THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Ralph King Anderson III, Administrative Law Judge

Appellate Case No. 2014-000973
Case No. 2012-ALJ-07-0090-CC

Grand Strand Regional Medical Center, LLC .....Respondent,

v.

South Carolina Department of Health and
Environmental Control.....Respondent below.

Case No. 2012-ALJ-07-0091-CC

Grand Strand Regional Medical Center, LLC .....Respondent,

v.

South Carolina Department of Health and
Environmental Control and Carolina Regional Cancer Center, LLC... Respondents below,

Of whom Carolina Regional Cancer Center, LLC is the.....Appellant.

RECORD ON APPEAL – VOLUME 9 OF 10

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Amber Carter
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Attorneys for Appellant Carolina Regional Cancer Center, LLC

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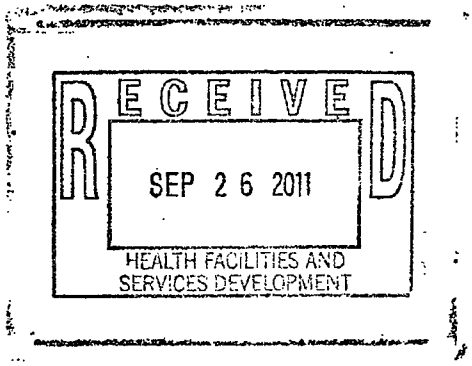
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Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Mary Lightfoot

0647

RECEIVED
SEP 27 2011
HEALTH FACILITIES AND
SERVICES DEVELOPMENT

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Genevieve S. Dewham

There is much need for this service at Grand Strand Reg., because of the large number of cancer patients in this area. As a cancer patient, I have had to undergo Radiation treatments twice, one series was administered in Florence - no facilities here for that form of Radiation.

0648

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

Certified Mail 91 7199 9991 7030 0505 8594 Rec'd 9-28

September 27, 2011

Doug White, CEO
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. White:

This is to notify you that the above referenced project has been determined to be complete for purposes of review by the Office of Certification of Need. Enclosed is an invoice for the required Certificate of Need application fee. It may be paid by a valid check made payable to the S.C. Department of Health and Environmental Control, or you may pay by credit card at www.scdhec.net by going to Online Services & Tools and selecting invoice payment and following those instructions. This is a secure website.

The Department will notify affected persons, which begins the review period, only after the appropriate application fee is paid and the project has been published in the next available state register. Should the application fee not be received within 15 days from receipt of the Department's invoice by the applicant, the Certificate of Need application will be considered withdrawn.

Should the application fee be received within 15 days, a proposed decision will be made by this Department no earlier than 30 days but no later than 120 days from the date of notification of affected persons unless a public hearing is held. In cases where a public hearing is conducted, the Department will render a proposed decision after the date of the public hearing, but no later than 150 days from the date of notification to affected persons.

In accordance with Section 304 of Regulation No. 61-15, Certification of Need for Health Facilities and Services, the following project review criteria are considered more important in the review of this application. These criteria are ranked according to their relative importance with the most important being listed first. All other relevant criteria will be given equal importance.

1. Compliance with the 2010-2011 South Carolina Health Plan

2. Community Need Documentation – 2a, 2b, 2c, 2e
Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f
Record of the Applicant – 13a, 13b

0649

3. Acceptability – 4a, 4b
   Distribution - 22
   Adverse Effects on Other Facilities – 23a

4. Financial Feasibility – 15
   Cost Containment – 16a, 16c
   Projected Revenues/Projected Expenses – 6a, 7

Any supplementary information relative to your application will be accepted until a proposed decision is made regarding this project by Department staff.

Should you require further information, please contact me at (803) 545-4200.

Sincerely,

Beverly Brandt

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosure: Invoice

cc: William R. Thomas, Esquire, Parker Poe
Donald Meyer, Esquire, Moore & Van Allen

D H E C

PROMOTE · PROTECT · PROSPER

South Carolina Department of Health and Environmental Control

INVOICE FOR SERVICES

Bureau of Financial Management / Sims/Aycock Building
2600 Bull St, Columbia, South Carolina 29201

Invoice No.

PC08653-8

Invoice To:
GRAND STRAND REGIONAL MEDICAL CENTER
ATTN: MR. DOUG WHITE, CEO
809 82ND PKWY
MYRTLE BEACH, SC 29572-

Ship To:
S.C. DHEC
Attention: Bureau of Financial Management
2600 Bull Street
Columbia, South Carolina 29201

Date:	Terms:	Department Name	Order Filled By:
9/27/2011	**DUE UPON RECEIPT**	Planning and Programs	CURRYDSM

Description of Services: GRAND STRAND REGIONAL MEDICAL CENTER-CON APPLICATION FOR CONSTRUCTION FOR THE ESTABLISHMENT OF A NEW RADIATION THERAPY SERVICE IN A CENTER ATTACHED TO THE MAIN HOSPITAL. CON APPLICATION FEE.

Qnty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	CON APPLICATION FEE.	400	402011	428015	4486701	0000000	$7,000.00	$7,000.00
							Total:	$7,000.00

Payment can be made by credit card by completing the below form or by visiting www.scdhec.com and clicking on Invoice Payment under the Quick Links.

Name as it appears on credit card _____ Telephone Number _____

Mailing Address _____

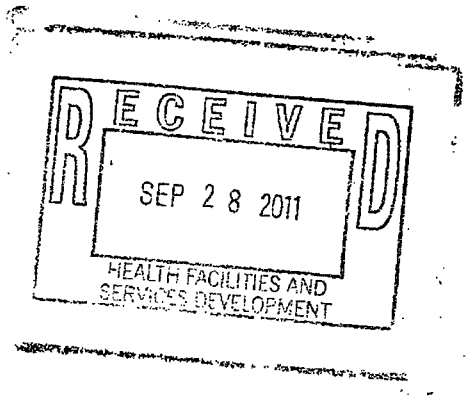
Master Card / Visa / Discover

Type of card (circle one) _____ Credit Card Number _____

Expiration Date _____ Signature _____

0651

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of: Bureau of Financial Management



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

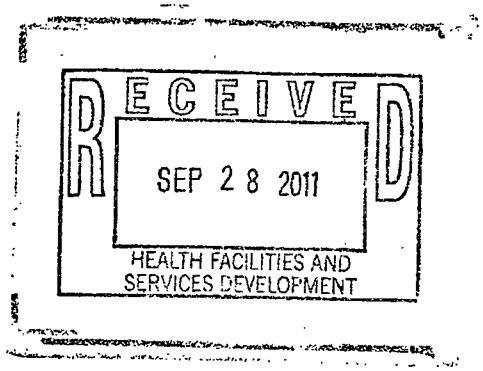
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely, Rosemarie A. & William J. Isoardi

0652



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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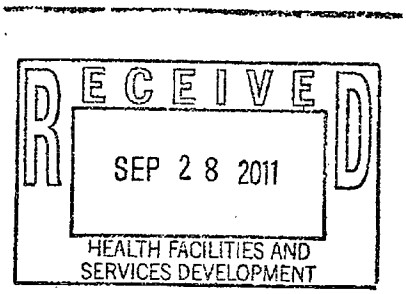
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Abby K. Cole
505 Brookshire Dr.
Myrtle Beach SC
29588

0653



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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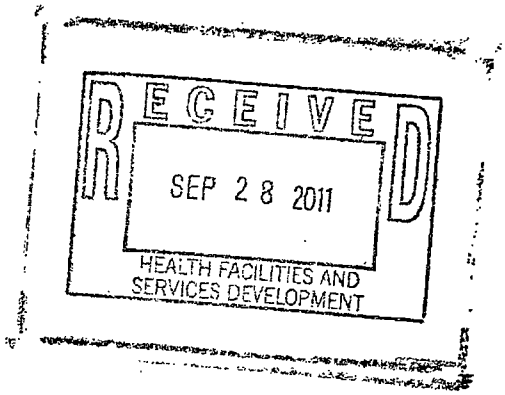
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Sincerely,

0654



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

I totally agree
Theresa Connelly

0655

Life is a gift. Live it *well.*®

Grand Strand
Regional Medical Center

September 21, 2011

Dear H2U Member:

Enclosed is a proposed letter of support for a certificate of need (CON) to be granted by the South Carolina Department of Health and Human Services (SC DHEC). This CON would permit Grand Strand Regional Medical Center to establish radiation therapy services on the hospital campus. Letters of support from leaders like you are a critical element of our application. If possible, please personalize your letter using your letterhead, and add pertinent supportive comments as you deem to be appropriate.

Please scan and email or fax your letter to Wendy Strickland at wendy.strickland@hcahealthcare.com or fax number: (843) 692-1109 if possible. We will then submit all of the support letters to SC DHEC. If you elect to mail your letter directly to SC DHEC, please send a copy to me as well.

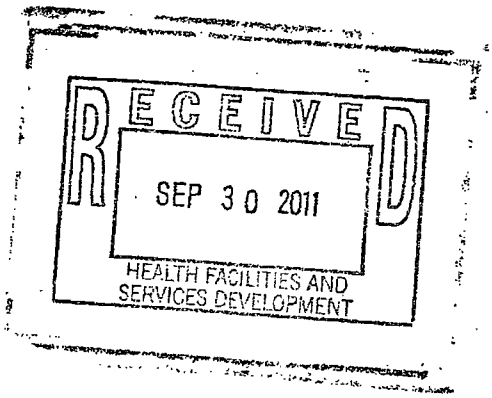
Thank you for your consideration of assisting us in this exciting addition of cancer care services in the community. Please contact me if I can assist you in any way.

Sincerely,

Doug White
Chief Executive Officer

0656

809 82nd Parkway Myrtle Beach, SC 29572 grandstrandmed.com Phone 843.692.1000



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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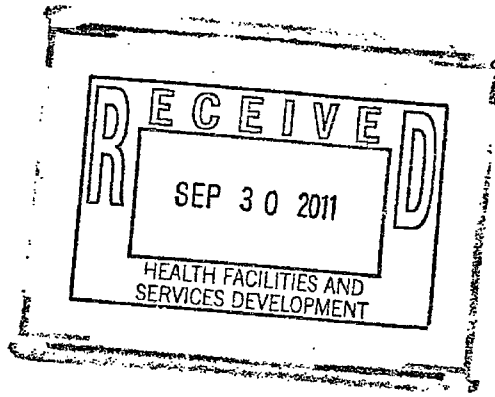
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Richard K. Phillips Jr.

0657



9-29-11

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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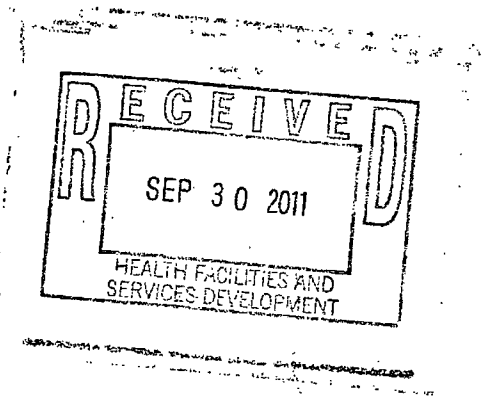
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Gertrude Shipman

0658



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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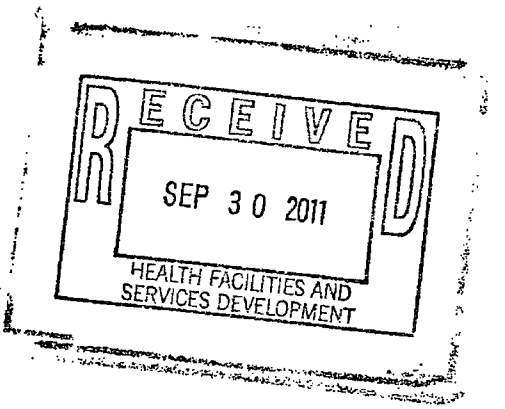
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Mrs. Jo Kudla

0659



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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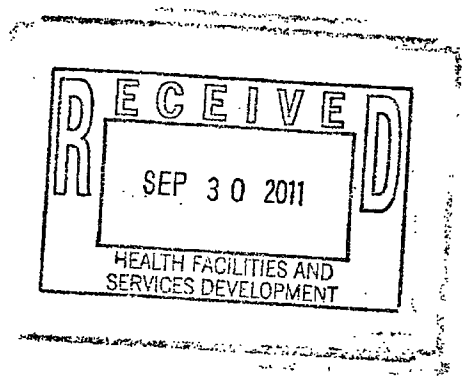
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Sincerely,

Marvel K Schoch

0660



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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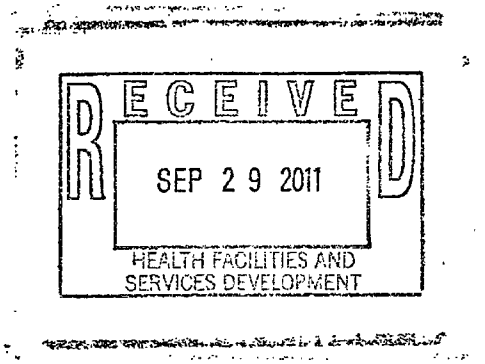
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely, Margaret V. Maxwell

0661



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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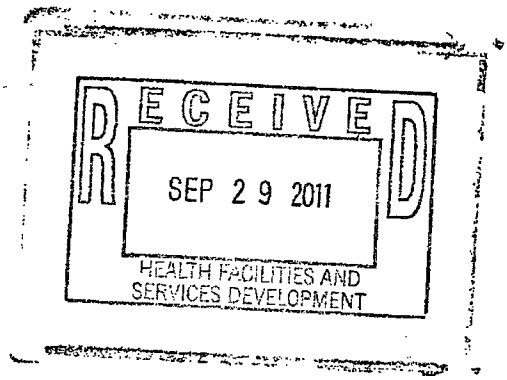
For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Patricia S. Foster

Patricia S Foster
1533 Landing Rd
Myrtle Beach SC 29577 5934

0662



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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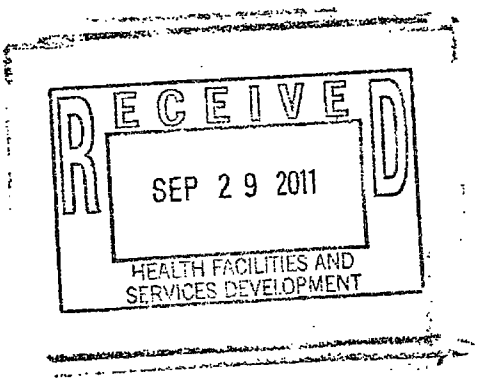
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Sincerely,

James T Foster

James T Foster
1533 Landing Rd
Myrtle Beach SC 29577 5934
(843) 626-3482

0663



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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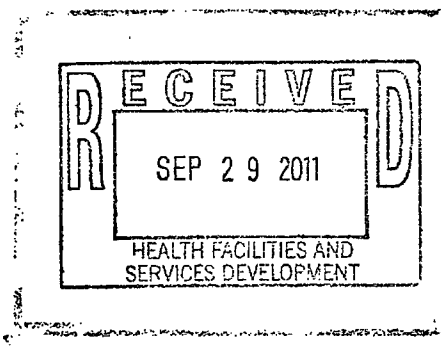
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Sincerely,

Lynn B Long

0664



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Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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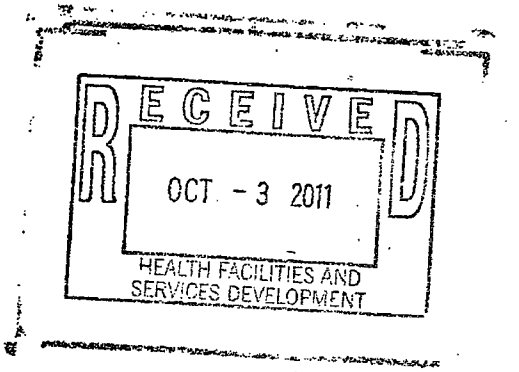
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Sincerely,

Amanda L Cade

0665



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Mary M Talman
September 30, 2011

Mary Talman
4683 Wild Iris Dr Apt 104
Myrtle Beach SC 29577-8731

0666



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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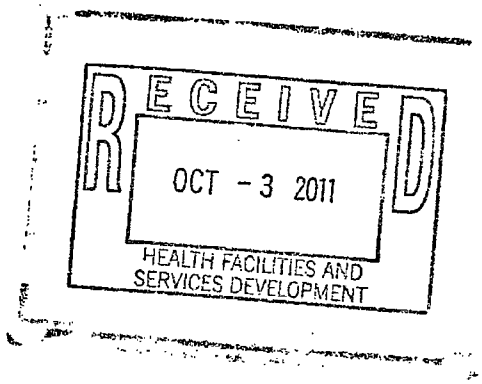
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Janice C. Givens

0667



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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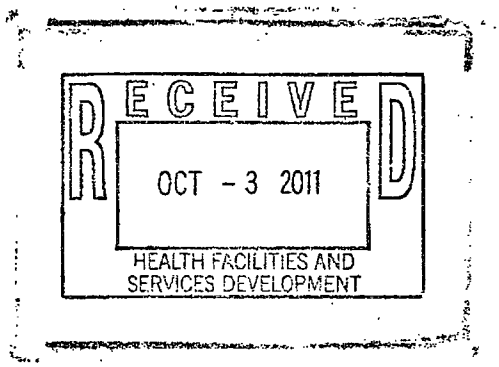
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Jean Stiggle

0668



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Louise Dilhaver 9-28-11

0669

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

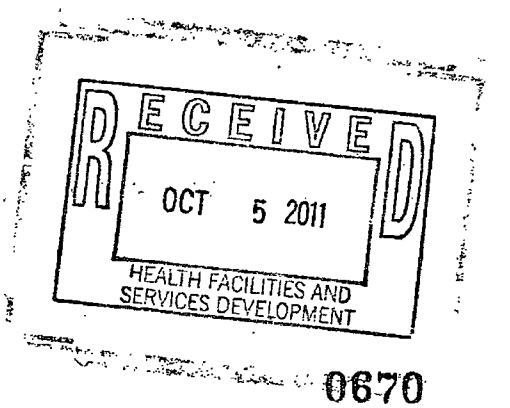
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Sincerely,



0670

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9171999991703005058594	First-Class Mail®	Delivered	September 28, 2011, 10:55 am	MYRTLE BEACH, SC 29572	Return Receipt Electronic
		Arrival at Unit	September 28, 2011, 7:38 am	MYRTLE BEACH, SC 29572	
		Electronic Shipping Info Received	September 28, 2011		
		Processed through Sort Facility	September 28, 2011, 12:30 am	FLORENCE, SC 29501	

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0671

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

Re: PC08653-8 Grand Strand $7000 app fee

1 message

Curry-Davis, Shekinah <currydsm@dhec.sc.gov> **Wed, Oct 5, 2011 at 3:42 PM**
To: "Brandt, Beverly" <brandtba@dhec.sc.gov>

Beverly,

This invoice was paid today.

Receipt #33116

Thanks,
Shekinah

On Wed, Oct 5, 2011 at 3:37 PM, Brandt, Beverly <brandtba@dhec.sc.gov> wrote:
Shekinah,
Please let me know if/when this is paid. Thanks.

Beverly

Shekinah Curry-Davis
SCDHEC-Health Regulation
Office: (803) 545-4200
Email: Currydsm@dhec.sc.gov

0672

rcvd 10/11/11 CSM

1110047

Parker Poe

Colleen C. Quillen
Paralegal
Telephone: 803.253.8921
Direct Fax: 803.255.8017
colleenquillen@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

copied 10/11/11 CSM

October 4, 2011

Via Facsimile 898.3816
Ms. Karla A. Mew, Director
Freedom of Information Office
SC DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Mew:

Please consider this letter our request pursuant to the Freedom of Information Act for copies of the referenced pages (underlined) in connection with each of the Certificate of Need applications identified below:

- **Carolina Regional Cancer Center, LLC-Conway**
  Purchase and installation of a linear accelerator for a new cancer treatment center to be established in an existing medical office building in Conway, South Carolina
  $5,107,612.78 - All pages following bates stamped page 564.

- **Carolina Regional Cancer Center, LLC-Murrells Inlet**
  Construction for the relocation and replacement of an existing linear accelerator from the existing location of Carolina Regional Cancer Center in Myrtle Beach to a new cancer treatment center to be construction in Murrells Inlet
  $7,993,972.08 - All pages following bates stamped page 482.

pulled 10/19/11 CSM

- **North Strand Radiation Oncology Center, LLC**
  Purchase and installation of a linear accelerator to be located within a newly constructed free-standing radiation therapy center
  $9,522,745 - All pages following bates stamped page 681.

- **Grand Strand Regional Medical Center**
  Construction for the establishment of a new radiation therapy service for the addition of a linear accelerator and CT Simulator
  $9,788,625. All pages following Exhibit C-9 of the intial CON application.

TO: CON 10/6/11 CSM

Please give me a call when the material is ready so that I may arrange for our courier to pick up the same. Of course, we agree to pay the Department's usual and customary fees for providing this information. Please call me if you have any questions. Thank you.

RECEIVED
OCT 06 2011
Freedom of Information Office

Sincerely,

Colleen C. Quillen

0673

(H)



Parker Poe

1201 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone: 803.255.8000
Fax: 803.255.8017
www.parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

Facsimile Transmission Cover Sheet

Category of Fax:

☐ Confidential ☐ Secret

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To:	Company:	Fax No.	Recipient's Phone No.
Karla A. Mew	**Freedom of Information**	**898.3816**	
Beverly Brandt	**DHEC CON**	**545.4579**	

From: **Colleen Quillen** Date: **October 4, 2011**

Client-Matter:

Re:

Comments:

Total number of pages including cover: **2** Transmitted by: _____

Time: _____

"Notice"

The information contained in this facsimile is privileged and/or confidential and is intended only for the use of the person to whom it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute or copy the materials attached hereto without the prior written consent of the sender. If you have received this facsimile in error, please notify the sender by collect telephone call and return the original facsimile to us at the above address by U.S. postal service and we will reimburse you for the required postage.
Thank you.

0674

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OCT 4 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

GRAND STRAND DERMATOLOGY

Robert S. Purvis, MD
Nathan P. Jones, MD
Christopher B. Skvarka, MD

3001 Newcastle Loop
Myrtle Beach, SC 29588-4502
Telephone: 843-215-1100
Fax: 843-215-1211

October 3, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Robert S. Purvis, M.D.

0675

Life is a gift. Live it *well.*®

RECEIVED
OCT 5 2011
HEALTH FACILITIES AND
SERVICES DEVELOPMENT

Grand Strand
Regional Medical Center

South Strand
Senior Health Center

October 3, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

Regarding the certificate of need application of the Grand Strand Regional Medical Center (GSRMC), I fully support the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would refer patients that might benefit from radiation therapy services to this proposed facility. It is my belief that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

The Grand Strand Regional Medical Center's proposed linear accelerator and CT simulator project has my full support. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your time and attention given this important matter.

Sincerely,

Matthew Arroyo, MD
Internal & Geriatric Medicine

EK:pz

0676

5046 Hwy. 17 Bypass, Suite 100 | Myrtle Beach, SC 29588 grandstrandmed.com | Phone 843.839.6162

Life is a gift. Live it *well.*®

Grand Strand
Regional Medical Center

South Strand
Senior Health Center

RECEIVED
OCT 5 2011
HEALTH FACILITIES AND
SERVICES DEVELOPMENT

October 3, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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Thank you for your time and attention given this important matter.

Sincerely,

Edin Karcic, MD
Internal & Geriatric Medicine

EK:pz

0677

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Coastal Podiatry Associates

Experienced foot care to keep you active

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HEALTH FACILITIES AND SERVICES DEVELOPMENT

Scott A. Hamilton, DPM
Joseph J. Menn, DPM
Scott A. Werter, DPM
Jordanna L. Baker, DPM

October 3, 2011

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Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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Thank you for your consideration.

Sincerely,

FACFAS

Dr. Joseph Menn

0678

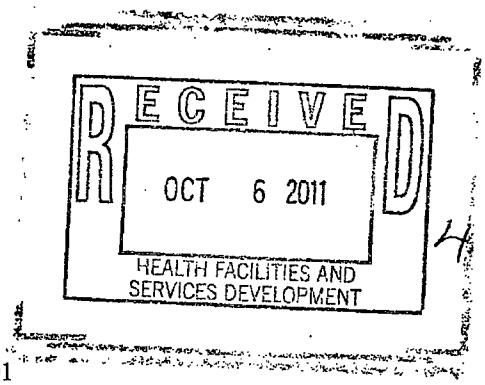
(843) 449-8079

166 Waccamaw
Medical Park Mall
Conway, SC 29526

8141 Rourk Street
Myrtle Beach, SC 29572
(Main Office)
Fax (843) 497-6147

1120 Glenns Bay Road
Suite 103
Surfside Beach, SC 29575

3361 Highway 9 East
Little River, SC 29566



4 OCT 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

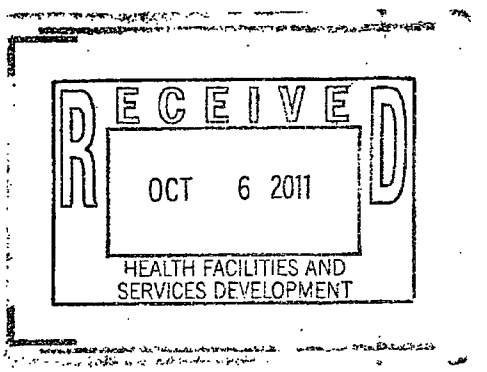
Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Marcelene L. Vogel
H2U Member

0679



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Carolyn Dennis
843-251-6238

0680

www.COASTALRECOVERYCENTER.com

1304-A Azalea Court | Myrtle Beach, SC 29577 | Tel: 843/449-6261 | Fax: 843/449-8171

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OCT 11 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

October 5, 2011

Ms. Beverly A. Brandt, Chief

Bureau of Health Facilities and Services

South Carolina DHEC

2600 Bull Street

Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from the radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support the Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

James F. Graham, Jr., M.D.

0681

"So if the Son sets you free, you will be free indeed." (John 8:36)

Executive Director
William P. Mobley

Board of Directors
J.O. Baldwin, Jr.
Ronald W. Dendy
Jon C. Howell
Neil W. Trask, III M.D.
B. Ed Shelley, Jr. M.D.
James F. Graham, Jr. M.D.

Medical Director
James F. Graham, Jr. M.D.

Terry A. Belden, MD
Board Certified Family Medicine

Affiliated Physician
MDVIP
PERSONALIZED HEALTHCARE

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OCT 12 2011
HEALTH FACILITIES AND
SERVICES DEVELOPMENT

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
SC DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt;

I support the certificate of need application of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT stimulator on its main campus in Horry County, South Carolina.

As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support GSRMC's proposed linear accelerator and CT simulator project. I urge DHEC to approve this application. If you have any questions, please do not hesitate to contact me. Your consideration in this matter is appreciated.

Sincerely,

Terry A. Belden, MD

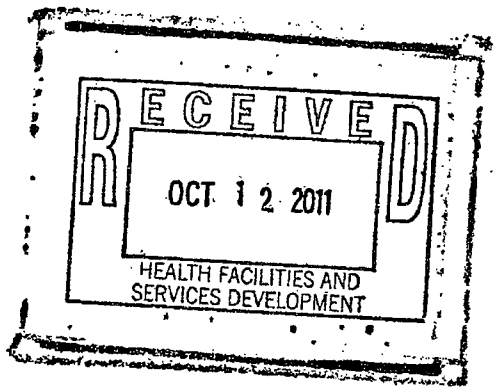
TAB/cbh

0682

Myrtle Beach Family Medicine, PA
831 82nd Parkway, Myrtle Beach, SC 29572 • Phone 843.839.1684 • Fax 843.449.2333
www.TerryBeldenMD.com • DrBelden@mdvip.com

Exceptional Doctors. Exceptional Care. Exceptional Results.

Mr. Nicholas G. Lecakes
9641 Scallop Ct.
Myrtle Beach, SC 29572-5531



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

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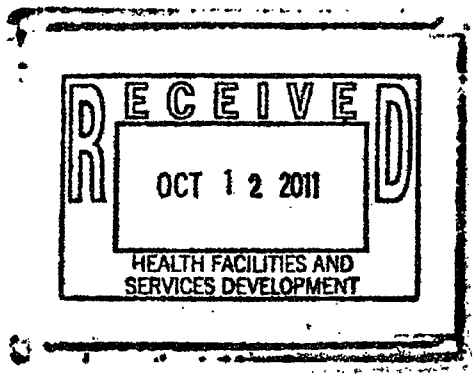
Sincerely,

Nicholas G. Lecakes

0683

The McCrackins
305 South Lake Trail
Myrtle Beach, SC 29572

October 5, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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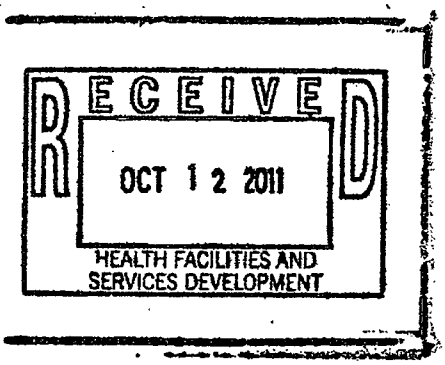
Sincerely,

Johann M. McCrackin

0684

The McCrackins
305 South Lake Trail
Myrtle Beach, SC 29572

October 5, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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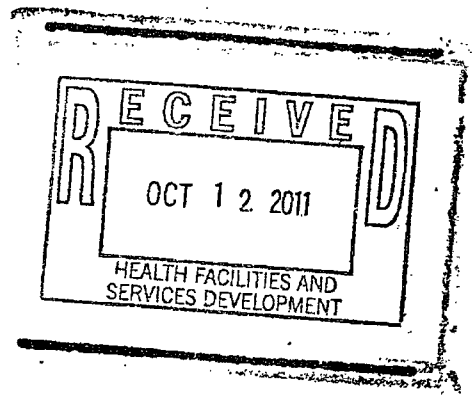
For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

E. Windell McCrackin

E. Windell McCrackin

0685



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

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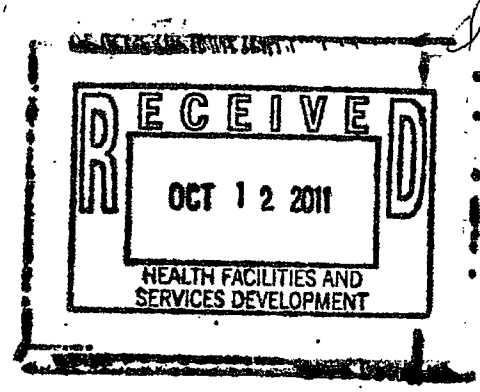
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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely, Robert E Thompson

0686

October 10, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Ruth P. Shumaker
8500 Margate Cir. #2808
Myrtle Beach, S.C. 29572

P.S. I am a cancer survivor & Grand Stra did my surgery. I support Grand Strand's request

0687

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

Memorandum

Date: October 12, 2011

To: Patricia Price, Regional Administrator, Carolina Regional Cancer Center
Doug White, CEO, Grand Strand Regional Medical Center
Arnold Green, President, Loris Health Services, Inc.
William Thomas, Esquire, Parker Poe
Wade Mullins, Bruner Powell
Don Meyer, Moore & Van Allen

From: Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Beverly Brandt

RE: Project Review Meeting for Certificate of Need projects proposing to add a linear accelerator /radiation therapy services to Horry County: Carolina Regional Cancer Center, LLC – Conway, North Strand Radiation Oncology Center, Grand Strand Regional Medical Center

The purpose of this memo is to inform you that the Department intends to conduct a Project Review Meeting regarding the aforementioned projects. This meeting will provide staff an opportunity to obtain input for the development of staff findings relative to this project. These findings will then be used for a Department Decision.

Please check your schedules for the week of November 14, 2011 and let me know by the close of business on October 25, 2011 with the dates that are most suitable. Please designate a primary contact person for your proposed project and provide me with the relevant information. Feel free to contact me at brandtba@dhec.sc.gov or (803) 545-4211 if you have any questions. Thank you.

0688

CARDIOLOGY / GASTROENTEROLOGY ASSOCIATES OF MYRTLE BEACH, P.A.
945 82ND PARKWAY, SUITE 3
MYRTLE BEACH, SC 29572
PHONE (843) 449-3381
FAX (843) 449-9721

CARDIOLOGY
NEIL W. TRASK, M.D., FACC, FACP
JOSEPH L. TRASK, M.D., FACC, FACP
MARK P. KARAVAN, M.D., FACC
JERRY E. WATSON, M.D., FACC, FSCAI
D. BOWEN TRULUCK, M.D., FACC
ANNE M. EVERMAN, M.D.
WILLIAM A. JACKSON, M.D. FACC
RANDALL N. GOODROE, M.D.
JIMMY L. KONTOS, M.D.
ROBERTA R. ALSWORTH, PA-C
CHRISTY HAWKINS, PA-C

GASTROENTEROLOGY
J. R. THOMPSON, M.D.
GARY A. VUKOV, M.D.
TIMOTHY J. CORNNELL, M.D.
ANDREW N. PEARSON, M.D.
MEGHAN MALONE, M.D.

OFFICE MANAGER
SHIRLEY PENDERGRASS

October 10, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt,

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community an my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

0689

Meghan Malone, MD

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OCT 14 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

CarolinaHealth
Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Mark Hanna, D.O.

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SERVICES DEVELOPMENT

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Thomas H. Myers
Patricia O Myers

0691

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HEALTH FACILITIES AND
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COASTAL EYE GROUP

COASTAL EYE GROUP, PC

October 13, 2011

FRANK K. SLOAN, JR., M.D.
Cataract/General Ophthalmology

R.E. DECHAMPLAIN, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

GAIL M. ROYAL, M.D.
Cataract/General Ophthalmology

JOHN R. HAZELTON, M.D.
Medical and Surgical Glaucoma

CHARLES J. DOERING, M.D.
Medical and Surgical Retina

JENNIFER H. MERRITT, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

CAROLE M. YOUNG, M.D.
Cataract/General Ophthalmology

CARL F. SLOAN, M.D.
Medical and Surgical Glaucoma

WALTER A. MAYO, OD
General Optometry

M.Lyn Denny, OD
General Optometry

GEORGETOWN
P.O. Box 2900
1200 Highmarket St., Suite 200
Georgetown, SC 29442
843.546.8421 • 800.768.8421
Fax 843.546.1173

MURRELLS INLET
P.O. Box 1919
4055 Hwy. 17 South
Murrells Inlet, SC 29576
843.652.3937 • 888.357.3937
Fax 843.652.3939

MYRTLE BEACH
401 79th Ave N.
Myrtle Beach, SC 29572
843.449-7115 • 800.682.0836
Fax 843.497.2960

LITTLE RIVER
4237 River Hills
Suite 100
Little River, SC 29566
843.280.8779 • 877.628.2020
Fax 843.280.6669

LAKE CITY
123 Epps. Street
Lake City, SC 29560
843.374.5487
Fax 843.374.7342

www.coastaleyegroup.com

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support the Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Carl F. Sloan, M.D.
Myrtle Beach Office

CFS/kr

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0692

COASTAL EYE GROUP

COASTAL EYE GROUP, PC

October 13, 2011

FRANK K. SLOAN, JR., M.D.
Cataract/General Ophthalmology

R.E. DECHAMPLAIN, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

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Cataract/General Ophthalmology

JOHN R. HAZELTON, M.D.
Medical and Surgical Glaucoma

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CARL F. SLOAN, M.D.
Medical and Surgical Glaucoma

LTER A. MAYO, OD
General Optometry

M.Lyn Denny, OD
General Optometry

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Fax 843.546.1173

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Lake City, SC 29560
843.374.5487
Fax 843.374.7342

www.coastaleyegroup.com

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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I fully support the Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

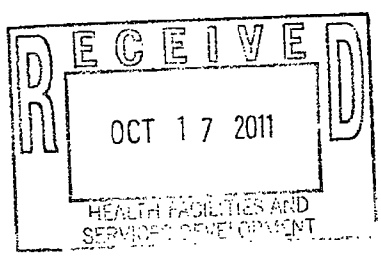
Thank you for your consideration.

Sincerely,

Gail M. Royal, M.D.
Myrtle Beach Office

GMR/kr

0693



NORTH MYRTLE BEACH FAMILY PRACTICE

86 CEDAR AVENUE
NORTH MYRTLE BEACH
SOUTH CAROLINA 29582
Phone 843-249-2451
Fax 843-249-4100

JOHN G. RAMSBOTTOM JR. MD DARRON MOLTER MD

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

0694

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HEALTH FACILITIES AND SERVICES DEVELOPMENT

NORTH MYRTLE BEACH FAMILY PRACTICE

86 CEDAR AVENUE
NORTH MYRTLE BEACH
SOUTH CAROLINA 29582
Phone 843-249-2451
Fax 843-249-4100

JOHN G. RAMSBOTTOM JR. MD DARRON MOLTER MD

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

0695

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STRAND ORTHOPAEDIC
CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, M.D.
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, M.D.
Orthopaedic Surgery
Total Joint Replacement
Sports Medicine

J. Clark Butler, M.D.
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

ıe B. Bauerle, M.D.
..opaedic Spine Surgery

Robert S. Leak, M.D.
Hand & Upper Extremity Surgery
Orthopaedic Surgery

James O. Merritt, IV, M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Alexander J. Pappas, M.D.
Foot and Ankle Surgery
Orthopaedic Surgery

Thomas J. Chambers, M.D.
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

David G. Everman, M.D.
Hand & Upper Extremity Surgery
Orthopaedic Surgery

...berly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

October 6, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, SC. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy service to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

David G. Everman, MD

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0696

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

CarolinaHealth
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Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Richard A Schmitt, M.D, FACEP

Richard Schmitt, M.D.

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HEALTH FACILITIES AND
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Committed to Patient Care and Community Service

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Myrtle Beach, SC 29577
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(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Jarratt Lark, M.D.

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OCT 18 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

COASTAL KIDNEY CENTER, P.A.

J. Jay Elms, M.D.
Siva Balachandran, M.D.

834 Farrar Dr.
Conway, SC 29526
(843) 347-9487
Fax (843) 347-9574

1151 44th Ave. N.
Myrtle Beach, SC 29577
(843) 497-7275
Fax (843) 497-7110

October 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Siva Balachandran, MD

SB/lct

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HEALTH FACILITIES AND SERVICES DEVELOPMENT

0699

COASTAL KIDNEY CENTER, P.A.

J. Jay Elms, M.D.
Siva Balachandran, M.D.

834 Farrar Dr.
Conway, SC 29526
(843) 347-9487
Fax (843) 347-9574

1151 44th Ave. N.
Myrtle Beach, SC 29577
(843) 497-7275
Fax (843) 497-7110

October 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

J. Jay Elms, MD

JJE/lct

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OCT 18 2011
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0700

[redacted] [redacted]

Nelson Mullins

Nelson Mullins Riley & Scarborough LLP
Attorneys and Counselors at Law
1320 Main Street / 17th Floor / Columbia, SC 29201
Tel: 803.799.2000 Fax: 803.256.7500
www.nelsonmullins.com

Daniel J. Westbrook
Tel: 803.255.9456
Fax: 803.255.5164
dan.westbrook@nelsonmullins.com

October 17, 2011

Beverly A. Brandt, Bureau Chief
Division of Planning and Certification of Need
Bureau of Health Facilities & Services Development
South Carolina Department of Health
& Environmental Control
1777 St. Julian Place, Suite 201
Columbia, SC 29204

RE: Grand Strand Regional Medical Center
CON application for new linear accelerator in Horry County, SC
Our File No. 05941/01519

Dear Ms. Brandt:

I am writing on behalf of Georgetown Hospital System to request that it be considered an "affected person" with regard to the above CON application being considered by DHEC based on its status as a person located within the service area in which the project is to be located and which provides similar services. If you have any questions regarding this request, please feel free to give me a call.

Very truly yours,

Daniel J. Westbrook

DJW:dmc
cc: Bruce P. Bailey
Rick Kaylor
David S. Levitt

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OCT 18 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

October 20, 2011

Daniel J. Westbrook
Nelson Mullins
1320 Main Street, 17th Floor
Columbia, SC 29201

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. Westbrook:

Thank you for your letter dated October 18, 2011 requesting that your client, Georgetown Hospital System, be considered as an "affected person" in regards to the above referenced applicable Certificate of Need Application based on its status as a person located within the service area in which the project is to be located and which provides similar services. We will provide you with notifications regarding these applications in accordance with 24A S.C. Code Ann. Regs. 61-15 §305.1, Certification of Need for Health Facilities and Services (Supp. 2010) and S.C. Code Ann. § 44-7-210(C) (2002 and Supp. 2010).

Should you have any questions, please contact me at (803) 545-4200.

Sincerely,

Beverly Brandt

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosure

cc: Doug White, CEO, Grand Strand Regional Medical Center
Will Thomas, Esquire, Parker Poe

Rec'd 10/13/11 CSM

111025

D H E C

Mew, Karla A. <mewka@dhec.sc.gov>

(no subject)

Doug Bryant <bryantco@sc.rr.com>
To: mewka@dhec.sc.gov

Wed, Oct 12, 2011 at 12:00 PM

Copies 10/25/11 CSM

Karla,

Under the provisions of the FOI Act, I am requesting a copy of the Grand Strand Regional Hospital Linear Accelerator CON application Volume II from section C-9 to the end. I have a copy of the file except for sections indicated. So I do not need the entire file. As always I appreciate your assistance. If there are any questions concerning this request please contact me at 803-260-1773. When the copies are available I will be glad to pick them up at the Heritage Bld. or your office. Thanks, Doug

The Bryant Company
Doug Bryant
PO Box 908
Blythewood, SC 29016

To: CON
10/14/11
CSM

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OCT 12 2011
Freedom of
Information Office

00703

rcvd 10/25/11 CSR

1110231

Nelson Mullins

Nelson Mullins Riley & Scarborough LLP
Attorneys and Counselors at Law
1320 Main Street / 17th Floor / Columbia, SC 29201
Tel: 803.799.2000 Fax: 803.255.5164
www.nelsonmullins.com

Daniel J. Westbrook
Tel: 803.255.9456
Fax: 803.255.5164
dan.westbrook@nelsonmullins.com

October 18, 2011

Karla A. Mew, Director
Freedom of Information Center
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Ms. Mew:

I am writing pursuant to the Freedom of Information Act to request a complete copy of the Department's file on a CON application submitted in 2011 by Grand Strand Regional Medical Center for a new radiation therapy center in Horry County. Please call me if you need further information.

Very truly yours,

Daniel J. Westbrook

DJW:dmc

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OCT 21 2011
Freedom of Information Office

To: CON 10/26/11 CSR

Pulled 10/26/11 mdt

Copied CON 10-27-11

rcvd 10/28/11 CR

1110311

Platt HMC, Inc.
Health Management Consulting

881 Piedmont Avenue NE, Atlanta, Georgia 30309
Phone: (404) 728-1974 • Fax: (404) 728-1975

copied 11/2/11 CR

October 28, 2011

Ms. Karla Mew, Director
Freedom of Information Center
SC Dept of Health & Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Ms. Mew:

Pursuant to the Freedom of Information Act, I am requesting a copy of ***Volume II*** of the CON application for the following project:

Grand Strand Regional Medical Center (Myrtle Beach, SC) - Establishment of a radiation therapy center on the hospital campus consisting of a 9,520sf addition to the main hospital

I would like to pick up the copies when they are ready. ***Please call me at (803) 787-3147 when the copies are available for pick up.*** In addition, please send the invoice(s) for these copies to the address below

Sincerely,

Victoria R. Tibshrany

Victoria R. Tibshrany
1432 Berkeley Road
Columbia, SC 29205

cc: Jennifer Degenhart

To: CON 10/28/11 CR

Pulled 10/31/11

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OCT 2 8 2011
Freedom of Information Office

00705

J. Carlisle Hewitt, M.D., FACR, *Member Emeritus*
B. Ed Shelley, Jr., M.D., FACR
Richard J. Wunder, M.D.
Gary L. Rike, M.D.
Scott J. Crane, M.D.
Paul J. Zdybel, M.D.
John J. Daly, M.D.
G. Scott Mencken, M.D.
J. Scott Lackey, M.D.

Carolina Radiology

A Higher Standard.

Russell L. Derrick, M.D.
Joshua B. Tew, M.D.
John M. Razook, M.D.
Brian J. Fortman, M.D.
Young S. Song, M.D.
Paul M. Kuperman, M.D.
Steven T. Pirttima, M.D.
Elizabeth A. Kelley, M.D.
Michael H. Brown, M.D.

October 12, 2011

Ms. Beverly A Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

We support the certificate of need of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator on its main campus in Myrtle Beach, South Carolina. As physicians practicing in Horry County, we believe that the proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community.

We support this project and urge approval of the application.

