RECORD 007284
Trident_09340
Joint Exhibit 008-0233

MALDISTRIBUTION
OF SURGICAL SERVICES

LEGEND	OR's per 1000 pop.
WEST ASHLEY/JAMES & JOHNS ISLANDS	0.27
NORTH CHARLESTON	0.17
SUMMERVILLE	0.10
PENINSULA	2.02
MONCKS CORNER	0.09
EAST OF THE COOPER	0.09
(#) OPERATING ROOMS	

ROPER ST FRANCIS HEALTHCARE

001016

RECORD 007285

Trident_09341

Joint Exhibit 008-0234

MALDISTRIBUTION

OF EMERGENCY BAYS

ROPER ST FRANCIS HEALTHCARE

0001017

RECORD 007286
Trident_09342
Joint Exhibit 008-0235

William Alston
Mayor of Awendaw

"...I would like to share with you why my citizens need another hospital in East Cooper."

001018

ROPER ST FRANCIS HEALTHCARE

RECORD 007287

Trident_09343

Joint Exhibit 008-0236

TOWN OF AWENDAW

WILLIAM H. ALSTON-MAYOR
6971 Doar Road
Awendaw, SC 29429
Telephone (843) 928-3100
Felisha C. Woodberry-Clerk

COUNCIL MEMBERS
Jeffrey Coan, Sr.
Delores Cooper
Miriam C. Green
Bryan McNeal, Jr.

E-Mail: awendaw@tds.net

January 5, 2006

Members of the DHEC Project Review Committee, I am William Alston, Mayor of the Town of Awendaw, a community just north of Mount Pleasant, and I would like to share with you why my citizens need another hospital East of the Cooper.

From the Awendaw Town Hall to East Cooper Hospital is approximately 18 miles, for much of that distance you must travel through the most dense traffic in Mt. Pleasant. The new Roper St. Francis Hospital will be approximately 10 miles from our Town Hall in a much less congested area.

Quite frankly, for my citizens, the approval of this hospital could be the difference between life and death in an emergency.

Another hospital is the right decision for the East Cooper community. Thank you for your consideration.

W H Alston

Mayor William H. Alston

001019

Roper St. Francis Mount Pleasant Hospital

001020

ROPER ST. FRANCIS HEALTHCARE

RECORD 007289

Trident_09345

Joint Exhibit 008-0238



Project Objectives

1. Provide enhanced access to care for existing RSFH patients living East of the Cooper

2. Establish the necessary healthcare resources to respond to significant population growth

3. Provide a not-for-profit, community-based alternative

001021

ROPER ST FRANCIS HEALTHCARE

RECORD 007290

Trident_09346

Joint Exhibit 008-0239



Harry Hallman
Mayor of Mt. Pleasant

" My community continues to experience tremendous growth and I believe there is a demonstrated need for another hospital East of the Cooper."

001022

ROPER ST. FRANCIS HEALTHCARE

RECORD 007291

Trident_09347

Joint Exhibit 008-0240

Town of Mount Pleasant

Harry M. Hallman, Jr.
Mayor

November 9, 2005

To the Members of the DHEC Project Review Committee,

I am Harry M. Hallman, Jr., Mayor of the Town of Mount Pleasant and I personally support the proposed Roper St. Francis Mt. Pleasant Hospital for my town.

Mount Pleasant currently has 60,000 citizens and is the fourth largest municipality in South Carolina. My community continues to experience tremendous growth and I believe there is a demonstrated need for another hospital East of the Cooper. Two hospitals in Mount Pleasant will also provide our citizens the choice they deserve in their healthcare.

Roper St. Francis Healthcare has been the Lowcountry's anchor for medical care for 150 years. They have a proven track record of providing quality, affordable care. In their Certificate of Need application they have asked to transfer 85 beds from Roper Hospital in order to construct a third member hospital. I believe it is necessary that healthcare systems grow in correlation to a community's growth, and the relocation of hospital beds from downtown to the growing East Cooper community will better serve the changing population centers within Charleston County.

Thank you for your consideration of this important issue.