Sincerely,

Russell L. Derrick, MD
Managing Partner

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P.O. Box 51030, Myrtle Beach, SC 29579-51030 • (843) 467-2676 • *Fax* (843) 497-9566

00706

COASTAL EYE GROUP

COASTAL EYE GROUP, PC

October 13, 2011

FRANK K. SLOAN, JR., M.D.
Cataract/General Ophthalmology

R.E. DECHAMPLAIN, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

GAIL M. ROYAL, M.D.
Cataract/General Ophthalmology

JOHN R. HAZELTON, M.D.
Medical and Surgical Glaucoma

CHARLES J. DOERING, M.D.
Medical and Surgical Retina

JENNIFER H. MERRITT, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

CAROLE M. YOUNG, M.D.
Cataract/General Ophthalmology

CARL F. SLOAN, M.D.
Medical and Surgical Glaucoma

.LTER A. MAYO, OD
General Optometry

M.Lyn Denny, OD
General Optometry

GEORGETOWN
P.O. Box 2900
1200 Highmarket St., Suite 200
Georgetown, SC 29442
843.546.8421 • 800.768.8421
Fax 843.546.1173

MURRELLS INLET
P.O. Box 1919
4055 Hwy. 17 South
Murrells Inlet, SC 29576
843.652.3937 • 888.357.3937
Fax 843.652.3939

MYRTLE BEACH
401 79th Ave N.
Myrtle Beach, SC 29572
843.449-7115 • 800.682.0836
Fax 843.497.2960

LITTLE RIVER
4237 River Hills
Suite 100
Little River, SC 29566
843.280.8779 • 877.628.2020
Fax 843.280.6669

LAKE CITY
123 Epps. Street
Lake City, SC 29560
843.374.5487
Fax 843.374.7342

www.coastaleyegroup.com

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support the Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Frank K. Sloan, Jr., M.D.
Myrtle Beach Office

FKS/kr

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OCT 20 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

00707

J. Carlisle Hewitt, M.D., FACR, *Member Emeritus*
B. Ed Shelley, Jr., M.D., FACR
Richard J. Wunder, M.D.
Gary L. Rike, M.D.
Scott J. Crane, M.D.
Paul J. Zdybel, M.D.
John J. Daly, M.D.
G. Scott Mencken, M.D.
J. Scott Lackey, M.D.

Carolina Radiology

A Higher Standard.

Russell L. Derrick, M.D.
Joshua B. Tew, M.D.
John M. Razook, M.D.
Brian J. Fortman, M.D.
Young S. Song, M.D.
Paul M. Kuperman, M.D.
Steven T. Pirttima, M.D.
Elizabeth A. Kelley, M.D.
Michael H. Brown, M.D.

October 12, 2011

Ms. Beverly A Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

As physicians practicing in Horry County, we believe that the proposed linear accelerator and CT simulator project of Grand Strand Regional Medical Center will increase patient access to critical radiation therapy services and will better serve the needs of our community.

We support the certificate of need of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator on its main campus in Myrtle Beach, South Carolina. We urge approval of the application.

Sincerely,

Richard J. Wunder, MD
Co-Medical Director
Partner

Brian J. Fortman, MD
Co-Medical Director
Partner

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OCT 24 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT
00708

CORPORATE OFFICE:
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P.O. Box 51030, Myrtle Beach, SC 29579-51030 • (843) 467-2676 • *Fax* (843) 497-9566

CARDIOLOGY / GASTROENTEROLOGY ASSOCIATES OF MYRTLE BEACH, P.A.
945 82ND PARKWAY, SUITE 3
MYRTLE BEACH, SC 29572
PHONE (843) 449-3381
FAX (843) 449-9721

CARDIOLOGY
NEIL W. TRASK, M.D., FACC, FACP
JOSEPH L. TRASK, M.D., FACC, FACP
MARK P. KARAVAN, M.D., FACC
JERRY E. WATSON, M.D., FACC, FSCAI
D. BOWEN TRULUCK, M.D., FACC
ANNE M. EVERMAN, M.D., FACC
WILLIAM A. JACKSON, M.D. FACC
RANDALL N. GOODROE, M.D.
JIMMY L. KONTOS, M.D.

ROBERTA R. ALSWORTH, PA-C
CHRISTY HAWKINS, PA-C

ELECTROPHYSIOLOGY
JASON GOEBEL, M.D.

GASTROENTEROLOGY
J. R. THOMPSON, M.D.
GARY A. VUKOV, M.D.
TIMOTHY J. CORNNELL, M.D., AGAF
ANDREW N. PEARSON, M.D.
MEGHAN MALONE, M.D.

ICE MANAGER
SHIRLEY PENDERGRASS

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OCT 28 2011

October 10, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt,

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community an my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Gary Vukov, MD

00709

COASTAL CARDIOVASCULAR SURGERY
A. BRIAN MCINTYRE, M.D.
VU T. HOANG, M.D.
933 Medical Circle
Myrtle Beach, SC 29572
Phone: 843-497-7772
Fax: 843-497-7627

RECEIVED
OCT 28 2011
HEALTH SERVICES

October 19, 2011

Ms. Beverly A. Brant
Chief Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brant:

I support the Certificate of Need application for Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator on its main campus in Horry County. As a cardiothoracic surgeon in Horry County, I routinely refer patients for radiation therapy services as part of our armamentarium for treatment of lung cancer which, as you know, is all too common a problem here in South Carolina and particularly in Horry County.

I believe that this will increase patient access and better serve the needs of our community and my patients.

In summary, I fully support Grand Strand's application for the proposed equipment, and I urge you to consider this application for approval.

Sincerely,

A. Brian McIntyre, M.D.
ABM/gkc

cc: Mr. Doug White

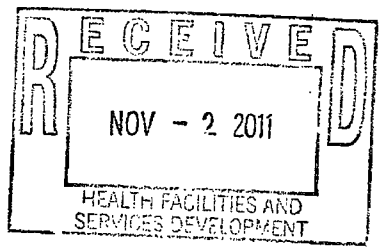
00710

Parker Poe

William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

November 2, 2011



Via Hand Delivery
Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: ***Grand Strand Regional Medical Center***
Certificate of Need Application for the Addition of a Linear Accelerator and CT Simulator
Myrtle Beach, South Carolina

Dear Ms. Brandt:

Enclosed please find 6 additional physician letters and 53 additional community letters in support of Grand Strand Regional Medical Center's linear accelerator Certificate of Need application. Please add these letters to the Department's file in connection with this application.

Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,

William R. Thomas

WRT/ccq
Enclosures

00711

PPAB 1847599v1

Grand Strand
SURGICAL SPECIALISTS, LLC

October 11, 2011

Ms. Beverly A. Brandt, Chief

Bureau of Health Facilities and Services

South Carolina DHEC

2600 Bull Street

Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator ad CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Lewis G. Dickinson, M.D.

00712

849 82ND PARKWAY • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.497.6348 • FACSIMILE: 843.497.6351 • WWW.GRANDSTRANDSURGICAL.COM

Coastal Podiatry Associates

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Scott A. Hamilton, DPM
Joseph J. Menn, DPM
Scott A. Werter, DPM
Jordanna L. Baker, DPM

October 3, 2011

Soothing, effective relief for:
- Bunions
- Hammertoes
- Heel pain
- Flatfeet
- Pinched nerves
- Ingrown & fungus nails
- Diabetic, geriatric & arthritic foot problems
- Sports injuries
- Trauma & fracture are
- ...orns & calluses
- Pediatric, gait & structural problems

With you in mind:
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- Arthroscopy for greater comfort & quicker recovery
- 24-hour emergency care
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- Early morning hours
- Most insurance accepted
- Medicare welcome

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC'S proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Dr. Scott Werter

00713

(843) 449-8079

166 Waccamaw Medical Park Mall Conway, SC 29526

8141 Rourk Street Myrtle Beach, SC 29572 (Main Office) Fax (843) 497-6147

1120 Glenns Bay Road Suite 103 Surfside Beach, SC 29575

3361 Highway 9 East Little River, SC 29566

Coastal Podiatry Associates

Experienced foot care to keep you active

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Joseph J. Menn, DPM
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October 3, 2011

Soothing, effective relief for:
- Bunions
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- Diabetic, geriatric & arthritic foot problems
- Sports injuries
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- Corns & calluses
- Pediatric, gait & structural problems

With you in mind:
- Custom-made orthotics
- Outpatient procedures
- Arthroscopy for greater comfort & quicker recovery
- 24-hour emergency care
- Same-day appointment, when available
- Early morning hours
- Most insurance accepted
- Medicare welcome

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC'S proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Scott Hamilton

Dr. Scott Hamilton

00714

(843) 449-8079

166 Waccamaw Medical Park Mall Conway, SC 29526

8141 Rouck Street Myrtle Beach, SC 29572 (Main Office) Fax (843) 497-6147

1120 Glenns Bay Road Suite 103 Surfside Beach, SC 29575

3361 Highway 9 East Little River, SC 29566

CARDIOLOGY / GASTROENTEROLOGY ASSOCIATES OF MYRTLE BEACH, P.A.
945 82ND PARKWAY, SUITE 3
MYRTLE BEACH, SC 29572
PHONE (843) 449-5581
FAX (843) 449-9721

CARDIOLOGY
NEIL W. TRASK, M.D., FACC, FACP
JOSEPH L. TRASK, M.D., FACC, FACP
MARK P. KARAVAN, M.D., FACC
JERRY E. WATSON, M.D., FACC, FSCAI
D. BOWEN TRULUCK, M.D., FACC
ANNE M. EVERMAN, M.D.
WILLIAM A. JACKSON, M.D. FACC
RANDALL N. GOODROE, M.D.
JIMMY L. KONTOS, M.D.
ROBERTA R. ALSWORTH, PA-C
CHRISTY HAWKINS, PA-C

GASTROENTEROLOGY
J. R. THOMPSON, M.D.
GARY A. VUKOV, M.D.
TIMOTHY J. CORNNELL, M.D.
ANDREW N. PEARSON, M.D.
MEGHAN MALONE, M.D.

OFFICE MANAGER
SHIRLEY PENDERGRASS

October 10, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt,

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community an my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Andrew Pearson, MD

00715

Jeffrey H. Wallen, DDS, PC
Practice Limited to Oral and Maxillofacial Surgery

1200 48th Avenue N. # 101
Myrtle Beach, SC 29577
Phone (843) 449-4993
Fax (843) 497-0647

September 30, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT stimulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Jeffrey H. Wallen, DDS
Oral and Maxillofacial Surgeon

00716

EASTERN CAROLINA REGIONAL EYE CENTER

Thomas A. Whitaker, M.D., F.A.C.S.
Diplomate of The American Board of Ophthalmology

Reuben R. Tipton, III, M.D., F.A.C.S.
Diplomate of The American Board of Ophthalmology

October 3, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Thomas A. Whitaker, M.D., F.A.C.S.

TAW/rmd

900 Medical Circle, Myrtle Beach, South Carolina 29572-4114
(843) 449-6414 1-800-922-7424 FAX (843) 497-0357
www.ecrec.com

00717

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

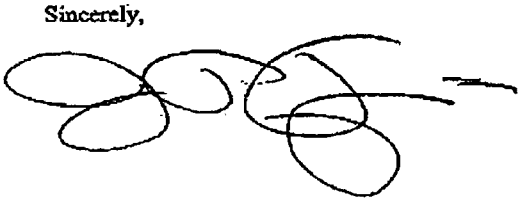
As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,



00718

TOTAL P.001

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Martha Wagner
4733 Bermuda Way
Myrtle Beach, SC 29577
9/30/11

00719

Sept. 26, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Donna L. Marshall
Myrtle Beach, SC

00720

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Frances B. Truex

Richard W. Truex

00721

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Jon T. Sutton

00722

JEAN MELLOR
329 OAK HAVEN DRIVE
MURRELLS INLET, SC 29576

OCT 1, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Jean H Mellor

00723

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Wilma H. Tirrell

00724

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Millard Shreiner
Nancy Shreiner

00725

Eileen W. McBean
#105
5400 Little River Neck
N Myrtle Beach, SC 29582-6943

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Eileen W. McBean

00726



Joy B. Fink
1301 Pridgen Road #504
Myrtle Beach, SC 29577
Phone: (843) 448-6446



September 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Department
South Carolina DHEC
177 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a H2U member, **I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital grounds.** Grand Strand has positioned itself as a full-service provider for the residents and visitors of Horry, Georgetown and surrounding Counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, **I can think of no better location for a new radiation therapy center than on the campus of Grand Strand,** which is this region's full-service tertiary care center. Moreover, with the addition of this service at Grand Strand, inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high-quality provider of tertiary care services, but the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past 3 years, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand as a for-profit provider and good steward of the community provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, **I would ask that your department approve Grand Strand's CON application.**

00727

Sincerely

To be continued 1

/s/ Joy B. Fink

Joy B. Fink

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Melba J. Cyphers

00729

09/30/2011 19:15 FAX 614 890 4760 MIDI INC 001

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Elaine Hubbard

00730

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Howard & Karen Wales
North Myrtle Beach, SC

00731

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Martha Wagner
4733 Bermuda Way
Myrtle Beach, SC 29577
9/30/11

00732

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

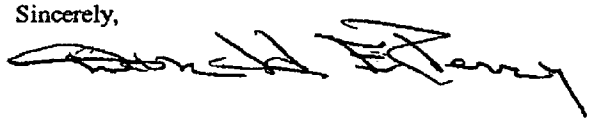
As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,



00733

9-29-11

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Ann L Schaefer
1801 Plantation Dr.
Myrtle Beach S.C 29577

00734

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Clare M. Hess

00735

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Yvonne Whitman

00736

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

William F. Arnold
515 62ND AVE N.
MYRTLE BEACH SC 29572

00737

September 27, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities & Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a member of H2U, I am sending this letter to you to acknowledge my support for Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility.

I have been a resident of Horry County for 28 years and have seen the Grand Strand Regional Medical Center become the leader in providing full service for resident and visitors in Horry County as well as neighboring counties and render the latest in medical care advances.

It has come to my attention that the current level of radiation therapy facilities are operating well above capacity as is defined in the State Health Plan. With the addition of this service at Grand Strand, inpatients with cancer who need radiation therapy will no longer need to go elsewhere for this critical care. I have been a recipient of the excellent care provided by this hospital.

It is also the policy of Grand Strand Regional Medical Center to provide free care to residents who can least afford it. Statistics show that in the past three years, this amount is $75 million plus. Since Grand Strand Regional Medical Center is a non-profit facility, it also pays property taxes in excess of $1 million a year.

I ask your Department to approve Grand Stand's Certificate of Need (CON) application.

Sincerely,

Lucille Keister

Mrs. Lucille M. Keister
1926 Kay Lane
Surfside Beach, SC 29575-5320

00738

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Stephen Bowers and Joanna Howes

00739

Sept. 26, 2011
5511 North Ocean Blvd
Myrtle Beach, S.C. 29577

Mrs. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, S.C. 29204

Dear Mrs. Brandt:

As a volunteer in SICU and CVICU units, and as a GSH member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center

00740

than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provided significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

June S. Holshouser

00741

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Cleta Petersen

00742

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

9-26-11

00743

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Pauline B Potter

00744

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Marie Johnson
1436 St Thomas Cir
Myrtle Beach, SC 29577

00745

Wendy Strickland
809 82nd Parkway
Myrtle Beach, SC. 29572

Dear Ms Strickland

AS A H2U Member, I fully support G S R M Center's Application for a Certificate of Need TO establish a radiation therapy facility on its hospital Campus.

I have been informed that existing radiation facilities in area are well above capacity. Because the service Area Continues to grow with influx of Vistors and Seasonal residents this Service is greatly needed in our Area. Cancer patients who are in Need of radiation therapy would not Need to be transported off Campus.

Grand Strand is not only a Quality Provider of Tertiary care Services but Gives back to the community; free care to residents unable to pay for said Services. Pay's taxes of over $1 Million. We Need to support the business and industry that Provides this Service

Therefor for this reason I would ask your Department to approve Grand Strand's CON application.

Sincerely
Barbara Fisher

00746

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Robert C Poston
Phyllis B Poston

00747

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Kenneth A. Fortnum

Kenneth A. Fortnum
1314 Old Palmetto Rd.
Murrells Inlet, SC 29576-8603

00748

9-26-11

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Bernice W. Collins

00749

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

John + Lois Kost
4046 Fairway Lakes Drive
Myrtle Beach, SC 29577

00750

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Barbara Murphy

00751

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Melvin F. Eberly
Marie V. Eberly

00752

Mr. & Mrs. Ronald Jensen Sr.

424 Blackberry Lane

Myrtle Beach, South Carolina

29579

Sept. 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Magda Jensen,
Ronald Jensen

00753

September 28

Dear Ms. Brandt,

I am a member of the H2U, and I am in full support of Grand Strand Regional Medical Center's application for a certificate of need to establish a radiation therapy facility on the hospital campus. Grand Strand and its medical staff members have been a part of providing a choice of the latest medical care advances.

I am informed that the radiation therapy facilities in the service area are well above capacity as defined in the State Health Plan. Horry County's growth and influx of visitors would be very beneficial for cancer patients not to have to be sent somewhere else for this critical care.

Grand Strand is a high quality

00754

provider for our community for free care to our residents who can least afford to pay for it.

It is important that we support approval in asking your department to grant Grand Strand's CON application.

Sincerely,

Irene R. Evans

Ms. Beverly A Brandt - Chief
Bureau of Health Facilities
and Service Department
South Carolina DHEC
1777 St Julian Place Suite 202
Columbia S.C. 29204

Dear Ms. Brandt

As a member of HZU I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry Georgetown & surrounding counties. As a market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical advances.

I have been informed that the existing radiation therapy facilities in this area are operating at beneficial above capacity. Because the service area generally & Horry City in particular continue to grow and because influx of visitors and seasonal residents, I think there can be no better location than the campus of Grand Strand.

Grand Strand is not only a high quality provider of tertiary care services, it genes

00756

back to the community in the form of free care who can't afford to pay. They have provided over $75 million in charity care in the past 3 years. It is important that we support the business and industry that provide the revenue necessary to fund the infrastructure and important Governmental functions in the community.

I ask that your Department approve Grand Island's CON application

Sincerely,
Mr. & Mrs. Irvin Dolves

To Whom It May Concern:

I am a cancer free survivor. After my surgery I was treated with 73 treatments of radiation. I had to travel several miles to a treatment center. After a few weeks it became very exhausting and I felt I couldn't complete the prescribed treatments, but thank to the Technicians who encouraged me to continue I did.

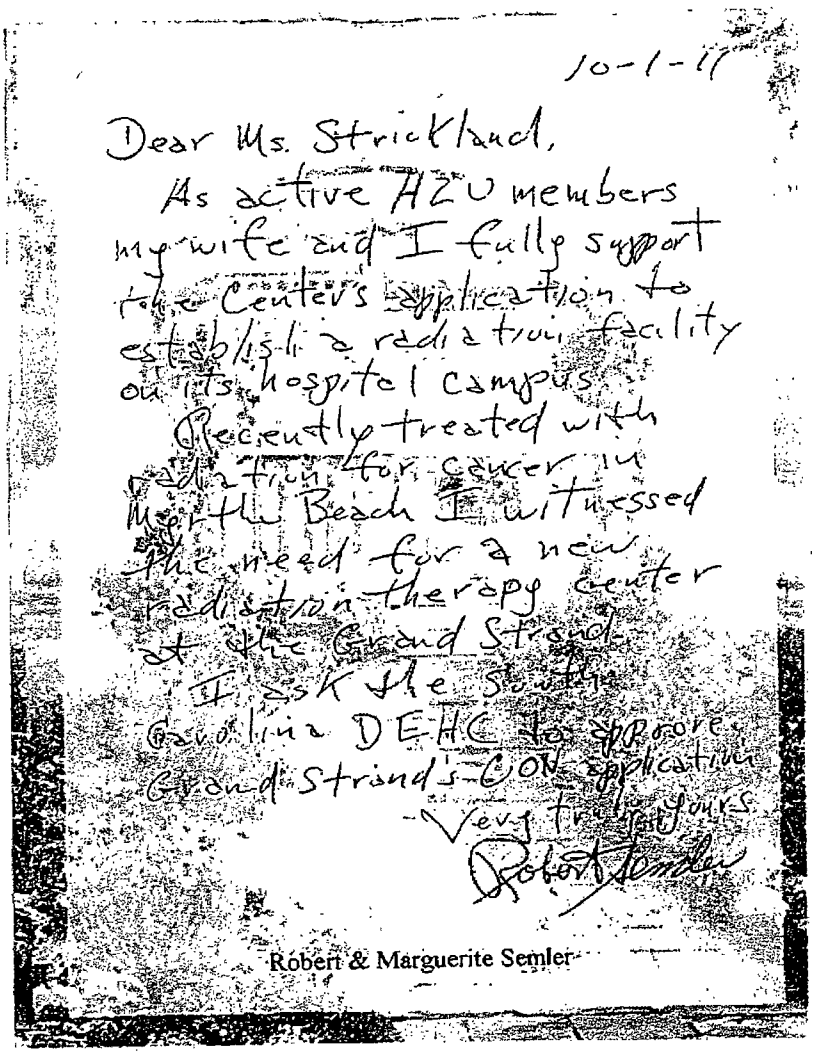
I am sure if the treatment Center was more convenient I would have been more comfortable

Sincerely
Barbara Hedash

6344 Catalina Dr.
Unit 511
N. M. B., SC 2958

A local radiation therapy center is very necessary.

00758



10-1-17

Dear Ms. Strickland,

As active AZU members my wife and I fully support the Center's application to establish a radiation facility on its hospital campus.

Recently treated with radiation for cancer in Myrtle Beach I witnessed the need for a new radiation therapy center at the Grand Strand.

I ask the South Carolina DEHC to approve Grand Strand's CON application.

Very truly yours,

Robert Semler

Robert & Marguerite Semler

00759

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Jeffrey C Nance

00760

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Carol Fritz

00761

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

John & Theresa Vogel

00762

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Ruby Thompson

00763

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Jo Ann Kovach
H2U Member

00764

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Elizabeth A. McGrath
North Myrtle Beach, SC 29582

00765

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Carmella Thorpe-Wilson

00766

Constance L. Stumpf
4600 Byerly St.
North Myrtle Beach, SC 29582
Ph. (843) 272-4041

October 3, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Constance L. Stumpf

Constance L. Stumpf,
H2U Member
GSRMC Volunteer

NOTE: Radiation therapy services proved at GSRMC would be a familiar and comforting location.

c: Doug White, C.E.O.
Grand Strand Regional Medical Center

00767

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Regina K Lavoie
4245 Renegate Lane
Little River, SC 29566

00768

October 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Dorothy Spires

Dorothy Spires
812 Barn Owl Ct.
Myrtle Beach, SC 29579-3274

00769

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Phoebe B. Stacy

00770

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Charles & Claire Tetta

00771

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

David Duckworth
728 Churchill Downs Dr.
Myrtle Beach, SC 29579

00772

Oct 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

9665 Snow Dr Apt 304
Myrtle Beach SC 29572
843-449-1866

00773

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

(prestwick CC)
I'm hoping for a positive answer to the above!

Mrs. Elaine Welch
2118 N Berwick Dr
Myrtle Beach, SC 29575
★ PROUD SUPPORTER OF THE USO ★

00774

Copy of letter I mailed.

10-9-11

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Ruth P. Shumaker
8500 Margate Cir. #2808
Myrtle Beach, S.C. 29572

P.S. I am a cancer survivor & Grand St did my surgery. I support Grand Strand's request.

00775

111017

BRUNER, POWELL, WALL & MULLINS, LLC
ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE (803) 252-7693
FAX (803) 254-5719
WWW.BRUNERPOWELL.COM

JAMES L. BRUNER, P.A.
WARREN C. POWELL, JR., P.A.*
HENRY P. WALL, P.A.
E. WADE MULLINS, III, P.A.
* Also Admitted in District of Columbia

BRIAN P. ROBINSON, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
WILLIAM D. BRITT, JR., P.A.

LEAH EDWARDS GARLAND
BENJAMIN C. BRUNER

AUTHOR'S E-MAIL:
WMULLINS@BRUNERPOWELL.COM

November 2, 2011

VIA HAND DELIVERY
Carla Mew, Director
SC DHEC
Freedom of Information Center
2600 Bull Street
Columbia, SC 29201

Re: **CON for Grand Strand Regional Medical Center, Myrtle Beach, South Carolina – construction for the establishment of a new radiation therapy service in a center attached to the main hospital**
Bruner Powell File No.: 7-2148.100

Dear Ms. Mew:

Pursuant to S.C. Code § 30-4-10, the Freedom of Information Act, I respectfully ask that you provide me with a copy of the Bates numbered Grand Strand Regional Medical Center's CON application Volumes I and II.

I thank you for your attention to this matter and ask that you contact me with any questions.

With my best regards, I am

Sincerely yours,

E. Wade Mullins, III

EWM/das

Copied KS 11-10-11

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1111023

BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE (803) 252-7693
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JOEY R. FLOYD, P.A.
WILLIAM D. BRITT, JR., P.A.

LEAH EDWARDS GARLAND
BENJAMIN C. BRUNER

AUTHOR'S E-MAIL:
WMULLINS@BRUNERPOWELL.COM

we could not locate these Exhibits in Volumes I or II. 11-10-11 SOI staff

November 2, 2011

Withdrawn 11/14/11 MDH

...gional Medical Center, Myrtle Beach, South Carolina – construction for the establishment of a new radiation therapy service in a center attached to the main hospital
Bruner Powell File No.: 7-2148.100

Dear Ms. Mew:

Pursuant to S.C. Code § 30-4-10, the Freedom of Information Act, I respectfully ask that you provide me with a copy of the Grand Strand Regional Medical Center's CON application sections as follows:

Volume I: Exhibit B-12, Exhibit B-13 and Exhibit B-14

Volume II: Exhibit C-2, Exhibit C-5 and Exhibit C6

I thank you for your attention to this matter and ask that you contact me with any questions.

With my best regards, I am

RECEIVED
NOV 0 2 2011
Freedom of Information Office

Sincerely yours,

E. Wade Mullins, III

TO: CON 11/4/11

EWM/das

00777

RECEIVED
NOV - 2 2011
HEALTH FACILITIES AND
SERVICE DEVELOPMENT

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely, Frederick & Bernadette Kahl

Oct 31, 2011

Mr. & Mrs. Frederick J. Kahl
1100 Commons Blvd #903
Myrtle Beach, SC 20572

00778

CarolinaHealth Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Rick Carley, M.D.

RECEIVED
NOV - 3 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

RECEIVED
NOV 15 2011
HEALTH FACILITIES AND
SERVICES DEVELOPMENT

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As an elected official Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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Grand Strand is the high quality provider of tertiary care services in the Pee Dee region. The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively to ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

W. Wayne Gray

W. WAYNE GRAY

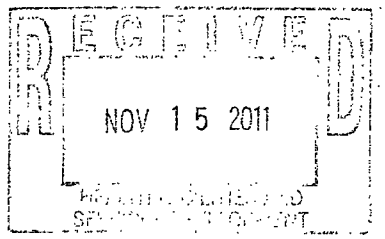
00780

Parker Poe

William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

November 15, 2011



Via Hand Delivery
Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: ***Grand Strand Regional Medical Center***
Certificate of Need Application for the Addition of a Linear Accelerator and CT Simulator
Myrtle Beach, South Carolina

Dear Ms. Brandt:

Enclosed please find 14 additional community letters in support of Grand Strand Regional Medical Center's linear accelerator Certificate of Need application. Please add these letters to the Department's file in connection with this application.

Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,

William R. Thomas

WRT/ccq
Enclosures

00781

PPAB 1847599v1

Horry County Council
Conway, SC

Ms. Beverly A. Brandt
Chief Bureau of Health Facilities
And Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and an increasing influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand, inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand strand is the high quality provider of tertiary care services in the Pee Dee region. The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Brent Schulz
Horry County Council
District II

00782

The
MYRTLE BEACH NATIONAL
COMPANY

Accounting
Telephone (843) 497-5488
Fax (843) 449-2081

Senior Management
Telephone (843) 282-8980
Fax (843) 282-8999

November 14, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Department
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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Grand Strand is the high quality provider of tertiary care services in the Pee Dee region. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectfully ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center. Myrtle Beach National has a large number of employees in Horry and Georgetown counties and we look to Grand Strand for good health care.

Sincerely,

H. E. Pearce, Chairman
Myrtle Beach National Company

Horry County Council

1301 3rd St
Conway, SC 29526

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I respectively to ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Robert (Bob) Grabowski
Horry County Council, District 6

00784

11/14/2011 11:04 8432938159 MB LIGHTING PAGE 01/01



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

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For the reasons set forth above, I respectively to ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

MARK LAZARUS

00785

November 11, 2011

MYRTLE BEACH AREA CHAMBER OF COMMERCE

Ms. Beverly A. Brandt
Chief Bureau of Health Facilities & Services Department
South Carolina Department of Health and Environmental Control (DHEC)
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

On behalf of the nearly 3,000 organizations and 46,000 employees we represent, I am writing to express our full and enthusiastic support for Grand Strand Regional Medical Center's (GSRMC) application for a Certificate of Need to establish a radiation therapy facility on its Myrtle Beach hospital campus. GSRMC provides exceptional service for the entire Grand Strand community and has clearly established itself as a superior full service provider for both residents and visitors of the Myrtle Beach area. GSRMC is a leader in medical technology and healthcare service delivery. GSRMC's medical staff members are widely recognized as skilled providers of healthcare and regularly employ the latest in medical care advances. GSRMC is a key link to the success, both past and future, of the Grand Strand economy.

I understand the existing radiation therapy facilities in this service area are operating at levels well above capacity as defined within our state's health plan. Because the local service area continues to grow in both permanent and temporary resident populations, there is a clear and undeniable need for additional medical facilities. Likewise, given the increase of retirees and full-time workers to our area, this application offers an ideal location for a new radiation therapy center. As GSRMC currently provides the area's full-service tertiary care center, this additional service will ensure that in-patients with cancer in need of radiation therapy will no longer need to be transported off-campus for this critical care.

GSRMC is the high-quality provider of tertiary care services in the Pee Dee region. GSRMC also gives generously to our community in for form of free care to residents and visitors who can least afford to pay for healthcare. In the past three years, GSRMC has provided over $75 million in charity care. The hospital has also provided significant revenue to our local and state government as a major employer and property owner. For example, GSRMC paid over $1 million in local property taxes last year alone. Recognizing the need and importance of a growing, healthy economy, we must support business and industry that provides revenue necessary to fund the essential governmental, educational and infrastructure needs in our community and state. GSRMC contributes much to the success of the local and state governments.

On behalf of the Myrtle Beach Area Chamber of Commerce, I express our full and enthusiastic support for GSRMC's proposal to establish a radiation therapy facility on its Myrtle Beach campus. This facility is very necessary and will provide a significant improve in healthcare services delivery. We value the role DHEC plays on a daily basis, so I'm certain you understand the importance of this decision. I urge you and your agency to approve this 'Certificate of Need' (CON) application to provide this essential service at Grand Strand Regional Medical Center.

With warmest regards, I am,

Sincerely,

Brad Dean

Brad Dean
President & CEO

00786

P.O. Box 2115 • 1200 North Oak Street • Myrtle Beach, South Carolina 29578 • (843) 626-7444
www.MyrtleBeachAreaChamber.com • www.VisitMyrtleBeach.com

Leonard
Call & Associates, Inc.
REAL ESTATE

MAIN OFFICE:
3501 North Kings Highway
Post Office Box 1373 (29578-1373)
Myrtle Beach, SC 29577
Office (843) 626-7676
Fax (843) 448-2038

DONALD D. LEONARD
PRESIDENT

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

This letter is in reference to Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. Please note that I am in full support of this endeavor. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

Grand Strand has been providing hospital services in Horry County since 1978 and continues to be the healthcare leader in the region. For the years 2010 and 2011, Grand Strand received the HealthGrades Cardiac Surgery Excellence Award and was ranked first in SC for cardiac surgery outcomes. Given Grand Strand's track record and commitment to quality care, I am confident that it would become a leader in radiation oncology as well.

Grand Strand Regional Medical Center also has a tremendous economic impact on Horry County. Grand Strand is Horry County's second largest private employer, with 1,300 employees. Its direct annual economic impact on the county is $135 million in terms of charity care, salaries, benefits and capital investment. Moreover, Grand Strand pays over $13 million in taxes annually into municipal, county, state and federal coffers, which is vital to maintain and expand the county's services and infrastructure that our citizens enjoy and rely upon. It is important that Grand Strand continue to flourish so that it can continue serving all citizens in the community, including those last able to afford healthcare.

00787

Leonard
Call &
Associates
REAL ESTATE

Thank you for your consideration of my support for this important and needed project at Grand Strand Regional Medical Center.

Sincerely,

Donald D. Leonard

DDL/saw

00788

WILLBROOK LINKS
INVESTMENT GROUP INC.

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please be advised that I am in full support of the Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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00789

3501 NORTH KINGS HIGHWAY / P.O. BOX 1373 / MYRTLE BEACH, SC 29578 / OFFICE 843-626-7676 / FAX 843-448-2038

Thank you for your consideration of my support for this important project for our area at Grand Strand Regional Medical Center.

Sincerely,

Dargan Grigg

DG/saw

00790



September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

This letter is to advise you that I am in full support of the Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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1027 Willbrook Boulevard • Pawleys Island, SC 29585 • (843) 237-5041

00791

Thank you for your consideration of my full endorsement for this crucial project for our area at Grand Strand Regional Medical Center.

Sincerely,

Shari A. Wooten

Shari A. Wooten

saw

00792

LCT Ventures

d/b/a **Mr. Store It Mini Storage**

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

This letter is regarding the Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. I am in total support of this endeavor. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

Grand Strand has been providing hospital services in Horry County since 1978 and continues to be the healthcare leader in the region. For the years 2010 and 2011, Grand Strand received the HealthGrades Cardiac Surgery Excellence Award and was ranked first in SC for cardiac surgery outcomes. Given Grand Strand's track record and commitment to quality care, I am confident that it would become a leader in radiation oncology as well.

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Post Office Box 1373 Myrtle Beach, South Carolina 29578 843/626-7676

00793

Thank you for your consideration of my support for this important and needed project at Grand Strand Regional Medical Center.

Sincerely,

Penny M. Tharington

PMT/saw

00794

KINGSTON PLANTATION

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

I fully support Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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00795

Sales and Marketing by Leonard, Call at Kingston, Inc.
9770 Kings Road, Myrtle Beach, South Carolina 29572, S.C. - (843) 449-6400 or (800) 382-3332 - Fax (843) 497-3206

Thank you for your consideration of my support for this important and needed project at Grand Strand Regional Medical Center.

Sincerely,

William C. Hrisko

WCH/saw

00796

Leonard
Call
Taylor Investments, Inc.

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please note that I fully support Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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00797

3501 N. KINGS HWY. P.O. BOX 1373 MYRTLE BEACH, SOUTH CAROLINA 29578 (803) 626-7676

Thank you in advance for considering my support for this extremely important and needed project at Grand Strand Regional Medical Center.

Sincerely,

Donald D. Leonard

DDL/saw

Leonard
Grigg & Associates, LLC.
REAL ESTATE DEVELOPMENT

MAIN OFFICE:
3501 North Kings Highway
Post Office Box 1373 (29578-1373)
Myrtle Beach, SC 29577
Office (843) 626-7676
Fax (843) 445-2649

ROGER E. GRIGG
President

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please be advised that I fully support Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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Leonard
Grigg &
Associates
REAL ESTATE
DEVELOPMENT

00799

Thank you in advance for considering my support for this exceedingly important and needed project at Grand Strand Regional Medical Center.

Sincerely,

Roger E. Grigg

REG/saw

00800

Leonard Call
Annual Rentals, Inc.

Main Office
3501 North Kings Highway
Post Office Box 1373 (29578-1373)
Myrtle Beach, SC 29577
Office (843) 626-7676
Fax (843) 448-2038

Cheryle York
Vice President

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

I would like to take this opportunity to show my full support of the Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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Thank you for your consideration of my support for this vital project for our area at Grand Strand Regional Medical Center.

Sincerely,

Cheryle F. York

CFY/saw

00802

Leonard
Call & Associates, Inc.
REAL ESTATE

OCEAN CREEK OFFICE:
10600 North Kings Highway
Post Office Box 1373
Myrtle Beach, SC (29578-1373)
Office (843) 272-4202
Fax (843) 272-9628
Toll Free 800-747-6610

September 13, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please note that I highly recommend the Grand Strand Regional Medical Center's project to establish a radiation therapy center on its hospital campus in Myrtle Beach, South Carolina. The current radiation therapy facilities in the service area are operating well above capacity. Grand Strand's hospital-based project will increase access and convenience to these critical cancer services and provide patients a choice of radiation therapy providers. The addition of the radiation therapy center will also improve the continuum of care for cancer patients who already receive other cancer treatment on the hospital campus or at Coastal Cancer Center, which is adjacent to Grand Strand's hospital campus.

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00803 Leonard Call & Associates REAL ESTATE

Thank you for considering my full endorsement for this important project at Grand Strand Regional Medical Center.

Sincerely,

Jan Rusenko

JR/saw

00804

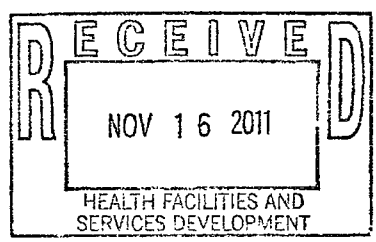
Hi Beverly,

These are the letters that I received back in regards to the Linear Support Project. They have been sent to all our Hospitalist and Emergency Medicine Doctors. If you have any questions feel free to contact us at 843-449-9559.

Sincerely,

Patti Wright
Carolina Health Specialists
pwright@carolina-health.com

00805



CarolinaHealth
Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

NThomas 10/27/11

Natalia Thomas, M.D.

CarolinaHealth
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Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Justin Garzone, D.O.

CarolinaHealth Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

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South Carolina DHEC
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Jon Porciuncula, M.D.

CarolinaHealth
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4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

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South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Scott Hollingsworth

Scott Hollingsworth, M.D.

CarolinaHealth Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Edward Botse-Baidoo, M.D.

CarolinaHealth
Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Alexander Drew, D.O.

CarolinaHealth
Specialists®

Administration Offices
4615 Oleander Drive, Suite 201A
Myrtle Beach, SC 29577
Phone (843) 449-9559
(843) 497-6601 (fax)

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

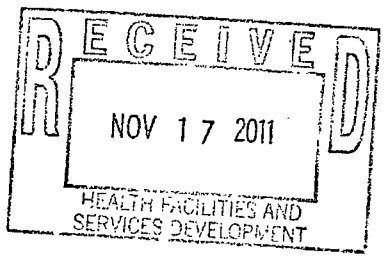
Kenneth DeHart, M.D.

Parker Poe

William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

November 17, 2011



Via Hand Delivery
Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: ***Grand Strand Regional Medical Center***
Certificate of Need Application for the Addition of a Linear Accelerator and CT Simulator
Myrtle Beach, South Carolina

Dear Ms. Brandt:

Enclosed please find two additional community letters in support of Grand Strand Regional Medical Center's linear accelerator Certificate of Need application. Please add these letters to the Department's file in connection with this application.

Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,

William R. Thomas

William R. Thomas

WRT/ccq
Enclosures

00813

PPAB 1847599v1

City of Myrtle Beach
SOUTH CAROLINA

November 16, 2011

Beverly A. Brandt, Chief
Bureau of Health Facilities & Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt,

As an elected Horry County official, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area continues to experience significant growth and an increasing influx of visitors and seasonal residents, Horry County in particular, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand Regional Medical Center, which is the Pee Dee region's full service tertiary care provider. Moreover, with the addition of this service, in patients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over seventy-five million dollars in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, last year this was over one million dollars. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Michael Chestnut
Councilman
City of Myrtle Beach

Myrtle Beach International Airport

1100 Jetport Road ✈ Myrtle Beach, SC 29577 ☎ 843.448.1580 🖷 843.626.9096 ✉ lapierm@horrycounty.org

November 15, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and an increasing influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand, inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is the high quality provider of tertiary care services in the Pee Dee region. The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Michael La Pier, Director of Airports

MP/cm

MYR

HORRY COUNTY DEPARTMENT OF AIRPORTS

00815

rec'd 11/8/11 CSM

1111168

Parker Poe

Colleen C. Quillen
Paralegal
Telephone: 803.255.8921
Direct Fax: 803.255.8017
colleenquillen@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

October 28, 2011

Via Facsimile 898.3816
Ms. Karla A. Mew, Director
Freedom of Information Office
SC DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Mew:

Please consider this letter our request pursuant to the Freedom of Information Act for copies of **all pages referenced below** in connection with each of the Certificate of Need applications identified below.

(3) ➢ **Carolina Regional Cancer Center, LLC-Conway**
Purchase and installation of a linear accelerator for a new cancer treatment center to be established in an existing medical office building in Conway, South Carolina
$5,107,612.78 – Pages 1-514 AND all pages following bates stamped page 564. ✓

(4) ➢ **Carolina Regional Cancer Center, LLC-Murrells Inlet**
Construction for the relocation and replacement of an existing linear accelerator from the existing location of Carolina Regional Cancer Center in Myrtle Beach to a new cancer treatment center to be construction in Murrells Inlet
$7,993,972.08 - All pages following bates stamped page 482. ✓

(2) ➢ **North Strand Radiation Oncology Center, LLC**
Purchase and installation of a linear accelerator to be located within a newly constructed free-standing radiation therapy center
$9,522,745 – Pages 1-357 AND all pages following bates stamped page 681. ✓

(1) ➢ **Grand Strand Regional Medical Center**
Construction for the establishment of a new radiation therapy service for the addition of a linear accelerator and CT Simulator
$9,788,625. Pages 1-451 AND all pages following bates stamped page 644

TO: CON 11/18/11 CSM

Please give me a call when the material is ready so that I may arrange for our courier to pick up the same. Of course, we agree to pay the Department's usual and customary fees for providing this information. Please call me if you have any questions. Thank you.

Sincerely,

Colleen C. Quillen

(H)

* * * TRANSMISSION RESULT REPORT (OCT. 28 2... 56PM * * *

FAX HEADER PARKER POE

TRANSMITTED/STORED	OCT. 28 2011 13:55			
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1201 Main Street
Suite 1450
P.O. Box 1509
Columbia, SC 29202-1509
Telephone: 803.255.8000
Fax: 803.255.8017
www.parkerpoe.com

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To:	Company:	Fax No.	Recipient's Phone No.
Karla A. Mow	Freedom of Information	898.3816	
Beverly Brandt	DHEC CON	545.4579	

From: Colleen Quillen Date: October 28, 2011

Client-Matter:

Re:

Comments:

Total number of pages including cover: 2 Transmitted by: _____

Time: _____

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Thank you.

PRAD 1638:37...

00817

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

Memorandum

Date: October 12, 2011

To: Patricia Price, Regional Administrator, Carolina Regional Cancer Center
Doug White, CEO, Grand Strand Regional Medical Center
Arnold Green, President, Loris Health Services, Inc.
William Thomas, Esquire, Parker Poe
Wade Mullins, Bruner Powell
Don Meyer, Moore & Van Allen

From: Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Beverly Brandt

RE: Project Review Meeting for Certificate of Need projects proposing to add a linear accelerator /radiation therapy services to Horry County: Carolina Regional Cancer Center, LLC – Conway, North Strand Radiation Oncology Center, Grand Strand Regional Medical Center

The purpose of this memo is to inform you that the Department intends to conduct a Project Review Meeting regarding the aforementioned projects. This meeting will provide staff an opportunity to obtain input for the development of staff findings relative to this project. These findings will then be used for a Department Decision.

Please check your schedules for the week of November 14, 2011 and let me know by the close of business on October 25, 2011 with the dates that are most suitable. Please designate a primary contact person for your proposed project and provide me with the relevant information. Feel free to contact me at brandtba@dhec.sc.gov or (803) 545-4211 if you have any questions. Thank you.

Grand Strand

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

Project Review for Horry County Linear Accelerator CON

1 message

Thomas, William R. <willthomas@parkerpoe.com> **Tue, Oct 18, 2011 at 10:32 AM**
To: "Brandt, Beverly" <brandtba@dhec.sc.gov>
Cc: "Adam.Rudd@hcahealthcare.com" <Adam.Rudd@hcahealthcare.com>

Beverly,

On behalf of Grand Strand Regional Medical Center, the dates that work best for our delegation for the week of November 14th would be Monday, November 14th or Tuesday, November 15th. By reply, please let me know that you received this. Best regards,

Will

William Thomas

Parker Poe

1201 Main Street | Suite 1450 | Columbia, SC 29201
Phone: 803.253.8658 | Fax: 803.255.8017 | www.parkerpoe.com | vcard | map

IRS CIRCULAR 230 NOTICE: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (or in any attachment) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed in this communication (or in any attachment).

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Bureau of Health Facilities and Services Development Project Review
November 15, 2011
Horry County Linear Accelerators

Name	Affiliation
Will Thomas	Parker Poe
Dan Sullivan	Sullivan Consulting
Sara Tyler	Parker Poe
Dieuth	LHA
Adam Rudd / Doug White / David WAS	Grand Strand Regional
Trudy Robertson	Moore & Van Allen
Robyn Bussey	Platt Hall, Inc.
Kathy Platt	Platt Hall, Inc.
Todd Williams	CRCC
Mark Mullins	Bowen Powell
Phil Clayton	Conway Medical Center
Patricia Price	CRCC
Sam Tolbert	CRCC
Patrick Franklin	CRCC
Bruce Bailey	Georgetown Hospital

000820

R004174

Bureau of Health Facilities and Services Development Project Review
November 15, 2011
Horry County Linear Accelerators

Name	Affiliation
Dick Tinsley	North Strand Rad Onc Ctr.
Kristin Pawlowski	DHEC
Ashley Higgins	DHEC
Mist Hall	DHEC
Paula Bracey	DHEC
Jenn Daynhart	DHEC
Ann Westbrook	Georgetown Hosp Syst.
Matt Stasler	Brian Powell
Arnold Hucen	Louis Health Corp

000821

R004175

Grand Strand Regional Medical Center

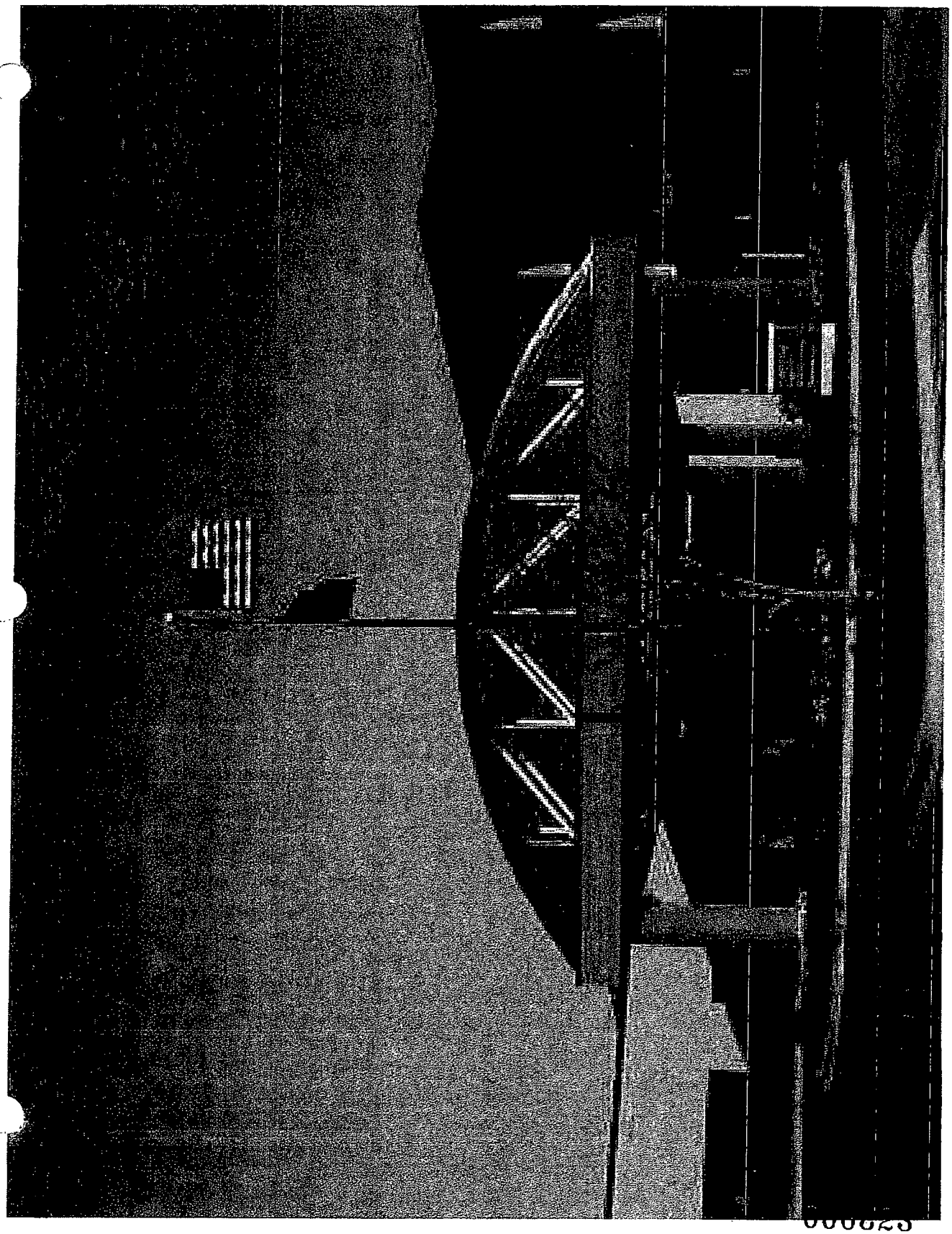
Project Review

November 15, 2011

R004176

000822

Grand Strand
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Grand Strand and Affiliated Facilities – Points of Access

- Grand Strand Regional Medical Center – Main Campus
- Carolina Forest Senior Health Center
- Grand Strand Diagnostics and Women's Center
- North Strand Diagnostic Center
- North Strand Senior Health Center
- South Strand Medical Center
- South Strand Senior Health Center

R004178

000824

Services Offered at Grand Strand

- Grand Strand offers the widest array of primary, secondary and tertiary care services to residents of the region and is the area's premier provider for heart services, having been named #1 in South Carolina by HealthGrades in 2009, 2010 and 2011

R004179

000825

Grand Strand 2010 Utilization

- 69,202 ED Visits
- 61,308 Patient Days
- 1,238 Diagnostic Catheterizations
- 829 Interventional Catheterizations
- 3,787 MRI scans
- 533 PET Scans
- 9,731 Operations/procedures
- 4,860 patients treated with cancer related diagnosis

R004180

000826

Cancer Services Currently Offered at Grand Strand

- Accredited Community Cancer Program by the American College of Surgeons
- Board Certified oncologists and oncology nurses
- Chemotherapy and surgical treatments
- Cancer registry to track patient treatments and follow-up through national data bank
- Member of the National Consortium of Breast Centers
- Minimally invasive breast biopsy (MIBB)
- Sentinel node biopsy program

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R004181
000827

Prior Experience with Linear-Accelerators

- HCA, Grand Strand's parent company, operates approximately 65 linear accelerators in the United States with an annual 230,000 treatments delivered.
- In South Carolina, Grand Strand's sister hospital in the Charleston area, Trident Medical Center, delivered 13,307 treatments on 2 linear accelerator units.
- Grand Strand will draw on local and national expertise when developing its program.

R004182

000828

Why Grand Strand?

- CRCC has three heavily utilized linear accelerators
  - Patients need a choice and Grand Strand's program will offer competition and cost containment in the private pay market
- NSROC proposes to serve an area that is well served by Grand Strand and Grand Strand serves far more oncology patients; radiation therapy service will complement Grand Strand's oncology services
- Mature health system that offers every other high-level service and wants to offer a seamless continuum of care for its patients

R004183

000829

Grand Strand
Regional Medical Center
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Why Grand Strand?

- Grand Strand's location provides a centrally located choice for the population at a tertiary health facility
- Road systems like the Carolina Bays Parkway and the Conway Bypass in Horry County have mitigated traffic from the N/E portion of county where NSROC proposes to locate its facility
- Of the nine zip codes NSROC lists as its service area, many of the residents in those zip codes would have similar or better access to Grand Strand's linear accelerator over the NSROC linear accelerator

R004184

000830

LINEAR ACCELERATORS IN HOSPITALS WITH INPATIENT UTILIZATION OVER 50,000 PATIENT DAYS

HOSPITAL	2009 Patient Days (> 50,000)	No. of Linear Accelerators
AnMed Health Medical Center	75,895	2
Greenville Memorial Med. Ctr.	170,549	3
St. Francis – Downtown	58,914	0
Spartanburg Regional Med. Ctr.	139,923	3
Self Regional Healthcare	53,099	2
Lexington Medical Center	89,987	2
Palmetto Health Richland/Baptist	235,766	2
Piedmont Medical Center*	55,838	2
Carolinas Hospital System	60,536	1
McLeod Regional Medical Center	113,181	4
Grand Strand Regional Medical Ctr.	**57,593**	**0**
Georgetown Memorial/Waccamaw	55,461	1
Tuomey Regional Med. Ctr.	66,720	2
Regional Med. Ctr. of Orangeburg	51,883	2
Trident Medical Center	71,117	2
Roper Hospital	80,393	4
Medical Univ. of South Carolina	146,361	5

*Piedmont is in a joint venture with Carolinas Healthcare System and jointly operates Rock Hill Radiation Therapy Center, which is located directly across from Piedmont's campus.

Source: 2010/2011 South Carolina Health Plan, Chapter III.

R004185

Page 83 of 83

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Support for the Project

- Grand Strand has received scores of letters of support from physicians and community members.

R004186

000832

Economic Impact

- Grand Strand is Horry County's second largest private employer, with 1,300 employees
- Grand Strand's direct annual economic impact on the County is $153 million in terms of charity care, salaries and benefits and capital investment
- Grand Strand pays over $13 million in taxes annually into municipal, county, state and federal coffers, which is vital to maintain and expand the County's services and infrastructure that our citizens enjoy and rely upon

Grand Strand
Regional Medical Center
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R004187
000833

Daniel J. Sullivan

President

Sullivan Consulting Group, Inc.

R004188

000834

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Consistency with Review Criteria

R004189

000835

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Regional Medical Center
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Relevant Criteria from DHEC's Complete Letter

- The Department's relevant criteria for review of SMC's application are:

1. Compliance with the 2010-2011 South Carolina Health Plan

2. Community Need Documentation- 2a, 2b, 2c, 2e
   Distribution (Accessibility)- 3a, 3b, 3c, 3e, 3f
   Record of the Applicant- 13a, 13b

3. Acceptability- 4a, 4b
   Distribution - 22
   Adverse Effects on Other Facilities- 23a

4. Financial Feasibility- 15
   Cost Containment - 16a, 16c
   Projected Revenues/Projected Expenses- 6a, 7

R004190

000836

1. Compliance with the State Health Plan

- The 2010-2011 Health Plan sets forth criteria for determining the need for a new radiotherapy program

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

R004191

000837

Existing Radiotherapy Providers Well Above 80% Utilization

Utilization of Existing Radiation Therapy Providers

Horry, Georgetown, and Williamsburg Counties

2010

Facility	Units	Treatments	Capacity	% Utilization
Carolina Regional Cancer Center*	3	20,946	19,000	110.2%
Georgetown Memorial Hospital**	1	5,515	5,000	110.3%
Total	**4**	**26,461**	**24,000**	**110.3%**

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R004192

000838

1. Compliance with the State Health Plan

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.

R004193

000839

GSRMC's Radiotherapy Program will be Well Utilized

	2013	2014	2015
Total Projected GSRMC Radiotherapy Patients - Service Area	**140**	**172**	**201**
Percent In-migration	10%	10%	10%
Total Projected GSRMC Radiotherapy Patients	**156**	**191**	**223**
Expected Treatments per Patient	21	21	21
GSRMC Projected Radiotherapy Treatments	**3,267**	**4,013**	**4,690**
GSRMC Capacity (Treatments)	5,000	5,000	5,000
GSRMC Utilization Rate	**65.30%**	**80.30%**	**93.80%**

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R004194

000840

1. Compliance with the State Health Plan

- *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.*

R004195

000841

GSRMC's Program Has Significant Support

- GSRMC has received support from physicians and health care facilities in the service area who have indicated a willingness to refer patients for radiotherapy services.
- Community members strongly support GSRMC's project.

R004196

000842

1. Compliance with the State Health Plan

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*

- GSRMC has affirmed that it will provide oversight, equipment, and services consistent with these requirements

R004197

000843

1. Compliance with the State Health Plan

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

- GSRMC has an existing Tumor Board and will continue to report annually to the South Carolina Central Cancer Registry.

R004198

000844

2. Community Need Documentation

- GSRMC has documented the community need for this project:
  - GSRMC has a large and growing number of cancer patients that it serves currently.
  - GSRMC will offer an alternative in Horry County, where all radiotherapy services are currently concentrated in a single provider.
  - The projections presented in the application demonstrate that GSRMC's radiotherapy program will be well utilized.
  - GSRMC's campus is adjacent to the Coastal Cancer Center, the service area's largest medical oncology practice, which will create opportunities to provide a comprehensive range of cancer services in close proximity.

R004199

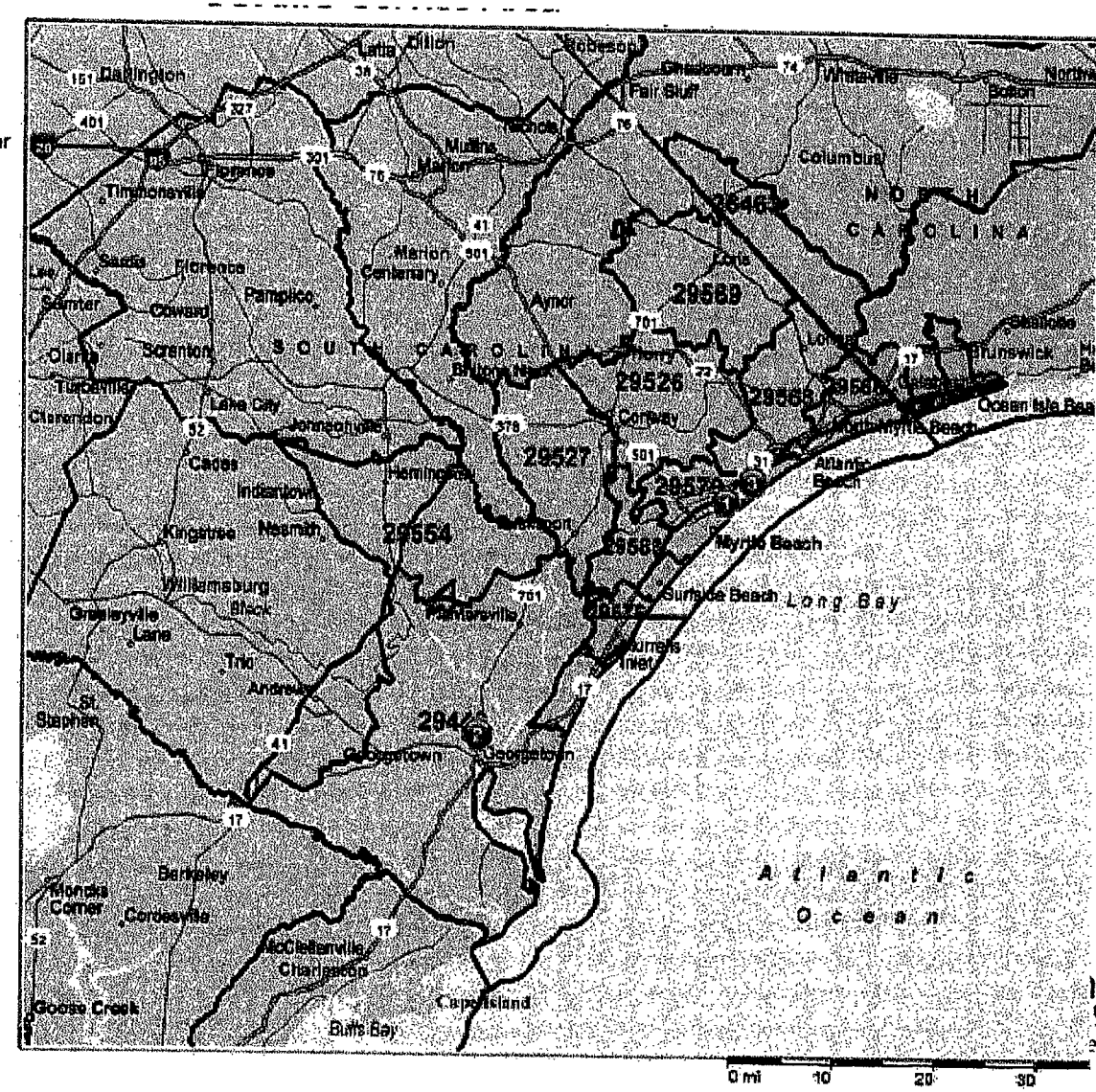
0000845

GSRMC Cancer Service Area

Legend:

1. Carolina Regional Radiation Center
2. Ford Cancer Center a GMC
3. Grand Strand Regional Medical Center

GSRMC Service Area



R004200

000846

2. Distribution (Accessibility)

- GSRMC is ideally situated to serve the needs of its service area residents.
- GSRMC is central to the largest concentration of population in the service area.
- Providing a comprehensive range of services will enhance access for patients who may now have to travel to different locations for various cancer services.
- Horry County's only existing provider, CRCC, is operating above capacity, and additional capacity is needed to address current and future needs.

R004201

0000847

2. Record of the Applicant

- GSRMC has an outstanding record for providing a wide range of quality services to service area residents.
- GSRMC, through its affiliation with HCA, has access to significant resources that will ensure the operation of a high quality radiotherapy program.
- GSRMC provides access to a patients of all payor categories.

R004202

0008848

3. Acceptability

- The project is supported by the medical community and the citizens in the service area.
- GSRMC is the region's largest health care provider, and radiotherapy services will enhance its ability to provide comprehensive care.

R004203

000849

3. Distribution

- The current concentration of all Horry County radiotherapy services in a single provider does not promote choice among service area residents.
- A hospital-based program can offer cancer patients a single point of access to obtain diagnosis, radiation oncology, surgery, and rehabilitation.

R004204

000850

3. Adverse Impact on Other Facilities

- This project will not have a material adverse impact on any other facility.
- The Ford Cancer Center at Georgetown Memorial Hospital is distantly located and has a distinct service area.
- Patients will primarily be redirected from CRCC, which is operating above 100% of its capacity.
- Based on projected growth in cancer cases in the service area, CRCC will continue to be highly utilized after GSRMC initiates its program.

R004205

0008S1

Any Impact on CRCC Will Be Minimal

Projected Growth in Radiotherapy Patients, 2011 to 2015	194
Project GSRMC Radiotherapy Patients, 2015	223
Net Patients Lost by CRCC	29
CRCC Treatments per Patient	21
Net Treatments Lost by CRCC	609
CRCC 2010 Total Treatments	20,946
Less: Treatments Lost to GSRMC	(609)
CRCC Treatments After Impact	20,337
CRCC Treatment Capacity	19,000
CRCC Utilization % After Impact	**107.0%**

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R004206
000852

4. Financial Feasibility

- The application documents the financial feasibility of the project.
- Funds are available for the capital expenditure associated with this project.
- The radiotherapy program is projected to generate positive operating margins in each of its first three years.

R004207

000853

4. Cost Containment

- This project fosters cost containment in several ways:
  - The proposed radiotherapy facility will share existing clinical and administrative services at GSRMC.
  - The proximity to Coastal Cancer Center and its range of medical oncologists and treatment services will reduce travel time and expenses for patients.
  - GSRMC will provide a competitive alternative to CRCC and inject additional price competition with managed care organizations.
  - The design of the facility incorporates energy-savings features and operational efficiencies.

R004208

000854

4. Projected Revenues and Expenses

- The projected revenues and expenses were based on the experience of HCA in operating other radiotherapy programs across the country.
- The projections of net revenue reflect current reimbursement rates in the service area.
- The expenses provide for the necessary staff and supplies to ensure quality.

R004209

0008855

GSRMC's Project is a Superior Alternative to NSROC

- Radiotherapy is a regionalized service and should be centrally located to the population.
- NSROC's location is not convenient to most Horry County residents.
- NSROC's service area is illogically drawn
  - Residents of ZIP Codes 29511, 29526, and 29511 are clearly closer to GSRMC and CRCC.
  - These three ZIP Codes contain 42% of NSROC's population.
- GSRMC would be equally accessible to the majority of NSROC's proposed service area residents, and more accessible to remainder of Horry County.

R004210

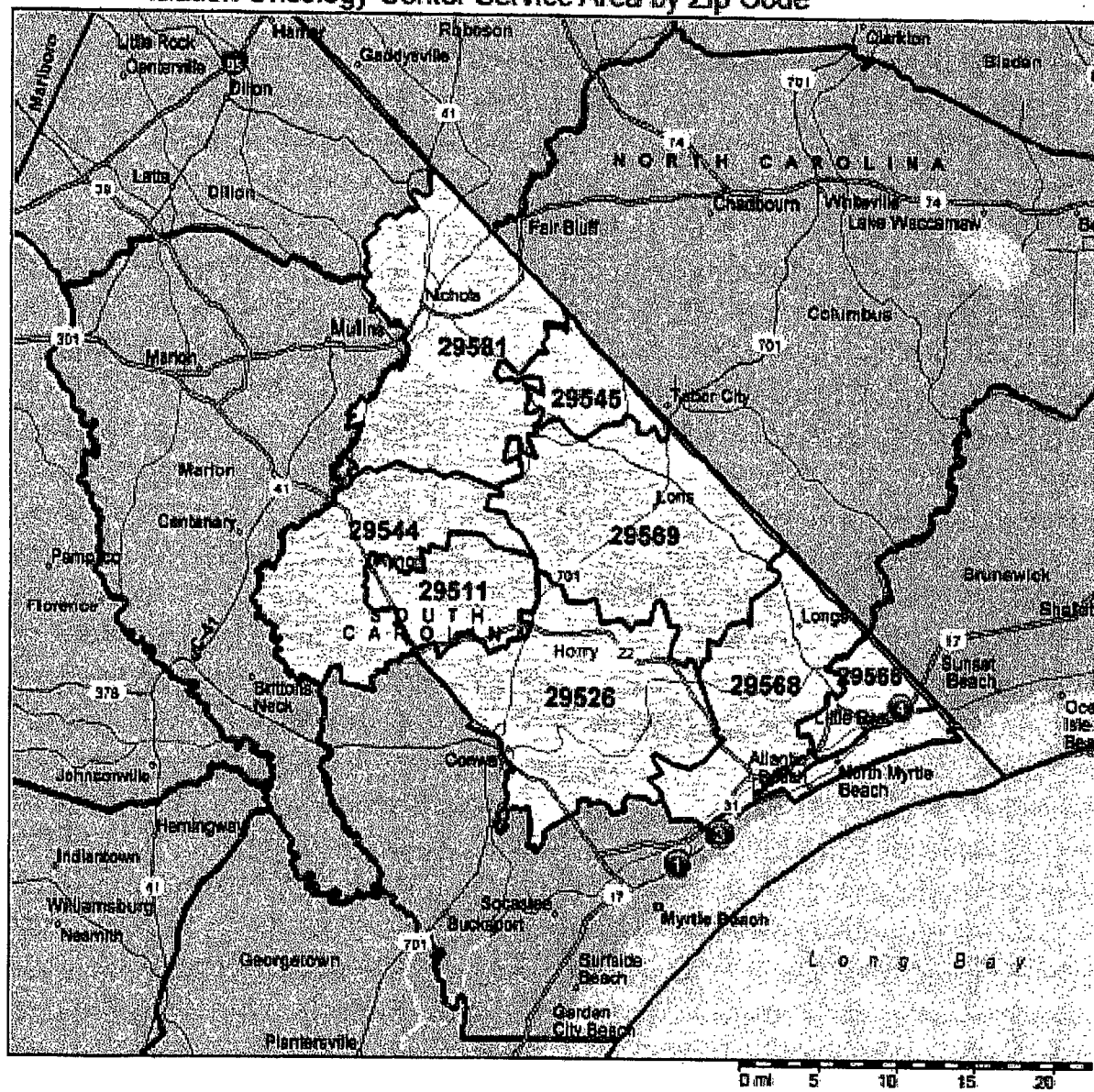
000856

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North Strand Radiation Oncology Center Service Area by Zip Code

Facility Locations

1. Carolina Regional Radiation Center
2. Ford Cancer Center a GMC
3. Grand Strand Regional Medical Center
4. North Strand Radiation Oncology Cen...



R004211

000857

NSROC Service Area 2010 Population

County	Town	Zip Code	Under 18	18-44	45-64	65-74	75+	Total
Horry	Aynor	29511	1,424	2,063	1,295	389	291	5,462
Horry	Conway	29526	8,953	14,342	8,993	3,213	2,726	38,227
Horry	Galivant's Ferry	29544	1,381	2,073	1,262	405	311	5,432
Horry	Green Sea	29545	344	581	359	111	121	1,516
Horry	Little River	29566	2,928	4,338	4,481	2,156	1,414	15,317
Horry	Longs	29568	2,818	3,857	2,528	884	626	10,713
Horry	Loris	29569	4,164	5,992	3,771	1,234	1,044	16,205
Horry	Nichols	29581	666	1,047	794	246	217	2,970
Horry	N. Myrtle Beach	29582	3,403	5,964	6,362	2,558	2,058	20,345
Total			26,081	40,257	29,845	11,196	8,808	116,187

Source: Claritas

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R004212
000858

GSRMC's Project is a Superior Alternative to NSROC

- NSROC's utilization projections are not reasonable and are based on flawed assumptions.
  - Service area population is overstated.
  - 55% market share in Year 3 is unsupported and unreasonable.
  - 15% in-migration from outside the service is not reasonable.
- NSROC would not be near a major medical center offering comprehensive cancer services.

R004213

000859

Conclusions

- Creates a comprehensive cancer program in Horry County
- Consistent with the criteria identified in the 2010-2011 South Carolina Health Plan
- Consistent with all relevant CON review criteria
- Highly supported by the medical community and citizens of the service area
- The superior alternative among the competing applications

R004214

000860

Grand Strand Regional Medical Center

Project Review

November 15, 2011

R004215

000861

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(843) 915-6120 Fax

November 15, 2011

NOV 18 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities & Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a member of Horry County Council, I support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility at its hospital. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties.

I have been informed that the existing radiation therapy facilities in the service area are operating at full capacity as defined in the State Health Plan. Horry County continues to experience significant growth and an increasing influx of visitors and seasonal residents. I can think of no better location for a new radiation therapy center than at the Grand Strand Regional Medical Center. Moreover, with the addition of this service at Grand Strand, inpatients with cancer who are in need of radiation therapy will no longer need to be transported off site for this critical care.

The hospital gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively to ask your department to seriously consider this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Carl Schwartzkopf

Carl Schwartzkopf, Horry County Council, District 8

000862

SURFSIDE
REALTY COMPANY

It's A Beach Thing!

Ms. Beverly A Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and an increasing influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the addition of this at Grand Strand, in patients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is the high quality provider of tertiary care services in the Peed Dee region. The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

000863

For the reasons set forth above, I respectively to ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

E. J. Servant III
Broker in Charge

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NOV 18 2011

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November 14, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

As a community leader and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and an increasing influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is the region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand, inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

For the reasons set forth above, I respectively ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

H. Tom Rice, Chairman

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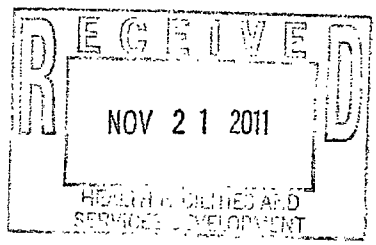
Parker Poe

William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

November 21, 2011

Via Hand Delivery
Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204



Re: Grand Strand Regional Medical Center
Certificate of Need Application for the Addition of a Linear Accelerator and CT Simulator
Myrtle Beach, South Carolina

Dear Ms. Brandt:

Pursuant to your November 16, 2011 email in connection with the Horry County linear accelerator CON applications, enclosed please find Grand Strand's current index of support letters as well as Dan Sullivan's November 16, 2011 letter concerning the "expected annual referral volumes" referenced in your email.

Should you have questions or concerns regarding the enclosed, please do not hesitate to contact me.

Sincerely,

William R. Thomas

WRT/ccq
Enclosures

000865

PPAB 1847599v1

R004219

Sullivan Consulting Group, Inc.

2090 Bethany Way · Alpharetta, Georgia 30004 · (770) 753-4222 · Fax: (770) 753-4223

November 16, 2011

Ms. Beverly Brandt
Director
South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Service Development
2600 Bull Street
Columbia, South Carolina 29201

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Ms. Brandt:

In your email of November 16, 2011, you asked for a current index of support letters and also that each applicant include a category for "physicians and healthcare facilities indicating a willingness to refer patients to the proposed service" and also to quantify the "expected annual referral volumes" as applicable in the index.

The support letters included in the Grand Strand Regional Medical Center (GSRMC) application do not contain a specific quantification of referral volumes, but many letters do express a willingness to refer. As a practical matter, most physician specialties do not refer patients directly to radiation therapy centers. More typically, a primary care physician or a general surgeon, for example, upon diagnosing cancer in a patient would refer the patient to a medical oncologist to determine the most appropriate type of treatment. If the medical oncologist felt that radiation therapy was needed and the patient agreed, the patient would be given a choice of centers where they could be treated.

GSRMC has the strong support of Coastal Cancer Center (Coastal), the service area's largest medical oncology practice, as evidenced by letters of support from six of its oncologists. Prior to filing its application, GSRMC discussed its plans with Coastal, and they indicated that they anticipated referring a significant number of patients to its radiation therapy program, if approved. The Coastal letters do not quantify a specific number of referrals. These physicians, however, serve a high percentage of the cancer patients in Horry County, and because Coastal's main office is next to the GSRMC campus and many of its patients receive chemotherapy treatment at the main office, it is reasonable to conclude that a significant percentage of Coastal's patients from the service area will choose GSRMC for radiation treatment.

Many of the newly diagnosed cancer patients have already received other services at GSRMC such as diagnostic imaging, surgery, or other testing prior to seeking radiation therapy. As discussed at the Project Review Meeting, nearly 5,000 GSRMC patients had some type of cancer diagnosis in 2010. With this historical base of cancer patients and the support of the medical

oncologists, GSRMC's projection of serving 223 radiation therapy patients in the third year of the program's operation is well documented.

One notable exception to the typical referral pattern to radiation therapy is the case of the urologists in Horry County, most of which belong to the Atlantic Urology group. Because the Atlantic Urology group owns the CRCC facilities, and Atlantic Urology, in turn, is owned by 21st Century of South Carolina, I expect that nearly 100% of these urological referrals are now going - and would be expected in the future to go - to CRCC for radiation treatment. GSRMC has specifically considered the urologist's ownership in its utilization projections, and there are a sufficient number of patients with other types of cancer to support GSRMC's projections.

We will be submitting other comments regarding the issues raised at the Project Review Meeting by November 28, 2011.

Sincerely,

Daniel J. Sullivan

President

SUPPORT LETTERS - GRAND [illegible] AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Chestnut, Michael	Councilman	City of Myrtle Beach	Myrtle Beach, SC	Political-Community	814	N/A
Grabowski, Robert (Bob)	Councilman	Horry County Council, District 6	Conway, SC	Political-Community	784	N/A
Gray, W. Wayne	Councilman	City of Myrtle Beach	Myrtle Beach, SC	Political-Community	780	N/A
Schulz, Brent	Councilman	Horry County Council, District II	Conway, SC	Political-Community	782	N/A
Arroyo, Matthew	MD	South Strand Senior Health Center	Myrtle Beach, SC	Physician	676	Yes
Baens, Maria	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	315	Yes
Balachandran, Siva	MD	Coastal Kidney Center, PA	Myrtle Beach, SC	Physician	699	Yes
Bauerle, Wayne B.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	367	Yes
Belcher, Kenneth	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	316	Yes
Belden, Terry A.	MD	Myrtle Beach Family Medicine, PA	Myrtle Beach, SC	Physician	682	Yes
Blue, April	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	317	Yes
Botse-Baidoo, Edward	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	462, 810	Yes
Butler, J. Clark	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	368	Yes
Callihan, Steven M.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	369	Yes
Carley, Rick	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	779	Yes
Carlson, John E.	MD	North Strand Senior Health Center	Little River, SC	Physician	359	Yes
Chambers, Thomas J.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	370	Yes
Cody, Rebecca D.	MD	Coastal Cancer Center	Myrtle Beach, SC	Physician	352	Yes
Conaway, Doug	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	318	Yes
Convaleer, Jose	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	319	Yes
Cornnell, Timothy	MD	Cardiology/Gastroenterologyo Associates of Myrtle Beach, P.A.	Myrtle Beach, SC	Physician	472	Yes
Covington, Richard	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	320	Yes
Davey, Jim	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	321	Yes
Davis, Ben	MD	Grand Strand Surgical Specialists, LLC	Myrtle Beach, SC	Physician	364	Yes
DeHart, Ken	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	314, 812	Yes
Derrick, Russell L.	MD	Carolina Radiology	Myrtle Beach, SC	Physician	465, 706	Not Stated
DeSalvo, Debby	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	461	Yes
Devenyi, Zoltan J.	MD	Gastroenterology Consultants, LLC	Myrtle Beach, SC	Physician	458	Yes
Dickinson, Lewis G.	MD	Grand Strand Surgical Specialists	Myrtle Beach, SC	Physician	712	Yes
Dineen, Kevin	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	322	Yes
Drew, Alexander	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	811	Yes
Eagerton, Donald	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	336	Yes
Elms, J. Jay	MD	Coastal Kidney Center, PA	Myrtle Beach, SC	Physician	700	Yes
Epperson, William Jackson	MD	Inlet Medical Associates, P.A.	Murrells Inlet, SC	Physician	474, 366	Yes

R004222

000868

SUPPORT LETTERS - GRAND AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Everman, David G.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	371, 696	Yes
Garzone, Justin	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	323, 807	Yes
Goldberg, Renwick N.	MD	Coastal Cancer Center	Myrtle Beach, SC	Physician	353	Yes
Golden, Thad	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	324	Yes
Graham, Jr., James F.	MD	Coastal Recovery Center	Myrtle Beach, SC	Physician	681	Yes
Hagerton, Donald	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	325	Yes
Hamilton, Scott	MD	Coastal Podiatry Associates	Myrtle Beach, SC	Physician	714	Yes
Hanna, Mark	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	326, 690	Yes
Hein, Kyaw	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	327	Yes
Hollingsworth, Scott	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	328, 809	Yes
Holt, Jr., Lawrence B.	MD	Coastal Cancer Center	Myrtle Beach, SC	Physician	354	Yes
Huberty, Chad	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	329	Yes
Hullett, Joel	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	330	Yes
Hullett, Maggi	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	331	Yes
Hunter, Tim	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	332	Yes
Jarrett, Jr., Joe N.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	372	Yes
Jones, Zaundra	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	333	Yes
Karcic, Edin	MD	South Strand Senior Health Center	Myrtle Beach, SC	Physician	362, 677	Yes
Karpenko, Matthew J.	DO	Coastal Cancer Center	Myrtle Beach, SC	Physician	355	Yes
King, Erika	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	334	Yes
Kreps, Matthew	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	335	Yes
Lark, Jarrat	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	698	Yes
Leak, Robert S.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	373	Yes
Lee, Wendy	MD	Carolina Rheumatology & Neurology	Myrtle Beach, SC	Physician	351	Yes
Malone, Meghan	MD	Cardiology/Gastroenterologyo Associates of Myrtle Beach, P.A.	Myrtle Beach, SC	Physician	313, 689	Yes
Martel, Tom	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	337	Yes
Matzinger, Steven	MD	Grand Strand Surgical Specialists, LLC	Myrtle Beach, SC	Physician	463	Yes
Mayhew, Scott	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	338	Yes
McIntyre, A. Brian	MD	Coastal Cardiovascular Surgery	Myrtle Beach, SC	Physician	710	Not Stated
McNabb, Daniel	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	645	Yes
Menn, Joseph	MD	Coastal Podiatry Associates	Myrtle Beach, SC	Physician	678	Yes
Merritt, IV, James O.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	374	Yes
Merritt, James O.	MD	Grand Strand Gynecology	Myrtle Beach, SC	Physician	363	Yes
Michaelis, Chris	DO	Carolina Health Specialists	Myrtle Beach, SC	Physician	339	Yes
Molnar, John	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	340	Yes
Molter, Darron	MD	North Myrtle Beach Family Practice	N Myrtle Beach, SC	Physician	695	Yes
Morgan, Michael	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	341	Yes
Mount, Lisa E.	MD	North Strand Senior Health Center	Little River, SC	Physician	360	Yes

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000869

SUPPORT LETTERS - GRAND AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Nillas, Romeo	MD	Carolina Forest Senior Health Center	Myrtle Beach, SC	Physician	358	Yes
O'Connor, Bill	MD	Little River Medical Center	Little River, SC	Physician	466	Yes
Overton, Mark H.	MD	North Strand Senior Health Center	Little River, SC	Physician	361	Yes
Pappas, Alexander J.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	375	Yes
Patel, Nirlep	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	342	Yes
Paudel, Vijay	MD	Coastal Cancer Center	Myrtle Beach, SC	Physician	356	Yes
Pearson, Andrew	MD	Cardiology/Gastroenterologyo Associates of Myrtle Beach, P.A.	Myrtle Beach, SC	Physician	715	Yes
Porciuncula, Jon	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	343, 808	Yes
Potti, Anil	MD	Coastal Cancer Center	Myrtle Beach, SC	Physician	357	Yes
Purgavie, Kimberly A.	DO	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	376	Yes
Purvis, Robert S.	MD	Grand Strand Dermatology	Myrtle Beach, SC	Physician	473, 675	Yes
Ramsbottom, Jr., John G.	MD	North Myrtle Beach Family Practice	N Myrtle Beach, SC	Physician	694	Yes
Reavill, Christopher	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	344	Yes
Reid, III, J. Douglas	MD	Grand Strand Surgical Specialists, LLC	Myrtle Beach, SC	Physician	365, 469	Yes
Remedios, Alex	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	345	Yes
Rimkiene, Ruta	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	346	Yes
Rosner, Daniel	MD			Physician	378	Not Stated
Royal, Gail M.	MD	Coastal Eye Group, PC	Myrtle Beach, SC	Physician	470, 693	Yes
Schecker, Mark H.	MD	Coastal Carolina Allergy & Asthma Associates, PC	Myrtle Beach, SC	Physician	471	Yes
Schmitt, Richard	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	697	Yes
Senn, Eric	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	347	Yes
Sloan, Carl F.	MD	Coastal Eye Group, PC	Myrtle Beach, SC	Physician	692	Yes
Sloan, Jr., Frank K.	MD	Coastal Eye Group, PC	Myrtle Beach, SC	Physician	467, 707	Yes
Stancut, Pavel	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	460	Yes
Tarbert, Lisa	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	348	Yes
Thomas, Natalie	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	349, 806	Yes
Tipton, III, Reuben R.	MD, FACS	Eastern Carolina Regional Eye Center	Myrtle Beach, SC	Physician	464	Yes
Vukov, Gary	MD	Cardiology/Gastroenterology Associates of Myrtle Beach, P.A.	Myrtle Beach, SC	Physician	709	Yes
Wallen, Jeffrey H.	DDS	Jeffrey H. Wallen, DDS, PC	Myrtle Beach, SC	Physician	716	Yes
Wani, Javaid	MD	Carolina Health Specialists	Myrtle Beach, SC	Physician	350	Yes
Ward, Richard W.	MD	Strand Orthopaedic Consultants, LLC	Myrtle Beach, SC	Physician	377	Yes
Werter, Scott	MD	Coastal Podiatry Associates	Myrtle Beach, SC	Physician	713	Yes
Whitaker, Thomas A.	MD, FACS	Eastern Carolina Regional Eye Center	Myrtle Beach, SC	Physician	717	Yes
Wunder Richard J. and Fortman, Brian J.	MD	Carolina Radiology	Myrtle Beach, SC	Physician	459, 708	Not Stated
Arakas, Erin				Community	628	N/A

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SUPPORT LETTERS - GRAND AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Beccarellil, Phyllis and Janelli, Ronald		H2U Member		Community	646	N/A
Bonhotal, Norma G.				Community	638	N/A
Brooks, David				Community	433	N/A
Carle, Arnada I.		H2U Member		Community	665	N/A
Carrillo, Donna				Community	429	N/A
Carroza, Joan				Community	441	N/A
Chestnut, Michael L.				Community	447	N/A
Cole, Taby		H2U Member	Myrtle Beach, SC	Community	653	N/A
Collins, Bernice W.		H2U Member		Community	749	N/A
Connelly, Theresa		H2U Member		Community	655	N/A
Cyphers, Melba J.		H2U Member		Community	729	N/A
Dean, Brad	President & CEO	Myrtle Beach Area Chamber of Commerce	Myrtle Beach, SC	Community	786	N/A
Dennis, Carolyn		H2U Member		Community	680	N/A
Deskins, Sally				Community	445	N/A
Diaz, Hector				Community	634	N/A
Diaz, Rose				Community	639	N/A
Dohner, Irvin		H2U Member		Community	756-757	N/A
Dougherty, JoAnn				Community	641	N/A
Duckworth, David		H2U Member	Myrtle Beach, SC	Community	772	N/A
Dunn, Jude A.				Community	430	N/A
Durham, Genevieve S.		H2U Member		Community	648	N/A
Dwyer, Maureen K.				Community	626	N/A
Eagan, James W.				Community	635	N/A
Eagan, Laura				Community	636	N/A
Eberly, Melvin and Doris		H2U Member		Community	752	N/A
Evans, Irene R.		H2U Member		Community	754-755	N/A
Fielhauer, Louise		H2U Member		Community	669	N/A
Fink, Joy B.		H2U Member	Myrtle Beach, SC	Community	727	N/A
Finn, James H.				Community	630	N/A
Fisher, Barbara		H2U Member		Community	746	N/A
Fitzgerald, Elizabeth		H2U Member	N. Myrtle Beach, SC	Community	765	N/A
Fleming, B.K.				Community	627	N/A
Ford, Woody				Community	448	N/A
Fortnum, Kenneth A.		H2U Member	Murrells Inlet, SC	Community	748	N/A
Foster, James T.		H2U Member	Myrtle Beach, SC	Community	663	N/A
Foster, Patricia S.		H2U Member	Myrtle Beach, SC	Community	662	N/A
Friz, Carol		H2U Member		Community	761	N/A

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SUPPORT LETTERS - GRAND AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Froudi, Rosemarie A. and William J.		H2U Member		Community	652	N/A
Gilmore, Sharon A.				Community	426	N/A
Givens, Janice C.		H2U Member		Community	667	N/A
Goin, Evelyn W.				Community	629	N/A
Greene, Elizabeth				Community	446	N/A
Grigg, Dargan		Willbrook Links Investment Group, Inc.	Myrtle Beach, SC	Community	789-790	N/A
Grigg, Roger E.	President	Leonard Grigg & Associates, LLC	Myrtle Beach, SC	Community	799-800	N/A
Hardin, David				Community	432	N/A
Hedesh, Barbara			N. Myrtle Beach, SC	Community	758	N/A
Hess, Clare M.		H2U Member		Community	735	N/A
Hollembaek, Robert E.				Community	622	N/A
Holshouser, June S.		H2U Member	Myrtle Beach, SC	Community	740-741	N/A
Hornell, Dudly		H2U Member		Community	743	N/A
Howes, Stephen & Joanna		H2U Member		Community	739	N/A
Hrisko, William C.		Kingston Plantation	Myrtle Beach, SC	Community	795-796	N/A
Hubbard, Elaine		H2U Member	Myrtle Beach, SC	Community	730	N/A
Hunn, Martha S.				Community	443	N/A
Illegible		H2U Member	Myrtle Beach, SC	Community	718	N/A
Illegible		H2U Member	Myrtle Beach, SC	Community	773	N/A
Illegible, William		H2U Member	Myrtle Beach, SC	Community	737	N/A
Jensen, Sr., Ronald & Magda		H2U Member	Myrtle Beach, SC	Community	753	N/A
Johnson, Marie		H2U Member		Community	745	N/A
Kahl, Frederick & Bernadette		H2U Member	Myrtle Beach, SC	Community	778	N/A
Kastner, Regina				Community	437	N/A
Keister, Lucille M.		H2U Member	Surfside Beach, SC	Community	738	N/A
Keys, Illegible & Rette		H2U Member		Community	654	N/A
Kieltyka, Martha M.				Community	637	N/A
Kost, John & Louis		H2U Member	Myrtle Beach, SC	Community	750	N/A
Kovach, Jo Ann		H2U Member		Community	764	N/A
Kudla, Jo		H2U Member		Community	659	N/A
La Pier, Michael	Dir. of Airports	Myrtle Beach International Airport	Myrtle Beach, SC	Community	815	N/A
Latwaitis, Joan A.				Community	625	N/A
Laughinghouse, Ann O.				Community		N/A
Lazarus, Mark		Wild Water & Wheels	Surfside Beach, SC	Community	785	N/A

R004226
000872

SUPPORT LETTERS - GRAND [illegible]AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
LeCakes, Nicholas G>		H2U Member	Myrtle Beach, SC	Community	683	N/A
Leonard, Donald D.	President	Leonard Call & Associates, Inc. Real Estate	Myrtle Beach, SC	Community	787-788	N/A
Leonard, Donald D.		Leonard Call Taylor Investments, Inc.	Myrtle Beach, SC	Community	797-798	N/A
Lightfoot, Mary		H2U Member		Community	647	N/A
Little, Elizabeth				Community	631	N/A
Long, Lynn B.		H2U Member		Community	664	N/A
Macvel, Margaret V.		H2U Member		Community	661	N/A
Marshall, Donna		H2U Member	Myrtle Beach, SC	Community	720	N/A
McBean, Eileen W.		H2U Member	N Myrtle Beach, SC	Community	726	N/A
McCrackin, E. Windell		H2U Member	Myrtle Beach, SC	Community	685	N/A
McCrackin, Joann M.		H2U Member	Myrtle Beach, SC	Community	684	N/A
Meller, Jean H.		H2U Member	Murrells Inlet, SC	Community	723	N/A
Murphy, Barbara		H2U Member		Community	751	N/A
Myers, Thomas H. & Patricia D.		H2U Member		Community	691	N/A
Nauce, Jean C.		H2U Member		Community	760	N/A
Neeves, Donna				Community	440	N/A
Paul, Cheryl				Community	442	N/A
Pearce, H.E.	Chairman	Myrtle Beach National Company	Myrtle Beach, SC	Community	783	N/A
Perry, Donald E.		H2U Member		Community	733	N/A
Petersen, Cleta		H2U Member		Community	742	N/A
Phillips, Jr., Richard		H2U Member		Community	657	N/A
Podoba, Suzanne L.				Community	623	N/A
Poston, Robert C. and Phyllis B.		H2U Member		Community	747	N/A
Potter, Pauline B.		H2U Member		Community	744	N/A
Prince, Meleisa				Community	428	N/A
Rudd, Adam		Grand Strand Regional Medical Center	Myrtle Beach, SC	Community	434	N/A
Ruscello, Carol				Community	444	N/A
Rusenko, Jan		Leonard Call & Associates, Inc. Real Estate	Myrtle Beach, SC	Community	803-804	N/A
Savow, Regina K.		H2U Member	Little River, SC	Community	768	N/A
Schaefer, Ann L.		H2U Member	Myrtle Beach, SC	Community	734	N/A
Schoch, Muriel K.		H2U Member		Community	660	N/A
Semler, Robert & Marguerite		H2U Member		Community	759	N/A
Shipman, Gertrude		H2U Member		Community	658	N/A
Shreiner, Millard and Nancy		H2U Member		Community	725	N/A

R004227

00873

SUPPORT LETTERS - GRAND AND REGIONAL MEDICAL CENTER
CON Application for the Addition of a Linear Accelerator and CT Simulator

Name	Title	Company	State/City	Category	CON Pg #	Referral to GSRMC
Shumaker, Ruth P.		H2U Member	Myrtle Beach, SC	Community	687, 775	N/A
Smith, Patricia				Community	633	N/A
Spires, Dorothy		H2U Member	Myrtle Beach, SC	Community	769	N/A
Stacy, Phoebe B.		H2U Member		Community	770	N/A
Steppe, Jean		H2U Member		Community	668	N/A
Strange, Sue				Community	427	N/A
Strickland, Wendy		Grand Strand Regional Medical Center	Myrtle Beach, SC	Community	438	N/A
Stumpf, Constance L.		H2U Member, Volunteer	N. Myrtle Beach, SC	Community	767	N/A
Sutton, Jon T.		H2U Member		Community	722	N/A
Talman, Mary		H2U Member	Myrtle Beach, SC	Community	666	N/A
Tetta, Charles and Claire		H2U Member		Community	771	N/A
Tharington, Penny M.		LCT Ventures d/b/a Mr. Stori It Mini Storage	Myrtle Beach, SC	Community	793-794	N/A
Thompson, Robert E.		H2U Member		Community	686	N/A
Thompson, Ruby		H2U Member		Community	763	N/A
Thorps-Wrenn, Camille		H2U Member		Community	766	N/A
Tirrell, Al S. and Wilma H.		H2U Member		Community	724	N/A
Tracy, Justine				Community	640	N/A
Truex, Frances B. and Richard W.		H2U Member		Community	721	N/A
Turner, Beverly				Community	436	N/A
Turner, Linda				Community	632	N/A
Vogel, John & Theresa		H2U Member		Community	679, 762	N/A
Wagner, Martha		H2U Member	Myrtle Beach, SC	Community	719	N/A
Wales, Howard and Karin		H2U Member	N. Myrtle Beach, SC	Community	731	N/A
Walker, Michele				Community	439	N/A
Was, David				Community	431	N/A
Wayner, Martha		H2U Member	Myrtle Beach, SC	Community	732	N/A
Welch, Elaine		H2U Member	Myrtle Beach, SC	Community	774	N/A
White, Doug	CEO	Grand Strand Regional Medical Center	Myrtle Beach, SC	Community	435	N/A
Whitman, Yvonne		H2U Member		Community	736	N/A
Wilkerson, Anne		H2U Member		Community	670	N/A
Williams, Connie M.				Community	425	N/A
Wooten, Shari A.		Tradition Golf Club	Pawleys Island, SC	Community	791-792	N/A
York, Cheryle F.	Vice President	Leonard Call Annual Rentals, Inc.	Myrtle Beach, SC	Community	801-802	N/A

R004228

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Sullivan Consulting Group, Inc.