Sincerely yours,

Harry M. Hallman, Jr.
Mayor
TOWN OF MOUNT PLEASANT

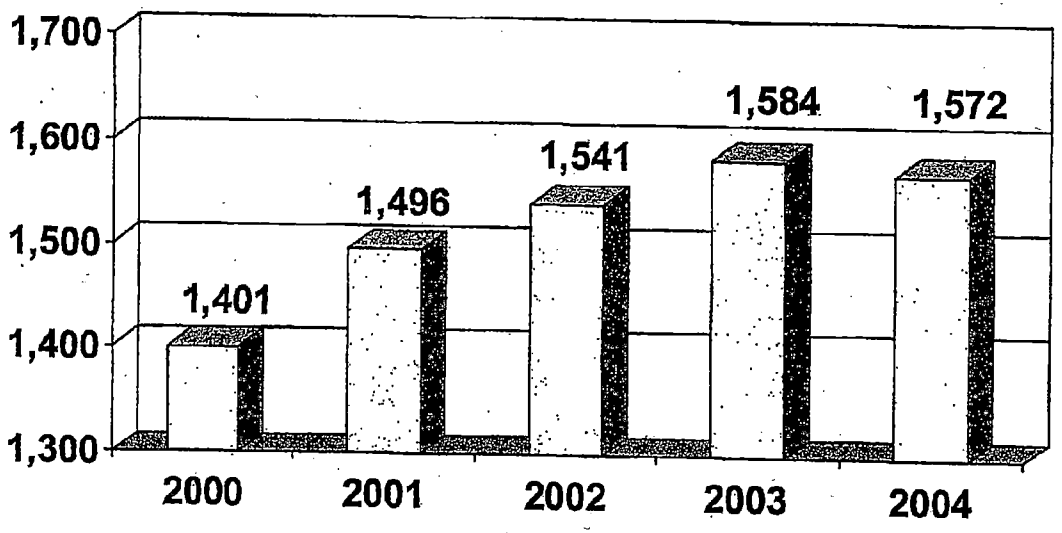
HMHjr/ba

001024

P.O. Box 745 • 100 Ann Edwards Lane • Mount Pleasant, SC 29465 • (843) 884-8517 • Fax (843) 856-2180



Objective 1: Enhance Access for RSFH Patients Living East of the Cooper



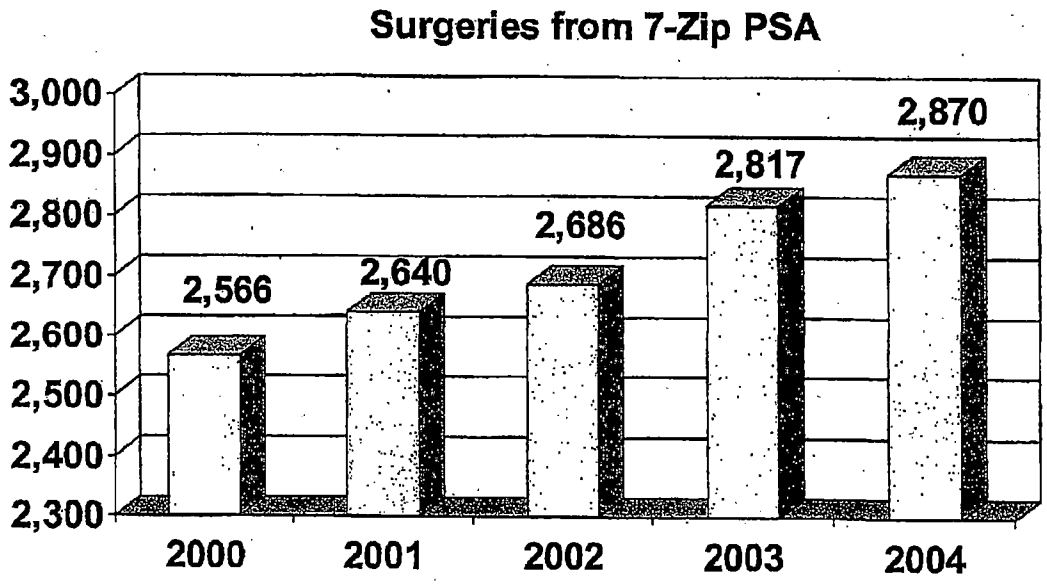
001024

ROPER ST FRANCIS HEALTHCARE

RECORD 007293
Trident_09349
Joint Exhibit 008-0242



Objective 1: Enhance Access for RSFH Patients Living East of the Cooper



001025

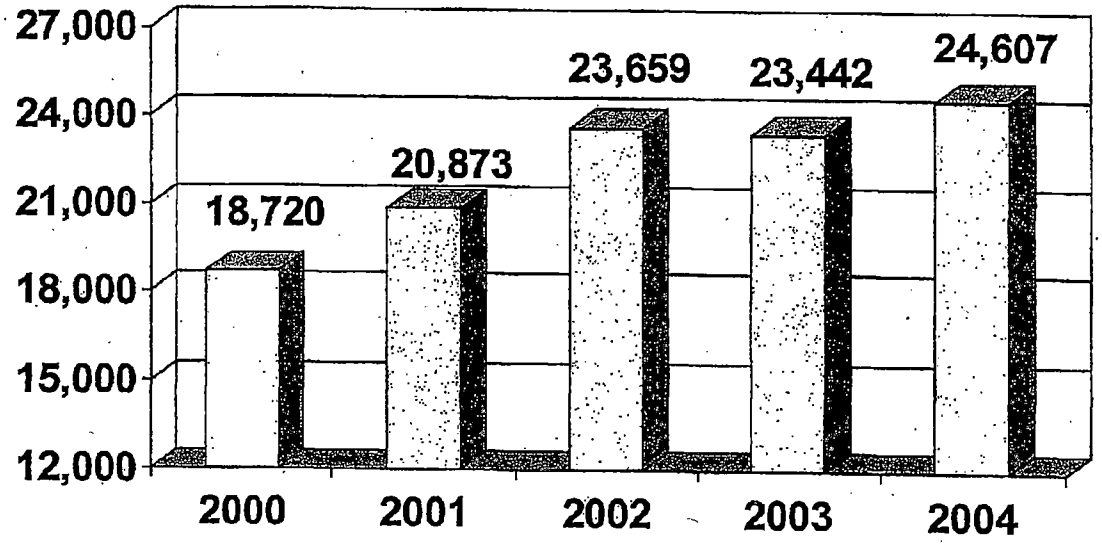
ROPER ST FRANCIS HEALTHCARE

RECORD 007294
Trident_09350
Joint Exhibit 008-0243



Objective 1: Enhance Access for RSFH Patients Living East of the Cooper

Outpatient and ED Volumes from 7-Zip PSA



001026

ROPER ST FRANCIS HEALTHCARE

RECORD 007295
Trident_09351
Joint Exhibit 008-0244



Brian Cuddy, M.D.
Charleston Neurosurgical Associates

"Currently, when my patients need surgery they must travel long distances. A new Mount Pleasant hospital would provide them access to the care they need closer to home."

001024

ROPER ST FRANCIS HEALTHCARE

RECORD 007296

Trident_09352

Joint Exhibit 008-0245

CHARLESTON NEUROSURGICAL ASSOCIATES, L.L.C.

STEPHEN E. RAWE, M.D., PH. D.
GEORGE H. KHOURY, M.D.
BRIAN G. CUDDY, M.D.
CINDY W. ANDERSON, R.N., A.N.P.

November 10, 2005

Good afternoon my name is Brian Cuddy and I am a Neurological Surgeon in Charleston County. I would like to thank Mr. Whiteside and the members of the DHEC Project Review Committee for the opportunity to express my support for a new Roper St. Francis Mount Pleasant Hospital.

My practice, Charleston Neurosurgical Associates, has offices in West Ashley, North Charleston and Mount Pleasant. In the past several years I have experienced first hand the growth of the East Cooper Community, with many of my patients increasingly coming from that area. Currently, when my patients need surgery they must travel long distances. A new Mount Pleasant Hospital would provide them access to the care they need closer to home.

Choice in where they receive their healthcare is also important to my patients. Roper St. Francis has a great reputation for providing high quality care. The complex spinal surgeries we currently perform at St. Francis are a testament to the quality of care throughout the system. I know many of my patients would enjoy having the choice of a Roper St. Francis facility in Mount Pleasant.