2090 Bethany Way · Alpharetta, Georgia 30004 · (770) 753-4222 · Fax: (770) 753-4223

November 28, 2011

RECEIVED
NOV 2 8 2011
HEALTH FACILITIES AND SERVICES DEVELOPMENT

Ms. Beverly Brandt
Director
South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Service Development
2600 Bull Street
Columbia, South Carolina 29201

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Ms. Brandt:

On behalf of Grand Strand Regional Medical Center (GSRMC), I would like to take this opportunity to respond to the presentations made at DHEC's Project Review Meeting on November 15, 2011 regarding the three competing applications seeking approval of a linear accelerator in Horry County. Specifically, we will respond to comments of:

- North Strand Radiation Oncology Center (NSROC)
- Carolina Regional Cancer Center (CRCC)
- Georgetown Memorial Hospital (GMH)

We will address each of the major issues raised by the various parties that were directed at GSRMC's project. These issues include:

1. Number of units needed
2. Geographic location
3. Utilization projections
4. Freestanding *versus* hospital-based radiation therapy programs
5. Expansion of an existing provider *versus* approval of a new provider
6. Adverse impact
7. Cost and implementation period.

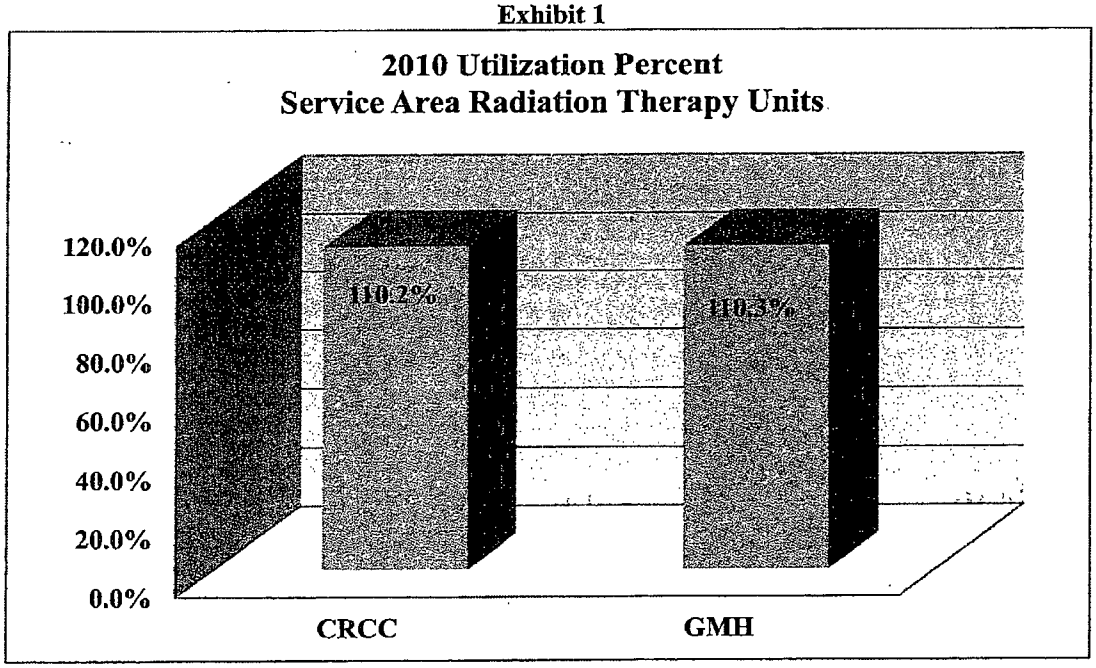
As will be demonstrated in the following discussion, GSRMC's project can best address the need for additional radiation therapy services in the service area.

1. Number of Units Needed

CRCC argued at the Project Review Meeting that only one additional linear accelerator is needed in the Georgetown/Horry/Williamsburg service area, but without any analytical support. The historical and projected utilization of existing providers in the service area, however, refutes this claim and demonstrates that two additional linear accelerators could be readily supported.

Exhibit 1 presents the 2010 utilization of two existing radiation therapy providers in the service area. Both existing providers operated above 100% of capacity in 2010.

Exhibit 1



CRCC was recently approved to relocate one linear accelerator to Murrells Inlet and is requesting approval for an additional linear accelerator in Conway. GMH was approved to relocate its radiation therapy service to Murrells Inlet and to purchase a new unit. CRCC projected utilization to 2015 for its three proposed sites. GMH appears to have omitted projected utilization from its application; however, its 2010 utilization was used to estimate conservatively its 2015 utilization. These projections are summarized in Exhibit 2.

Exhibit 2
2015 Projected Utilization of CRRC and GMH Existing and Proposed Linear Accelerators

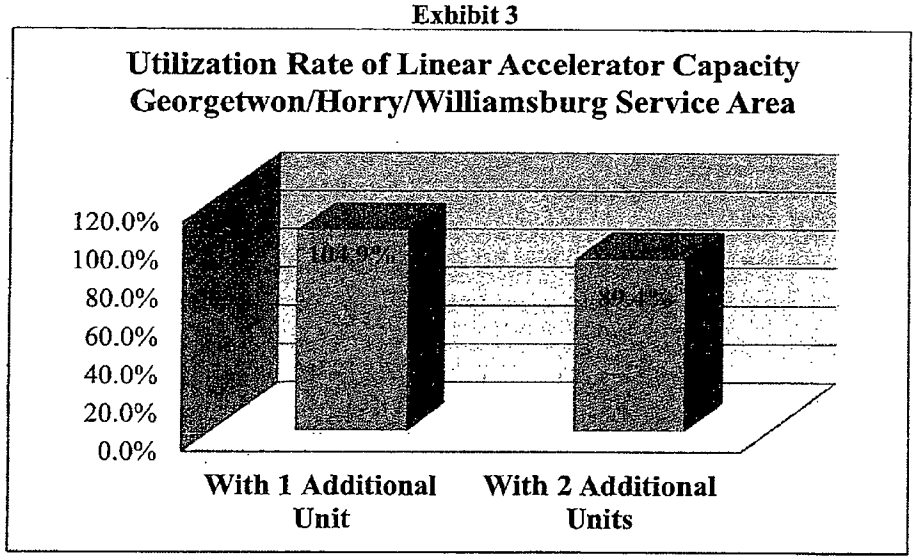
Facility	Units	Treatments	Capacity	% Utilization
CRCC Myrtle Beach	2	13,722	14,000	98.0%
CRCC Conway	1	5,227	5,000	104.5%
CRCC Murrells Inlet	1	5,943	5,000	118.9%
Subtotal-CRCC	**4**	**24,892**	**24,000**	**103.7%**
GMH Murrells Inlet	1	5,515	5,000	110.3%
Total Service Area	**5**	**30,407**	**29,000**	**104.9%**

Source: CON applications and additional information

Even with the proposed addition of a new linear accelerator in Conway, CRCC's own projections indicate that utilization of its capacity would exceed 100%. The service area as whole would operate at nearly 105% of capacity.

Exhibit 3 shows the impact on the service area's utilization rate if a sixth linear accelerator were to be approved. The utilization rate with a sixth unit would still be 89.4% of capacity, which indicates that all of the units to be highly utilized.

Exhibit 3



CRCC is arguing for only one additional unit in an effort to limit competition in Horry County. Its own projections clearly support the approval of two linear accelerators to serve the future demand for radiation therapy services.

2. Geographic Location

A major point of contention among the parties is the most appropriate location for any additional approved linear accelerators. GSRMC has consistently maintained that radiation therapy is a regionalized service and that such services should be centrally located to ensure access from all parts of the service area. None of the arguments presented by the other parties has demonstrated that a superior alternative exists to the placement of radiation therapy services at GSRMC. The approval of GSRMC's project would provide the following benefits:

- GSRMC is the largest provider of acute care services, including services to patients with cancer. Continuity of care would be enhanced by allowing cancer patients to receive radiation treatment at the same location where they receive other diagnostic, treatment, and rehabilitative services.

- GSRMC has already received accreditation from the American College of Surgeons as a Community Cancer Center, and radiation therapy is the one significant element missing from the continuum of cancer services provided.

- GSRMC has the service area's largest medical staff, and there are numerous letters of support from these physicians documenting the need and support for radiation treatment at GSRMC.

- GSRMC is centrally located to the greatest concentration of population in Horry County.

CCRC has argued that the need is greater in Conway than in Myrtle Beach where GSRMC is located. GSRMC does not disagree that there is sufficient population in the Conway area to support a linear accelerator, but the approval of a service in Conway should not take precedence over the approval of GSRMC's project. As discussed in more detail below, Horry County needs a hospital-based radiation therapy program since all services are currently provided in a freestanding environment. If DHEC determines that two new linear accelerators can be approved, *then Conway would be the logical second site after GSRMC.*

NSROC has argued that the need is greatest in the northern part of Horry County, but a location in the extreme northeastern corner of Horry County does not maximize access to South Carolina residents. The population of five ZIP Codes in northern Horry County (29545, 29566, 29568, 29569, and 29581) was 46,721 in 2010 and is projected to increase to 52,581 in 2015 according Nielsen Claritas data, which represents only 17% of Horry County's total population in each of those years.[1] This population base is insufficient to support a radiation therapy program and

[1] Horry's total ZIP Code population was estimated to be 268,950 in 2010 and projected to be 303,992 in 2015 by Nielsen Claritas.

demonstrates that NSROC's program would not be accessible to the significant majority of Horry residents.

CRCC argued that it would not be appropriate to approve GSRMC's proposal because it is located only three miles from CRCC's Myrtle Beach center. CRCC apparently saw no problem with locating in close proximity to another provider in its recent application to relocate one of its linear accelerators from Myrtle Beach to Murrells Inlet. As the Department is aware, GMH also applied to relocate its radiation therapy service from Georgetown to Murrells Inlet, less than three miles from CRCC's proposed site. Both applications were approved, and CRCC is still pursuing the development of its Murrells Inlet center. As noted previously, radiation therapy services serve a regional population, and having two providers in the most populous part of Horry County is appropriate.

3. Utilization Projections

CRCC stated at the Project Review Meeting that GSRMC has overstated its projected utilization and that CRCC based its projections on an average annual rate of growth of 2.5%. GSRMC presented a detailed utilization projection model that assumes that age-specific cancer incidence rates will remain constant at the 2007 level, and that the only growth in cancer cases will be driven by increases in population. CRCC provided no projection of the expected growth in the service area's total cancer cases.

GSRMC's projections result in an average annual rate of growth in cancer cases of 2.9% between to 2010 and 2015, which is not significantly different from CRCC's assumed 2.5% growth rate. Moreover, the long-term annual growth rate in service area cancer cases from 1996 to 2007 was 3.8%, according to the South Carolina Central Cancer Registry. GSRMC's projected growth is well below the historical trend.

GSRMC needs to capture only a 20% market share of the total radiation therapy patients in its service area to reach its projected volumes. Given its large existing base of cancer patients, its large medical staff, and its central location, this market share projection is reasonable and achievable.

In contrast, NSROC's utilization projections are seriously flawed due to several unrealistic assumptions.

- NSROC's defined service area is too expansive and includes a significant number of Horry residents who would be closer to GSRMC and CRCC than to NSROC. In particular, ZIP Codes 29511, 29526, and 29544 are closer to GSRMC and CRCC than are they are to NSROC's proposed site. These three ZIP Codes account for 42% of NSROC's service area population. In addition, portions of ZIP Codes 29568 and 29582, which represent another 27% of NSROC's service area population, are closer to GSRMC than to NSROC. As a result less than half of NSROC's service area population would experience any material reduction in travel time when compared with GSRMC's location.

- NSROC has no history of serving cancer patients and will be located on the campus of Seacoast Medical Center, a fledgling 50-bed hospital that is still building its medical staff and patient base. NSROC does not have the experience and referral relationships to support the projections in its application.

- Even with an overstated service area, NSROC must capture 55% of the area's projected new cancer cases by 2015 to achieve its projected utilization. It is highly unlikely that a new radiation program next to a small start-up hospital would be able to garner such a large share of the market so quickly. As a point of comparison, GMH's cancer program served 263 cancer patients in 2009 with a larger, long-established hospital after many years of operating a radiation therapy service in a county with no competing provider. NSROC projects to serve 259 patients in its third year of operation in an isolated location with a highly utilized competitor serving its market.

- Compounding the overstatement of NSROC's projected utilization is its assumption that it will receive 15% of its patients (39 patients in 2015) from outside of an already overstated service area. No documentation was provided regarding where these other patients would reside or why they would travel to northeastern Horry County as opposed to more proximate providers.

GSRMC has presented reasonable utilization projections; NSROC has not. CRCC's claims otherwise are unfounded.

NSROC attempted to bolster its need argument with anecdotal videos from a few patients living in northern Horry County. These few testimonials do not demonstrate the need for a linear accelerator at NSROC. To the extent that patients require both chemotherapy and radiation therapy concurrently, GSRMC will readily accommodate these patients with chemotherapy services available at the medical oncologists' office approximately 100 yards from GSRMC.

4. Freestanding *Versus* Hospital-Based Radiation Therapy Programs

The Department has the opportunity in this review to correct an imbalance in the distribution of radiation therapy services in Horry County. Horry is South Carolina's fifth largest county, and in every other county of its size residents have the option of utilizing a hospital-based radiation therapy program. Exhibit 4 presents the distribution of linear accelerators by setting in these five counties.

Exhibit 4
Hospital-Based vs. Freestanding Radiation Therapy Units
South Carolina's Five Largest Counties

County	2010 Population	Radiation Therapy Units	
		Hospital-Based	Freestanding
Greenville County	451,225	4	2
Richland County	384,504	2	4
Charleston County	350,209	11	0
Spartanburg County	284,307	3	2
Horry County	**269,291**	**0**	**3**

Source: U.S. Census Bureau, Census of Population and Housing 2000 and 2010

Hospital-based radiation therapy programs offer certain advantages over freestanding centers:

- Hospital-based programs can serve both inpatients and outpatients requiring radiation. While the number of inpatients requiring radiation is relatively small, the transport of seriously ill hospital patients to an off-site radiation therapy center requires additional expense and is stressful for patients and their families.

- Hospitals such as GSRMC offer a full range of diagnostic and treatment services, which freestanding radiation centers typically do not. For patients who require laboratory, imaging, or other specialized procedures, the patients can receive such services without the necessity of travel to another location and going through the registration process with a another provider.

- Hospitals can provide immediate treatment in cases where a patient has a medical emergency while undergoing radiation treatment.

- GSRMC has a specific advantage in that its campus is next to the main offices of Coastal Cancer Center, the area's largest medical oncology group, where many cancer patients in Horry County go for medical consultation and chemotherapy treatment.

With the approval of GSRMC's project, Horry County residents will have a choice of a hospital-based or a freestanding provider. The denial of GSRMC's project in favor of CRCC would mean that Horry residents would have only one choice.

5. Expansion of an Existing Provider *Versus* Approval of a New Provider

CRCC contends that its application should be approved over GSRMC's because it is an existing provider that operates multiple units, and that it has experience in providing radiation while GSRMC does not. It also noted that GSRMC would have only a single unit, which would not provide for immediate back-up in the case of an equipment problem. CRCC cited its economies of scale in operation that GSRMC would not realize. There are numerous problems with these arguments.

- Under CRCC's logic, there could never be approval of another provider in Horry County because CRCC operates multiple units.

- CRCC fails to acknowledge the benefits that competition would provide in terms of offering patients a choice of providers and managed care companies a choice in negotiating payment rates, which would result in cost containment. CRCC's suggested approach would maintain its current monopoly on radiation therapy services in Horry County and stifle competition for the foreseeable future.

- CRCC has embarked on a strategy of decentralizing its radiation services by establishing radiation therapy centers with single linear accelerators in Murrells Inlet and Conway. Apparently, CRCC has no concerns with potential service disruptions if one of these new units were to experience problems.

- CRCC projects that all of its units will be highly utilized in the future, indicating that it could not easily accommodate patients of one unit by shifting volume to another unit.

- While CRCC contends that GSRMC has no experience with radiation therapy services, it is part of the HCA system that operates 65 linear accelerators across the country, including a highly utilized program at Trident Regional Medical Center in North Charleston. GSRMC will draw on these significant resources in the implementation of its program.

The injection of needed competition into the radiation therapy market is a compelling basis for the approval of GSRMC's project. Curiously, when CRCC's Medical Director, Dr. Francke, was questioned as to why CRCC's utilization increased significantly from 2009 to 2010, Dr. Francke replied that "provider relations" had improved. This answer, however, was not complete. *In fact, more likely is that utilization increased by 34% in one year's time because 21st Century Oncology acquired CRCC in 2010 and then offered 100% ownership in CRCC to the Atlantic Urology Clinics, LLC (see CRCC's CON application, Exhibit 15), which then became a subsidiary to 21st Century. Thus, most, if not all, of Atlantic Urology's physicians who did not refer patients to CRCC under prior ownership because of a prior CON dispute began referring to CRCC because they now had a financial interest in doing so. Clearly, this relationship stifles, rather than improves, competition in the service area.*

6. Adverse Impact

CRCC stated that the approval of GSRMC's project would adversely impact its services. This argument should be given no weight for two reasons. CRCC itself is proposing to add a linear accelerator, which is an acknowledgement that there is need for additional capacity in Horry County. As GSRMC demonstrated at the Project Review Meeting, any impact from GSRMC's project will be minimal given CRCC's extremely high utilization levels currently and the projected growth in the number of cancer patients in the future. Any time that a provider controls 100% of the capacity in an area, the approval of any new provider will impact the existing provider. The benefits of approving GSRMC's project far outweigh the *de minimus* impact on CRCC's considerable patient volumes.

7. Cost and Implementation Period

CRCC stated that its project should be approved because it could implement its Conway center more rapidly than GSRMC proposed in its application. CRCC proposes to acquire an older freestanding building that it will need to renovate for its proposed unit. GSRMC is proposing to build a new, state-of-the-art facility as part of its hospital. The differential of 10 months is hardly a sufficient a basis to approve CRCC over GSRMC given the many positive impacts that GSRMC's proposal would offer.

CRCC also stated that its comparatively lower capital cost was a basis for approval of its project. The cost differential is attributable to its lower building costs. The proposed capital expenditures of the applicants will yield different results. GSRMC will construct a facility that will be fully integrated into its existing hospital while CRCC will make minor renovations to a stand-alone building that has been vacant for some time. GSRMC's costs are reasonable and appropriate to develop a hospital-based radiation therapy center.

NSROC included in is presentation a comparison of the projected charges by the three applicants and noted that it proposed charges were below those of the other two. Given that NSROC's financial projections are based on unreasonable utilization projections, its proposed charges are similarly unreasonable. NSROC's project would not be financially feasible at more realistic projected utilization levels with the charges it has proposed.

We respectfully request that the Department grant a Certificate of Need to GSRMC because it presents the best alternative for addressing the need for additional radiation therapy capacity in the service area.

Sincerely,

Daniel J. Sullivan

President

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

CON For Grand Strand Regional Medical Center, Myrtle Beach, SC

1 message

Rita Decarlis <RDecarlis@brunerpowell.com> **Tue, Nov 29, 2011 at 11:08 AM**
To: "brandtba@dhec.sc.gov" <brandtba@dhec.sc.gov>
Cc: Wade Mullins <WMullins@brunerpowell.com>, Dale Scaglione <Dale@brunerpowell.com>

Ms. Brandt:

Please find attached correspondence from E. Wade Mullins, III, relating to the CON Application submitted by Grand Strand Regional Medical Center, for the construction for the establishment of a new radiation therapy service in a center attached to the main hospital.

RITA D. DECARLIS

LEGAL ASSISTANT TO E. WADE MULLINS, III

BRUNERPOWELL

BRUNER, POWELL, WALL & MULLINS, LLC

POST OFFICE BOX 61110

1735 ST. JULIAN PLACE, SUITE 200 (29204)

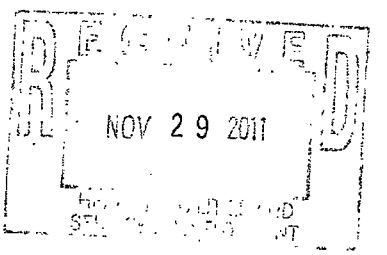
COLUMBIA, SOUTH CAROLINA 29260-1110

TELEPHONE: (803) 252-7693

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EMAIL: RDECARLIS@BRUNERPOWELL.COM

WWW.BRUNERPOWELL.COM



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BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW
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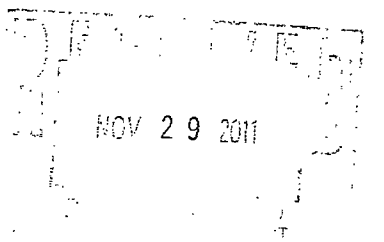
JAMES L. BRUNER, P.A.
WARREN C. POWELL, JR., P.A.*
HENRY P. WALL, P.A.
E. WADE MULLINS, III, P.A.
* Also Admitted in District of Columbia

BRIAN P. ROBINSON, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
WILLIAM D. BRITT, JR., P.A.

BENJAMIN C. BRUNER
MATTHEW H. STABLER

AUTHOR'S E-MAIL:
WMULLINS@BRUNERPOWELL.COM

November 29, 2011



VIA EMAIL brandtba@dhec.sc.gov
and US MAIL
Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Re: CON for Grand Strand Regional Medical Center, Myrtle Beach, South Carolina – construction for the establishment of a new radiation therapy service in a center attached to the main hospital
Bruner Powell File No.: 7-2148.100

Dear Ms. Brandt:

As you know, I represent Carolina Regional Cancer Center ("CRCC") which provides radiation therapy services at its location in Myrtle Beach, South Carolina. Grand Strand Regional Medical Center has filed a Certificate of Need Application with the Department seeking to construct a new radiation therapy service in a center attached to the main hospital.

By virtue of its status as a person located in the service area in which the project is to be located and who provides similar services, CRCC considers itself an affected person with regards to the above-referenced application. To the extent there is any confusion regarding CRCC's position with regards to the Grand Strand application, CRCC opposes the Grand Strand application. I am requesting that I be copied on all correspondence or other written communications relating to the above-referenced application. I would also request the opportunity to receive any Notices issued by the Department concerning this application as well as be provided an opportunity to receive copies of all documents submitted in connection with the above referenced application. I thank you for your attention to this matter and ask that you contact me with any questions.

With my best regards, I am

Sincerely yours,

E. Wade Mullins, III

EWM/rdd

000886

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

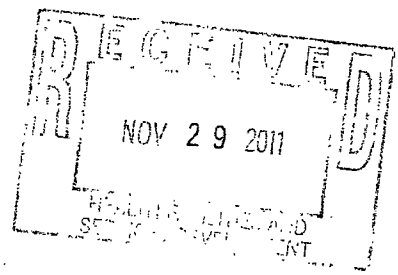
CON for North Strand Radiation Oncology Ctr., LLC

1 message

Rita Decarlis <RDecarlis@brunerpowell.com> **Tue, Nov 29, 2011 at 11:05 AM**
To: "brandtba@dhec.sc.gov" <brandtba@dhec.sc.gov>
Cc: Wade Mullins <WMullins@brunerpowell.com>, Dale Scaglione <Dale@brunerpowell.com>

Ms. Brandt:

Please find attached correspondence from E. Wade Mullins, III, relating to the CON Application submitted by North Strand Radiation Oncology Center, LLC, for the purchase and installation of a linear accelerator to be located within a newly constructed free-standing radiation therapy center.



RITA D. DECARLIS

LEGAL ASSISTANT TO E. WADE MULLINS, III, ESQUIRE

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* Also Admitted in District of Columbia

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WILLIAM D. BRITT, JR., P.A.

BENJAMIN C. BRUNER
MATTHEW H. STABLER

AUTHOR'S E-MAIL:
WMULLINS@BRUNERPOWELL.COM

November 29, 2011

VIA EMAIL brandtba@dhec.sc.gov
and US MAIL
Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development
SC Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

29 Nov

Re: CON for North Strand Radiation Oncology Ctr., LLC – purchase and installation of a linear accelerator to be located within a newly constructed free-standing radiation therapy center
Bruner Powell File No.: 7-2148.100

Dear Ms. Brandt:

I have previously forwarded you on behalf of Carolina Regional Cancer Center ("CRCC") a notice of affected person with regards to the above-referenced Certificate of Need Application submitted by North Strand Radiation Oncology Center, LLC, seeking to develop a radiation therapy facility in Little River, South Carolina. CRCC believes that the position that it has taken throughout the review process indicates its opposition to the North Strand project. However, because counsel for the Department has erroneously indicated in submissions to the DHEC Board that CRCC did not oppose another application submitted by Georgetown Hospital System for a relocation of its Cancer Center, we are taking this opportunity to eliminate any opportunity for confusion by providing this formal notice that CRCC is opposed to the North Strand Project. Please place this in the Department Project File for North Strand.

I thank you for your attention to this matter and ask that you contact me with any questions.

With my best regards, I am

Sincerely yours,

E. Wade Mullins, III

EWM/rdd

000889

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

Additional Letter of support for Grand Strand's Radiation Therapy Program

1 message

Thomas, William R. <willthomas@parkerpoe.com> **Thu, Dec 1, 2011 at 4:55 PM**
To: "Brandt, Beverly" <brandtba@dhec.sc.gov>
Cc: "Quillen, Colleen C." <colleenquillen@parkerpoe.com>

Beverly,

Please find attached an additional signed letter of support for Grand Strand's proposed radiation therapy program which Grand Strand received today. I will also have a copy hand delivered to you tomorrow. Best regards,

Will

William Thomas

Parker Poe

1201 Main Street | Suite 1450 | Columbia, SC 29201
Phone: 803.253.8658 | Fax: 803.255.8017 | www.parkerpoe.com | vcard | map

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GSRMC Support Letter from Dr. Holt 12-1-11.pdf
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Coastal Cancer Center

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Caring...
Compassionate...

LAWRENCE B. HOLT, JR., MD, FACP
RENWICK N. GOLDBERG, MD
VIJAY PAUDEL, MD
REBECCA D. CODY, MD
CAROL A. BOGDAN, MD
MATTHEW J. KARPENKO, DO
ANIL POTTI, MD
ANGELA BRINEGAR, MSN, ANP-BC, OCN
SANDRA BREMNER, MSN, FNP-BC
COLLEEN FARLEY, MS, FNP-BC
ALICE CANTERBURY; CHIEF EXECUTIVE OFFICER

A DIVISION OF ASSOCIATED MEDICAL SPECIALISTS, P.A.

December 1, 2011

DEC 2 2011

Beverly Brandt, Director
Bureau of Health Facilities and Service Development
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201-1708

Dear Ms. Brandt:

I would like to reiterate my support for Grand Strand Regional Medical Center's CON application to establish a hospital-based radiation oncology program on its campus in Myrtle Beach, South Carolina and, on behalf of Coastal Cancer Center and its physicians, I would urge the Department to approve Grand Strand's project.

The vast majority of Coastal Cancer Center's greater Myrtle Beach patients are seen at our main office in Myrtle Beach, which is located on property adjacent to Grand Strand's main campus. Grand Strand's program would be very convenient for our patients who are currently treated in our greater Myrtle Beach office, especially those requiring dual therapy treatments (chemo/radiation therapy). Moreover, for those cancer patients who are hospitalized, but who also require radiation therapy, a hospital based program would be of tremendous benefit to the patient and their family members.

We strongly urge approval of Grand Strand's project and look forward to referring patients to what I know will be an outstanding radiation therapy program.

Sincerely,

Lawrence B. Holt, Jr. M.D.

Lawrence B. Holt, Jr., M.D. FACP

cc: Doug White, CEO
Grand Strand Regional Medical Center

000891

BOARDWALK
BEACH RESORT

DEC 8 2011

December 6, 2011

Ms. Beverly A. Brandt
Bureau of Health Facilities and Services
SC Dept. of Health & Human Services
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt,

As a resident of Horry County and actively involved with the Horry County community, I support the Grand Strand Regional Medical Center's application for a Certificate of Need to add 37 inpatient acute care beds.

Please feel free to contact me if additional information is needed.

Sincerely,

James E. Patrick, Jr.

James E. Patrick, Jr.

000892

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DEC 12 2011

October 7, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator on its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Christine Whylings, M.D.

Alan D. Clemmons
District No. 107 - Horry County
1800-A North Oak Street
Myrtle Beach, SC 29577
Tel. (843) 457-4852

519-C Blatt Building
Columbia, SC 29211
Tel. (803) 734-3113

House of Representatives

State of South Carolina

Committees:
Rules, Chairman
Judiciary
Election Laws Subcommittee, Chairman
Judicial Merit Selection Commission
House Scouting Caucus, Co-Chairman
I-73, I-74, I-75 Corridor Assn., Chairman

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt,

As a member of the South Carolina House of Representatives and resident of Horry County, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as the full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well bove capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and an increasing influx of visitors and seasonal residents, the campus of Grand Strand would be an excellent location. Grand Strand, as you know, is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand, in-patients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

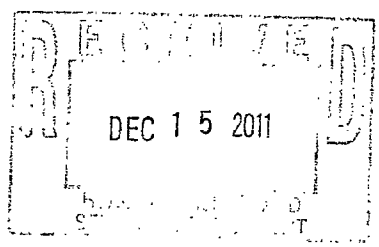
Grand Strand is the high quality provider of tertiary care services in the Pee Dee region. The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over $75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, which last year was over $1 million. It is important that we support business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectfully ask your department to approve this application for a Certificate of Need to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Alan

Alan Clemmons



000894

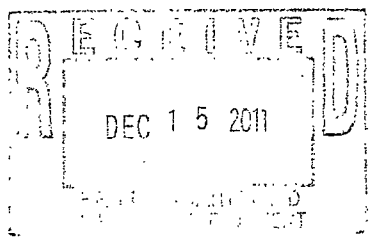
cc: Doug White
CEO, Grand Strand Regional Medical Center

Parker Poe

William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

December 15, 2011



Via Hand Delivery
Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: ***Grand Strand Regional Medical Center***
Certificate of Need Application for the Addition of a Linear Accelerator and CT Simulator
Myrtle Beach, South Carolina

Dear Ms. Brandt:

Enclosed please find a letter from Representative Clemmons in support of Grand Strand Regional Medical Center's linear accelerator Certificate of Need application. Please add this letter to the Department's file in connection with this application.

Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,

William R. Thomas

WRT/ccq
Enclosure

000895

PPAB 1847599v1

D H E C

Brandt, Beverly <brandtba@dhec.sc.gov>

Grand Strand Regional Medical Center Letter of Support - Linear Accelerator CON Application

1 message

Quillen, Colleen C. <colleenquillen@parkerpoe.com> **Mon, Dec 19, 2011 at 4:32 PM**
To: "Brandt, Beverly" <brandtba@dhec.sc.gov>
Cc: "Thomas, William R." <willthomas@parkerpoe.com>

Beverly,

Will asked that I forward to you the attached letter from Councilman Randal Wallace in support of Grand Strand Regional Medical Center's linear accelerator Certificate of Need application. Please add this letter to the Department's file in connection with this application. Please also confirm receipt of the same.

Thank you.

Colleen Quillen

Parker Poe

1201 Main Street | Suite 1450 | Columbia, SC 29201
Phone: 803.253.8921 | Fax: 803.255.8017 | www.parkerpoe.com | map

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MB City Councilman Randal Wallace.pdf
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City of Myrtle Beach
SOUTH CAROLINA

December 19, 2011

Beverly A. Brandt, Chief
Bureau of Health Facilities & Services Development
South Carolina DHEC
1777 St. Julian, Suite 201
Columbia, SC 29204

Dear Ms. Brandt,

As an elected Horry County official, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area continues to experience significant growth and an increasing influx of visitors and seasonal residents, Horry County in particular, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand Regional Medical Center, which is the Pee Dee region's full service tertiary care provider. Moreover, with the addition of this service, in patients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

The hospital also gives back to the community in the form of free care to residents and visitors who can least afford to pay for it. In the past three years alone, Grand Strand has provided over seventy-five million dollars in charity care. Additionally, Grand Strand, as a for-profit provider and good steward in the community, provides significant revenue to Horry County in the form of property taxes, last year this was over one million dollars. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I respectively ask your department to approve this CON application to provide this important service at Grand Strand Regional Medical Center.

Sincerely,

Randal Wallace
Councilman
City of Myrtle Beach

D H E C
PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner
Promoting and protecting the health of the public and the environment.

CERTIFIED MAIL 91 7199 9991 7030 0506 9361

December 28, 2011

Doug White, CEO
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

RE: Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. White:

It is the decision of this Department that a Certificate of Need application submitted by Grand Strand Regional Medical Center for the construction for the establishment of a new radiation therapy service in a center attached to the main hospital be denied.

The Department timely received three (3) Certificate of Need applications proposing to provide radiation therapy services in the radiotherapy service area comprised of Horry, Georgetown and Williamsburg Counties. Carolina Regional Cancer Center ("CRCC") proposed to expand their existing Myrtle Beach radiation therapy service location, whereas both North Strand Radiation Oncology Center ("NSROC") and Grand Strand Regional Medical Center ("GSRMC") proposed to establish a new service. Individually, the Department has determined all applications comply with the 2010-2011 South Carolina Health Plan. However, collectively, there are issues with exceeding the service area need. (See Analysis).

Section 103.6 of Regulation 61-15 "Certification of Need for Health Facilities and Services" defines "Competing applicants" as "two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service." Staff have determined that approval of more than one linear accelerator would exceed the need projected for this service area in the South Carolina Health Plan.

Therefore, Section 307.2 requires that "in the case of competing applications, the Department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of the Certificate of Need program, State Health Plan, project review criteria, and any regulations developed by the Department." Staff concludes CRCC-Conway would better comply with the purpose of CON, with its funding from cash balances, lowest project cost, to include linear accelerator cost (cost containment), rapid ramp up time with advanced equipment in a more economically disadvantaged area (guide the establishment of health facilities and services which will best serve the public's needs), location in Conway (prevent unnecessary duplication) and extensive experience (ensure high quality

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Health Regulation
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services). The SC Health Plan and project review criteria are addressed in the attached analysis. Adverse impact of GSRMC was considered. Staff determined approval of the GSRMC application could have substantial negative impact upon the approved, but appealed, relocated Francis B. Ford Cancer Center as well as the existing CRCC-Myrtle Beach. (See Analysis).

The decision is based upon the written findings contained in the attached Analysis and upon the following conclusions:

1. The applicant has documented the need for the proposed project within the application and the project will increase accessibility and availability of oncology services for residents of Horry County and surrounding areas;

2. The applicant's record is one of successful operation with adequate management experience;

3. Support, documented opposition and adverse effects on other facilities were considered; and,

4. The project appears to be financially feasible and cost effective based on the information available.

The findings pursuant to Section 501, Regulation No. 61-15, Certification of Need for Health Facilities and Services are not applicable to this project.

A copy of the Notice of Appeals Procedure is enclosed for your convenience. If you have any questions, please feel free to contact us at (803) 545-4200.

Sincerely,

Beverly Brandt

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosures: Notice of Appeal Procedure
Analysis

cc: Patricia Price, CRCC
Wade Mullins, Esquire, Bruner Powell
Sam Tolbert, Strategic Directions
Dan Westbrook, Esquire, Nelson Mullins
Arnold Green, NSROC
Don Meyer, Moore & Van Allen
Will Thomas, Esquire, Parker Poe

Notice of Appeal Procedure
Pursuant to S.C. Code Section 44-1-60

1. This decision of the S.C. Department of Health and Environmental Control (Department) becomes the final agency decision 15 calendar days after notice of the decision has been mailed or otherwise sent to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with the Department by the applicant, permittee, licensee, or affected person.

2. An applicant, permittee, licensee, or affected person who wishes to appeal this decision must file a timely written request for final review with the Clerk of the Board at the following address or by facsimile at 803-898-3393. A filing fee in the amount of $100 made payable to SC DHEC must also be received by the Clerk within the time allowed for filing a request for final review. However, if a request for final review is filed by facsimile, the filing fee may be mailed to the Clerk of the Board if the envelope is postmarked within the time allowed for filing a request for final review.

   Clerk of the Board
   SC DHEC
   2600 Bull Street
   Columbia, SC 29201

3. In order to be timely, a request for final review must be received by the Clerk of the Board within 15 calendar days after notice of the decision has been mailed or otherwise sent to persons entitled to receive notice. If the 15th day occurs on a weekend or State holiday, the request is due to be received by the Clerk of the Board on the next working day. The request for final review must be received by the Clerk of the Board by 5:00 p.m. on the date it is due. A request for final review will be returned to the requestor if the filing fee is not received on time as described above.

4. The request for final review should include the following:
   a. the grounds on which the Department's decision is challenged and the specific changes sought in the decision
   b. a statement of any significant issues or factors the Board should consider in deciding whether to conduct a final review conference
   c. a copy of the Department's decision for which review is requested

5. If a timely request for final review is filed with the Clerk of the Board, the Clerk will provide additional information regarding procedures. If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within 30 calendar days after notice is mailed that the Board declined to hold a final review conference.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

Horry County Linear Accelerator Analysis

Summaries from the November 15, 2011 Project Review Meeting are incorporated by reference.

Background Information

Project Timeline. North Strand Radiation Oncology Center ("NSROC" or "North Strand") and Grand Strand Regional Medical Center ("GSRMC" or "Grand Strand") propose to establish a new service, whereas Carolina Regional Cancer Center ("CRCC") proposes to expand from their existing Myrtle Beach location. The Certificate of Need ("CON") application for NSROC was received on March 9, 2011. The facility is proposed to be located on the campus of Seacoast Medical Center in Little River as a non-profit joint venture between McLeod Regional Medical Center ("MRMC") and Loris Health Services, Inc. ("LHS") The application for CRCC was received on March 10, 2011 and is proposed to be a facility near the campus of Conway Medical Center, to be named CRCC-Conway. The application for GSRMC, proposed to be a radiation therapy service attached to the main hospital in Myrtle Beach, was received on July 19, 2011. The GSRMC application was the last application to be "deemed complete" with Notification of Affected Persons published in the State Register on October 28, 2011. A Project Review Meeting was held on November 15, 2011.

Regulations. According to Section 101 of Regulation 61-15 "Certification of Need for Health Facilities and Services," the purpose of the Certificate of Need ("CON") program is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in this State.

Section 103.6 of R. 61-15 defines "Competing applicants" as "two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service." All three providers filed CON application for a new linear accelerator ("linac"). Based on this definition, staff analyzed to determine if the need would be exceeded if more than one applicant was approved since all three applicants proposed to provide similar services and/or facilities in the same service area. Staff also evaluated compliance with the South Carolina Health Plan ("Plan"), the regulations, project review criteria and the purpose of CON.

Section 307.2 states that "in the case of competing applications, the Department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of the Certificate of Need program, State Health Plan, project review criteria, and any regulations developed by the Department."

Service Area. Within Megavoltage Radiation Therapy Services, the Plan establishes different treatment capacities for different types of linacs. The Plan also has different standards that distinguish between a new service versus expansion of an existing service. As previously stated, NSROC and GSRMC propose to establish a new service, and CRCC-Conway proposes to be the expansion of an existing location.

2010-2011 South Carolina Health Plan. The following are excerpts from the Standards for Megavoltage Radiotherapy (with staff emphasis):

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 have a capacity of 5,000 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.*

6. ***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 Standards 2, 3 or 4 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. **(Note: Standards 3 and 4 are not applicable to these projects as Standard 3 applies to units with stereotactic capability and Standard 4 applies to stereotactic only units).***

7. ***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 Standards 2, 3 or 4 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.*

8. *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.*

Target Population / Service Area_ DHEC defines megavoltage radiotherapy service areas for the state. The service area for the applications under review consists of Georgetown, Horry, and Williamsburg Counties.

The following table presents the SC State Demographer's population projections for the service area and the state:

County	7/1/2009 Estimates	7/1/2010 Projection	7/1/2011 Projection	7/1/2012 Projection	7/1/2013 Projection	7/1/2014 Projection	7/1/2015 Projection
Georgetown	60,700	62,610	63,310	64,030	64,720	65,430	66,130
Horry	263,870	265,360	270,500	275,650	280,790	285,930	291,080
Williamsburg	34,450	35,370	35,350	35,320	35,300	35,270	35,240
Total for Service Area	359,020	363,340	369,160	375,000	380,810	386,630	392,450
South Carolina	4,561,240	4,549,150	4,596,170	4,643,230	4,690,500	4,737,670	4,784,700

Past Utilization of Existing Facilities. There are currently two providers of radiation therapy services in the service area: CRCC and Francis B. Ford Cancer Treatment Center located operated by Georgetown Memorial Hospital ("GMH") in Georgetown, SC.

The following table presents the service area linear accelerator utilization since 2005:

Radiation Treatments	2005	2006	2007	2008	2009	2010
CRCC	15,770	14,032	13,107	14,335	15,613	20,946
GMH	4,217	5,416	5,466	5,903	5,305	5,515
Region Total	19,987	19,448	18,573	20,238	20,918	26,461
Statewide	229,721	236,181	253,349	261,462	264,116	269,016

The treatment capacity for CRCC's three units is 19,000 treatments. CRCC operates one linear accelerator (Tomotherapy) which has a capacity of 5,000 treatments per year and two standard linear accelerators (Varian) having a capacity of 7,000 treatments per year each. The GMH Francis B. Ford linear accelerator has a capacity of 7,000 treatments. Therefore, the total capacity for the service area is 26,000 treatments. For 2009, the service area utilization was 80.5% of capacity and for 2010, the utilization was 101.8% of capacity. Francis B. Ford operated at 75.8% of capacity in 2009 and 78.9% of capacity in 2010. For 2009, the CRCC utilization was 82.2% of capacity and for 2010, the utilization was 110.2% of capacity.

Based on this data, the above Criteria 6A and 7 have been met. In fact, based upon the data, under Criterion 6A, both Grand Strand and North Strand could have applied as a new facility in 2010, but did not. Much analysis has been done regarding the adverse impact, to include as a component of Criterion 6B ("without reducing the utilization of the existing machines in the service area below the 80 percent threshold") and projecting the minimum use rate of 50% of capacity per year within three years.

Project Review Criteria

1. Compliance with the South Carolina Health Plan

Section 801.3 from R.61-15 states "A project does not have to satisfy every criterion in order to be approved, but no project may be approved unless it is consistent with the State Health Plan. A project may be denied if the Department determines that the project does not sufficiently meet one or more of the criteria."