I believe it is vital for patients to have timely access and choice in their healthcare. A Roper St. Francis Hospital will assist in serving the needs of the growing East Cooper community now and in the years to come.

Thank you.

Brian G. Cuddy

001028

9275 B MEDICAL PLAZA DRIVE
N. CHARLESTON, SC 29406
(843) 553-9300

2145 HENRY TECKLENBURG DR., SUITE 220
CHARLESTON, SC 29414
(843) 723-8823

1341 OLD GEORGETOWN RD., SUITE A
MT. PLEASANT, SC 29464
(843) 856-5722



Objective 2: Establish Necessary Resources to Respond to Significant Population Growth

Zip / Area	2004 Pop.	2009 Pop.	2004-09 Pop. Growth	2004-09 % Growth
29429 Awendaw	2,968	3,386	+418	+14.1%
29450 Huger	4,408	6,167	+1,759	+39.9%
29451 Isle of Palms	4,524	4,454	-70	-1.5%
29466 Mount Pleasant	18,810	25,640	+6,830	+36.3%
29464 Mount Pleasant	44,198	49,785	+5,587	+12.6%
29482 Sullivan's Island	1,844	1,765	-79	-4.3%
29492 Daniel Island	3,597	5,317	+1,720	+47.8%
Primary Service Area Total	**80,349**	**96,514**	**+16,165**	**+20.1%**
Total Charleston County	318,025	326,842	+8,817	+2.8%
Total Berkeley County	153,734	165,285	+11,551	+7.5%
Total State of SC	4,176,218	4,399,810	+223,598	+5.4%

001029

ROPER ST FRANCIS HEALTHCARE

RECORD 007298

Trident_09354

Joint Exhibit 008-0247

Linear Growth Pattern to the North

001030
RECORD 007299
Trident_09355
Joint Exhibit 008-0248

The Impact of Tourism

- 4.7 million visitors in 2004
- Visitors stayed an average of 3.8 nights
- 4,700,000 visitors times 3.8 nights (4.5 days) = 21,150,000 visitor days
- This equates to an average daily population increase of 57,945

Source: Charleston Metro Chamber of Commerce 2004 Visitor Inquiry Survey

001031

RECORD 007300

Trident_09356

Joint Exhibit 008-0249

HOW FAR

001038

ROPER ST FRANCIS HEALTHCARE

RECORD 007302
Trident_09358
Joint Exhibit 008-0251



Mark Richardson, Partner
Richardson / Knapp & Associates, Inc.

- 26 years of healthcare consulting experience
- Areas of expertise include: strategic business planning and strategic marketing
- Qualified as an expert witness in healthcare and ambulatory care planning, as well as healthcare finance

001034

ROPER ST FRANCIS HEALTHCARE

RECORD 007303

Trident_09359

Joint Exhibit 008-0252



Acute Care Beds Per 1,000 Population

Region	2004 Population	2004 Acute Care Beds	# Beds per 1,000 Pop.
I. (Upstate Area)	1,103,130	3,007	2.73
II (Midlands Area)	1,180,810	2,817	2.39
III (Pee Dee Area)	807,437	2,513	3.11
IV (Lowcountry Area)	**1,106,691**	**2,723**	**2.46**
South Carolina	**4,198,068**	**11,060**	**2.63**

001035

RECORD 007304
Trident_09360
Joint Exhibit 008-0253



Acute Care Beds Per 1,000 Population

City/Town	# Hospitals	2004 Population	Acute Care Beds	# Beds per 1,000 Pop.
City of Greer	2	20,416	116	5.68
City of Florence	2	30,883	622	20.14
Town of Summerville	1	34,241	94	2.75
City of Spartanburg	2	38,599	708	18.34
City of Greenville	**3**	**56,291**	**978**	**17.37**
Town of Mount Pleasant	**1**	**56,350**	**100**	**1.77**
City of Rock Hill	**1**	**57,902**	**268**	**4.63**
City of North Charleston	1	84,271	271	3.22