Community Need Documentation – 2a, 2b, 2c, 2e

2a. The target population should be clearly identified as to the size, location, distribution, and socioeconomic status (if applicable).
2b. Projections of anticipated population changes should be reasonable and based upon accepted demographic or statistical methodologies, with assumptions and methodologies clearly presented in the application. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.
2c. The proposed project should provide services that meet an identified (documented) need of the target population. The assumptions and methods used to determine the level of need should be specified in the application and based on a reasonable approach as judged by the reviewing

body. Any deviation from the population projection used in the State Health Plan should be explained.

2e. Current and/or projected utilization should be sufficient to justify the expansion or implementation of the proposed service.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

3a. Duplication and modernization of services must be justified. Unnecessary duplication of services and unnecessary modernization of services will not be approved.
3b. The proposed service should be located so that it may serve medically underserved areas (or an underserved population segment) and should not unnecessarily duplicate existing services or facilities in the proposed service area.
3c. The location of the proposed service should allow for the delivery of necessary support services in an acceptable period of time and at a reasonable cost.
3e. The applicant must document the means by which a person will have access to its services (e.g. outpatient services, admission by house staff, admission by personal physician).
3f. The applicant should address the extent to which all residents of the area, and in particular low income persons, racial and ethnic minorities, women, the elderly, handicapped persons, and other medically underserved groups, are likely to have access to those services being proposed.

Record of the Applicant – 13a, 13b

13a. The applicant's record should be one of successful operation with adequate management experience.
13b. The applicant should have a demonstrated ability to obtain necessary capital financing.

2. Acceptability – 4a

4a. The proposal and applicant should have the support of "affected persons" (including local providers and the target population). The lack of opposition should not be considered support for the purposes of these criteria. Staff will also consider, 4b, which states: Where documented opposition exists to a proposal, such opposition will be considered along with the application.

Distribution – 22

22. The existing distribution of the health service(s) should be identified and the effect of the proposed project upon that distribution should be carefully considered to functionally balance the distribution to the target population.

Adverse Effects on Other Facilities – 23a

23a. The impact on the current and projected occupancy rates or use rates of existing facilities and services should be weighed against the increased accessibility offered by the proposed services.

3. Financial Feasibility – 15

15. The applicant must have projected both the immediate and long-term financial feasibility of the proposal. Such projection should be reasonable and based upon accepted accounting procedures.

Cost Containment – 16a, 16c

16a. The applicant should have identified and sought alternative sources and/or methods of funding and demonstrated that the method chosen was the most feasible option.
16c. The impact of the project upon the applicant's cost to provide services and the applicant's patient charges should be reasonable. The impact of the project upon the cost and charges of other providers of similar services should be considered if the data are available.

Projected Revenue/Projected Expenses – 6a, 7

6a. The proposed charges should be comparable to those charges established by other facilities for similar services within the service area or state. The applicant should document how the proposed charges were calculated.
7. Projections of construction costs, start-up costs, operating costs, debt service, depreciation, manpower costs, etc. should be consistent with those experienced by similar facilities offering a similar level and scope of services (with proper consideration given to such factors as inflation, cost of capital, etc.).

North Strand Radiation Oncology Center

Total Project Cost = $9,522,745
Linear Accelerator: Varian Clinac iX ($2,811,534)
Facility = 5,500 square feet

It is noted that a letter of May 24, 2011 from Arnold Green, President, Loris Health Services, Inc., states that one of the members of NSROC has changed from Loris Community Hospital District to a non-profit affiliated corporation, Loris Health Services, Inc. However, during the November 15 Project Review Meeting, NSROC indicated Loris Community Hospital District as a partner in the joint venture without explanation.

1. Compliance with the South Carolina Health Plan- Standards for Radiotherapy

North Strand addressed all standards. Letters indicated support from physicians (including six from Coastal Cancer Center and five from Southern Medical Associates) and healthcare facilities (Loris Community Hospital) for the project, but North Strand did not provide documentation by any physician or group of a willingness to refer patients to the proposed service, with expected annual referral volumes as required by Standard 8. Dr. Lawrence Holt, Jr. with Coastal Cancer Center, the physician group that also provided letters of support for the other two applicants, stated in a letter of November 29, 2011 they want to reaffirm their support for the project and intend to establish physician offices and chemotherapy services on the campus of Seacoast Medical Center in order to demonstrate their willingness to work with NSROC. However, the letter did not specifically state a willingness to refer patients. North Strand indicated during project review that they expect to receive referrals from a broad range of physicians, including the medical staffs of Loris and McLeod and the physicians of Coastal Cancer Center. The referrals from McLeod were not explained or quantified. Staff questions the likely number of referrals from a facility 80 miles away in another service area. It is questionable that Criterion 8 was met. See also Community Need Documentation and Adverse Impact.

Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. NSROC's proposed service area includes the following ZIP Codes: 29511, 29526, 29544, 29545, 29566, 29568, 29569, 29581, and

29582, which are located within northeastern Horry County. NSROC also stated Northern Horry County as the target population they will serve. Population projections were clearly presented.

Exhibit 3 presents LHS's ZIP Code specific patient origin for patients who received a cancer diagnosis in Fiscal Year 2009. This exhibit shows LHS rendered healthcare services to 1,154 patients from NSROC's expected service area during the period, which is less than other applicants. Another 508 cancer patients were served by LHS from the immediately adjacent areas of North Carolina, which is a notable portion of LHS's total cancer patients.

Exhibit 3
Loris Healthcare Cancer Patient Origin
FY 2009

Zip Code	Total Patients	Percent of Total	Cumulative Percent
29569	415	21.6%	21.6%
29566	227	11.8%	33.4%
29568	168	8.7%	42.1%
29582	130	6.8%	48.9%
29526	75	3.9%	52.8%
29581	51	2.7%	55.4%
29545	50	2.6%	58.0%
29511	29	1.5%	59.5%
29544	9	0.5%	60.0%
SC Service Area	*1,154*		
28463	203	10.6%	70.6%
28467	188	9.8%	80.3%
28468	40	2.1%	82.4%
28431	29	1.5%	83.9%
28472	28	1.5%	85.4%
28469	20	1.0%	86.4%
Adjacent NC ZIPs	*508*		
All Other SC	112	5.8%	92.3%
All Other NC	91	4.7%	97.0%
All Other	58	3.0%	100.0%
Total	**1,923**		

Source: Loris Internal Data

In addition, staff notes that of the 1,154 patients LHS rendered service to with a cancer diagnosis in FY2009, only 6.8% (130 patients) were from the North Myrtle Beach ZIP code and 3.9% (75 patients) from the Conway ZIP code. There were 508 cancer patients, or 26.5%, originating from NC, but out of state utilization cannot be used to demonstrate need. While Loris accounted for 21.6% of patients (415), Little River only accounted for 11.8%.

NSROC cited geographic distance and travel time as barriers. They state there is no direct provider in NSROC's proposed service area, mention residents from Little River, North Myrtle Beach and Loris, but do acknowledge radiation therapy services currently provided by CRCC and GMH. Data from CRCC indicates 22% of their patients originate from North Myrtle Beach, with 6% from the Loris area. Staff do not concur with NSROC's conclusion that residents do not

have reasonable access to radiation therapy services because of such remote locations and high traffic congestion roads. NSROC provided a chart with the closest providers of radiation therapy services to NSROC's proposed service area and indicated CRCC to be 16.4 miles away. Furthermore, North Strand classifies CRCC as being in Southern Horry County, but staff does not concur with this classification. The proposed North Strand location is shown to be 20.6 miles from Loris, with the CRCC-Conway location at 24.9 miles – a distance that is not appreciably greater. Conway, the area with the greatest population in the North Strand service area, is twice as distant at 22 miles, from NSROC than CRCC-Conway.

NSROC cited a drive time study that indicated a "portion of eastern Horry County" is currently outside of a 30-minute driving range to CRCC and considers the area to be underserved. These areas appear to include towns such as Longs, Worshams Ferry and Little River. Furthermore, North Strand cites travel impediments such as motor vehicle accidents, poor weather conditions, road construction, and special events, but staff maintain these could occur in any part of the service area.

North Strand provided travel time and traffic count data. But counters near all proposed locations, including the site for each applicant, indicated substantially higher counts during "tourist season." Staff concludes the study over emphasizes the alleged negative ramifications of the CRCC's proposed location.

North Strand stated that the northern Horry County area where they propose to locate is the fastest growing community in the Grand Strand and the population base in the service area is sufficiently large enough to justify this service (Exhibit 5, Project Review Summary). However, staff notes that Conway (ZIP code 29526) is the area of the highest population concentration followed by North Myrtle Beach (ZIP code 29582). It is noted that CRCC is currently serving this population with a patient origin of 22% for the Conway area and 22% for North Myrtle Beach. Staff feels it is not logical for North Strand's service area to encompass Conway and North Myrtle Beach, but not Myrtle Beach, as that area currently accounts for 20% of the CRCC patient origin.

Of the 1,154 patients LHS rendered service to with a cancer diagnosis in FY2009, only 6.8% (130 patients) were from North Myrtle Beach ZIP code and 3.9% (5 patients) from the Conway ZIP code. There were 508 LHS cancer patients, or 26.5%, originating from identified NC ZIP codes, but out of state utilization cannot be used to demonstrate need. Staff notes that Grand Strand had 4,860 patients with a primary or secondary cancer diagnosis in 2010 as opposed to North Strand's 1,154 patients in 2009. The Loris ZIP code accounted for 21.6% of LHS patients, 11.8% from Little River and 8.7% from Longs. Forty percent of patients originated from outside of the proposed service area, including over 30% from North Carolina when including "other NC."

For FY2010, LHS referred 637 cancer patients for radiation therapy, which is around 55% of patients diagnosed with cancer. Of these cases, 414 were from the service area (65%), 183 were from NC (29%) and 28 were "Other SC", 12 were "Other." Even though North Strand continues to project 29% of all cancer patients to originate from North Carolina, they projected 85% of radiation therapy patients to originate from the service area and around 10% from NC, which appears to be inconsistent.

North Strand assumes 25 visits (treatments) per patient and indicated in its project review presentation that "a course of treatment may mean up to 30 treatments per patient." North Strand projects being at 6,377 treatments or 127.5% of capacity by Year 3. This is substantially higher

than the 5,100 treatments projected by CRCC, a current provider, and 4,620 by Grand Strand, for Year 3. Staff is concerned the North Strand projections are neither reasonable nor achievable. North Strand indicated CRCC would maintain a utilization rate of over 80%, but did not specifically address the quantity.

North Strand expects to achieve its projected utilization (4,042 treatments in 2013, 5,797 in 2014 and 6,482 in 2015) largely due to the "benefit of the availability of McLeod Regional Medical Center's experience with operating a radiation therapy program." Staff does not argue this is of benefit, but feels the projections are unrealistically high and unachievable. Thus, compliance with the "50 percent of capacity" portion of Standard 6B is questionable. NSROC's project review presentation also stated the projections were based upon "McLeod's experience operating similar equipment" but did not provide details. Success of the project could be limited by the fact that MRMC is 80 miles away and the proposed location in Little River is adjacent to a recently opened small community hospital (Seacoast Medical Center) with only 50 beds and limited services.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

North Strand claims to be the only applicant applying to serve the medically underserved area of northern Horry County and is not proposing to be located near existing providers. However, their proposed location is only 16 miles from the current Myrtle Beach location of CRCC. While North Strand considered actual cancer referral data from Coastal Cancer Center, it is noted that their physicians provided letters of support for the other two applicants.

North Strand is correct in stating there are no radiation therapy providers in northern Horry County, but clearly this area is currently being served by CRCC. Again, North Myrtle Beach is being served geographically by CRCC and their proposed Conway location will provide geographical access to these areas as well as the population center on Conway. While the CRCC –Conway and Grand Strand projects are not in northern Horry County, staff believes a location in Conway would better increase accessibility to these more rural areas. Furthermore, according to the travel time and distance data provided by North Strand, the rural areas of Nichols and Green Sea are approximately the same distance from CRCC-Conway as from NSROC, accounting for 5% of NSROC's proposed service area population as projected for 2015. The NSROC location in Little River is considerably closer to Little River and Longs (22.5% of 2015 population projection) than CRCC-Conway, but much further away from Aynor, Conway and Galivant's Ferry (41.5% of 2015 population projection). The remaining areas are North Myrtle Beach and Loris (20.6 miles from NSROC and 24.9 miles from CRCC-Conway). Note that this data is limited by the fact that it appears to pick a point in each ZIP code area and it would be useful to view the ZIP code map geographically. NSROC also cites tourist seasonal congestion reported on certain traffic counters, but the count for all project locations increased substantially during the July period when traffic was the heaviest as expected.

North Strand compares demographics between the Conway and Loris areas. While Loris has a higher rate of poverty, the rates are both substantially less than that of Myrtle Beach or North Myrtle Beach.

During project review, North Strand presented many testimonials from patients, one of whom mentioned traveling more than once daily to receive treatments. Project representatives admitted this occurs rarely and did not further quantify this occurrence. North Strand again mentioned in their November 28, 2011 correspondence that "NSROC will eliminate the need for northern

Horry County patients to travel long distances sometimes multiple times daily to receive treatments at different locations" but provided no data to support this statement.

North Strand will offer access to support services to accommodate the needs of their patients and has documented means by which a person will have access to its services.

Staff concludes all applicants demonstrate financial accessibility. The following table compares projected payor sources and financial accessibility among the applicants:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	$151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

North Strand expects to benefit from the availability of McLeod Regional Medical Center's experience with operating a radiation therapy program. Loris Healthcare System and MRMC have had a 15 year history of collaboration. As of January 12, 2012, McLeod will be the owner of the Loris Healthcare System. MRMC has extensive experience in providing radiation therapy.

2. Acceptability – 4a

North Strand received approximately 50 letters of support from patients, physicians and community leaders, which were substantially less letters of support than for Grand Strand or CRCC. Opposition to the project by Grand Strand and CRCC was considered. Dr. Lawrence Holt, Jr. with Coastal Cancer Center, the physician group that also provided letters of support for the other two applicants, stated in a letter of November 29, 2011 they want to reaffirm their support for the project and intend to establish physician offices and chemotherapy services on the campus of Seacoast Medical Center in order to demonstrate their willingness to work with NSROC.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility)

Adverse Effects on Other Facilities – 23a

North Strand alleges no adverse impact upon "any other planning area providers." However there will be an adverse impact upon CRCC as their 2010 patient origin data indicates 22% from the Conway area, 22% from the North Myrtle Beach area and 6% from the Loris area.

3. Financial Feasibility – 15

The proposed project appears to be financially feasible and will realize a negative balance during the first year of operation, a slight profit during the second year and a modest profit during the third year. As previously indicated, McLeod Health will be purchasing LHS, but the financial impact of this purchase was not disclosed. However, the utilization projections, thus the financial projections, are questionable (See Community Need Documentation).

The CFOs for both LHS and McLeod Health confirmed availability of funds for the proposed project. The project will be funded through equal capital contributions from NSROC's two members, McLeod Regional Medical Center ("MRMC") and Loris Health Services, Inc., each having 50% ownership. Loris Healthcare System ("LHS") and MRMC expect to contribute a total of up to $4,761,373 towards the capital funds needed to implement the project. and contribute additional money to provide start up working capital. LHS and MRMC will finance the capital cost from existing cash reserves.

Cost Containment – 16a, 16c

North Strand addressed cost containment and identified methods and availability of funding. The impact of the applicant's cost to provide services was documented.

Projected Revenue/Projected Expenses – 6a, 7

Proposed charges and cost projections appear to be reasonable. However, the utilization projections, thus the financial projections, are questionable (See Community Need Documentation).

Grand Strand Regional Medical Center

Total Project Cost = $9,788,625
Linear Accelerator: Varian Clinac iX ($2,812,533)
Facility = 9,519 square feet

1. Compliance with the South Carolina Health Plan

Grand Strand addressed all of the standards in the Plan. In a letter of November 16, 2011, Daniel Sullivan of the Sullivan Consulting Group responded to the staff request to provide information from Standard 8. Many letters expressed a willingness to refer, but did not quantify referral volumes. Mr. Sullivan stated most physician specialties do not refer patients directly to radiation therapy centers, but typically a primary care physician or a general surgeon, upon diagnosing cancer in a patient, would refer the patient to a medical oncologist to determine the most appropriate type of treatment. Six oncologists from Coastal Cancer Center provided letters of support.

Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. Grand Strand is in the three-county service area that includes Georgetown, Horry, and Williamsburg Counties. Population projections were clearly presented. Grand Strand stated that for radiotherapy services, Horry County would be the primary service area and Georgetown and Williamsburg Counties would be the secondary service area.

When calculating existing utilization, it is noted that Grand Strand repeatedly assigns GMH a capacity of 5,000 treatments, but the facility has stated their capacity is 7,000 treatments and this capacity is reflected in the Plan.

According to 2008 DHEC data, there were 2,391 new cancer cases in the service area. Based on internal data, Grand Strand had 4,860 patients with a primary or secondary cancer diagnosis, currently referring them to CRCC or other providers. Grand Strand states they coordinate care for cancer patients with the medical oncologists of the Coastal Cancer Center. The oncologists also refer cancer patients requiring surgery to Grand Strand.

Grand Strand projects to capture 20% of Horry County patients (216 patients) plus 5% in-migration (12 cases) for a total of 232 patients. They claim they will only be taking 26 patients (546 treatments) from CRCC in 2015. However, staff projects the impact will be greater. Based upon 55% of cancer patients requiring radiotherapy, Grand Strand projects the service area to have 1,249 radiotherapy cases in 2010 and 1,442 cases in 2015, resulting in an increase of 194 patients, which includes 173 Horry County patients. In order to achieve the projected 232 patients, Grand Strand would have to capture 100% of the additional 173 patients plus 43 CRCC patients to total 216 Horry County patients. Therefore, the impact upon CRCC of losing 26 patients does not appear to be accurate. Even at the higher number of patients taken from CRCC, it does not appear to decrease CRCC below 80% of capacity.

Grand Strand stated in a November 16, 2011 letter from Daniel Sullivan that a notable exception to the typical referral pattern is the case of the urologists in Horry County, most of which belong to the Atlantic Urology group that owns CCRC. Mr. Sullivan expects nearly 100% of these urological referrals to go to CRCC and this was considered in Grand Strand's utilization projections, though they were not quantified.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

The staff concurs cancer treatment can be most effective when delivered in a comprehensive setting. However, GSRMC does not propose any inpatient treatments according to their pro forma. Staff concurs it is advantageous to have radiation oncologists and medical oncologists practicing in close proximity. Both Grand Strand and the main office for CRCC are both located within a few miles of Coastal Cancer Center, the primary referral source in that area for cancer treatment.

CRCC maintains that Conway Regional Medical Center and Loris Community Hospital will not refer patients for radiation therapy to Grand Strand. This is a reasonable concern and could limit accessibility. It is noted these facilities did not provide letters of support for Grand Strand.

The project will not increase geographic access since CRCC is currently located in Myrtle Beach in close proximity to Grand Strand. The Grand Strand project could provide greater access to inpatients at the hospital in need of cancer treatment services; however, their pro formas indicate no income from inpatients for this project.

Grand Strand will offer access to support services to accommodate the needs of their patients and has documented means by which a person will have access to its services.

Staff concludes all applicants demonstrate financial accessibility. The following table compares projected payor sources and financial accessibility among the applicants:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	$151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

Grand Strand has been providing health care services to the residents of Horry County since it opened in 1978. Services range from a Level III Trauma Center to the open-heart surgery program opened in June of 1995. Grand Strand is currently accredited by the American College of Surgeons as a Community Hospital Cancer Program. It is the service area's largest and most comprehensive tertiary care hospital. Grand Strand is a subsidiary of Hospital Corporation of America, Inc. (HCA), that provides a broad resource base of administrative and technical expertise in hospital operations.

2. Acceptability – 4a

Grand Strand has garnered significant support for this project, with over 240 letters of support. There were approximately 100 letters of support from physicians, 4 letters from elected officials and around 140 community letters. The majority of the community letters were from H2U members. H2U or Health to You, promotes living a healthy lifestyle and offers memberships through Grand Strand for health and wellness information, discounts, invitations to hospital sponsored activities, etc. Strand Orthopaedic Consultants supported this project as well as the CRCC project. Staff from Coastal Cancer Center supported this as well as the other two projects.

Staff considered opposition to the project. CRCC, North Strand and Georgetown Hospital System ("GHS") filed as affected persons opposing this project. See Adverse Effects.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility)

Adverse Effects on Other Facilities – 23a

In the November 16, 2011 letter from Daniel Sullivan of Sullivan Consulting Group, Inc., a statement was made regarding Coastal Cancer Center that these physicians "serve a high percentage of the cancer patients in Horry County, and because Coastal's main office is next to the GSRMC campus and many of it patients receive chemotherapy treatment at the main office, it is reasonable to conclude that a significant percentage of Coastal's patients from the service area will choose GSRMC for radiation treatment." Mr. Sullivan did not quantify the percentage or number of patients, but "significant percentage" implies a sizeable impact upon the existing provider, CRCC, and Grand Strand projects serving 223 radiation therapy patients in the third year of operation.

Staff concludes there is adverse impact with this project and the approved relocation of the Francis B. Ford Cancer Treatment Center. A review of the proposed service area in the Francis B. Ford CON application indicates that there are six (6) overlapping ZIP codes with the Francis B. Ford project and the Grand Strand primary service area. The 6 ZIP codes account for 36.6% of the 2009 Francis B. Ford cancer patient origin and 48.2% of Grand Strand's 2010 inpatient discharges.

3. Financial Feasibility – 15

GSRMC proposes to fund the project from capital funds provided by HCA, which will be derived through internally generated and borrowed funds that are included in HCA's cash reserves. Grand Strand is owned by Healthtrust, Inc. – The Hospital Company, that is in turn, owned by HCA Inc.

Cost Containment – 16a, 16c

GSRMC addressed cost containment and identified methods of funding and demonstrated feasibility of this option. The impact of the applicant's cost to provide services was documented. GSRMC's project costs and patient charges appear to be reasonable.

Projected Revenue/Projected Expenses – 6a, 7

Proposed charges and cost projections appear to be reasonable.

Carolina Regional Cancer Center - Conway

Total Project Cost = $9,522,745
Linear Accelerator: Varian TrueBeam ($2,413,894)
Facility = 3,616 square feet

1. Compliance with the South Carolina Health Plan

CRCC demonstrated compliance with all standards in the Plan. A listing of patient referrals by referring physician for the previous 12 months was provided (November 2010 through October 2011). For a total unique patient count of 1,000 patients, 360 patients, or 36% of the total, were from Atlantic Urology. Coastal Cancer Center ("CCC") physicians accounted for 263 or 26.3% of referred patients. It is noted that three of the letters, from CCC physicians specifically mentioned a willingness to refer patients as required by Standard 8. Even though "expected annual referral volumes" were not provided, current volumes were provided from all referral sources. In their response to Item B-10, CRCC stated that 98% of its patients are from physician referrals, mostly from an attending physician.

2. Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. CRCC treats patients from Georgetown, Horry, and Williamsburg Counties and considers the region to be its service area. Population projections were clearly presented.

Zip codes were grouped into six market areas based on geography and the following table summarizes the percent of CRCC patients from each area and the 2015 population projection

provided by Nielsen/Claritas.

Table 8 – Patient Origin in Service Area

Area	CRCC Patient Origin	2015 Population Projection*
Conway Area	22%	80,355
Georgetown Area & Williamsburg County	1%	72,415
Loris Area	6%	24,588
Murrells Inlet Area	29%	100,778
Myrtle Beach Area	20%	71,438
North Myrtle Beach Area	22%	53,310
Total	100%	402,884

The percentages are based on 495 patients from within the service area during the last six months of 2010. CRCC treated 571 total patients during this time period with 76 of those patients coming from locations outside of the three-county service area (22 from other locations in SC, 44 from NC, and 10 from other locations).

More than 22% of CRCC's patients live in the Conway area while 6% live in the Loris area. Combined, these two areas account for more than 28% of CRCC's patient volume. These patients would be served by a cancer treatment center in Conway, SC.

Projected Utilization. CRCC is proposing the expansion of an existing service based on its current patient volume and the unmet need in the Conway-Loris area. The following table projects the number of linear accelerator radiation treatments with two CRCC locations in the service area:

Table 10

Radiation Treatments	2009	2010	2011	2012	2013	2014
CRCC-Myrtle Beach	15,613	20,946	22,419	18,258	18,717	19,185
CRCC-Conway	NA	NA	NA	4,854	4,976	5,100
Total Treatments	15,613	20,946	22,419	23,112	23,693	24,285
Change over prev. year		34.2%	7.0%	3.1%	2.5%	2.5%

CRCC has experienced significant growth in utilization during 2010. The total treatments at CRCC grew 34.2% from 2009 to 2010 alone. To calculate projected utilization, a more conservative growth rate of 2.5% was applied. This is in contrast to the substantial growth experienced in 2010, which is attributed to the purchase of the facility by 21st Century Oncology. As previously shown, approximately 28% of CRCC's patients come from Conway and Loris area. CRCC conservatively expects that 75% of their patients from the Conway and Loris area will utilize the proposed linear accelerator located in Conway (i.e. 21% of their current patients will utilize CRCC-Conway).

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

This project projects the quickest implementation time with approximately six months, taking advantage of the existing vault, which will facilitate accessibility. This project will also improve the geographic accessibility for patients in the service area, especially those in the Conway and Loris areas. It is noted that the Conway area has a lower socio-economic status and the proposed site is more accessible to rural portions of the service area. North Strand promotes the accessibility of its site, but staff feels the sites are equally accessible and further notes that the

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distance between Loris and Conway is approximately the same distance as Loris and Little River, the proposed site for NSROC. The Conway site is centrally located, serving more inland residents and accessible to rural residents.

Currently CRCC is operating 12 hour shifts to meet the current demand since they are operating well over capacity. Placing an additional accelerator in an area that currently accounts for 28% of patients will relieve capacity constraints.

Staff notes that the proposed Varian Trilogy True Beam system is more advanced than the iX systems proposed by the other applicants. Specifications for the unit include a higher dose rate, image guidance during treatment and is faster and more precise. Information from the manufacturer, Varian, supports the True Beam as being a more advanced system.

CRCC stated they will offer access to support services to accommodate the needs of their patients. CRCC adequately documented means by which a person will have access to its services (See Compliance with the SC Health Plan).

The following table presents the total amounts of indigent care provided by CRCC:

	2008	**2009**	**2010**
Gross Charges	$35,959,784	$36,978,776	$46,520,118
Indigent Care	$990,254	$771,022	$1,237,664
As % of Gross	2.8%	2.1%	2.7%

Projected:

	2011	**2012**	**2013**	**2014**
Gross Charges	$59,574,787	$61,417,306	$62,952,739	$64,526,557
Indigent Care	$1,470,051	$1,515,516	$1,553,404	$1,592,239
As % of Gross	2.5%	2.5%	2.5%	2.5%

The following table compares projected payor sources and financial accessibility among the applicants for each respective project, which indicates all applicants demonstrate financial accessibility:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	%151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

CRCC has provided radiation therapy services in the region for three decades. The center is accredited by the American College of Radiology (ACR), which has very high standards of compliance regarding radiological services. CCRC's current equipment appears focused on state of the art technology as evidenced by the tomotherapy unit and a recently replaced linear accelerator. CRCC has a 38 member team and has access to clinical trials.

3. Acceptability – 4a

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CRCC has demonstrated strong support for this project, with over 100 letters of support. There were approximately 76 letters of support from medical providers, including 18 from Conway Medical Center. Strand Orthopaedic Consultants supported this project as well as the Grand Strand project. Staff from Coastal Cancer Center supported this as well as the other two projects. The community letters of support included over a dozen political letters (City of Conway, Town of Surfside Beach, etc.) and around 12 other community letters, such as from Agape Hospice and Mercy Care Hospice.

Staff considered opposition to the project. Grand Strand, North Strand and Georgetown Hospital System ("GHS") filed as affected persons opposing this project. See Adverse Impact.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility).

Adverse Effects on Other Facilities – 23a

GHS contends that approval would significantly impact the recently approved Murrells Inlet projects with CRCC-Conway being 13 miles from the proposed relocation of Francis B. Ford. GHS mentions lack of need and significant adverse impact, but did not provide any data to support these claims. GHS feels approval of a linear accelerator in proximity to the recently approved projects without first allowing these providers to implement their projects would not constitute sound health planning. GHS claims the relocation was based on proving increased access to the majority of GHS patients who live in northern Georgetown and Horry Counties. Allowing another provider to enter the market would jeopardize the financial viability of their project. Staff notes that CRCC considered its Conway project within its Murrells Inlet application. Both projects are currently under appeal in the Administrative Law Court and staff is unsure at this time if or when the projects will be implemented. CRCC proposes to serve an existing market as the patient origin data indicated 22% of their patients are from the Conway area and only 1% are from the Georgetown area and Williamsburg County, areas proposed to be served by Francis B. Ford. CRCC also predicted a conservative growth rate of 2.5%.

4. Financial Feasibility – 15 (See also Cost Containment)

The pro formas show a profit during all years submitted – 2012 through 2015. Staff requested a breakdown showing the Murrells Inlet project, which is shown below:

	2012				2013			
	Myrtle Beach	Conway	Murrells Inlet	Combined	Myrtle Beach	Conway	Murrells Inlet	Combined
Gross Charges	$48,519,672	$12,897,634	$-	$61,417,306	$37,142,116	$13,220,075	$12,590,548	$62,952,739
Net Charges	$17,655,993	$ 4,693,365	$-	$22,349,358	$13,514,933	$ 4,810,699	$ 4,581,618	$22,908,093
Total Operating Expenses	$ 7,791,255	$ 2,736,530	$-	$10,527,785	$ 7,188,178	$ 2,807,597	$ 3,310,133	$13,305,908
Income Before Income Taxes	$ 9,776,863	$ 1,933,476	$-	$11,710,339	$ 6,261,014	$ 1,979,703	$ 1,249,200	$ 9,490,759
Net Income	$ 6,012,771	$ 1,189,088	$-	$ 7,201,859	$ 3,850,524	$ 1,217,517	$ 768,258	$ 5,837,141
Treatment Volume	18,258	4,854	-	23,112	13,978	4,976	4,739	23,693

	2014				2015			
	Myrtle Beach	Conway	Murrells Inlet	Combined	Myrtle Beach	Conway	Murrells Inlet	Combined
Gross Charges	$38,070,669	$13,550,577	$12,095,311	$64,526,557	$39,022,436	$13,889,341	$13,227,944	$66,139,721

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Net Charges	$13,853,669	$4,930,967	$4,696,158	$23,480,794	$14,200,010	$5,054,241	$4,813,562	$24,067,813
Total Operating Expenses	$7,294,845	$2,852,050	$3,349,334	$13,496,229	$7,403,779	$2,897,495	$3,389,365	$13,690,639
Income Before Income Taxes	$6,491,439	$2,054,932	$1,323,982	$9,870,353	$6,727,161	$2,132,162	$1,400,784	$10,260,107
Net Income	$3,992,235	$1,263,783	$814,249	$6,070,267	$4,137,204	$1,311,280	$861,482	$6,309,966
Treatment Volume	14,328	5,100	4,857	24,285	14,687	5,227	4,978	24,892

With an existing lease already in place for a specialty-built medical building with a radiation therapy vault and shielded area for a CT simulator, CRCC can have the new center and linear accelerator giving treatments within a matter of months from the receipt of the CON. Staff notes that North Strand claims the CRCC building is inadequately designed and does not promote operational efficiency. Staff concludes the building is much smaller without extra space for a conference room, etc., but 21st Century possesses much experience and should be able to make the very conservative design work. CRCC appears to have budgeted substantial funds to renovate the building.

Cost Containment – 16a, 16c

CRCC adequately addressed cost containment. They identified methods of funding and demonstrated the method chosen as the most feasible option. Radiation Therapy Services, Inc. (RTSI) indicates that they plan to finance the project with existing operating reserves but may lease the linear accelerator or choose to finance some of the costs through borrowing arrangements with lenders. They stated that CRCC and RTSI have the resources and credit rating to fully finance the project. RTSI has at its disposal cash from operations in excess of $23 million as of March 31, 2011. Patient charges were also indicated to be reasonable.

The applicant also provided the following to demonstrate cost containment: use of existing building; least total project cost, substantially lower than the other projects; shorter time-frame to bring their new linear accelerator online; large discounts on equipment and medical supplies available due to being a subsidiary of one of the nation's largest providers of radiation therapy services; economies of scale by the sharing of administrative support, computer systems, etc.; state of the art Varian TrueBeam System; clinical, operational, management and financial resources from 21st Century Oncology/Radiation Therapy Services, Inc.

Projected Revenue/Projected Expenses – 6a, 7

Pro formas were also submitted without the Murrells Inlet location (prior to its approval). Proposed charges and cost projections appear to be reasonable.

Conclusion

Staff has determined the applications are competing. CRCC, GSRMC, and NSROC each applied for a CON to provide radiation therapy services in Horry, Georgetown, and Williamsburg Counties and the need for radiation therapy services in the defined services area will be exceeded if more than one application is approved. Additionally, Staff believes that approval of more than one of these CON applications will have an adverse impact on other providers in the service area, and that this negative impact exceeds the benefits of improved accessibility.

The project proposed by CRCC best meets project review criteria, standards in the Plan and the purpose of CON. Therefore, staff has concluded that a CON should be awarded to CRCC-Conway.

Even though the Grand Strand project contributes to the continuum of care for current oncology services, it does not substantially improve accessibility since the location is in the vicinity of the CRCC Myrtle Beach location. The overlapping service area ZIP codes for patient origin are significant with the approved Francis B. Ford Cancer Center relocation. This can also be seen as unnecessary duplication. The location also does not improve access to Conway, an area of rapid growth. North Strand's project is not located in an area of rapid growth, if North Myrtle Beach is not considered. This area is also well served by CRCC's existing office. The utilization projections for North Strand appeared to be unrealistic. This project with the least support and did not provide adequate referral documentation.

Staff recognizes the strong support received by Grand Strand and the fact that it is one of two hospitals of its size (besides Providence with its cardiology focus) without a radiation therapy program. Staff believes the projected utilization could have substantial adverse impact upon the existing CRCC location as evidenced in the statement by Grand Strand's consultant indicating "it is reasonable to conclude that a significant percentage of Coastal Cancer Center's patients from the service area will choose GSRMC for radiation treatment." Staff concurs with some concerns expressed by GHS over the fact that the Murrells Inlet linear accelerator projects have not been completed due to ongoing litigation. However, CRCC is currently operating significantly over capacity. Staff concludes it is prudent to consider that there are there are two other service area radiation therapy projects tied up in appeal and approving one project, particularly an expansion project, would better comply with the purpose of CON, with its funding from cash balances, lowest project cost, to include linear accelerator cost (cost containment), rapid ramp up time with advanced equipment in a more disadvantaged area (guide establishment best serving the public's needs), location in Conway (no unnecessary duplication) and extensive experience (high quality services).

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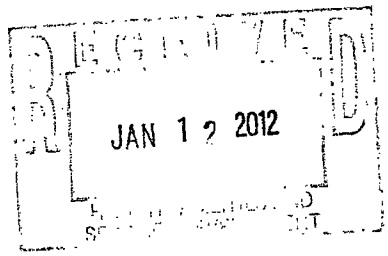
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VIA HAND DELIVERY

Lisa Lucas Longshore
Clerk of the Board
South Carolina Department of
Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Re: Certificate of Need ("CON") Application for the Addition of a Linear Accelerator and CT Simulator – Grand Strand Regional Medical Center, Myrtle Beach, South Carolina (Georgetown/Horry/Williamsburg)

Dear Ms. Longshore:

Pursuant to South Carolina Code Annotated section 44-1-60(F), the South Carolina Certification of Need and Health Facility Licensure Act, S.C. Code Ann. § 44-7-110 *et seq.* ("CON Act"), and South Carolina Regulation 61-15, Grand Strand Regional Medical Center ("Grand Strand") hereby submits this Request for Final Review of the South Carolina Department of Health and Environmental Control staff's ("Department" or "Staff") December 28, 2010 decision ("Decision") denying Grand Strand's CON application to establish a new radiation therapy center on its main campus in Myrtle Beach, South Carolina. A copy of the Decision is attached hereto as **Exhibit A**. Grand Strand respectfully requests that the Board reverse the Staff's Decision in its entirety and approve Grand Strand's CON application for the reasons set forth below.

Background

Grand Strand Regional Medical Center is a tertiary care hospital located in Myrtle Beach, South Carolina. Grand Strand is the largest health care provider in the three county service area (Horry/Georgetown/Williamsburg Counties) and provides a full range of services, including Level III emergency department services, open heart surgery and other cardiac care services, and cancer related surgeries and treatment. Relevant to this matter, Grand Strand is currently accredited by the American College of Surgeons as a Community Hospital Cancer Program, which indicates that Grand Strand provides a complete array of diagnostic and treatment services for cancer patient, either directly of through referral, and that the members of Grand Strand's medical staff are board certified in the major medical specialties. In 2010, Grand Strand served 4,860 patients with a cancer diagnosis. As a provider of similar services and as a competing applicant in this matter, Grand Strand is an "affected person" within the meaning of South Carolina Code Annotated section 44-7-130(1).

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Based on an indication of need in the *2010-2011 South Carolina Health Plan* (the "Plan") for at least one additional linear accelerator in the service area, the Department received three CON applications proposing to provide radiation therapy services in the service area comprised of Horry, Georgetown, and Williamsburg Counties. Grand Strand proposed to establish a radiation therapy center attached to the main hospital with the goal of delivering comprehensive cancer treatment to its patients and to the patients of Coastal Cancer Center, a physicians' oncology practice located in close proximity to the hospital. Under current conditions, those patients must be referred and travel in order to receive radiation therapy.

The other two applicants seeking to provide radiation therapy services were Carolina Regional Cancer Center ("CRCC") located in Myrtle Beach and North Strand Radiation Oncology Center ("North Strand"), which is a joint venture entity between McLeod Health and Loris Healthcare System. CRCC currently holds Certificates of Need and licenses to operate three linear accelerators at its single location in Myrtle Beach. CRCC proposed that it be awarded a fourth linear accelerator to be located in a new office in Conway, South Carolina. North Strand proposed establishing a new radiation therapy center in Little River, South Carolina.

The Department deemed Grand Strand, CRCC, and North Strand to be "Competing Applicants" under Department Regulation 61-15, Section 103.6, such that a Certificate of Need could be awarded within the determined need parameters only to the applicant or applicants who "most fully complies with the requirements, goals, and purposes" of the CON program. After project review on November 15, 2011, the Department issued its decisions denying Grand Strand and North Strand's CON applications, and awarding a fourth linear accelerator to CRCC. By separate request, Grand Strand seeks review and reversal of the erroneous decision by Staff to approve CRCC's CON application. In this request, Grand Strand seeks review and reversal of the erroneous Decision by Staff to deny Grand Strand's CON application for the following reasons.[1]

Reserving its right to raise any issue presented to or considered by the Department, Grand Strand challenges the Department's Decision on the grounds that such Decision to deny Grand Strand's application as being the application which best complies with the requirements, goals and purposes of the CON program contravenes the CON Act and CON Regulations. Incorporating all of the reasons set forth by Grand Strand in its CON application and its various submissions to the Department in this matter, Grand Strand in particular would call the Board's attention to the analyses and arguments asserted by Grand Strand in the attached documents presented to the Department during the review process:

1. **Exhibit "B"** - Grand Strand's CON Application, pp. 5 – 6 and 16 – 36;

2. **Exhibit "C"** – Grand Strand's November 15, 2011, project review Power Point presentation to the Department;

3. **Exhibit "D"** – November 28, 2011 letter from Grand Strand's expert health planner, Dan Sullivan, to the Department responding to questions raised at project review.

[1] Grand Strand agrees with the Department's December 28, 2011 decision to deny the CON application of North Strand.

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The above submissions support in detail Grand Strand's contention that Grand Strand, as the region's largest provider of hospital services, and not CCRC, is the applicant who best meets the requirements, goals and purposes of the CON Program for receipt of the region's newest linear accelerator and that the Department should have approved Grand Strand's application. In addition, Grand Strand would point to the numerous errors made by the Department Staff in its "analysis", attached to its Decision, as to which competing provider should be awarded a CON, among those errors being:

(a) The Department's erroneous conclusion that Grand Strand failed to demonstrate in its pro forma budgets that its proposed project would increase access to radiation therapy services for its inpatients, the error being that Grand Strand presented ample evidence to support the obvious conclusion that, if Grand Strand has a linear accelerator on its hospital campus, its inpatients will have greater access to the facility than if they were transported to any of the existing off campus facilities;

(b) The Department's erroneous conclusion that Grand Strand's project will not increase accessibility given its location in the proximity of CCRC's existing three linear accelerators, the error being that, by CCRC and the Department's own calculations, CCRC's existing linear accelerators are operating at greater than 100% of capacity;

(c) The Department's erroneous conclusion that Grand Strand "underestimated" the impact its project would have on the plan by Georgetown Memorial Hospital to relocate its linear accelerator, while finding that CCRC would not have an adverse impact on Georgetown Memorial's relocated facility, the error being that CCRC and Grand Strand's proposed projects are both in approximately the same proximity to Georgetown's relocated facility;

(d) The Department's erroneous conclusion that Grand Strand "underestimated" the impact its project would have on the plan by Georgetown Memorial Hospital to relocate its linear accelerator, the error being that Georgetown is transferring/relocating existing need and Grand Strand's project is supported by the determination by the Department in the State Health Plan that there is enough additional need for at least one new linear accelerator in the service area; and,

(e) The Department's erroneous and incredulous conclusion that Grand Strand's proposed project would adversely impact CRCC, the error being that CRCC currently operates the only three existing linear accelerators in Horry County at greater than 100% capacity, that there is a stated need for an additional linear accelerator in the State Health Plan, and that the vast majority of urologists in the service area are affiliated financially with CRCC. (Urologists are the primary referral source of radiation therapy services after medical oncologists). Grand Strand presented ample evidence and analysis that its proposed project would have minimal impact on CRCC.

If the Board grants Grand Strand's request for review, Grand Strand will be happy to thoroughly brief the issues and respond to any questions of the Board.

Grand Strand respectfully asks that the Board review and reverse the attached December 28, 2011 Decision of the Staff.

Sincerely,

William R. Thomas

WRT/faf

cc: Beverly A. Brandt *(via hand delivery)*
E. Wade Mullins, III, Esq. *(via email and U. S. Mail)*
Trudy Robertson, Esq. *(via email and U. S. Mail)*
Dan Westbrook, Esq. *(via email and U. S. Mail)*
Travis Dayhuff, Esq. *(via email and U. S. Mail)*

EXHIBIT 'A'

D H E C

PROMOTE PROTECT PROSPER

C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

CERTIFIED MAIL 91 7199 9991 7030 0506 9361

December 28, 2011

Doug White, CEO
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

RE: Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. White:

It is the decision of this Department that a Certificate of Need application submitted by Grand Strand Regional Medical Center for the construction for the establishment of a new radiation therapy service in a center attached to the main hospital be denied.

The Department timely received three (3) Certificate of Need applications proposing to provide radiation therapy services in the radiotherapy service area comprised of Horry, Georgetown and Williamsburg Counties. Carolina Regional Cancer Center ("CRCC") proposed to expand their existing Myrtle Beach radiation therapy service location, whereas both North Strand Radiation Oncology Center ("NSROC") and Grand Strand Regional Medical Center ("GSRMC") proposed to establish a new service. Individually, the Department has determined all applications comply with the 2010-2011 South Carolina Health Plan. However, collectively, there are issues with exceeding the service area need. (See Analysis).

Section 103.6 of Regulation 61-15 "Certification of Need for Health Facilities and Services" defines "Competing applicants" as "two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service." Staff have determined that approval of more than one linear accelerator would exceed the need projected for this service area in the South Carolina Health Plan.

Therefore, Section 307.2 requires that "in the case of competing applications, the Department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of the Certificate of Need program, State Health Plan, project review criteria, and any regulations developed by the Department." Staff concludes CRCC-Conway would better comply with the purpose of CON, with its funding from cash balances, lowest project cost, to include linear accelerator cost (cost containment), rapid ramp up time with advanced equipment in a more economically disadvantaged area (guide the establishment of health facilities and services which will best serve the public's needs), location in Conway (prevent unnecessary duplication) and extensive experience (ensure high quality

services). The SC Health Plan and project review criteria are addressed in the attached analysis. Adverse impact of GSRMC was considered. Staff determined approval of the GSRMC application could have substantial negative impact upon the approved, but appealed, relocated Francis B. Ford Cancer Center as well as the existing CRCC-Myrtle Beach. (See Analysis).

The decision is based upon the written findings contained in the attached Analysis and upon the following conclusions:

1. The applicant has documented the need for the proposed project within the application and the project will increase accessibility and availability of oncology services for residents of Horry County and surrounding areas;

2. The applicant's record is one of successful operation with adequate management experience;

3. Support, documented opposition and adverse effects on other facilities were considered; and,

4. The project appears to be financially feasible and cost effective based on the information available.

The findings pursuant to Section 501, Regulation No. 61-15, Certification of Need for Health Facilities and Services are not applicable to this project.

A copy of the Notice of Appeals Procedure is enclosed for your convenience. If you have any questions, please feel free to contact us at (803) 545-4200.

Sincerely,

Beverly Brandt

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosures: Notice of Appeal Procedure
Analysis

cc: Patricia Price, CRCC
Wade Mullins, Esquire, Bruner Powell
Sam Tolbert, Strategic Directions
Dan Westbrook, Esquire, Nelson Mullins
Arnold Green, NSROC
Don Meyer, Moore & Van Allen
Will Thomas, Esquire, Parker Poe

Notice of Appeal Procedure
Pursuant to S.C. Code Section 44-1-60

1. This decision of the S.C. Department of Health and Environmental Control (Department) becomes the final agency decision 15 calendar days after notice of the decision has been mailed or otherwise sent to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with the Department by the applicant, permittee, licensee, or affected person.

2. An applicant, permittee, licensee, or affected person who wishes to appeal this decision must file a timely written request for final review with the Clerk of the Board at the following address or by facsimile at 803-898-3393. A filing fee in the amount of $100 made payable to SC DHEC must also be received by the Clerk within the time allowed for filing a request for final review. However, if a request for final review is filed by facsimile, the filing fee may be mailed to the Clerk of the Board if the envelope is postmarked within the time allowed for filing a request for final review.

   Clerk of the Board
   SC DHEC
   2600 Bull Street
   Columbia, SC 29201

3. In order to be timely, a request for final review must be received by the Clerk of the Board within 15 calendar days after notice of the decision has been mailed or otherwise sent to persons entitled to receive notice. If the 15th day occurs on a weekend or State holiday, the request is due to be received by the Clerk of the Board on the next working day. The request for final review must be received by the Clerk of the Board by 5:00 p.m. on the date it is due. A request for final review will be returned to the requestor if the filing fee is not received on time as described above.

4. The request for final review should include the following:
   a. the grounds on which the Department's decision is challenged and the specific changes sought in the decision
   b. a statement of any significant issues or factors the Board should consider in deciding whether to conduct a final review conference
   c. a copy of the Department's decision for which review is requested

5. If a timely request for final review is filed with the Clerk of the Board, the Clerk will provide additional information regarding procedures. If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within 30 calendar days after notice is mailed that the Board declined to hold a final review conference.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

January 7, 2011

Horry County Linear Accelerator Analysis

Summaries from the November 15, 2011 Project Review Meeting are incorporated by reference.

Background Information

Project Timeline. North Strand Radiation Oncology Center ("NSROC" or "North Strand") and Grand Strand Regional Medical Center ("GSRMC" or "Grand Strand") propose to establish a new service, whereas Carolina Regional Cancer Center ("CRCC") proposes to expand from their existing Myrtle Beach location. The Certificate of Need ("CON") application for NSROC was received on March 9, 2011. The facility is proposed to be located on the campus of Seacoast Medical Center in Little River as a non-profit joint venture between McLeod Regional Medical Center ("MRMC") and Loris Health Services, Inc. ("LHS") The application for CRCC was received on March 10, 2011 and is proposed to be a facility near the campus of Conway Medical Center, to be named CRCC-Conway. The application for GSRMC, proposed to be a radiation therapy service attached to the main hospital in Myrtle Beach, was received on July 19, 2011. The GSRMC application was the last application to be "deemed complete" with Notification of Affected Persons published in the State Register on October 28, 2011. A Project Review Meeting was held on November 15, 2011.

Regulations. According to Section 101 of Regulation 61-15 "Certification of Need for Health Facilities and Services," the purpose of the Certificate of Need ("CON") program is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in this State.

Section 103.6 of R. 61-15 defines "Competing applicants" as "two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service." All three providers filed CON application for a new linear accelerator ("linac"). Based on this definition, staff analyzed to determine if the need would be exceeded if more than one applicant was approved since all three applicants proposed to provide similar services and/or facilities in the same service area. Staff also evaluated compliance with the South Carolina Health Plan ("Plan"), the regulations, project review criteria and the purpose of CON.

Section 307.2 states that "in the case of competing applications, the Department shall award a Certificate of Need, if appropriate, on the basis of which, if any, most fully complies with the requirements, goals, and purposes of the Certificate of Need program, State Health Plan, project review criteria, and any regulations developed by the Department."

Service Area. Within Megavoltage Radiation Therapy Services, the Plan establishes different treatment capacities for different types of linacs. The Plan also has different standards that distinguish between a new service versus expansion of an existing service. As previously stated, NSROC and GSRMC propose to establish a new service, and CRCC-Conway proposes to be the expansion of an existing location.

2010-2011 South Carolina Health Plan. The following are excerpts from the Standards for Megavoltage Radiotherapy (with staff emphasis):

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 have a capacity of 5,000 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.*

6. ***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 Standards 2, 3 or 4 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.* ***(Note: Standards 3 and 4 are not applicable to these projects as Standard 3 applies to units with stereotactic capability and Standard 4 applies to stereotactic only units).***

7. ***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 Standards 2, 3 or 4 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.*

8. *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.*

Target Population / Service Area_ DHEC defines megavoltage radiotherapy service areas for the state. The service area for the applications under review consists of Georgetown, Horry, and Williamsburg Counties.

The following table presents the SC State Demographer's population projections for the service area and the state:

County	7/1/2009 Estimates	7/1/2010 Projection	7/1/2011 Projection	7/1/2012 Projection	7/1/2013 Projection	7/1/2014 Projection	7/1/2015 Projection
Georgetown	60,700	62,610	63,310	64,030	64,720	65,430	66,130
Horry	263,870	265,360	270,500	275,650	280,790	285,930	291,080
Williamsburg	34,450	35,370	35,350	35,320	35,300	35,270	35,240
Total for Service Area	359,020	363,340	369,160	375,000	380,810	386,630	392,450
South Carolina	4,561,240	4,549,150	4,596,170	4,643,230	4,690,500	4,737,670	4,784,700

Past Utilization of Existing Facilities. There are currently two providers of radiation therapy services in the service area: CRCC and Francis B. Ford Cancer Treatment Center located operated by Georgetown Memorial Hospital ("GMH") in Georgetown, SC.

The following table presents the service area linear accelerator utilization since 2005:

Radiation Treatments	2005	2006	2007	2008	2009	2010
CRCC	15,770	14,032	13,107	14,335	15,613	20,946
GMH	4,217	5,416	5,466	5,903	5,305	5,515
Region Total	19,987	19,448	18,573	20,238	20,918	26,461
Statewide	229,721	236,181	253,349	261,462	264,116	269,016

The treatment capacity for CRCC's three units is 19,000 treatments. CRCC operates one linear accelerator (Tomotherapy) which has a capacity of 5,000 treatments per year and two standard linear accelerators (Varian) having a capacity of 7,000 treatments per year each. The GMH Francis B. Ford linear accelerator has a capacity of 7,000 treatments. Therefore, the total capacity for the service area is 26,000 treatments. For 2009, the service area utilization was 80.5% of capacity and for 2010, the utilization was 101.8% of capacity. Francis B. Ford operated at 75.8% of capacity in 2009 and 78.9% of capacity in 2010. For 2009, the CRCC utilization was 82.2% of capacity and for 2010, the utilization was 110.2% of capacity.

Based on this data, the above Criteria 6A and 7 have been met. In fact, based upon the data, under Criterion 6A, both Grand Strand and North Strand could have applied as a new facility in 2010, but did not. Much analysis has been done regarding the adverse impact, to include as a component of Criterion 6B ("without reducing the utilization of the existing machines in the service area below the 80 percent threshold") and projecting the minimum use rate of 50% of capacity per year within three years.

Project Review Criteria

1. Compliance with the South Carolina Health Plan

Section 801.3 from R.61-15 states "A project does not have to satisfy every criterion in order to be approved, but no project may be approved unless it is consistent with the State Health Plan. A project may be denied if the Department determines that the project does not sufficiently meet one or more of the criteria."

Community Need Documentation – 2a, 2b, 2c, 2e

2a. The target population should be clearly identified as to the size, location, distribution, and socioeconomic status (if applicable).
2b. Projections of anticipated population changes should be reasonable and based upon accepted demographic or statistical methodologies, with assumptions and methodologies clearly presented in the application. The applicant must use population statistics consistent with those generated by the State Demographer, State Budget and Control Board.
2c. The proposed project should provide services that meet an identified (documented) need of the target population. The assumptions and methods used to determine the level of need should be specified in the application and based on a reasonable approach as judged by the reviewing

body. Any deviation from the population projection used in the State Health Plan should be explained.

2e. Current and/or projected utilization should be sufficient to justify the expansion or implementation of the proposed service.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

3a. Duplication and modernization of services must be justified. Unnecessary duplication of services and unnecessary modernization of services will not be approved.
3b. The proposed service should be located so that it may serve medically underserved areas (or an underserved population segment) and should not unnecessarily duplicate existing services or facilities in the proposed service area.
3c. The location of the proposed service should allow for the delivery of necessary support services in an acceptable period of time and at a reasonable cost.
3e. The applicant must document the means by which a person will have access to its services (e.g. outpatient services, admission by house staff, admission by personal physician).
3f. The applicant should address the extent to which all residents of the area, and in particular low income persons, racial and ethnic minorities, women, the elderly, handicapped persons, and other medically underserved groups, are likely to have access to those services being proposed.

Record of the Applicant – 13a, 13b

13a. The applicant's record should be one of successful operation with adequate management experience.
13b. The applicant should have a demonstrated ability to obtain necessary capital financing.

2. Acceptability – 4a

4a. The proposal and applicant should have the support of "affected persons" (including local providers and the target population). The lack of opposition should not be considered support for the purposes of these criteria. Staff will also consider, 4b, which states: Where documented opposition exists to a proposal, such opposition will be considered along with the application.

Distribution – 22

22. The existing distribution of the health service(s) should be identified and the effect of the proposed project upon that distribution should be carefully considered to functionally balance the distribution to the target population.

Adverse Effects on Other Facilities – 23a

23a. The impact on the current and projected occupancy rates or use rates of existing facilities and services should be weighed against the increased accessibility offered by the proposed services.

3. Financial Feasibility – 15

15. The applicant must have projected both the immediate and long-term financial feasibility of the proposal. Such projection should be reasonable and based upon accepted accounting procedures.

Cost Containment – 16a, 16c

16a. The applicant should have identified and sought alternative sources and/or methods of funding and demonstrated that the method chosen was the most feasible option.
16c. The impact of the project upon the applicant's cost to provide services and the applicant's patient charges should be reasonable. The impact of the project upon the cost and charges of other providers of similar services should be considered if the data are available.

Projected Revenue/Projected Expenses – 6a, 7

6a. The proposed charges should be comparable to those charges established by other facilities for similar services within the service area or state. The applicant should document how the proposed charges were calculated.
7. Projections of construction costs, start-up costs, operating costs, debt service, depreciation, manpower costs, etc. should be consistent with those experienced by similar facilities offering a similar level and scope of services (with proper consideration given to such factors as inflation, cost of capital, etc.).

North Strand Radiation Oncology Center

Total Project Cost = $9,522,745
Linear Accelerator: Varian Clinac iX ($2,811,534)
Facility = 5,500 square feet

It is noted that a letter of May 24, 2011 from Arnold Green, President, Loris Health Services, Inc., states that one of the members of NSROC has changed from Loris Community Hospital District to a non-profit affiliated corporation, Loris Health Services, Inc. However, during the November 15 Project Review Meeting, NSROC indicated Loris Community Hospital District as a partner in the joint venture without explanation.

1. Compliance with the South Carolina Health Plan- Standards for Radiotherapy

North Strand addressed all standards. Letters indicated support from physicians (including six from Coastal Cancer Center and five from Southern Medical Associates) and healthcare facilities (Loris Community Hospital) for the project, but North Strand did not provide documentation by any physician or group of a willingness to refer patients to the proposed service, with expected annual referral volumes as required by Standard 8. Dr. Lawrence Holt, Jr. with Coastal Cancer Center, the physician group that also provided letters of support for the other two applicants, stated in a letter of November 29, 2011 they want to reaffirm their support for the project and intend to establish physician offices and chemotherapy services on the campus of Seacoast Medical Center in order to demonstrate their willingness to work with NSROC. However, the letter did not specifically state a willingness to refer patients. North Strand indicated during project review that they expect to receive referrals from a broad range of physicians, including the medical staffs of Loris and McLeod and the physicians of Coastal Cancer Center. The referrals from McLeod were not explained or quantified. Staff questions the likely number of referrals from a facility 80 miles away in another service area. It is questionable that Criterion 8 was met. See also Community Need Documentation and Adverse Impact.

Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. NSROC's proposed service area includes the following ZIP Codes: 29511, 29526, 29544, 29545, 29566, 29568, 29569, 29581, and

29582, which are located within northeastern Horry County. NSROC also stated Northern Horry County as the target population they will serve. Population projections were clearly presented.

Exhibit 3 presents LHS's ZIP Code specific patient origin for patients who received a cancer diagnosis in Fiscal Year 2009. This exhibit shows LHS rendered healthcare services to 1,154 patients from NSROC's expected service area during the period, which is less than other applicants. Another 508 cancer patients were served by LHS from the immediately adjacent areas of North Carolina, which is a notable portion of LHS's total cancer patients.

Exhibit 3
Loris Healthcare Cancer Patient Origin
FY 2009

Zip Code	Total Patients	Percent of Total	Cumulative Percent
29569	415	21.6%	21.6%
29566	227	11.8%	33.4%
29568	168	8.7%	42.1%
29582	130	6.8%	48.9%
29526	75	3.9%	52.8%
29581	51	2.7%	55.4%
29545	50	2.6%	58.0%
29511	29	1.5%	59.5%
29544	9	0.5%	60.0%
SC Service Area	*1,154*		
28463	203	10.6%	70.6%
28467	188	9.8%	80.3%
28468	40	2.1%	82.4%
28431	29	1.5%	83.9%
28472	28	1.5%	85.4%
28469	20	1.0%	86.4%
Adjacent NC ZIPs	*508*		
All Other SC	112	5.8%	92.3%
All Other NC	91	4.7%	97.0%
All Other	58	3.0%	100.0%
Total	**1,923**		

Source: Loris Internal Data

In addition, staff notes that of the 1,154 patients LHS rendered service to with a cancer diagnosis in FY2009, only 6.8% (130 patients) were from the North Myrtle Beach ZIP code and 3.9% (75 patients) from the Conway ZIP code. There were 508 cancer patients, or 26.5%, originating from NC, but out of state utilization cannot be used to demonstrate need. While Loris accounted for 21.6% of patients (415), Little River only accounted for 11.8%.

NSROC cited geographic distance and travel time as barriers. They state there is no direct provider in NSROC's proposed service area, mention residents from Little River, North Myrtle Beach and Loris, but do acknowledge radiation therapy services currently provided by CRCC and GMH. Data from CRCC indicates 22% of their patients originate from North Myrtle Beach, with 6% from the Loris area. Staff do not concur with NSROC's conclusion that residents do not

have reasonable access to radiation therapy services because of such remote locations and high traffic congestion roads. NSROC provided a chart with the closest providers of radiation therapy services to NSROC's proposed service area and indicated CRCC to be 16.4 miles away. Furthermore, North Strand classifies CRCC as being in Southern Horry County, but staff does not concur with this classification. The proposed North Strand location is shown to be 20.6 miles from Loris, with the CRCC-Conway location at 24.9 miles – a distance that is not appreciably greater. Conway, the area with the greatest population in the North Strand service area, is twice as distant at 22 miles, from NSROC than CRCC-Conway.

NSROC cited a drive time study that indicated a "portion of eastern Horry County" is currently outside of a 30-minute driving range to CRCC and considers the area to be underserved. These areas appear to include towns such as Longs, Worshams Ferry and Little River. Furthermore, North Strand cites travel impediments such as motor vehicle accidents, poor weather conditions, road construction, and special events, but staff maintain these could occur in any part of the service area.

North Strand provided travel time and traffic count data. But counters near all proposed locations, including the site for each applicant, indicated substantially higher counts during "tourist season." Staff concludes the study over emphasizes the alleged negative ramifications of the CRCC's proposed location.

North Strand stated that the northern Horry County area where they propose to locate is the fastest growing community in the Grand Strand and the population base in the service area is sufficiently large enough to justify this service (Exhibit 5, Project Review Summary). However, staff notes that Conway (ZIP code 29526) is the area of the highest population concentration followed by North Myrtle Beach (ZIP code 29582). It is noted that CRCC is currently serving this population with a patient origin of 22% for the Conway area and 22% for North Myrtle Beach. Staff feels it is not logical for North Strand's service area to encompass Conway and North Myrtle Beach, but not Myrtle Beach, as that area currently accounts for 20% of the CRCC patient origin.

Of the 1,154 patients LHS rendered service to with a cancer diagnosis in FY2009, only 6.8% (130 patients) were from North Myrtle Beach ZIP code and 3.9% (5 patients) from the Conway ZIP code. There were 508 LHS cancer patients, or 26.5%, originating from identified NC ZIP codes, but out of state utilization cannot be used to demonstrate need. Staff notes that Grand Strand had 4,860 patients with a primary or secondary cancer diagnosis in 2010 as opposed to North Strand's 1,154 patients in 2009. The Loris ZIP code accounted for 21.6% of LHS patients, 11.8% from Little River and 8.7% from Longs. Forty percent of patients originated from outside of the proposed service area, including over 30% from North Carolina when including "other NC."

For FY2010, LHS referred 637 cancer patients for radiation therapy, which is around 55% of patients diagnosed with cancer. Of these cases, 414 were from the service area (65%), 183 were from NC (29%) and 28 were "Other SC", 12 were "Other." Even though North Strand continues to project 29% of all cancer patients to originate from North Carolina, they projected 85% of radiation therapy patients to originate from the service area and around 10% from NC, which appears to be inconsistent.

North Strand assumes 25 visits (treatments) per patient and indicated in its project review presentation that "a course of treatment may mean up to 30 treatments per patient." North Strand projects being at 6,377 treatments or 127.5% of capacity by Year 3. This is substantially higher

than the 5,100 treatments projected by CRCC, a current provider, and 4,620 by Grand Strand, for Year 3. Staff is concerned the North Strand projections are neither reasonable nor achievable. North Strand indicated CRCC would maintain a utilization rate of over 80%, but did not specifically address the quantity.

North Strand expects to achieve its projected utilization (4,042 treatments in 2013, 5,797 in 2014 and 6,482 in 2015) largely due to the "benefit of the availability of McLeod Regional Medical Center's experience with operating a radiation therapy program." Staff does not argue this is of benefit, but feels the projections are unrealistically high and unachievable. Thus, compliance with the "50 percent of capacity" portion of Standard 6B is questionable. NSROC's project review presentation also stated the projections were based upon "McLeod's experience operating similar equipment" but did not provide details. Success of the project could be limited by the fact that MRMC is 80 miles away and the proposed location in Little River is adjacent to a recently opened small community hospital (Seacoast Medical Center) with only 50 beds and limited services.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

North Strand claims to be the only applicant applying to serve the medically underserved area of northern Horry County and is not proposing to be located near existing providers. However, their proposed location is only 16 miles from the current Myrtle Beach location of CRCC. While North Strand considered actual cancer referral data from Coastal Cancer Center, it is noted that their physicians provided letters of support for the other two applicants.

North Strand is correct in stating there are no radiation therapy providers in northern Horry County, but clearly this area is currently being served by CRCC. Again, North Myrtle Beach is being served geographically by CRCC and their proposed Conway location will provide geographical access to these areas as well as the population center on Conway. While the CRCC –Conway and Grand Strand projects are not in northern Horry County, staff believes a location in Conway would better increase accessibility to these more rural areas. Furthermore, according to the travel time and distance data provided by North Strand, the rural areas of Nichols and Green Sea are approximately the same distance from CRCC-Conway as from NSROC, accounting for 5% of NSROC's proposed service area population as projected for 2015. The NSROC location in Little River is considerably closer to Little River and Longs (22.5% of 2015 population projection) than CRCC-Conway, but much further away from Aynor, Conway and Galivant's Ferry (41.5% of 2015 population projection). The remaining areas are North Myrtle Beach and Loris (20.6 miles from NSROC and 24.9 miles from CRCC-Conway). Note that this data is limited by the fact that it appears to pick a point in each ZIP code area and it would be useful to view the ZIP code map geographically. NSROC also cites tourist seasonal congestion reported on certain traffic counters, but the count for all project locations increased substantially during the July period when traffic was the heaviest as expected.

North Strand compares demographics between the Conway and Loris areas. While Loris has a higher rate of poverty, the rates are both substantially less than that of Myrtle Beach or North Myrtle Beach.

During project review, North Strand presented many testimonials from patients, one of whom mentioned traveling more than once daily to receive treatments. Project representatives admitted this occurs rarely and did not further quantify this occurrence. North Strand again mentioned in their November 28, 2011 correspondence that "NSROC will eliminate the need for northern

Horry County patients to travel long distances sometimes multiple times daily to receive treatments at different locations" but provided no data to support this statement.

North Strand will offer access to support services to accommodate the needs of their patients and has documented means by which a person will have access to its services.

Staff concludes all applicants demonstrate financial accessibility. The following table compares projected payor sources and financial accessibility among the applicants:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	$151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

North Strand expects to benefit from the availability of McLeod Regional Medical Center's experience with operating a radiation therapy program. Loris Healthcare System and MRMC have had a 15 year history of collaboration. As of January 12, 2012, McLeod will be the owner of the Loris Healthcare System. MRMC has extensive experience in providing radiation therapy.

2. Acceptability – 4a

North Strand received approximately 50 letters of support from patients, physicians and community leaders, which were substantially less letters of support than for Grand Strand or CRCC. Opposition to the project by Grand Strand and CRCC was considered. Dr. Lawrence Holt, Jr. with Coastal Cancer Center, the physician group that also provided letters of support for the other two applicants, stated in a letter of November 29, 2011 they want to reaffirm their support for the project and intend to establish physician offices and chemotherapy services on the campus of Seacoast Medical Center in order to demonstrate their willingness to work with NSROC.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility)

Adverse Effects on Other Facilities – 23a

North Strand alleges no adverse impact upon "any other planning area providers." However there will be an adverse impact upon CRCC as their 2010 patient origin data indicates 22% from the Conway area, 22% from the North Myrtle Beach area and 6% from the Loris area.

3. Financial Feasibility – 15

The proposed project appears to be financially feasible and will realize a negative balance during the first year of operation, a slight profit during the second year and a modest profit during the third year. As previously indicated, McLeod Health will be purchasing LHS, but the financial impact of this purchase was not disclosed. However, the utilization projections, thus the financial projections, are questionable (See Community Need Documentation).

The CFOs for both LHS and McLeod Health confirmed availability of funds for the proposed project. The project will be funded through equal capital contributions from NSROC's two members, McLeod Regional Medical Center ("MRMC") and Loris Health Services, Inc., each having 50% ownership. Loris Healthcare System ("LHS") and MRMC expect to contribute a total of up to $4,761,373 towards the capital funds needed to implement the project. and contribute additional money to provide start up working capital. LHS and MRMC will finance the capital cost from existing cash reserves.

Cost Containment – 16a, 16c

North Strand addressed cost containment and identified methods and availability of funding. The impact of the applicant's cost to provide services was documented.

Projected Revenue/Projected Expenses – 6a, 7

Proposed charges and cost projections appear to be reasonable. However, the utilization projections, thus the financial projections, are questionable (See Community Need Documentation).

Grand Strand Regional Medical Center

Total Project Cost = $9,788,625
Linear Accelerator: Varian Clinac iX ($2,812,533)
Facility = 9,519 square feet

1. Compliance with the South Carolina Health Plan

Grand Strand addressed all of the standards in the Plan. In a letter of November 16, 2011, Daniel Sullivan of the Sullivan Consulting Group responded to the staff request to provide information from Standard 8. Many letters expressed a willingness to refer, but did not quantify referral volumes. Mr. Sullivan stated most physician specialties do not refer patients directly to radiation therapy centers, but typically a primary care physician or a general surgeon, upon diagnosing cancer in a patient, would refer the patient to a medical oncologist to determine the most appropriate type of treatment. Six oncologists from Coastal Cancer Center provided letters of support.

Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. Grand Strand is in the three-county service area that includes Georgetown, Horry, and Williamsburg Counties. Population projections were clearly presented. Grand Strand stated that for radiotherapy services, Horry County would be the primary service area and Georgetown and Williamsburg Counties would be the secondary service area.

When calculating existing utilization, it is noted that Grand Strand repeatedly assigns GMH a capacity of 5,000 treatments, but the facility has stated their capacity is 7,000 treatments and this capacity is reflected in the Plan.

According to 2008 DHEC data, there were 2,391 new cancer cases in the service area. Based on internal data, Grand Strand had 4,860 patients with a primary or secondary cancer diagnosis, currently referring them to CRCC or other providers. Grand Strand states they coordinate care for cancer patients with the medical oncologists of the Coastal Cancer Center. The oncologists also refer cancer patients requiring surgery to Grand Strand.

Grand Strand projects to capture 20% of Horry County patients (216 patients) plus 5% in-migration (12 cases) for a total of 232 patients. They claim they will only be taking 26 patients (546 treatments) from CRCC in 2015. However, staff projects the impact will be greater. Based upon 55% of cancer patients requiring radiotherapy, Grand Strand projects the service area to have 1,249 radiotherapy cases in 2010 and 1,442 cases in 2015, resulting in an increase of 194 patients, which includes 173 Horry County patients. In order to achieve the projected 232 patients, Grand Strand would have to capture 100% of the additional 173 patients plus 43 CRCC patients to total 216 Horry County patients. Therefore, the impact upon CRCC of losing 26 patients does not appear to be accurate. Even at the higher number of patients taken from CRCC, it does not appear to decrease CRCC below 80% of capacity.

Grand Strand stated in a November 16, 2011 letter from Daniel Sullivan that a notable exception to the typical referral pattern is the case of the urologists in Horry County, most of which belong to the Atlantic Urology group that owns CCRC. Mr. Sullivan expects nearly 100% of these urological referrals to go to CRCC and this was considered in Grand Strand's utilization projections, though they were not quantified.

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

The staff concurs cancer treatment can be most effective when delivered in a comprehensive setting. However, GSRMC does not propose any inpatient treatments according to their pro forma. Staff concurs it is advantageous to have radiation oncologists and medical oncologists practicing in close proximity. Both Grand Strand and the main office for CRCC are both located within a few miles of Coastal Cancer Center, the primary referral source in that area for cancer treatment.

CRCC maintains that Conway Regional Medical Center and Loris Community Hospital will not refer patients for radiation therapy to Grand Strand. This is a reasonable concern and could limit accessibility. It is noted these facilities did not provide letters of support for Grand Strand.

The project will not increase geographic access since CRCC is currently located in Myrtle Beach in close proximity to Grand Strand. The Grand Strand project could provide greater access to inpatients at the hospital in need of cancer treatment services; however, their pro formas indicate no income from inpatients for this project.

Grand Strand will offer access to support services to accommodate the needs of their patients and has documented means by which a person will have access to its services.

Staff concludes all applicants demonstrate financial accessibility. The following table compares projected payor sources and financial accessibility among the applicants:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	$151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

Grand Strand has been providing health care services to the residents of Horry County since it opened in 1978. Services range from a Level III Trauma Center to the open-heart surgery program opened in June of 1995. Grand Strand is currently accredited by the American College of Surgeons as a Community Hospital Cancer Program. It is the service area's largest and most comprehensive tertiary care hospital. Grand Strand is a subsidiary of Hospital Corporation of America, Inc. (HCA), that provides a broad resource base of administrative and technical expertise in hospital operations.

2. Acceptability – 4a

Grand Strand has garnered significant support for this project, with over 240 letters of support. There were approximately 100 letters of support from physicians, 4 letters from elected officials and around 140 community letters. The majority of the community letters were from H2U members. H2U or Health to You, promotes living a healthy lifestyle and offers memberships through Grand Strand for health and wellness information, discounts, invitations to hospital sponsored activities, etc. Strand Orthopaedic Consultants supported this project as well as the CRCC project. Staff from Coastal Cancer Center supported this as well as the other two projects.

Staff considered opposition to the project. CRCC, North Strand and Georgetown Hospital System ("GHS") filed as affected persons opposing this project. See Adverse Effects.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility)

Adverse Effects on Other Facilities – 23a

In the November 16, 2011 letter from Daniel Sullivan of Sullivan Consulting Group, Inc., a statement was made regarding Coastal Cancer Center that these physicians "serve a high percentage of the cancer patients in Horry County, and because Coastal's main office is next to the GSRMC campus and many of it patients receive chemotherapy treatment at the main office, it is reasonable to conclude that a significant percentage of Coastal's patients from the service area will choose GSRMC for radiation treatment." Mr. Sullivan did not quantify the percentage or number of patients, but "significant percentage" implies a sizeable impact upon the existing provider, CRCC, and Grand Strand projects serving 223 radiation therapy patients in the third year of operation.

Staff concludes there is adverse impact with this project and the approved relocation of the Francis B. Ford Cancer Treatment Center. A review of the proposed service area in the Francis B. Ford CON application indicates that there are six (6) overlapping ZIP codes with the Francis B. Ford project and the Grand Strand primary service area. The 6 ZIP codes account for 36.6% of the 2009 Francis B. Ford cancer patient origin and 48.2% of Grand Strand's 2010 inpatient discharges.

3. Financial Feasibility – 15

GSRMC proposes to fund the project from capital funds provided by HCA, which will be derived through internally generated and borrowed funds that are included in HCA's cash reserves. Grand Strand is owned by Healthtrust, Inc. – The Hospital Company, that is in turn, owned by HCA Inc.

Cost Containment – 16a, 16c

GSRMC addressed cost containment and identified methods of funding and demonstrated feasibility of this option. The impact of the applicant's cost to provide services was documented. GSRMC's project costs and patient charges appear to be reasonable.

Projected Revenue/Projected Expenses – 6a, 7

Proposed charges and cost projections appear to be reasonable.

Carolina Regional Cancer Center - Conway

Total Project Cost = $9,522,745
Linear Accelerator: Varian TrueBeam ($2,413,894)
Facility = 3,616 square feet

1. Compliance with the South Carolina Health Plan

CRCC demonstrated compliance with all standards in the Plan. A listing of patient referrals by referring physician for the previous 12 months was provided (November 2010 through October 2011). For a total unique patient count of 1,000 patients, 360 patients, or 36% of the total, were from Atlantic Urology. Coastal Cancer Center ("CCC") physicians accounted for 263 or 26.3% of referred patients. It is noted that three of the letters, from CCC physicians specifically mentioned a willingness to refer patients as required by Standard 8. Even though "expected annual referral volumes" were not provided, current volumes were provided from all referral sources. In their response to Item B-10, CRCC stated that 98% of its patients are from physician referrals, mostly from an attending physician.

2. Community Need Documentation – 2a, 2b, 2c, 2e

The applicant clearly identified the target population. CRCC treats patients from Georgetown, Horry, and Williamsburg Counties and considers the region to be its service area. Population projections were clearly presented.

Zip codes were grouped into six market areas based on geography and the following table summarizes the percent of CRCC patients from each area and the 2015 population projection

provided by Nielsen/Claritas.

Table 8 – Patient Origin in Service Area

Area	CRCC Patient Origin	2015 Population Projection*
Conway Area	22%	80,355
Georgetown Area & Williamsburg County	1%	72,415
Loris Area	6%	24,588
Murrells Inlet Area	29%	100,778
Myrtle Beach Area	20%	71,438
North Myrtle Beach Area	22%	53,310
Total	100%	402,884

The percentages are based on 495 patients from within the service area during the last six months of 2010. CRCC treated 571 total patients during this time period with 76 of those patients coming from locations outside of the three-county service area (22 from other locations in SC, 44 from NC, and 10 from other locations).

More than 22% of CRCC's patients live in the Conway area while 6% live in the Loris area. Combined, these two areas account for more than 28% of CRCC's patient volume. These patients would be served by a cancer treatment center in Conway, SC.

Projected Utilization. CRCC is proposing the expansion of an existing service based on its current patient volume and the unmet need in the Conway-Loris area. The following table projects the number of linear accelerator radiation treatments with two CRCC locations in the service area:

Table 10

Radiation Treatments	2009	2010	2011	2012	2013	2014
CRCC-Myrtle Beach	15,613	20,946	22,419	18,258	18,717	19,185
CRCC-Conway	NA	NA	NA	4,854	4,976	5,100
Total Treatments	15,613	20,946	22,419	23,112	23,693	24,285
Change over prev. year		34.2%	7.0%	3.1%	2.5%	2.5%

CRCC has experienced significant growth in utilization during 2010. The total treatments at CRCC grew 34.2% from 2009 to 2010 alone. To calculate projected utilization, a more conservative growth rate of 2.5% was applied. This is in contrast to the substantial growth experienced in 2010, which is attributed to the purchase of the facility by 21st Century Oncology. As previously shown, approximately 28% of CRCC's patients come from Conway and Loris area. CRCC conservatively expects that 75% of their patients from the Conway and Loris area will utilize the proposed linear accelerator located in Conway (i.e. 21% of their current patients will utilize CRCC-Conway).

Distribution (Accessibility) – 3a, 3b, 3c, 3e, 3f

This project projects the quickest implementation time with approximately six months, taking advantage of the existing vault, which will facilitate accessibility. This project will also improve the geographic accessibility for patients in the service area, especially those in the Conway and Loris areas. It is noted that the Conway area has a lower socio-economic status and the proposed site is more accessible to rural portions of the service area. North Strand promotes the accessibility of its site, but staff feels the sites are equally accessible and further notes that the

distance between Loris and Conway is approximately the same distance as Loris and Little River, the proposed site for NSROC. The Conway site is centrally located, serving more inland residents and accessible to rural residents.

Currently CRCC is operating 12 hour shifts to meet the current demand since they are operating well over capacity. Placing an additional accelerator in an area that currently accounts for 28% of patients will relieve capacity constraints.

Staff notes that the proposed Varian Trilogy True Beam system is more advanced than the iX systems proposed by the other applicants. Specifications for the unit include a higher dose rate, image guidance during treatment and is faster and more precise. Information from the manufacturer, Varian, supports the True Beam as being a more advanced system.

CRCC stated they will offer access to support services to accommodate the needs of their patients. CRCC adequately documented means by which a person will have access to its services (See Compliance with the SC Health Plan).

The following table presents the total amounts of indigent care provided by CRCC:

	2008	2009	2010
Gross Charges	$35,959,784	$36,978,776	$46,520,118
Indigent Care	$990,254	$771,022	$1,237,664
As % of Gross	2.8%	2.1%	2.7%

Projected:

	2011	2012	2013	2014
Gross Charges	$59,574,787	$61,417,306	$62,952,739	$64,526,557
Indigent Care	$1,470,051	$1,515,516	$1,553,404	$1,592,239
As % of Gross	2.5%	2.5%	2.5%	2.5%

The following table compares projected payor sources and financial accessibility among the applicants for each respective project, which indicates all applicants demonstrate financial accessibility:

	CRCC	GSRMC	NSROC
Medicare	53.6%	51.8%	31.0%
Medicaid	3.3%	6.1%	11.0%
Self pay	1.6%	3.3%	6.4%
Charity Care	$326,215	%151,000	$629,942
Charity Care % of Gross Revenue	2.5%	3.3%	5.4%

Record of the Applicant – 13a, 13b

CRCC has provided radiation therapy services in the region for three decades. The center is accredited by the American College of Radiology (ACR), which has very high standards of compliance regarding radiological services. CCRC's current equipment appears focused on state of the art technology as evidenced by the tomotherapy unit and a recently replaced linear accelerator. CRCC has a 38 member team and has access to clinical trials.

3. Acceptability – 4a

CRCC has demonstrated strong support for this project, with over 100 letters of support. There were approximately 76 letters of support from medical providers, including 18 from Conway Medical Center. Strand Orthopaedic Consultants supported this project as well as the Grand Strand project. Staff from Coastal Cancer Center supported this as well as the other two projects. The community letters of support included over a dozen political letters (City of Conway, Town of Surfside Beach, etc.) and around 12 other community letters, such as from Agape Hospice and Mercy Care Hospice.

Staff considered opposition to the project. Grand Strand, North Strand and Georgetown Hospital System ("GHS") filed as affected persons opposing this project. See Adverse Impact.

Distribution – 22

The existing distribution and the effect of the proposed project upon that distribution was identified. See Community Need Documentation and Distribution (Accessibility).

Adverse Effects on Other Facilities – 23a

GHS contends that approval would significantly impact the recently approved Murrells Inlet projects with CRCC-Conway being 13 miles from the proposed relocation of Francis B. Ford. GHS mentions lack of need and significant adverse impact, but did not provide any data to support these claims. GHS feels approval of a linear accelerator in proximity to the recently approved projects without first allowing these providers to implement their projects would not constitute sound health planning. GHS claims the relocation was based on proving increased access to the majority of GHS patients who live in northern Georgetown and Horry Counties. Allowing another provider to enter the market would jeopardize the financial viability of their project. Staff notes that CRCC considered its Conway project within its Murrells Inlet application. Both projects are currently under appeal in the Administrative Law Court and staff is unsure at this time if or when the projects will be implemented. CRCC proposes to serve an existing market as the patient origin data indicated 22% of their patients are from the Conway area and only 1% are from the Georgetown area and Williamsburg County, areas proposed to be served by Francis B. Ford. CRCC also predicted a conservative growth rate of 2.5%.

4. Financial Feasibility – 15 (See also Cost Containment)

The pro formas show a profit during all years submitted – 2012 through 2015. Staff requested a breakdown showing the Murrells Inlet project, which is shown below:

	2012				2013			
	Myrtle Beach	Conway	Murrells Inlet	Combined	Myrtle Beach	Conway	Murrells Inlet	Combined
Gross Charges	$48,519,672	$12,897,634	$-	$61,417,306	$37,142,116	$13,220,075	$12,590,548	$62,952,739
Net Charges	$17,655,993	$ 4,693,365	$-	$22,349,358	$13,514,933	$ 4,810,699	$ 4,581,618	$22,908,093
Total Operating Expenses	$ 7,791,255	$ 2,736,530	$-	$10,527,785	$ 7,188,178	$ 2,807,597	$ 3,310,133	$13,305,908
Income Before Income Taxes	$ 9,776,863	$ 1,933,476	$-	$11,710,339	$ 6,261,014	$ 1,979,703	$ 1,249,200	$ 9,490,759
Net Income	$ 6,012,771	$ 1,189,088	$-	$ 7,201,859	$ 3,850,524	$ 1,217,517	$ 768,258	$ 5,837,141
Treatment Volume	18,258	4,854	-	23,112	13,978	4,976	4,739	23,693

	2014				2015			
	Myrtle Beach	Conway	Murrells Inlet	Combined	Myrtle Beach	Conway	Murrells Inlet	Combined
Gross Charges	$38,070,669	$13,550,577	$12,095,311	$64,526,557	$39,022,436	$13,889,341	$13,227,944	$66,139,721

Net Charges	$13,853,669	$4,930,967	$4,696,158	$23,480,794	$14,200,010	$5,054,241	$4,813,562	$24,067,813
Total Operating Expenses	$7,294,645	$2,852,050	$3,349,334	$13,496,229	$7,403,779	$2,897,495	$3,389,365	$13,690,639
Income Before Income Taxes	$6,491,439	$2,054,932	$1,323,982	$9,870,353	$6,727,161	$2,132,162	$1,400,784	$10,260,107
Net Income	$3,992,235	$1,263,783	$814,249	$6,070,267	$4,137,204	$1,311,280	$861,482	$6,309,966
Treatment Volume	14,328	5,100	4,857	24,285	14,687	5,227	4,978	24,892

With an existing lease already in place for a specialty-built medical building with a radiation therapy vault and shielded area for a CT simulator, CRCC can have the new center and linear accelerator giving treatments within a matter of months from the receipt of the CON. Staff notes that North Strand claims the CRCC building is inadequately designed and does not promote operational efficiency. Staff concludes the building is much smaller without extra space for a conference room, etc., but 21st Century possesses much experience and should be able to make the very conservative design work. CRCC appears to have budgeted substantial funds to renovate the building.

Cost Containment – 16a, 16c

CRCC adequately addressed cost containment. They identified methods of funding and demonstrated the method chosen as the most feasible option. Radiation Therapy Services, Inc. (RTSI) indicates that they plan to finance the project with existing operating reserves but may lease the linear accelerator or choose to finance some of the costs through borrowing arrangements with lenders. They stated that CRCC and RTSI have the resources and credit rating to fully finance the project. RTSI has at its disposal cash from operations in excess of $23 million as of March 31, 2011. Patient charges were also indicated to be reasonable.

The applicant also provided the following to demonstrate cost containment: use of existing building; least total project cost, substantially lower than the other projects; shorter time-frame to bring their new linear accelerator online; large discounts on equipment and medical supplies available due to being a subsidiary of one of the nation's largest providers of radiation therapy services; economies of scale by the sharing of administrative support, computer systems, etc.; state of the art Varian TrueBeam System; clinical, operational, management and financial resources from 21st Century Oncology/Radiation Therapy Services, Inc.

Projected Revenue/Projected Expenses – 6a, 7

Pro formas were also submitted without the Murrells Inlet location (prior to its approval). Proposed charges and cost projections appear to be reasonable.

Conclusion

Staff has determined the applications are competing. CRCC, GSRMC, and NSROC each applied for a CON to provide radiation therapy services in Horry, Georgetown, and Williamsburg Counties and the need for radiation therapy services in the defined services area will be exceeded if more than one application is approved. Additionally, Staff believes that approval of more than one of these CON applications will have an adverse impact on other providers in the service area, and that this negative impact exceeds the benefits of improved accessibility.

The project proposed by CRCC best meets project review criteria, standards in the Plan and the purpose of CON. Therefore, staff has concluded that a CON should be awarded to CRCC-Conway.

Even though the Grand Strand project contributes to the continuum of care for current oncology services, it does not substantially improve accessibility since the location is in the vicinity of the CRCC Myrtle Beach location. The overlapping service area ZIP codes for patient origin are significant with the approved Francis B. Ford Cancer Center relocation. This can also be seen as unnecessary duplication. The location also does not improve access to Conway, an area of rapid growth. North Strand's project is not located in an area of rapid growth, if North Myrtle Beach is not considered. This area is also well served by CRCC's existing office. The utilization projections for North Strand appeared to be unrealistic. This project with the least support and did not provide adequate referral documentation.

Staff recognizes the strong support received by Grand Strand and the fact that it is one of two hospitals of its size (besides Providence with its cardiology focus) without a radiation therapy program. Staff believes the projected utilization could have substantial adverse impact upon the existing CRCC location as evidenced in the statement by Grand Strand's consultant indicating "it is reasonable to conclude that a significant percentage of Coastal Cancer Center's patients from the service area will choose GSRMC for radiation treatment." Staff concurs with some concerns expressed by GHS over the fact that the Murrells Inlet linear accelerator projects have not been completed due to ongoing litigation. However, CRCC is currently operating significantly over capacity. Staff concludes it is prudent to consider that there are there are two other service area radiation therapy projects tied up in appeal and approving one project, particularly an expansion project, would better comply with the purpose of CON, with its funding from cash balances, lowest project cost, to include linear accelerator cost (cost containment), rapid ramp up time with advanced equipment in a more disadvantaged area (guide establishment best serving the public's needs), location in Conway (no unnecessary duplication) and extensive experience (high quality services).

EXHIBIT 'B'

PART B - ADDITIONAL INFORMATION

(1) **Document that the applicant has published notification of this project in a local newspaper as required by Section 201 of these Regulations.**

See Affidavit of Publication attached as **Exhibit B-1**.

(2) **Describe the project setting forth 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 will result in the discontinuance of an existing service. If a new facility is proposed, list all services provided.**

Grand Strand Regional Medical Center ("Grand Strand" or "GSRMC") desires to establish a radiation therapy center attached to the main hospital on its campus in Myrtle Beach, South Carolina. Grand Strand proposes to install a state-of-the-art *Varian Clinac iX Linear Accelerator* along with a CT simulator and will provide conventional radiotherapy services as well as IMRT and IGRT services to residents of and visitors to the state defined service area of Horry, Georgetown and Williamsburg Counties (Service Area). This proposed project will consist of the construction of a radiation therapy facility consisting of approximately 9,519 square feet, to include a linear accelerator vault, simulator control room, linear accelerator control room, block storage, mold room, patient staging area, pre/recovery holding area, mechanical penthouse, as well as all required support spaces. The proposed project will be located just a short three minute drive from the largest medical oncology practice site in Horry County, Coastal Cancer Center. The location of Grand Strand's radiation therapy facility on its hospital campus and proximate to Coastal Cancer Center will enhance the continuity of cancer care in the service area and will increase convenience of care for those patients receiving combined chemo and radiation therapy services and inpatients in need of radiation therapy services.

Grand Strand proposes to purchase the Varian Clinac iX linear accelerator and GE Optima CT Simulator to service the radiation therapy center. The Varian unit has the following features:

- Fine beam performance
- Dual independent collimators
- Dynamic arc photon treatment
- IGRT and Large field IMRT
- Portal Vision for IGRT
- On-board Imaging with Cone Beam CT
- RapidArc Delivery
- Advanced RPM Gating System
- ARIA T-Box software package
- Eclipse Treatment Planning System

Located in the heart of Myrtle Beach, a rapidly growing area, Grand Strand maintains a strong presence in the community with multiple access points through the area including imaging centers, senior health centers, and a satellite emergency department. The main hospital campus is centrally located and has grown as the community has grown. In order to continue to meet the needs of its growing community, Grand Strand is currently building an additional bed tower to house primarily cardiac related beds and services. Grand Strand has also recently received a CON for the addition of electrophysiology services on it campus.