000084
000108

ROPER ST FRANCIS HEALTHCARE

RECORD 007305
Trident_09361
Joint Exhibit 008-0254



Certificate of Need Approval Scenarios

If DHEC Approves:	2009 PSA	2009 Acute Care Beds	# Beds per 1,000 Pop.	State Average # Beds (2.63)	Comparable Cities Average # Beds (7.92)
1) Both Projects	96,514	225	2.33	Below	Below
2) RSFH 85-bed Transfer	96,514	185	1.92	Below	Below
3) ECRMC 40-bed Addition	96,514	140	1.45	Below	Below
4) Neither Project	96,514	100	1.04	Below	Below

RECORD 007306
001037
Trident_09362
Joint Exhibit 008-0255



Service Demand Analysis

The following factors provide a high level of confidence in the volume forecasts:

- Area population growth - past and projected
- Conservative estimate - use rate held constant
- Demonstrated physician support

001038

ROPER ST FRANCIS HEALTHCARE

RECORD 007307

Trident_09363

Joint Exhibit 008-0256



Service Demand Analysis Conclusion

This project will reposition underutilized resources to an area with strong volume and population growth without resulting in an unnecessary duplication of services.

0001039

RECORD 007308
Trident_09364
Joint Exhibit 008-0257

Rick Knapp, Partner
Richardson / Knapp & Associates, Inc.

- 33 years healthcare consulting experience
- Area of expertise: financial business planning
- Has qualified as an expert witness in formal administrative hearings over 100 times

001040

ROPER ST FRANCIS HEALTHCARE

RECORD 007309

Trident_09365

Joint Exhibit 008-0258



Hospital Pro-formas

Two factors to note:

- Conservative volume projections translate into a conservative financial pro-forma
- Projected gross and net revenues based on existing charge and reimbursement profiles at RSFH versus market rates

001041

ROPER ST FRANCIS HEALTHCARE

RECORD 007310

Trident_09366

Joint Exhibit 008-0259

Net Income per Adjusted Discharge Comparison

001042

ROPER ST FRANCIS HEALTHCARE

RECORD 007311
Trident_09367
Joint Exhibit 008-0260



Objective 3: Provide a Not-For-Profit, Community-Based Alternative

An independent survey of 500 Mount Pleasant area residents showed that...

- 96% favor a choice of hospitals in Mt. Pleasant
- East Cooper residents rank RSFH the highest of all area hospitals for quality of care

RECORD 007312

Trident_09368

Joint Exhibit 008-0261

F. Strait Fairey, M.D.
East Cooper Family Practice

"Both residents and visitors to our area would be much safer and better served if there were hospitals on both ends."

001044

ROPER ST FRANCIS HEALTHCARE

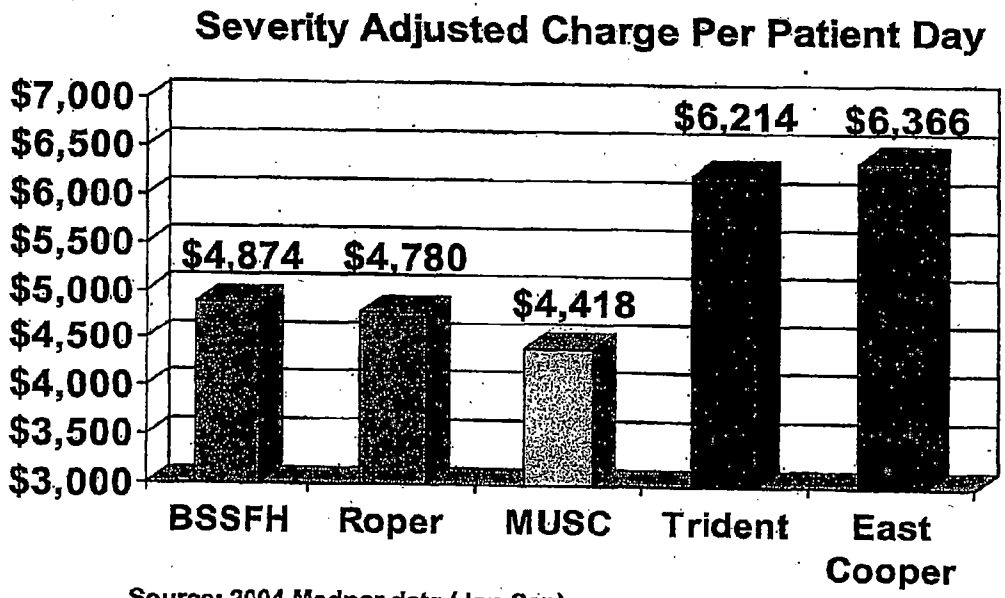
RECORD 007313

Trident_09369

Joint Exhibit 008-0262



Objective 3: Provide a Not-For-Profit, Community-Based Alternative



Source: 2004 Medpar data (Jan-Sep)

ROPER ST FRANCIS HEALTHCARE

001045

RECORD 007314

Trident_09370

Joint Exhibit 008-0263

The Roper St. Francis Mount Pleasant Hospital Will Achieve the Following CON Program Goals:

- Promotion of cost containment
- Establishment of health facilities and services to best serve public needs
- Assurance that high quality services are provided

001046

ROPER ST FRANCIS HEALTHCARE

RECORD 007315

Trident_09371

Joint Exhibit 008-0264



RSFH's Community Reinvestment- 2004 Outreach

Charity Care	$18,584,973
Taxes and Payments in Lieu of Taxes	$ 8,007,915
Advocacy & Direct In-Kind Services	$ 2,302,471
Community Outreach Programs	$ 198,590
Unreimbursed Care	$52,794,175
Total	**$81,888,124**

001047
RECORD 007316
Trident_09372
Joint Exhibit 008-0265



RSFH Community Reinvestment- Facilities, Technology and Equipment

Hospital	2002	2003	2004	YTD Nov. 2005
Roper St. Francis Healthcare	$18,936,481	$ 89,327,236	$ 3,287,000	$ 32,854,404
Cumulative $ Reinvested	**$18,936,481**	**$108,263,717**	**$111,550,717**	**$144,405,121**
East Cooper Hospital	$ 0	$ 0	$ 2,590,000	$ 0
Cumulative $ Reinvested	**$ 0**	**$ 0**	**$ 2,590,000**	**$ 2,590,000**
Trident Health System	$ 2,959,759	$ 24,767,098	$ 0	$ 2,834,610
Cumulative $ Reinvested	**$ 2,959,759**	**$ 27,726,857**	**$ 27,726,857**	**$ 30,561,467**
MUSC Medical Center	$7,797,515	$313,974,651	$ 12,334,951	$ 8,610,460
Cumulative $ Reinvested	**$7,797,515**	**$321,772,166**	**$334,107,117**	**$342,717,577**

Source: DHEC Certificate of Need Log
Note: All systems' separately licensed facilities were excluded

ROPER ST FRANCIS HEALTHCARE

RECORD 007317
001048
Trident_09373
Joint Exhibit 008-0266

Does Tenet have the ability
to be the sole provider of healthcare
for the growing area East of the Cooper
in the long run?

001049

ROPER ST FRANCIS HEALTHCARE

RECORD 007318

Trident_09374

Joint Exhibit 008-0267



RSFH Financial Profile- Credit Rating

- "A3, Stable" - Moody's Investor Services
- "A-, Stable" - Standard & Poor's
- Investment Grade

001050

RECORD 007319

Trident_09375

Joint Exhibit 008-0268



RSFH Financial Profile- Comparative Financial Metrics

	RSFH 2005*	2004 Moody's Median "A"
Operating Margin	5.1%	2.6%
Operating Cash Flow Margin	12.6%	9.5%
Days Cash on Hand	183	166
Debt to Cash Flow (x)	3.8	3.7

* Latest available metrics. Final review of year-end numbers in process

RECORD 007320
001051
Trident_09376
Joint Exhibit 008-0269

Tenet's New and Replacement Facilities

- New Facility in Rock Hill, SC - $137 Million
- New Facility in El Paso, TX - $135 Million
- Replacement Facility in Mt. Pleasant, SC - $156 Million
- California Seismic Requirements - $300 Million
- Reconstruct 5 Hospitals in New Orleans - Not estimated
- Repair 14 Hospitals in Florida Damaged by Hurricane Wilma - Not estimated

001052

ROPER ST FRANCIS HEALTHCARE

RECORD 007321

Trident_09377

Joint Exhibit 008-0270



Tenet's Access to Capital

Operating Cash Flow

Nine-Month Ended 9/30/05

($'s in Millions)