Grand Strand is accredited by the Commission of Cancer (CoC) of the American College of Surgeons. The proposed project will build on the tradition of outstanding cancer care for the residents of Grand Strand's service area. According to the most recent DHEC publications attached at **Exhibit B-2A**, cancer was the leading cause of death in South Carolina in 2009 and Horry County in 2008. As such, Grand Strand must ensure that it can accommodate its patients' needs with state-of-the-art technology and comprehensive oncology services. As Grand Strand's population continues to rapidly grow, especially the 65+ population, the demand for radiation oncology services will also continue to measurably increase. As the Service Area's largest and most comprehensive tertiary care hospital, radiation therapy is the only high level service Grand Strand does not currently offer the residents and temporary residents who live and visit the service area. *According to the most recently published South Carolina Health Plan, Grand Strand is one of the only highly utilized (patient days > 50,000) tertiary care hospitals in the state of South Carolina that does not offer radiation therapy services.* See **Exhibit B-2B**. Through this CON application, Grand Strand would like to rectify this specific lack of critical services that is normally present at highly utilized tertiary care centers.

This project will not change the existing licensed or survey bed capacity at Grand Strand, nor does it involve the discontinuance of an existing service.

(3) **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.**

Project cost justification and vendor quotes for the linear accelerator, CT Scanner and other related equipment are found at **Exhibit B-3**. The equipment costs set forth below include taxes, freight and installation. Grand Strand's individual prices quotes for non-major FFE items have been deleted from the list in attachment in B-3 because the prices are proprietary to HCA; however, the price list can be furnished for the Department's consideration and review if required for verification.

(10) **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 admission.**

Patients will have access to radiation therapy services through physician referrals from Grand Strand's primary and secondary service area. Admissions to Grand Strand will be based upon referral by physicians credentialed to be on the Medical Staff by Grand Strand's Credentialing Committee, Medical Executive Committee, and Board of Trustees. Patients may also access Grand Strand through the Emergency Department in the event of an emergency. No patient will be refused treatment based on race, religion, handicap, or socioeconomic status. No limitations are placed on admissions. See also C-1 of this application. Grand Strand expects those physicians who have drafted letters of support to refer to its radiation therapy center.

(11) **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 the proposed facility or service; 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.**

Certificate of Need Standards for Radiotherapy

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

   Grand Strand acknowledges this capacity standard.

2. **Linear accelerators providing IMRT or IGRT have a capacity of 5,000 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.**

   Grand Strand acknowledges this capacity standard.

3. **IMRT/IGRT linear accelerators performing stereotactic procedures have a capacity of 4,500 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.**

   Grand Strand acknowledges this capacity standard.

4. **Linear Accelerators designed strictly to provide Stereotactic Radiotherapy have a capacity of 2,000 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.**

   Not applicable. Grand Strand does not propose to offer Stereotactic Radiotherapy.

5. **There are 13 service areas established for Radiotherapy units as shown on the following chart.**

   Grand Strand is located in the Radiotherapy Service Area that includes Horry, Georgetown, and Williamsburg Counties.

6. **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**

      Because Grand Strand is located in Horry County, the radiotherapy service area designated in the *2010-2011 South Carolina Health Plan* includes Horry, Georgetown, and Williamsburg Counties. There are two existing providers of radiotherapy services in this area: the Ford Cancer Center at Georgetown Memorial Hospital (GMH) and Carolina Regional Cancer Center (CCRC). (**Exhibit B-11A**)

Exhibit 1
Existing Radiotherapy Providers in Service Area

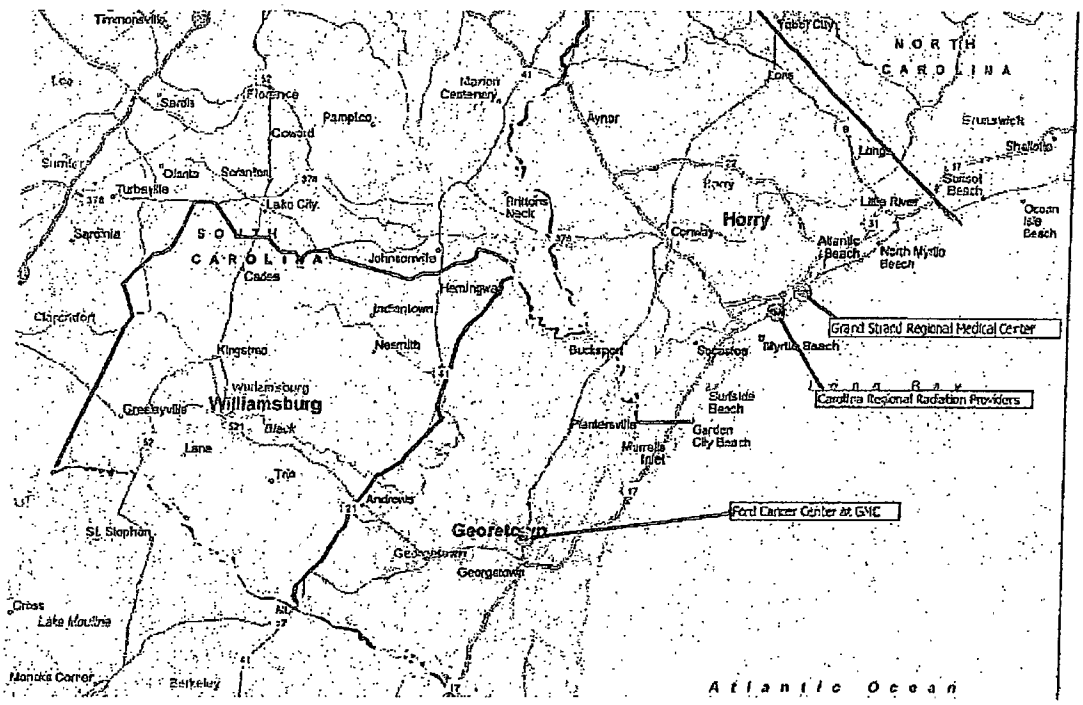


Exhibit 2 presents the historical utilization data for these two existing providers. GMH corrected its radiotherapy utilization data for 2008 and 2009 in its CON application to relocate its cancer center to Waccamaw Community Hospital. GMH did not provide 2010 utilization data in that submission. CCRC recently submitted a CON application to purchase a new radiotherapy unit that would be located in Conway. In that application, CCRC reported its 2010 utilization data in treatments but not the number of radiotherapy patients served. In 2010, CCRC provided 20,496 treatments, which represented a 34.2% increase over its 2009 utilization.

Exhibit 2
Grand Strand Regional Medical Center Radiotherapy Service Area
Number of Patients

Facility	2005	2006	2007	2008	2009
Carolina Regional Cancer Center	N/A	N/A	N/A	692	730
Georgetown Memorial Hospital	167	217	264	255	263
Total Planning Area	N/A	N/A	N/A	**947**	**993**

Number of Treatments

Facility	2005	2006	2007	2008	2009
Carolina Regional Cancer Center	15,770	14,032	13,107	14,335	15,613
Georgetown Memorial Hospital	4,533	5,416	5,471	5,909	5,341
Total Planning Area	**20,303**	**19,448**	**18,578**	**20,244**	**20,954**

Number of Treatments per Patient

Facility	2005	2006	2007	2008	2009
Carolina Regional Cancer Center	N/A	N/A	N/A	20.7	21.4
Georgetown Memorial Hospital	27.1	25.0	20.7	23.2	20.3
Total Service Area	N/A	N/A	N/A	21.4	21.1

Based on Joint Annual Reports and GMH's December 2, 2010 response to additional information (page bates stamped 000369) regarding the CON application to relocate its cancer center to Waccamaw Community Hospital campus. (**Exhibit B-11B** attached hereto.)

This calculation of the utilization rate for these two providers is based on the capacity standards set forth in the *South Carolina State Health Plan.* CRCC in its recent application indicated that it has one tomotherapy unit and two other conventional radiotherapy units. DHEC acknowledges that the tomotherapy unit has a capacity of 5,000 treatments but assigns a capacity of 7,000 treatments each to the other two units despite the fact that CCRC provides both IMRT and IGRT services with these units. Although it would appear that at least one of the other units should be considered as having a capacity of 5,000, a total capacity for CCRC is assumed to be 19,000 treatments annually (5,000 + 7,000 +7,000).

Georgetown Memorial Hospital (GMH) offers one linear accelerator offering conventional radiotherapy, IMRT, and stereotactic radiosurgery. According to GMH's CON application to relocate its cancer center to Waccamaw Community Hospital, approximately 60% of its radiotherapy treatments in 2009 were IMRT, while no information was provided on the number of stereotactic treatments. Since GMH's unit is not used exclusively for stereotactic radiosurgery but is used primarily for IMRT, its assumed annual capacity is 5,000 treatments. Based on these capacities, the utilization rate of the two existing service area radiotherapy programs was at least 110.3% in 2010, as shown in Exhibit 3 and more if all three of CRCC's units are assigned a capacity of 5,000 treatments. If a new radiotherapy unit were added to the service area, even with no growth in volume, the utilization rate would be over 90%. This high rate of utilization is strong evidence that radiotherapy capacity is needed in the service area.

Exhibit 3
Utilization of Existing Radiation Therapy Providers
Horry, Georgetown, and Williamsburg Counties
2010

Facility	Units	Treatments	Capacity	% Utilization
Carolina Regional Cancer Center*	3	20,946	19,000	110.2%
Georgetown Memorial Hospital**	1	5,515	5,000	110.3%
Total	**4**	**26,461**	**24,000**	110.3%

*CCRC has one tomotherapy unit with a DHEC defined capacity of 5,000.

**GMH has one unit that provides IMRT

(Exhibit B-11B)

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 Standards 2, 3 or 4 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.**

Grand Strand's proposed radiotherapy service will perform a number of treatments by the third year of operation that exceeds 50% of its annual capacity. As a starting point, Grand Strand proposes to acquire a Varian Clinac iX, which will have capability of performing both IMRT and IGRT. As a consequence, the capacity of the proposed linear accelerator will be 5,000 treatments annually.

Grand Strand is currently accredited by the American College of Surgeons as a Community Hospital Cancer Program, which indicates that the facility provides a full range of diagnostic and treatment services for cancer patients, either directly or through referral, and that the members of its medical staff are board certified in the major medical specialties. In 2010, Grand Strand served 4,860 patients with either a primary or secondary diagnosis of cancer. (Source: Grand Strand Internal 2010 data). It is the largest provider of health care services in the three-county area and the most logical location for the needed radiotherapy unit.

Grand Strand coordinates care for cancer patients with the medical oncologists of the Coastal Cancer Center, which has offices in Myrtle Beach, Loris, Conway, and Murrell's Inlet in South Carolina, as well as Supply, North Carolina. Among the services Coastal Cancer Center provides are:

- Chemotherapy
- Hormonal therapy
- Targeted therapy
- Stem cell transplantation
- Biological therapy
- Complementary and alternative medicine

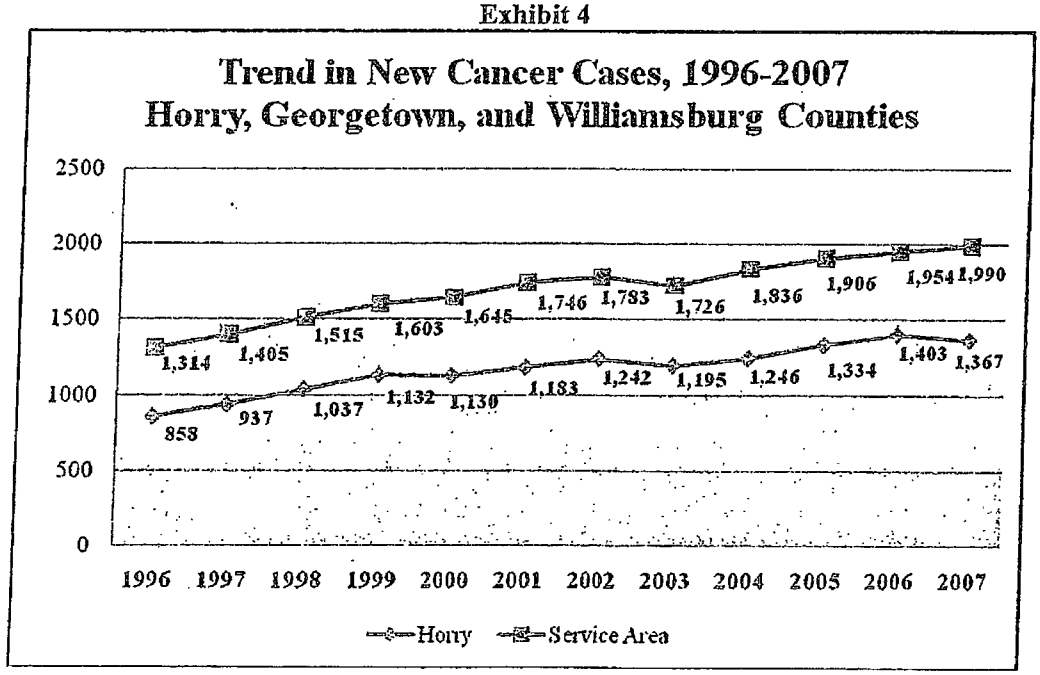
Coastal Cancer Center's principal office is located next to the Grand Strand campus. Cancer patients requiring surgery are usually referred to physicians practicing at Grand Strand. The one service that is not available at Coastal Cancer Center or Grand Strand is

radiation therapy. Currently, patients requiring radiation therapy are referred to CCRC or other providers.

Cancer treatment can be most effective when delivered in a comprehensive setting that permits cancer patients to minimize travel and provides for efficient and effective consultation and coordination among care providers. With the addition of radiotherapy services to a new facility located on Grand Strand's campus, in close proximity to Coastal Cancer Center, there will be a comprehensive cancer setting in Horry County for the first time. Radiation oncologists and medical oncologists will be practicing in close proximity, which will facilitate enhanced treatment planning for patients.

Both Horry County and the three-county service area have seen significant growth in new cancer cases between 1996 and 2007, the most recent year for which data are available from the South Carolina Central Cancer Registry. Horry County's new cancer cases grew by 4.3% annually over this period while the service area grew at 3.8% annually. Significantly, Horry County residents represented 69% of the new cancer patients in the service area in 2007. These trends are presented in Exhibit 4.

Exhibit 4



The age-adjusted cancer incidence rates in the three-county area are presented in Exhibit 5. Georgetown County's age-adjusted incidence rate is somewhat higher than the South

Carolina average rate, while Horry and Williamsburg Counties are close to the South Carolina average.

Exhibit 5
Age-Adjusted Cancer Incidence Rates by County for Service Area and South Carolina
2003-2007

County	Annual Incidence Rate(†) over rate period - cases per 100,000	Lower 95% Confidence Interval	Upper 95% Confidence Interval	Average Annual Count
Georgetown County	491.4	469.1	514.5	377
Horry County	458.2	446.9	469.7	1,284
Williamsburg County	457.9	428.3	489.0	182
South Carolina	**467.8**	**464.9**	**470.6**	**21,114**

Source: State Cancer Registry and the CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2009/January 2010 data submission. State rates include rates from metropolitan areas funded by SEER

*† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population [http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified [http://seer.cancer.gov/popdata/] by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita [http://seer.cancer.gov/data/hurricane.html] for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The 1969-2007 US Population Data File is used for SEER and NPCR incidence rates.*

Age-adjusted rates permit comparisons between geographic areas, but they are not appropriate for projecting future utilization given that they have been adjusted to the U.S. population. Exhibit 6 presets the 2007 crude new cancer incidence rates by age group from the South Carolina Central Cancer Registry that can be used for projection purposes. As is evident from these data, cancer incidence is significantly higher among individuals age 65 and older than other age cohorts.

Exhibit 6

Crude Cancer Incidence Rates for Service Area and South Carolina

2007

	0-44		45-64		65+		Total	
Region	New Cases	Rates	New Cases	Rates	New Cases	Rates	New Cases	Rates
Georgetown	28	83.8	153	915.6	253	2,436.20	434	717.4
Horry	95	65.6	493	775.0	779	1,874.80	1,367	547.0
Williamsburg	10	#	88	912.4	96	1,893.50	189	533.2
Three-County Total	128	64.4	734	815.9	1,128	1,978.80	1,990	575.4
All Counties in South Carolina	1,869	69.8	8,938	772.6	11,641	2,031.20	22,448	509.3

Crude Rate calculated per 100,000 population

The following suppression rules have been applied:

Cells with 1-4 observations are recorded as <5, cells with 5-9 observations are rounded to 10

: Cells with 15 or fewer cases do not have rates due to the instability of small numbers when calculating rates.

If additional data is needed, please contact the SC Central Cancer Registry at 1(800) 817-4774

*Note that the selection total may be greater than the actual total if major cancer type and subtype are selected.

**Totals still include unknowns

Incidence data is subject to change as datasets are updated. This data originates from the 1996-2005 CDC data submission; last updated 1-31-08.

(Source: http://scangis.dhec.sc.gov/scan/cancer2/statinput.aspx.)

Exhibit 7 presents 2010 and 2015 population data from the South Carolina Office of Research and Statistics (SCORS) for the three service area counties. Horry County, where Grand Strand is located, is the largest county and is projected to grow significantly faster than the remainder of the service area in both percentage and absolute terms. Horry County is expected to increase by nearly 26,000 residents between 2010 and 2015, while Georgetown will grow by only 3,500 residents, and Williamsburg will see a small decrease in population.

Exhibit 7

Radiotherapy Service Area

Estimated and Projected Population

County	2010	2015	% Change
Georgetown	62,610	66,130	5.6%
Horry	265,360	291,080	9.7%
Williamsburg	35,370	35,240	-0.4%
Total Service Area	363,340	392,450	8.0%

Source: S.C. Office of Research and Statistics (Exhibit B-11C)

The U.S. Bureau of the Census recently released 2010 population estimates for South Carolina counties. As shown in Exhibit 8, the 2010 U.S. Census estimate for Horry County is slightly higher than the SCORS estimate, while the U.S. Census estimates for Georgetown and Williamsburg Counties are slightly below the SCORS estimate. Overall, there is only a minimal difference between the two sources.

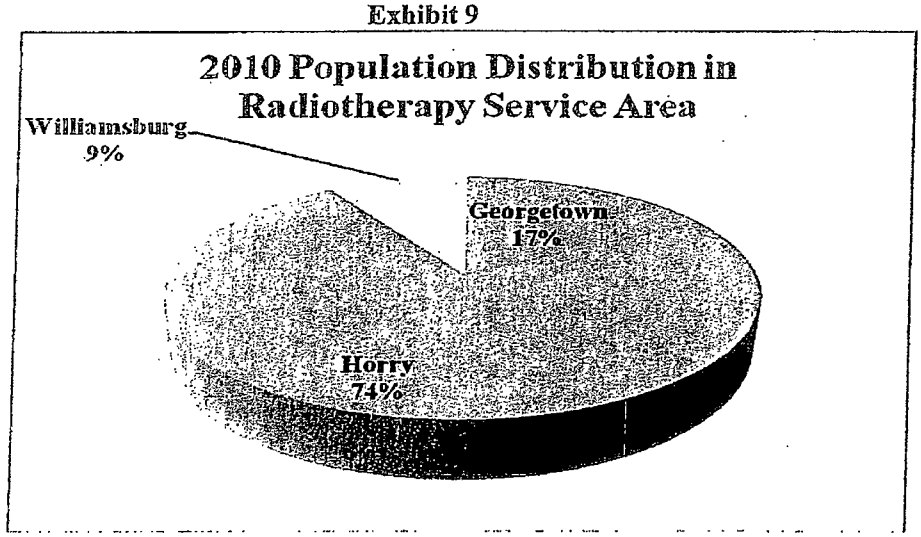
Exhibit 8
Grand Strand's Radiotherapy Service Area
Comparison of SCORS and U.S. Census 2010 Estimates

County	SCORS	U.S. Census
Georgetown	62,610	60,158
Horry	265,360	269,291
Williamsburg	35,370	34,423
Total Service Area	363,340	363,872

Source: S.C. Office of Research and Statistics and U.S. Bureau of Census
(Exhibit B-11C)

Exhibit 9 demonstrates that Horry County's population represents nearly three-quarters of the total service area population. Given that Horry is projected to provide 88% of the projected growth in service area population over the next five years (see Exhibit 7), it follows that the greatest need for additional radiotherapy capacity in the future will be in Horry County.

Exhibit 9



SCORS has not produced recent population projections by age cohort. Data were obtained from Claritas to determine trends in population growth by age cohort in the service area. These projections are presented in Exhibit 10. The Claritas projections closely approximate the SCORS projections. In 2010, the Claritas estimate is only 0.5% higher than the SCORS estimate for the service area. In 2015, Claritas' projection is only 2.3% higher than SCORS's projection. The Claritas projections indicate that the population age 65 and older is projected to increase by 3.8% annually (or 20.7% over the five-year period) in the service area and by 4.3% annually (or 23.6% over the five-year period) in Horry County. The incidence of cancer, and the resulting need for radiotherapy services, is significantly higher among the elderly population than for younger age groups.

Exhibit 10

Grand Strand's Radiotherapy Service Area

Estimated and Projected Population by Age Cohort

2010

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,273	22,330	16,820	10,973	61,396
Horry	48,965	104,291	68,603	47,091	268,950
Williamsburg	6,035	13,496	9,275	6,091	34,897
Total Service Area	**66,273**	**140,117**	**94,698**	**64,155**	**365,243**

2011

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,357	22,403	16,788	11,282	61,829
Horry	50,493	105,780	70,154	49,133	275,560
Williamsburg	5,994	13,341	9,141	6,190	34,665
Total Service Area	**67,866**	**141,541**	**96,115**	**66,615**	**372,137**

2012

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,442	22,475	16,756	11,600	62,272
Horry	52,069	107,290	71,739	51,264	282,363
Williamsburg	5,954	13,187	9,008	6,290	34,439
Total Service Area	**69,498**	**142,980**	**97,553**	**69,169**	**379,200**

2013

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,527	22,548	16,724	11,926	62,725
Horry	53,694	108,822	73,361	53,487	289,365
Williamsburg	5,914	13,035	8,878	6,392	34,219
Total Service Area	**71,168**	**144,433**	**99,013**	**71,822**	**386,436**

2014

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,613	22,622	16,692	12,262	63,188
Horry	55,370	110,376	75,019	55,807	296,572
Williamsburg	5,874	12,885	8,750	6,496	34,004
Total Service Area	**72,879**	**145,901**	**100,494**	**74,575**	**393,850**

2015

County	Under 15	15-44	45-64	65+	Total
Georgetown	11,699	22,695	16,660	12,607	63,661
Horry	57,098	111,952	76,715	58,227	303,992
Williamsburg	5,834	12,737	8,623	6,601	33,795
Total Service Area	**74,631**	**147,384**	**101,998**	**77,435**	**401,448**

% Change, 2010-2015

County	Under 15	15-44	45-64	65+	Total
Georgetown	0.7%	0.3%	-0.2%	2.8%	0.7%
Horry	3.1%	1.4%	2.3%	4.3%	2.5%
Williamsburg	-0.7%	-1.2%	-1.4%	1.6%	-0.6%
Total Service Area	**2.4%**	**1.0%**	**1.5%**	**3.8%**	**1.9%**

Source: Claritas, 2011 (Exhibit B-11D)

Projected Utilization of Grand Strand's Radiotherapy Program

Grand Strand is a regional provider of health care services. Exhibit 11 presents 2010 patient origin data for inpatient discharges at Grand Strand.

Exhibit 11
Grand Stand Regional Medical Center
2010 Inpatient Discharges by ZIP Code

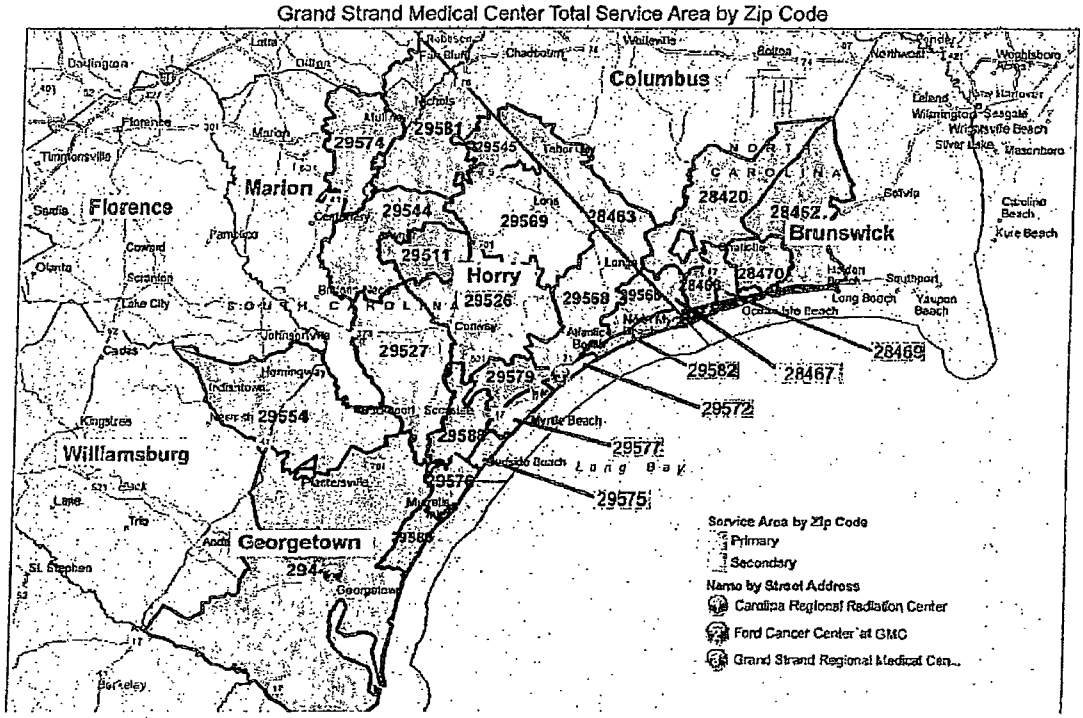
ZIP	CITY AND STATE	COUNTY	INPATIENTS	% of Total	Cumulative %
29577	Myrtle Beach, SC	Horry	2,496	18.3%	18.3%
29588	Myrtle Beach, SC	Horry	1,509	11.1%	29.4%
29579	Myrtle Beach, SC	Horry	1,133	8.3%	37.7%
29582	North Myrtle Beach, SC	Horry	1,063	7.8%	45.5%
29566	Little River, SC	Horry	947	7.0%	52.5%
29526	Conway, SC	Horry	872	6.4%	58.9%
29572	Myrtle Beach, SC	Horry	817	6.0%	64.9%
29575	Myrtle Beach, SC	Horry	705	5.2%	70.1%
29568	Longs, SC	Horry	590	4.3%	74.4%
29576	Murrells Inlet, SC	Horry	570	4.2%	78.6%
28467	Calabash, NC	Brunswick	321	2.4%	81.0%
29527	Conway, SC	Horry	300	2.2%	83.2%
29569	Loris, SC	Horry	274	2.0%	85.2%
29578	Myrtle Beach, SC	Horry	151	1.1%	86.3%
	Total Primary Service Area		**11,748**	**86.3%**	
28468	Sunset Beach, NC	Brunswick	100	0.7%	87.0%
29585	Pawleys Island, SC	Georgetown	79	0.6%	87.6%
29511	Aynor, SC	Horry	66	0.5%	88.1%
29597	North Myrtle Beach, SC	Horry	62	0.5%	88.5%
28469	Ocean Isle Beach, NC	Brunswick	56	0.4%	88.9%
29544	Galivants Ferry, SC	Horry	53	0.4%	89.3%
28463	Tabor City, NC	Columbus	46	0.3%	89.7%
29440	Georgetown, SC	Georgetown	32	0.2%	89.9%
29528	Conway, SC	Horry	31	0.2%	90.1%
29587	Myrtle Beach, SC	Horry	28	0.2%	90.3%
28470	Shallotte, NC	Brunswick	27	0.2%	90.5%
29554	Hemingway, SC	Williamsburg	22	0.2%	90.7%
28420	Ash, NC	Brunswick	22	0.2%	90.9%
29545	Green Sea, SC	Horry	20	0.1%	91.0%
29581	Nichols, SC	Horry	17	0.1%	91.1%
28462	Supply, NC	Brunswick	12	0.1%	91.2%
29574	Mullins, SC	Marion	11	0.1%	91.3%
29598	North Myrtle Beach, SC	Horry	9	0.1%	91.4%
	Total Secondary Service Area		**693**	**5.1%**	
	Total Service Area		**12,441**	**91.4%**	
	Other		1,176	8.6%	
	Total		13,617	100.0%	

Source: GSRMC internal records

Grand Strand's primary service area includes most of Horry County, along with one ZIP Code in southern Brunswick County, South Carolina. The secondary service area includes the remainder of Horry County, Georgetown County, and portions of Williamsburg and Marion Counties in South Carolina and Columbus and Brunswick Counties in North Carolina. Exhibit 12 provides a map of Grand Strand's service area.

Exhibit 12

Grand Strand Medical Center Total Service Area by Zip Code



It is expected that the service area for radiotherapy services will be similar to this historical service area for Grand Strand. Horry County is expected to be its primary service area and Georgetown and Williamsburg Counties are expected to represent the secondary service area. In addition, Grand Strand expects to receive some radiotherapy patients from southern North Carolina and other counties in South Carolina.

The medical oncologists at Coastal Cancer Center are a major referral source for the existing radiotherapy programs in the service area, with the majority being referred to CCRC. As noted earlier, in 2010, CCRC experienced a utilization of 110% and the Coastal Cancer Center physicians have reported many patients have treatments scheduled late into the evenings on many days. The proposed Grand Strand radiotherapy program will provide needed capacity in Horry County and at the same time permit Grand Strand

and Coastal Cancer Center to offer comprehensive cancer diagnosis and treatment on adjacent campuses.

To project the number of available radiotherapy patients in the service area, the 2007 crude cancer incidence rates, presented previously in Exhibit 6, were used. These age-specific rates were the Claritas population projections by county. The third year of operation of Grand Strand's radiotherapy program was assumed to be 2015 and the incidence rates were held constant through the projection period.

Exhibit 13 presents a summary of the 2010 through 2015 projected number of new cancer cases in each county based on these rates. The detailed calculations that underlie these projections are presented in **Exhibit B-11E** attached hereto. The estimated number of new cancer cases in the three-county area in 2010 is 2,270, which is projected to increase to 2,622 by 2015. This increase in cancer cases reflects overall population growth in the increasing proportion of elderly in the population.

The next step was to estimate the percentage of new cancer cases that would require radiotherapy treatment. The American College of Radiology's 2009 Practice Guideline for Radiation Oncology states: "Radiation therapy with either curative or palliative intent is used to treat up to 60% of all cancer patients." A copy the Practice Guideline is included in **Exhibit B-11F** attached hereto. It is assumed that 55% of new cancer patients will require radiotherapy treatment. The percentage of new cancer cases requiring radiotherapy is assumed to remain at 55% throughout the projection period.

Exhibit 13
Projected Radiotherapy Cases in GSRMC Radiotherapy Service Area

	2010	2011	2012	2013	2014	2015	Change
Projected New Cancer Cases							
Georgetown	426	432	438	447	454	462	36
Horry	1,651	1,709	1,769	1,832	1,896	1,965	314
Williamsburg	193	193	194	193	194	195	2
Total Service Area	2,270	2,334	2,401	2,472	2,544	2,622	352
Percent Requiring Radiotherapy	55%	55%	55%	55%	55%	55%	
Projected Radiotherapy Cases							
Georgetown	234	238	241	246	250	254	20
Horry	908	940	973	1,008	1,043	1,081	173
Williamsburg	106	106	107	106	107	107	1
Total Service Area	1,249	1,284	1,321	1,360	1,399	1,442	194

As these projections indicate, by 2015 the number of new cancer cases requiring radiotherapy treatment will grow to 1,442, which is an increase of 194 cases over the 2010 estimate.

The final step is to project the number of radiotherapy patients and treatments that Grand Strand can expect to serve during its first three years of operation. Grand Strand has received significant support from medical oncologists, surgeons, and other physicians who are potential referral sources for radiotherapy services, as discussed in more detailed under Criterion 8. In addition, Grand Strand is centrally located to serve the Horry County population, which represents nearly 75% of the population in the three-county service area. Grand Strand already serves as a regional referral center for a number of other medical services, and it offers a comprehensive array of diagnostic and therapeutic services for cancer patients that are complementary to radiotherapy. In addition to the service area patients, these projections assume 5% of the Grand Strand radiotherapy patients in-migrate from outside of the service area. These projections are conservative in that they include only new cancer cases and do not include patients who will require retreatment after their initial course of radiation.

Exhibit 14 presents the utilization projections for GSRMC's radiotherapy program. The market shares are based on the strong physician support for the project and the comprehensive nature of the services proposed. The expected number of radiotherapy treatments is based on the 2009 experience of the two existing radiotherapy providers in the service area. Because Grand Strand proposes to offer both IMRT and IGRT services, the capacity of its proposed linear accelerator will be 5,000 treatments annually.

By 2015, Grand Strand projects that it will provide radiotherapy to 232 patients, which will result in 4,620 treatments. Based on an annual capacity of 5,000 treatments, Grand Strand will achieve a utilization rate of 92.4%, which is significantly in excess of the 50% target utilization set forth in this criterion.

Exhibit 14
Grand Strand's Radiotherapy Program
Projected Utilization

	2013	2014	2015
Projected Service Area Patients Requiring Radiotherapy			
Horry	1,008	1,043	1,081
Williamsburg	106	107	107
Georgetown	246	250	254
Projected Grand Strand Radiotherapy Market Share			
Horry	15%	18%	20%
Williamsburg	1%	1%	1%
Georgetown	1%	1%	1%
GSRMC Projected Radiotherapy Patients - Horry County			
Horry	151	188	216
Williamsburg	1	1	1
Georgetown	2	2	3
Total Projected Grand Strand Radiotherapy Patients - Service Area	**154**	**191**	**220**
Percent In-migration	5%	5%	5%
Total Projected Grand Strand Radiotherapy Patients	**162**	**201**	**232**
Expected Treatments per Patient	21	21	21
GSRMC Projected Radiotherapy Treatments	**3,234**	**4,011**	**4,620**
GSRMC Capacity (Treatments)	5,000	5,000	5,000
GSRMC Utilization Rate	**64.7%**	**80.2%**	**92.4%**

Impact on Existing Providers

The approval of Grand Strand's radiotherapy center will not result in either of the existing radiotherapy programs in the service area falling below a utilization rate of 80%. Grand Strand's program should have a *de minimus* effect on Georgetown Memorial

Hospital's program since each program will get its largest number of patients from different counties and will have different referral sources. Some patients will be redirected from the CRCC as a result of this project. Given the projected growth of 194 new radiation therapy patients in the service area between 2010 and 2015 and the fact that Grand Strand projects to serve 220 patients in 2015, the net decrease in CRCC's utilization will be small. Assuming that CCRC were to lose 26 radiotherapy patients in 2015, this would result in a loss of 546 treatments. Based on CCRC's 2010 treatments, with a potential reduction of 546 treatments resulting from the opening of Grand Strand's program, CCRC would still operate at 107.4% of capacity. As a result, both existing programs in the service area should continue to operate at a utilization rate well above 80% after the Grand Strand program becomes operational.

7. **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 Standards 2, 3 or 4 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.**

   Not applicable. Grand Strand does not have an existing radiation therapy service.

8. **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.**

   The projection methodology was described in detail in response to Criterion 6B. These projections are supported by letters from a number of physicians practicing in the service area which are included in this application.

9. **The applicant must affirm the following:**

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

Grand Strand will appoint a medical director for the radiation therapy center who is board certified or board eligible in radiation oncology.

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

Grand Strand will contract with a radiation physicist appropriately certified by the American Board of Radiology.

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;

Grand Strand will acquire a treatment simulator that will be capable of precisely producing the geometric relationships of the radiotherapy equipment that will be used for the patient's treatment.

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

Grand Strand will acquire a custom block design and cutting system as part of this project.

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

Grand Strand will operate a tumor registry and report annually to the South Carolina Central Cancer Registry.

(12) 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.

Grand Strand considered the following alternatives in connection with the proposed project:

1. Maintain the Status Quo.

As explained in response to B-11 above, and as demonstrated in the *South Carolina Health Plan*, an additional linear accelerator, if not two, is needed in Grand Strand's service area. If a radiation therapy center is not established on Grand Strand's campus adjacent to Coastal Cancer Center, the largest medical oncology practice site in the service area, patients will not be afforded an excellent opportunity for enhanced continuity of care whereby the radiation oncologists and medical oncologists would be working in close proximity to one another on adjacent campuses. This positioning further enhances care for those cancer patients who must undergo combined therapies, such as chemo and

radiation oncology, and for those cancer patients who are admitted at Grand Strand. Grand Strand believes that the most logical place for an additional linear accelerator should be added to the region's most comprehensive tertiary care center.

2. Apply for a CON application to add a linear accelerator and develop state-of-the art radiation therapy services at Grand Strand.

For all the reasons stated above, Grand Strand chose the alternative to establish a radiation therapy center on its campus which is adjacent to the Coastal Cancer Center. Coastal Cancer Center estimated that approximately 70% of all of its new cancer patients in Horry County, which numbered 1,054 in 2010, were seen at its Myrtle Beach office. Coastal also has Horry County offices in Conway and Loris. It stands to reason that many of these patients will have ancillary services performed on Grand Strand's campus or at offices near Grand Strand. Therefore, the logical location for a new radiation therapy center in the service area would be on Grand Strand's campus, which is next to the Coastal Cancer Center.

(13) 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.

Currently, the three existing linear accelerators in Horry County are all operated by one provider, Carolina Regional Cancer Center ("CRCC"). CRCC reported performing 20,946 treatments in 2010. As mentioned previously, CRCC has a tomotherapy unit and two other linear accelerators which have been performing IMRT/IGRT since 2002 (according to its website). While DHEC has assigned capacity loads of 5,000, 7,000 and 7,000 for CRCC's TomoTherapy and its other two units, based on the *South Carolina State Health Plan* language that linear accelerators providing IMRT or IGRT have a capacity of 5,000 treatments per year, CRCC's actual capacity is more likely 15,000 treatments for its three units, meaning CRCC is operating at nearly 140% of capacity as stated in the State Health Plan. Operating at this level over capacity can only result in scheduling difficulties as well as inconvenient service times for cancer patients.

Grand Strand's proposed linear accelerator project will enable Grand Strand to meet the needs of its patients and their families in a cost-effective way, as well as continue to provide easily accessible comprehensive patient services to its growing community. In 2010, Grand Strand treated, on an inpatient and outpatient basis, over 4,860 patients who had a primary or secondary diagnosis of cancer. With the addition of a linear accelerator at Grand Strand, Horry County will finally have radiation therapy services located on a hospital campus that offers nearly every other complicated tertiary level of service. Patients will truly have access to a full continuum of cancer care in the service area.

Cancer patients being treated with radiation therapy must endure extensive treatments daily over a long period of time. The proposed project at Grand Strand will improve access for its patients, allowing them to receive comprehensive care in a convenient, comfortable setting at one location close to home and in close proximity to medical oncologists. Inpatients will no longer require lengthy transport to another facility to receive radiation therapy services, thereby reducing costs to the patient as well.

The proposed project will provide an excellent continuum of care to Grand Strand's cancer patients. Combining cancer care services ensures that each patient will benefit from the combined expertise of Grand Strand's caregivers, which represent all the oncology subspecialties.

(14) **Where a project affects 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.).**

Not applicable.

(15) **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.**

Grand Strand intends to fund the proposed project from capital funds provided by HCA, which will be derived through internally generated and borrowed funds that are included in HCA's cash reserves. Documentation of the availability of these funds is attached hereto at **Exhibit B-15**.

(16) **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 must be shown.**

The current budget for Grand Strand and the pro forma budgets for the project and the facility/project combined are attached at **Exhibit B-16**. Verification of the reasonableness of these budgets is included with **Exhibit B-16**.

EXHIBIT 'C'

Grand Strand Regional Medical Center

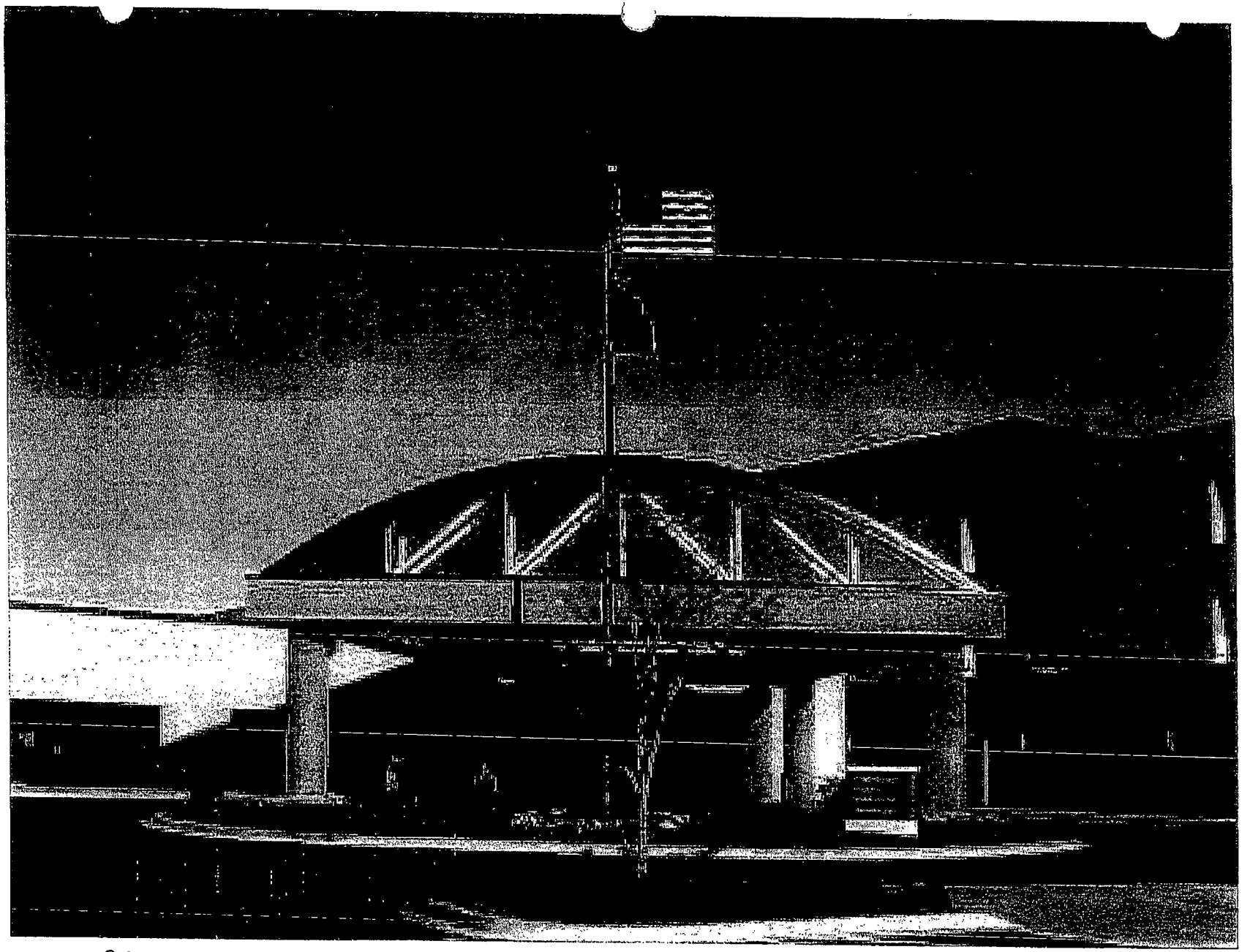
Project Review

November 15, 2011

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Grand Strand and Affiliated Facilities – Points of Access

- Grand Strand Regional Medical Center – Main Campus
- Carolina Forest Senior Health Center
- Grand Strand Diagnostics and Women's Center
- North Strand Diagnostic Center
- North Strand Senior Health Center
- South Strand Medical Center
- South Strand Senior Health Center

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Services Offered at Grand Strand

- Grand Strand offers the widest array of primary, secondary and tertiary care services to residents of the region and is the area's premier provider for heart services, having been named #1 in South Carolina by HealthGrades in 2009, 2010 and 2011

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Grand Strand 2010 Utilization

- 69,202 ED Visits
- 61,308 Patient Days
- 1,238 Diagnostic Catheterizations
- 829 Interventional Catheterizations
- 3,787 MRI scans
- 533 PET Scans
- 9,731 Operations/procedures
- 4,860 patients treated with cancer related diagnosis

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Cancer Services Currently Offered at Grand Strand

- Accredited Community Cancer Program by the American College of Surgeons
- Board Certified oncologists and oncology nurses
- Chemotherapy and surgical treatments
- Cancer registry to track patient treatments and follow-up through national data bank
- Member of the National Consortium of Breast Centers
- Minimally invasive breast biopsy (MIBB)
- Sentinel node biopsy program

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Prior Experience with Linear-Accelerators

- HCA, Grand Strand's parent company, operates approximately 65 linear accelerators in the United States with an annual 230,000 treatments delivered.
- In South Carolina, Grand Strand's sister hospital in the Charleston area, Trident Medical Center, delivered 13,307 treatments on 2 linear accelerator units.
- Grand Strand will draw on local and national expertise when developing its program.

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Why Grand Strand?

- CRCC has three heavily utilized linear accelerators
  - Patients need a choice and Grand Strand's program will offer competition and cost containment in the private pay market
- NSROC proposes to serve an area that is well served by Grand Strand and Grand Strand serves far more oncology patients; radiation therapy service will complement Grand Strand's oncology services
- Mature health system that offers every other high-level service and wants to offer a seamless continuum of care for its patients

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Why Grand Strand?