Operating Cash Flow	**$**	**164.0**
Debt Service		
Principal		**(25.0)**
Interest		**(305.0)**
Deficit	**$**	**(166.0)**

001053

ROPER ST FRANCIS HEALTHCARE

RECORD 007322

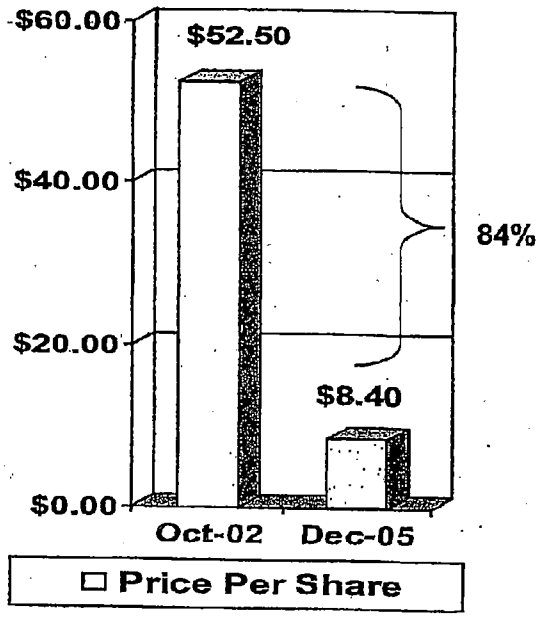
Trident_09378

Joint Exhibit 008-0271



Tenet's Access to Capital

Equity



Debt

- Non-investment grade credit rating:
  - "B" - Standard & Poor's
  - "B3" - Moody's
  - "B-" - Fitch
- Last two debt issuances:
  - January 2005:
    - Amount $800 Million
    - Coupon rate 9.25%
  - June 2004:
    - Amount $1 Billion
    - Coupon rate 9.875%

RECORD 007323
Trident_09379
001054
Joint Exhibit 008-0272



"We believe it is important for a reader to understand that (1) if our results of operations continue to deteriorate, and/or (2) if claims lawsuits, settlements or investigations are resolved in a materially adverse manner, there could be substantial doubt about our liquidity."

Tenet Form 10Q, 3rd Qtr 2005

001055

ROPER ST FRANCIS HEALTHCARE

RECORD 007324

Trident_09380

Joint Exhibit 008-0273



Known Factors

- Tourists will continue to visit, 57,945 visitors per day
- The community will continue to age as retirees move to the coast
- The population East of the Cooper is growing rapidly and moving to the north

"Will they have access to healthcare services?"

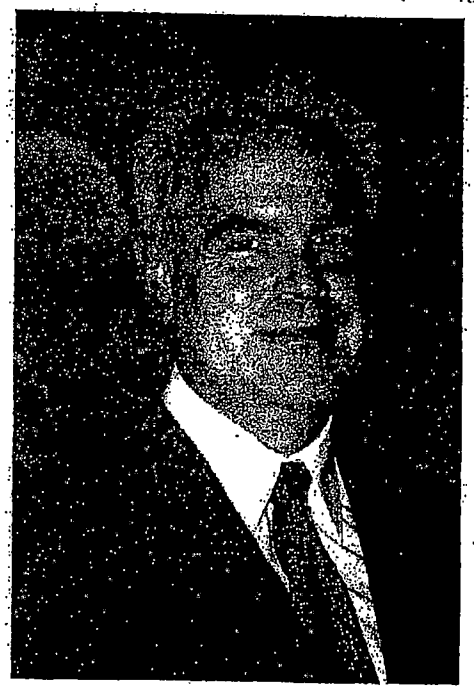
001056

RECORD 007325

Trident_09381

Joint Exhibit 008-0274





266 W. Coleman Boulevard, Suite 102 • Mt. Pleasant, SC 29464 • (843) 856-0544
www.theheadhunter.com

Mr. David L Dunlap
President and CEO
Roper St. Francis Healthcare
69 Barre St.
Charleston, SC 29401

Dear Mr. Dunlap,

I am aware that Roper St. Francis has applied to build a new facility in Mt. Pleasant. I write in support of expanded services and access to the excellent care my family has received from Roper and St. Francis associates physicians and caregivers.

I write wearing several hats; a 28 year resident, homeowner, business owner, parent, grandparent and an appointed member of the Mt. Pleasant Planning commission. I am actively involved in the community and am concerned that our community is growing at a pace that will compromise citizens' access to downtown medical facilities. Emergency vehicles need to be more accessible to a population which is migrating northward up Highways 17 and 41.

Additionally, our community deserves the access to the excellence in specialty care available through surgeons, radiologists, oncologists, etc. affiliated with Roper St. Francis.

While East Cooper Hospital has served this community well during the past two decades of exponential growth, the long-standing tradition of quality healthcare represented by Roper St. Francis would be a welcome addition to the Mount Pleasant Family.

I look forward to the progress of your application and your contribution to the fabric of our community.

Sincerely,

James L. Dooley

00105

ROPER ST FRANCIS HEALTHCARE

RECORD 007326
Trident_09382
Joint Exhibit 008-0275

Dear Mr. Dunlap,

We have seen many changes in the area since we retired to Mt. Pleasant eight years ago. The traffic, of course, is one of the first things one thinks of, but we are also just so much busier with interesting shops, movies, wonderful restaurants—the things that make a city thrive. Now that the word is out about this lovely area and its amenities, it is logical to feel that we will continue to expand.

With this kind of growth, all the services must be expanded and it seems logical to come out Hwy. 17 with a facility such as we have heard about, and which Roper wants to provide as a full service hospital.

Just last week I was a patient at Roper's downtown hospital for the first time. I had a renal arteriogram to determine if my kidney function was preventing the stabilization of my blood pressure. Dr. Skinner and his staff were so kind and encouraging to me knowing that I had never had that kind of procedure and made me feel confident that all would be well. Elizan prepared me for the test and what a competent and caring person she is. She was professional and kind, just what one hopes for when facing a new experience. I was taken upstairs to recover where I was carefully monitored and gently cared for.

My husband and I both can vouch for the care I had and would choose Roper again. How great to have it in the neighborhood caring for us and our daughter, son-in-law and two precious granddaughters who live just a few minutes from us. What a comfort to know such competent health care is nearby, not just for us but for the many young families who have chosen Hwy 17N for their home.

Sincerely,

John and Rosemary Turchi

Dr. and Mrs. John L. Turchi
3084 Linksland Rd.
Mt. Pleasant, S.C. 29466

October 7, 2005

00105

ROPER ST FRANCIS HEALTHCARE

46

RECORD 007327

Trident_09383

Joint Exhibit 008-0276



State Senator Glenn McConnell
President Pro Tempore

"As the population of South Carolina's coastal communities continue to see significant growth, it is important that core community services, including hospitals, be located where the residents live."

001059

RECORD 007328
Trident_09384
Joint Exhibit 008-0277

STATE OF SOUTH CAROLINA
THE SENATE
COLUMBIA

GLENN F. McCONNELL
PRESIDENT PRO TEMPORE

JOHN P. HAZZARD, V
CHIEF OF STAFF AND COUNSEL

P. O. BOX 142
COLUMBIA, SC 29202
TELEPHONE: (803) 212-6610

December 13, 2005

Members of the DHEC Project Review Committee:

I would like to thank you for allowing me the opportunity to express my full support for the proposed 85-bed Roper St. Francis Hospital in Mt. Pleasant.

As the population of South Carolina's coastal communities continue to see significant growth, it is important that core community services, including hospitals, be located where the residents live. Many of the people moving to our coastal areas are retirees in need of medical care. Currently, 36% of Charleston County's population is 45 years of age and older. This population segment will continue to grow, as will the need for additional medical services. This project will address that need. In addition, the creation of the Roper St. Francis Mount Pleasant Hospital will also generate skilled jobs that will benefit the entire community.

Roper St. Francis Healthcare has a long-standing reputation of providing high quality care to residents of the Lowcountry. The system is an excellent organization. I am certain it will continue to meet its high standards of quality care with the addition of this hospital.

Thank you for your careful consideration of this important project.

Sincerely,

Glenn F. McConnell

001060