- Grand Strand's location provides a centrally located choice for the population at a tertiary health facility
- Road systems like the Carolina Bays Parkway and the Conway Bypass in Horry County have mitigated traffic from the N/E portion of county where NSROC proposes to locate its facility
- Of the nine zip codes NSROC lists as its service area, many of the residents in those zip codes would have similar or better access to Grand Strand's linear accelerator over the NSROC linear accelerator

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LINEAR ACCELERATORS IN HOSPITALS WITH INPATIENT UTILIZATION OVER 50,000 PATIENT DAYS

HOSPITAL	2009 Patient Days (> 50,000)	No. of Linear Accelerators
AnMed Health Medical Center	75,895	2
Greenville Memorial Med. Ctr.	170,549	3
St. Francis – Downtown	58,914	0
Spartanburg Regional Med. Ctr.	139,923	3
Self Regional Healthcare	53,099	2
Lexington Medical Center	89,987	2
Palmetto Health Richland/Baptist	235,766	2
Piedmont Medical Center*	55,838	2
Carolinas Hospital System	60,536	1
McLeod Regional Medical Center	113,181	4
Grand Strand Regional Medical Ctr.	**57,593**	**0**
Georgetown Memorial/Waccamaw	55,461	1
Tuomey Regional Med. Ctr.	66,720	2
Regional Med. Ctr. of Orangeburg	51,883	2
Trident Medical Center	71,117	2
Roper Hospital	80,393	4
Medical Univ. of South Carolina	146,361	5

*Piedmont is in a joint venture with Carolinas Healthcare System and jointly operates Rock Hill Radiation Therapy Center, which is located directly across from Piedmont's campus.

Source: 2010/2011 South Carolina Health Plan, Chapter III.

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Support for the Project

- Grand Strand has received scores of letters of support from physicians and community members.

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Economic Impact

- Grand Strand is Horry County's second largest private employer, with 1,300 employees
- Grand Strand's direct annual economic impact on the County is $153 million in terms of charity care, salaries and benefits and capital investment
- Grand Strand pays over $13 million in taxes annually into municipal, county, state and federal coffers, which is vital to maintain and expand the County's services and infrastructure that our citizens enjoy and rely upon

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Daniel J. Sullivan

President

Sullivan Consulting Group, Inc.

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Consistency with Review Criteria

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Relevant Criteria from DHEC's Complete Letter

- The Department's relevant criteria for review of SMC's application are:

1. Compliance with the 2010-2011 South Carolina Health Plan

2. Community Need Documentation- 2a, 2b, 2c, 2e
   Distribution (Accessibility)- 3a, 3b, 3c, 3e, 3f
   Record of the Applicant- 13a, 13b

3. Acceptability- 4a, 4b
   Distribution - 22
   Adverse Effects on Other Facilities- 23a

4. Financial Feasibility- 15
   Cost Containment - 16a, 16c
   Projected Revenues/Projected Expenses- 6a, 7

R004340

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1. Compliance with the State Health Plan

- The 2010-2011 Health Plan sets forth criteria for determining the need for a new radiotherapy program

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

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Existing Radiotherapy Providers Well Above 80% Utilization

Utilization of Existing Radiation Therapy Providers
Horry, Georgetown, and Williamsburg Counties
2010

Facility	Units	Treatments	Capacity	% Utilization
Carolina Regional Cancer Center*	3	20,946	19,000	110.2%
Georgetown Memorial Hospital**	1	5,515	5,000	110.3%
Total	4	26,461	24,000	110.3%

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1. Compliance with the State Health Plan

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.

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GSRMC's Radiotherapy Program will be Well Utilized

	2013	2014	2015
Total Projected GSRMC Radiotherapy Patients - Service Area	**140**	**172**	**201**
Percent In-migration	10%	10%	10%
Total Projected GSRMC Radiotherapy Patients	**156**	**191**	**223**
Expected Treatments per Patient	21	21	21
GSRMC Projected Radiotherapy Treatments	**3,267**	**4,013**	**4,690**
GSRMC Capacity (Treatments)	5,000	5,000	5,000
GSRMC Utilization Rate	**65.30%**	**80.30%**	**93.80%**

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R004344
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1. Compliance with the State Health Plan

- *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.*

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GSRMC's Program Has Significant Support

- GSRMC has received support from physicians and health care facilities in the service area who have indicated a willingness to refer patients for radiotherapy services.
- Community members strongly support GSRMC's project.

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1. Compliance with the State Health Plan

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*

- GSRMC has affirmed that it will provide oversight, equipment, and services consistent with these requirements

R004347

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1. Compliance with the State Health Plan

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

- GSRMC has an existing Tumor Board and will continue to report annually to the South Carolina Central Cancer Registry.

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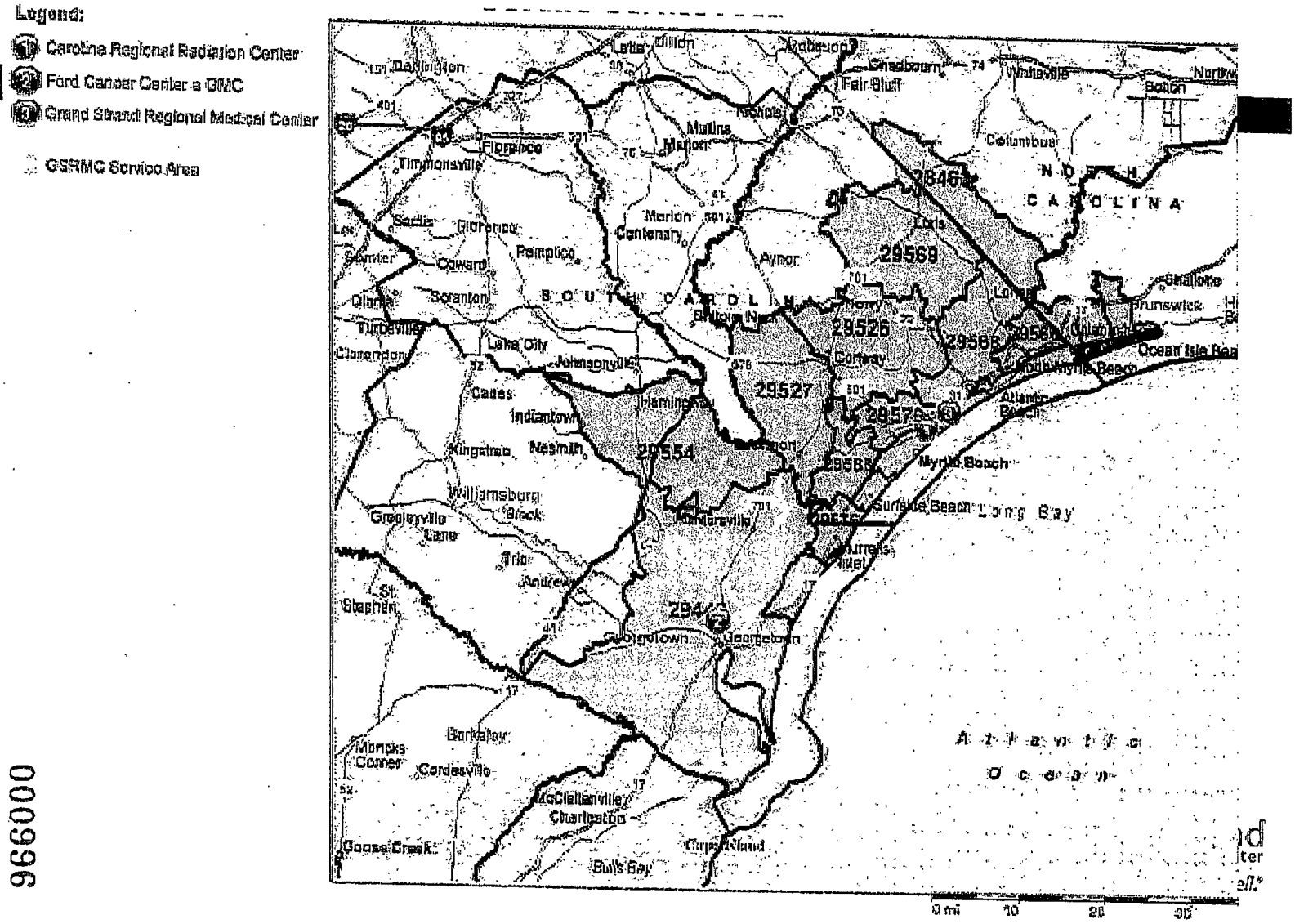
2. Community Need Documentation

- GSRMC has documented the community need for this project:
  - GSRMC has a large and growing number of cancer patients that it serves currently.
  - GSRMC will offer an alternative in Horry County, where all radiotherapy services are currently concentrated in a single provider.
  - The projections presented in the application demonstrate that GSRMC's radiotherapy program will be well utilized.
  - GSRMC's campus is adjacent to the Coastal Cancer Center, the service area's largest medical oncology practice, which will create opportunities to provide a comprehensive range of cancer services in close proximity.

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GSRMC Cancer Service Area



R004350

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2. Distribution (Accessibility)

- GSRMC is ideally situated to serve the needs of its service area residents.
- GSRMC is central to the largest concentration of population in the service area.
- Providing a comprehensive range of services will enhance access for patients who may now have to travel to different locations for various cancer services.
- Horry County's only existing provider, CRCC, is operating above capacity, and additional capacity is needed to address current and future needs.

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2. Record of the Applicant

- GSRMC has an outstanding record for providing a wide range of quality services to service area residents.
- GSRMC, through its affiliation with HCA, has access to significant resources that will ensure the operation of a high quality radiotherapy program.
- GSRMC provides access to a patients of all payor categories.

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3. Acceptability

- The project is supported by the medical community and the citizens in the service area.
- GSRMC is the region's largest health care provider, and radiotherapy services will enhance its ability to provide comprehensive care.

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3. Distribution

- The current concentration of all Horry County radiotherapy services in a single provider does not promote choice among service area residents.
- A hospital-based program can offer cancer patients a single point of access to obtain diagnosis, radiation oncology, surgery, and rehabilitation.

R004354

3. Adverse Impact on Other Facilities

- This project will not have a material adverse impact on any other facility.
- The Ford Cancer Center at Georgetown Memorial Hospital is distantly located and has a distinct service area.
- Patients will primarily be redirected from CRCC, which is operating above 100% of its capacity.
- Based on projected growth in cancer cases in the service area, CRCC will continue to be highly utilized after GSRMC initiates its program.

R004355

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Any Impact on CRCC Will Be Minimal

Projected Growth in Radiotherapy Patients, 2011 to 2015	194
Project GSRMC Radiotherapy Patients, 2015	223
Net Patients Lost by CRCC	29
CRCC Treatments per Patient	21
Net Treatments Lost by CRCC	609
CRCC 2010 Total Treatments	20,946
Less: Treatments Lost to GSRMC	(609)
CRCC Treatments After Impact	20,337
CRCC Treatment Capacity	19,000
CRCC Utilization % After Impact	**107.0%**

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R004356

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4. Financial Feasibility

- The application documents the financial feasibility of the project.
- Funds are available for the capital expenditure associated with this project.
- The radiotherapy program is projected to generate positive operating margins in each of its first three years.

R004357

4. Cost Containment

- This project fosters cost containment in several ways:
  - The proposed radiotherapy facility will share existing clinical and administrative services at GSRMC.
  - The proximity to Coastal Cancer Center and its range of medical oncologists and treatment services will reduce travel time and expenses for patients.
  - GSRMC will provide a competitive alternative to CRCC and inject additional price competition with managed care organizations.
  - The design of the facility incorporates energy-savings features and operational efficiencies.

R004358

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4. Projected Revenues and Expenses

- The projected revenues and expenses were based on the experience of HCA in operating other radiotherapy programs across the country.
- The projections of net revenue reflect current reimbursement rates in the service area.
- The expenses provide for the necessary staff and supplies to ensure quality.

R004359

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GSRMC's Project is a Superior Alternative to NSROC

- Radiotherapy is a regionalized service and should be centrally located to the population.
- NSROC's location is not convenient to most Horry County residents.
- NSROC's service area is illogically drawn
  - Residents of ZIP Codes 29511, 29526, and 29511 are clearly closer to GSRMC and CRCC.
  - These three ZIP Codes contain 42% of NSROC's population.
- GSRMC would be equally accessible to the majority of NSROC's proposed service area residents, and more accessible to remainder of Horry County.

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North Strand Radiation Oncology Center Service Area by Zip Code

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NSROC Service Area 2010 Population

County	Town	Zip Code	Under 18	18-44	45-64	65-74	75+	Total
Horry	Aynor	29511	1,424	2,063	1,295	389	291	5,462
Horry	Conway	29526	8,953	14,342	8,993	3,213	2,726	38,227
Horry	Galivant's Ferry	29544	1,381	2,073	1,262	405	311	5,432
Horry	Green Sea	29545	344	581	359	111	121	1,516
Horry	Little River	29566	2,928	4,338	4,481	2,156	1,414	15,317
Horry	Longs	29568	2,818	3,857	2,528	884	626	10,713
Horry	Loris	29569	4,164	5,992	3,771	1,234	1,044	16,205
Horry	Nichols	29581	666	1,047	794	246	217	2,970
Horry	N. Myrtle Beach	29582	3,403	5,964	6,362	2,558	2,058	20,345
Total			26,081	40,257	29,845	11,196	8,808	116,187

Source: Claritas

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GSRMC's Project is a Superior Alternative to NSROC

- NSROC's utilization projections are not reasonable and are based on flawed assumptions.
  - Service area population is overstated.
  - 55% market share in Year 3 is unsupported and unreasonable.
  - 15% in-migration from outside the service is not reasonable.
- NSROC would not be near a major medical center offering comprehensive cancer services.

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Conclusions

- Creates a comprehensive cancer program in Horry County
- Consistent with the criteria identified in the 2010-2011 South Carolina Health Plan
- Consistent with all relevant CON review criteria
- Highly supported by the medical community and citizens of the service area
- The superior alternative among the competing applications

R004364

Grand Strand Regional Medical Center

Project Review

November 15, 2011

R004365

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EXHIBIT 'D'

Sullivan Consulting Group, Inc.

2090 Bethany Way · Alpharetta, Georgia 30004 · (770) 753-4222 · Fax: (770) 753-4223

November 28, 2011

Ms. Beverly Brandt
Director
South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Service Development
2600 Bull Street
Columbia, South Carolina 29201

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Ms. Brandt:

On behalf of Grand Strand Regional Medical Center (GSRMC), I would like to take this opportunity to respond to the presentations made at DHEC's Project Review Meeting on November 15, 2011 regarding the three competing applications seeking approval of a linear accelerator in Horry County. Specifically, we will respond to comments of:

- North Strand Radiation Oncology Center (NSROC)
- Carolina Regional Cancer Center (CRCC)
- Georgetown Memorial Hospital (GMH)

We will address each of the major issues raised by the various parties that were directed at GSRMC's project. These issues include:

1. Number of units needed
2. Geographic location
3. Utilization projections
4. Freestanding *versus* hospital-based radiation therapy programs
5. Expansion of an existing provider *versus* approval of a new provider
6. Adverse impact
7. Cost and implementation period.

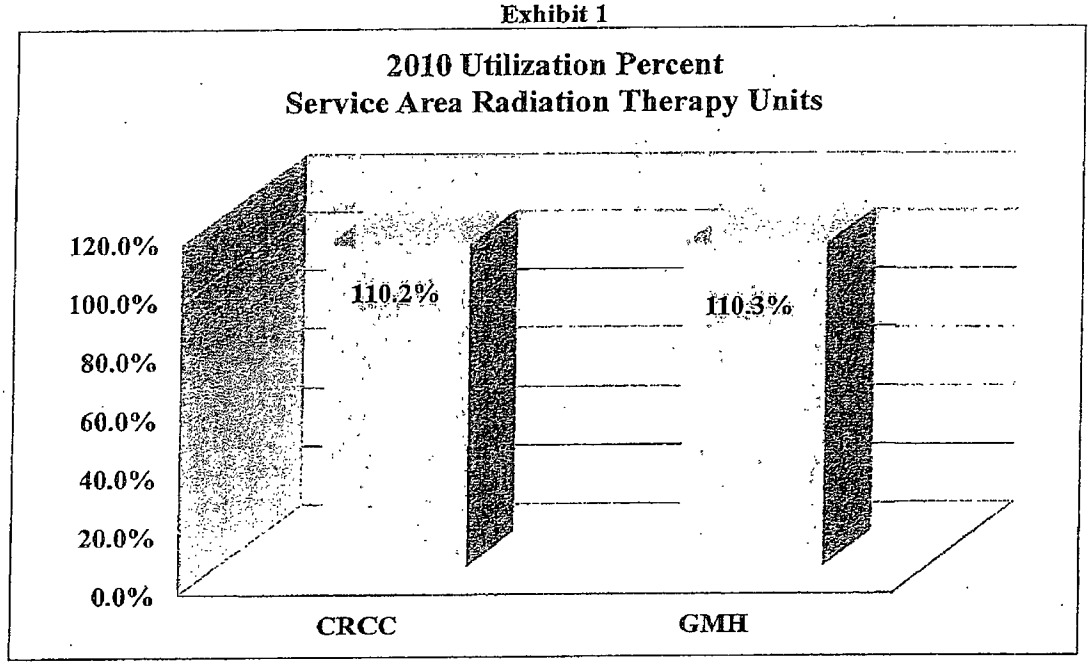
As will be demonstrated in the following discussion, GSRMC's project can best address the need for additional radiation therapy services in the service area.

1. Number of Units Needed

CRCC argued at the Project Review Meeting that only one additional linear accelerator is needed in the Georgetown/Horry/Williamsburg service area, but without any analytical support. The historical and projected utilization of existing providers in the service area, however, refutes this claim and demonstrates that two additional linear accelerators could be readily supported.

Exhibit 1 presents the 2010 utilization of two existing radiation therapy providers in the service area. Both existing providers operated above 100% of capacity in 2010.

Exhibit 1



CRCC was recently approved to relocate one linear accelerator to Murrells Inlet and is requesting approval for an additional linear accelerator in Conway. GMH was approved to relocate its radiation therapy service to Murrells Inlet and to purchase a new unit. CRCC projected utilization to 2015 for its three proposed sites. GMH appears to have omitted projected utilization from its application; however, its 2010 utilization was used to estimate conservatively its 2015 utilization. These projections are summarized in Exhibit 2.

Exhibit 2
2015 Projected Utilization of CRRC and GMH Existing and Proposed Linear Accelerators

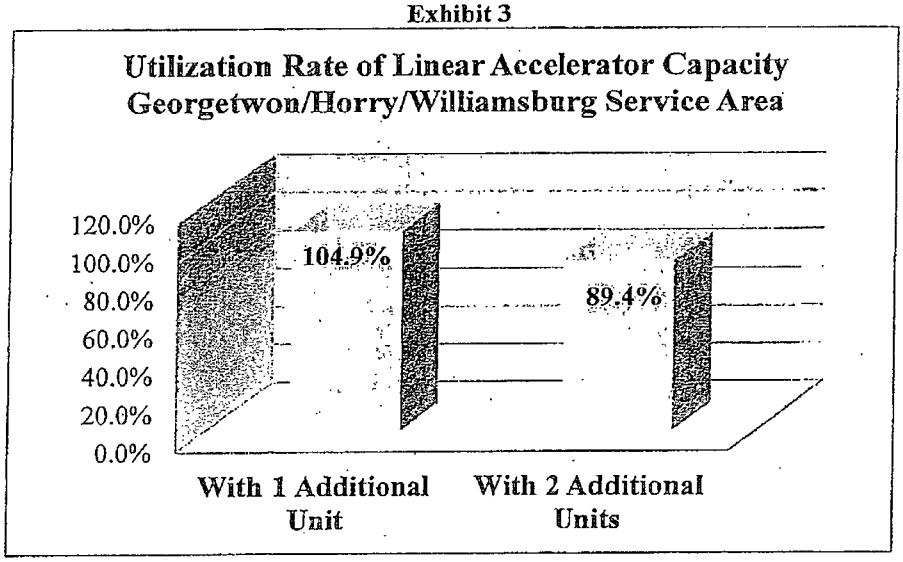
Facility	Units	Treatments	Capacity	% Utilization
CRCC Myrtle Beach	2	13,722	14,000	98.0%
CRCC Conway	1	5,227	5,000	104.5%
CRCC Murrells Inlet	1	5,943	5,000	118.9%
Subtotal-CRCC	**4**	**24,892**	**24,000**	**103.7%**
GMH Murrells Inlet	1	5,515	5,000	110.3%
Total Service Area	**5**	**30,407**	**29,000**	**104.9%**

Source: CON applications and additional information

Even with the proposed addition of a new linear accelerator in Conway, CRCC's own projections indicate that utilization of its capacity would exceed 100%. The service area as whole would operate at nearly 105% of capacity.

Exhibit 3 shows the impact on the service area's utilization rate if a sixth linear accelerator were to be approved. The utilization rate with a sixth unit would still be 89.4% of capacity, which indicates that all of the units to be highly utilized.

Exhibit 3



CRCC is arguing for only one additional unit in an effort to limit competition in Horry County. Its own projections clearly support the approval of two linear accelerators to serve the future demand for radiation therapy services.

2. Geographic Location

A major point of contention among the parties is the most appropriate location for any additional approved linear accelerators. GSRMC has consistently maintained that radiation therapy is a regionalized service and that such services should be centrally located to ensure access from all parts of the service area. None of the arguments presented by the other parties has demonstrated that a superior alternative exists to the placement of radiation therapy services at GSRMC. The approval of GSRMC's project would provide the following benefits:

- GSRMC is the largest provider of acute care services, including services to patients with cancer. Continuity of care would be enhanced by allowing cancer patients to receive radiation treatment at the same location where they receive other diagnostic, treatment, and rehabilitative services.

- GSRMC has already received accreditation from the American College of Surgeons as a Community Cancer Center, and radiation therapy is the one significant element missing from the continuum of cancer services provided.

- GSRMC has the service area's largest medical staff, and there are numerous letters of support from these physicians documenting the need and support for radiation treatment at GSRMC.

- GSRMC is centrally located to the greatest concentration of population in Horry County.

CCRC has argued that the need is greater in Conway than in Myrtle Beach where GSRMC is located. GSRMC does not disagree that there is sufficient population in the Conway area to support a linear accelerator, but the approval of a service in Conway should not take precedence over the approval of GSRMC's project. As discussed in more detail below, Horry County needs a hospital-based radiation therapy program since all services are currently provided in a freestanding environment. If DHEC determines that two new linear accelerators can be approved, *then Conway would be the logical second site after GSRMC.*

NSROC has argued that the need is greatest in the northern part of Horry County, but a location in the extreme northeastern corner of Horry County does not maximize access to South Carolina residents. The population of five ZIP Codes in northern Horry County (29545, 29566, 29568, 29569, and 29581) was 46,721 in 2010 and is projected to increase to 52,581 in 2015 according Nielsen Claritas data, which represents only 17% of Horry County's total population in each of those years.[1] This population base is insufficient to support a radiation therapy program and

[1] Horry's total ZIP Code population was estimated to be 268,950 in 2010 and projected to be 303,992 in 2015 by Nielsen Claritas.

demonstrates that NSROC's program would not be accessible to the significant majority of Horry residents.

CRCC argued that it would not be appropriate to approve GSRMC's proposal because it is located only three miles from CRCC's Myrtle Beach center. CRCC apparently saw no problem with locating in close proximity to another provider in its recent application to relocate one of its linear accelerators from Myrtle Beach to Murrells Inlet. As the Department is aware, GMH also applied to relocate its radiation therapy service from Georgetown to Murrells Inlet, less than three miles from CRCC's proposed site. Both applications were approved, and CRCC is still pursuing the development of its Murrells Inlet center. As noted previously, radiation therapy services serve a regional population, and having two providers in the most populous part of Horry County is appropriate.

3. Utilization Projections

CRCC stated at the Project Review Meeting that GSRMC has overstated its projected utilization and that CRCC based its projections on an average annual rate of growth of 2.5%. GSRMC presented a detailed utilization projection model that assumes that age-specific cancer incidence rates will remain constant at the 2007 level, and that the only growth in cancer cases will be driven by increases in population. CRCC provided no projection of the expected growth in the service area's total cancer cases.

GSRMC's projections result in an average annual rate of growth in cancer cases of 2.9% between to 2010 and 2015, which is not significantly different from CRCC's assumed 2.5% growth rate. Moreover, the long-term annual growth rate in service area cancer cases from 1996 to 2007 was 3.8%, according to the South Carolina Central Cancer Registry. GSRMC's projected growth is well below the historical trend.

GSRMC needs to capture only a 20% market share of the total radiation therapy patients in its service area to reach its projected volumes. Given its large existing base of cancer patients, its large medical staff, and its central location, this market share projection is reasonable and achievable.

In contrast, NSROC's utilization projections are seriously flawed due to several unrealistic assumptions.

- NSROC's defined service area is too expansive and includes a significant number of Horry residents who would be closer to GSRMC and CRCC than to NSROC. In particular, ZIP Codes 29511, 29526, and 29544 are closer to GSRMC and CRCC than are they are to NSROC's proposed site. These three ZIP Codes account for 42% of NSROC's service area population. In addition, portions of ZIP Codes 29568 and 29582, which represent another 27% of NSROC's service area population, are closer to GSRMC than to NSROC. As a result less than half of NSROC's service area population would experience any material reduction in travel time when compared with GSRMC's location.

- NSROC has no history of serving cancer patients and will be located on the campus of Seacoast Medical Center, a fledgling 50-bed hospital that is still building its medical staff and patient base. NSROC does not have the experience and referral relationships to support the projections in its application.

- Even with an overstated service area, NSROC must capture 55% of the area's projected new cancer cases by 2015 to achieve its projected utilization. It is highly unlikely that a new radiation program next to a small start-up hospital would be able to garner such a large share of the market so quickly. As a point of comparison, GMH's cancer program served 263 cancer patients in 2009 with a larger, long-established hospital after many years of operating a radiation therapy service in a county with no competing provider. NSROC projects to serve 259 patients in its third year of operation in an isolated location with a highly utilized competitor serving its market.

- Compounding the overstatement of NSROC's projected utilization is its assumption that it will receive 15% of its patients (39 patients in 2015) from outside of an already overstated service area. No documentation was provided regarding where these other patients would reside or why they would travel to northeastern Horry County as opposed to more proximate providers.

GSRMC has presented reasonable utilization projections; NSROC has not. CRCC's claims otherwise are unfounded.

NSROC attempted to bolster its need argument with anecdotal videos from a few patients living in northern Horry County. These few testimonials do not demonstrate the need for a linear accelerator at NSROC. To the extent that patients require both chemotherapy and radiation therapy concurrently, GSRMC will readily accommodate these patients with chemotherapy services available at the medical oncologists' office approximately 100 yards from GSRMC.

4. Freestanding *Versus* Hospital-Based Radiation Therapy Programs

The Department has the opportunity in this review to correct an imbalance in the distribution of radiation therapy services in Horry County. Horry is South Carolina's fifth largest county, and in every other county of its size residents have the option of utilizing a hospital-based radiation therapy program. Exhibit 4 presents the distribution of linear accelerators by setting in these five counties.

Exhibit 4
Hospital-Based vs. Freestanding Radiation Therapy Units
South Carolina's Five Largest Counties

		Radiation Therapy Units	
County	**2010 Population**	**Hospital-Based**	**Freestanding**
Greenville County	451,225	4	2
Richland County	384,504	2	4
Charleston County	350,209	11	0
Spartanburg County	284,307	3	2
Horry County	**269,291**	**0**	**3**

Source: U.S. Census Bureau, Census of Population and Housing 2000 and 2010

Hospital-based radiation therapy programs offer certain advantages over freestanding centers:

- Hospital-based programs can serve both inpatients and outpatients requiring radiation. While the number of inpatients requiring radiation is relatively small, the transport of seriously ill hospital patients to an off-site radiation therapy center requires additional expense and is stressful for patients and their families.

- Hospitals such as GSRMC offer a full range of diagnostic and treatment services, which freestanding radiation centers typically do not. For patients who require laboratory, imaging, or other specialized procedures, the patients can receive such services without the necessity of travel to another location and going through the registration process with a another provider.

- Hospitals can provide immediate treatment in cases where a patient has a medical emergency while undergoing radiation treatment.

- GSRMC has a specific advantage in that its campus is next to the main offices of Coastal Cancer Center, the area's largest medical oncology group, where many cancer patients in Horry County go for medical consultation and chemotherapy treatment.

With the approval of GSRMC's project, Horry County residents will have a choice of a hospital-based or a freestanding provider. The denial of GSRMC's project in favor of CRCC would mean that Horry residents would have only one choice.

5. Expansion of an Existing Provider *Versus* Approval of a New Provider

CRCC contends that its application should be approved over GSRMC's because it is an existing provider that operates multiple units, and that it has experience in providing radiation while GSRMC does not. It also noted that GSRMC would have only a single unit, which would not provide for immediate back-up in the case of an equipment problem. CRCC cited its economies of scale in operation that GSRMC would not realize. There are numerous problems with these arguments.

- Under CRCC's logic, there could never be approval of another provider in Horry County because CRCC operates multiple units.

- CRCC fails to acknowledge the benefits that competition would provide in terms of offering patients a choice of providers and managed care companies a choice in negotiating payment rates, which would result in cost containment. CRCC's suggested approach would maintain its current monopoly on radiation therapy services in Horry County and stifle competition for the foreseeable future.

- CRCC has embarked on a strategy of decentralizing its radiation services by establishing radiation therapy centers with single linear accelerators in Murrells Inlet and Conway. Apparently, CRCC has no concerns with potential service disruptions if one of these new units were to experience problems.

- CRCC projects that all of its units will be highly utilized in the future, indicating that it could not easily accommodate patients of one unit by shifting volume to another unit.

- While CRCC contends that GSRMC has no experience with radiation therapy services, it is part of the HCA system that operates 65 linear accelerators across the country, including a highly utilized program at Trident Regional Medical Center in North Charleston. GSRMC will draw on these significant resources in the implementation of its program.

The injection of needed competition into the radiation therapy market is a compelling basis for the approval of GSRMC's project. Curiously, when CRCC's Medical Director, Dr. Francke, was questioned as to why CRCC's utilization increased significantly from 2009 to 2010, Dr. Francke replied that "provider relations" had improved. This answer, however, was not complete. *In fact, more likely is that utilization increased by 34% in one year's time because 21st Century Oncology acquired CRCC in 2010 and then offered 100% ownership in CRCC to the Atlantic Urology Clinics, LLC (see CRCC's CON application, Exhibit 15), which then became a subsidiary to 21st Century. Thus, most, if not all, of Atlantic Urology's physicians who did not refer patients to CRCC under prior ownership because of a prior CON dispute began referring to CRCC because they now had a financial interest in doing so. Clearly, this relationship stifles, rather than improves, competition in the service area.*

6. Adverse Impact

CRCC stated that the approval of GSRMC's project would adversely impact its services. This argument should be given no weight for two reasons. CRCC itself is proposing to add a linear accelerator, which is an acknowledgement that there is need for additional capacity in Horry County. As GSRMC demonstrated at the Project Review Meeting, any impact from GSRMC's project will be minimal given CRCC's extremely high utilization levels currently and the projected growth in the number of cancer patients in the future. Any time that a provider controls 100% of the capacity in an area, the approval of any new provider will impact the existing provider. The benefits of approving GSRMC's project far outweigh the *de minimus* impact on CRCC's considerable patient volumes.

7. Cost and Implementation Period

CRCC stated that its project should be approved because it could implement its Conway center more rapidly than GSRMC proposed in its application. CRCC proposes to acquire an older freestanding building that it will need to renovate for its proposed unit. GSRMC is proposing to build a new, state-of-the-art facility as part of its hospital. The differential of 10 months is hardly a sufficient a basis to approve CRCC over GSRMC given the many positive impacts that GSRMC's proposal would offer.

CRCC also stated that its comparatively lower capital cost was a basis for approval of its project. The cost differential is attributable to its lower building costs. The proposed capital expenditures of the applicants will yield different results. GSRMC will construct a facility that will be fully integrated into its existing hospital while CRCC will make minor renovations to a stand-alone building that has been vacant for some time. GSRMC's costs are reasonable and appropriate to develop a hospital-based radiation therapy center.

NSROC included in is presentation a comparison of the projected charges by the three applicants and noted that it proposed charges were below those of the other two. Given that NSROC's financial projections are based on unreasonable utilization projections, its proposed charges are similarly unreasonable. NSROC's project would not be financially feasible at more realistic projected utilization levels with the charges it has proposed.

We respectfully request that the Department grant a Certificate of Need to GSRMC because it presents the best alternative for addressing the need for additional radiation therapy capacity in the service area.

Sincerely,

Daniel J. Sullivan

President

001021



2010 – 2011
SOUTH CAROLINA HEALTH PLAN

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

Effective November 12, 2010

SOUTH CAROLINA STATE HEALTH PLANNING COMMITTEE

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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 aware 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:

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

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

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

   (d) 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 effects 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. Quality of Patient Care:

There is both local and national interest regarding the quality of care in the delivery of health care services. The Department of Health and Environmental Control shares these concerns. Organizations such as the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and the Leapfrog Group have focused attention upon both patient safety and outcomes. These include the reduction of medical errors, decreasing the risk of health care-acquired infections, and the following of best practices for patient care.

During the development of the current Plan, staff has reviewed the availability of data and quality standards for the types of beds and services referenced in the Plan. To the extent practicable, we have addressed quality standards in those sections of the Plan where we were comfortable that they were appropriate. However, we were not always able to identify standards that could be considered directly applicable for a bed or service in the Plan.

Therefore, where no standards are listed, an applicant may be requested to provide data from sources such as mySChospitals.com, hospitalcompare.hhs.gov, or leapfroggroup.org, to document how its quality of care compares to state, regional, or national averages.

K. Staffing Standards:

During the development of the 2008-09 South Carolina Health Plan, the Planning Committee was requested to undertake a study to determine how best to incorporate nursing and technical staffing information into future Plans. We agreed to undertake such a study; however, we do not have the manpower or technical expertise to conduct this research single-handedly. Staff is currently participating on the Steering Committee for the Office of Healthcare Workforce Research for Nursing (OHWRN), which has a four-year Duke Endowment grant to develop a supply/demand forecast model for nursing (as part of a larger effort that includes also includes allied technical staff).

Staff amended the 2009 Joint Annual Report (JAR) formats to obtain the baseline numbers for the current number and type of staff (RNs, EKG Techs, Physical Therapists, etc) by sector (hospitals, nursing homes, ASFs, etc). The research will also involve getting health care facilities to project their future needs for additional staff, through both currently budgeted vacancies and planned new projects. We will also have to determine what, if any, staffing guidelines or requirements exist for the various health professions. Only when we have this information available can we attempt to create standards tying staffing requirements to sections in the Plan. Therefore, at this point, we do not have reliable staffing requirements that would be appropriate as CON standards in the Plan.

More information on the OHWRN study can be found at:

http://sc.edu/nursing/workforce/workforce.html

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 need for hospital beds is based on the utilization of individual facilities. Nursing home and home health service needs are projected by county. The need for acute psychiatric services, alcohol and drug abuse services, comprehensive rehabilitation services, and residential treatment centers for children and adolescents is 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 need for most services (cardiac catheterization, open heart surgery, etc.) is 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. Due to factors that 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:

The health care delivery system is in a state of evolution both nationally and in South Carolina. Due to the health reform movement, a number of health care facilities are 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 want to transfer or exchange specific technologies in order to better meet an identified need. Affiliated hospitals are defined as 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. In certain instances 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

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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 impact 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:

Where these projections were required for calculations, this Plan has been developed using the estimated civilian population of 4,401,230 for 2009 and projected population of 4,719,530 for 2016. 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 2009 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 November 1, 2010.

CHAPTER IX

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 in South Carolina, accounting for approximately 22% of all deaths. According to the South Carolina Central Cancer Registry (SCCCR), there were 21,532 new cases of cancer diagnosed in South Carolina in 2006 and 9,063 cancer deaths. Different types of cancer vary in their rates of growth, patterns of spread and responses to different types of treatment. The overall five-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 palliative 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 two 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.

1. Definitions:

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 due to 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) refers to radiation given in smaller doses twice a day. In Hypofractionation, individual doses are given less often than daily, such as in two-five sessions.

Image-Guided Radiation Therapy (IGRT) combines with IMRT or 3DCRT to visualize (by means of EPIDs, kV scans or mV scans) the patient's anatomy during treatments. This allows for confirmation of beam location and adjustment of the beams if needed during treatments due to breathing. IGRT facilitates more accurate patient positioning and reduces 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. Due to its precision it can spare more healthy tissue, but it also requires detailed data collection and takes longer than conventional therapy.

Stereotactic body radiation therapy (SBRT) is a precision radiation therapy delivery concept derived from cranial stereotactic radiosurgery. It is characterized by one to five fraction delivery of focal high-dose radiation while limiting dose to surrounding normal tissues. SBRT has become an established treatment technique for lung, liver, and spinal lesions.

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 an approach similar to Stereotactic Radiosurgery which delivers 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 two-five sessions. It can be used to treat both brain and extracranial tumors.

2. Types of Radiation Equipment:

A. 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 more than $100 million will limit their expansion.

B. 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:

1. 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;

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

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

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

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

6. field-shaping capability; and

7. 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. Linacs with 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. Therefore, a lower capacity of 5,000 treatments per year is established for such equipment (20 patients treated per day, 5 days per week, 50 weeks per year). IMRT/IGRT machines that perform stereotactic procedures have a lower capacity of 4,500 treatments per year (18 patients treated per day, 5 days per week, 50 weeks per year). MUSC has three linacs designated with a capacity of 5,000 treatments and two with a capacity of 4,500. The Tomotherapy unit at Spartanburg Regional has been designated with a capacity of 4,500 treatments and the Tomotherapy unit at Carolina Regional Radiation Center has been designated as having a capacity of 5,000 treatments per year. The capacities for these machines 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 2,000 treatments per year per unit, based on 8 treatments per day, 5 days per week, for 50 days per year. The Cyberknife at Roper Hospital is the only equipment so designated. It is an older generation unit with a previously designated capacity of 1,000 treatments per year. The capacity and need calculations for this facility and service area have also been adjusted.

C. 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.

3. Status of South Carolina Providers:

A. Linear Accelerators:

There are currently 28 facilities either operating or approved for a total of 56 linear accelerators in South Carolina. In 2009, the 47 operational linear accelerators performed 264,116 treatments, or an average of 5,620 treatments per unit.

B. Gamma Knife:

Palmetto Health Richland performed 210 Gamma Knife treatments in 2009. MUSC's Gamma Knife became operational in February 2010.

4. Certificate of Need Standards for Radiotherapy

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 have a capacity of 5,000 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. IMRT/IGRT linear accelerators performing stereotactic procedures have a capacity of 4,500 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. Linear Accelerators designed strictly to provide Stereotactic Radiotherapy have a capacity of 2,000 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.

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

6. 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 Standards 2, 3 or 4 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.

7. 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 Standards 2, 3 or 4 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.

8. 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.

9. 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

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

Quality

Incorrect doses of radiation can be dangerous. Two patients in New York died from lethal overdoses. In response, the Medical Imaging & Technology Alliance and the Advanced Medical Technology Alliance recently announced the Radiation Therapy Readiness Check Initiative, which is intended to incorporate safety-check mechanisms into radiation therapy equipment. The manufacturers have agreed to make equipment modifications to improve patient safety, by preventing equipment from operating unless the users verify that safeguards are in place.

The initiative requires medical physicists to record the performance of quality-assurance reviews of treatment plans. Technicians are required to perform beam modification checks, verify correct placement of machine accessories, and confirm correct patient placement. Individual manufacturers will be responsible for incorporating the safety-check software into new equipment and creating software add-ons that can be incorporated into existing equipment. However, some older machines may not be capable of adding the safeguards.

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 Section of the 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 effects of duplication in evaluating Certificate of Need applications for this service.

RADIOTHERAPY

SERVICE AREAS	2009 POPULATION	# OF LIN ACC	POP PER LIN ACC	TOTAL AREA TREATMENTS	TREATMENTS PER LIN ACC	PLANNING AREA CAPACITY	PERCENT CAPACITY
ANDERSON,OCONEE	253,230	3	84,410	18,728	6,243	21,000	89.2%
GREENVILLE,PICKENS	541,950	6	90,325	29,754	4,959	42,000	70.8%
CHEROKEE,SPARTANBURG UNION	364,780	5	72,956	18,512	3,702	32,500	57.0%
CHESTER,LANCASTER,YORK	288,250	3	96,083	13,416	4,472	21,000	63.9%
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	232,640	2	116,320	6,747	3,374	14,000	48.2%
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	712,910	9	79,212	47,211	5,246	63,000	74.9%
CHESTERFIELD, DARLINGTON DILLON, FLORENCE, MARION MARLBORO	340,910	5	68,182	22,191	4,438	35,000	63.4%
CLARENDON,LEE,SUMTER	170,600	2	85,300	10,812	5,406	14,000	77.2%
GEORGETOWN,HORRY WILLIAMSBURG	332,400	4	83,100	20,918	5,230	26,000	80.5%
BAMBERG,CALHOUN ORANGEBURG	128,340	2	64,170	6,545	3,273	14,000	46.8%
ALLENDALE,BEAUFORT, HAMPTON,JASPER	200,890	2	100,445	17,108	8,554	14,000	122.2%
BERKELEY,CHARLESTON COLLETON,DORCHESTER	647,160	11	58,833	44,288	4,026	60,000	73.8%
AIKEN,BARNWELL	187,170	2	93,585	7,886	3,943	14,000	56.3%
STATE TOTAL	4,401,230	56	78,593	264,116	4,716	370,500	71.3%

MEGAVOLTAGE VISITS

REGION & FACILITY	COUNTY	# UNITS	FY 2007	FY 2008	FY 2009
REGION I					
ANMED HEALTH MEDICAL CENTER	ANDERSON	2	10,811	12,781	12,449
GIBBS REGIONAL CANCER CTR SATELLITE *1*	CHEROKEE	(1)	—	—	—
CANCER CENTERS OF THE CAROLINAS	GREENVILLE	1	6,175	5,821	4,834
CANCER CENTERS CAROLINAS - EASTSIDE		1	11,563	10,553	9,487
GREENVILLE MEMORIAL MEDICAL CENTER		3	17,669	18,309	15,433
GREER MEDICAL CAMPUS CANCER CTR *2*		1	---	—	—
CANCER CENTERS CAROLINAS - OCONEE CO.	OCONEE	1	6,303	6,550	6,279
CANCER CENTER CAROLINAS - MARY BLACK *3*	SPARTANBURG	1	—	—	—
SPARTANBURG REGIONAL MED CTR		3	18,853	17,480	18,512
VILLAGE AT PELHAM CANCER CENTER *1*		1	—	—	—
REGION II					
SELF REGIONAL HEALTHCARE	GREENWOOD	2	6,060	6,589	6,747
LANCASTER RADIATION THERAPY CTR *4*	LANCASTER	1	---	—	—
LEXINGTON MEDICAL CENTER	LEXINGTON	2	12,215	9,599	10,433
NEWBERRY ONCOLOGY ASSOCIATES *5*	NEWBERRY	1	---	—	—
PALMETTO HEALTH RICHLAND	RICHLAND				
LINEAR ACCELERATORS		2	12,065	11,710	14,107
GAMMA KNIFE		1	232	206	210
SOUTH CAROLINA ONCOLOGY ASSOCIATES		4	20,242	26,881	22,671
ROCK HILL RADIATION THERAPY CENTER	YORK	2	14,721	14,210	13,416
REGION III					
CAROLINAS HOSPITAL SYSTEM	FLORENCE	1	5,358	4,557	5,015
MCLEOD REGIONAL MEDICAL CENTER		4	17,842	19,164	17,176
GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	1	5,466	5,903	5,305

CAROLINA REGIONAL RADIATION CENTER		HORRY	3	13,107	14,335	15,613
TUOMEY		SUMTER	2	9,892	9,407	10,812
REGION IV						
RADIATION ONCOLOGY CTR OF AIKEN	*6*	AIKEN	2	6,916	7,371	7,886
BEAUFORT/HILTON HEAD RAD ONCOLOGY CTR		BEAUFORT	1	5,745	6,369	6,182
BEAUFORT MEMORIAL HOSPITAL	*7*		1	5,143	5,143	10,926
MUSC MEDICAL CENTER	*8*	CHARLESTON				
LINEAR ACCELERATORS			5	16,810	16,806	18,184
GAMMA KNIFE			1			
ROPER HOSPITAL	*9*		4	12,877	13,403	14,440
TRIDENT MEDICAL CENTER	*10*		2	11,971	11,461	11,664
REG MED CTR ORANGEBURG/CALHOUN	*11*	ORANGEBURG	2	5,545	7,060	6,545
TOTAL			**56**	**253,349**	**261,462**	**264,116**

1 GIBBES LINAC APPROVED 3/31/03; APPEALED. CON TO MOVE PROPOSED GIBBES LINAC TO VILLAGE AT PELHAM APPEALED 2/12/08. CONS ISSUED FOR GIBBES BY SUPREME CT RULING.
2 CON ISSUED 10/12/07, SC-07-53.
3 CON ISSUED BY SUPREME COURT RULING 3/31/10.
4 CON APPROVED 2/15/08; APPEALED. APPEAL DISMISSED 8/5/09; SC-09-39 ISSUED 8/12/09.
5 CON APPROVED 3/20/06.
6 CON ISSUED TO TRANSFER OWNERSHIP FROM AIKEN REGIONAL & ADD 2ND LINAC 6/11/09, SC-09-29.
7 DATA NOT AVAILABLE FOR 2008
8 CON FOR GAMMA KNIFE ISSUED 6/8/09. CON FOR 5TH LINAC ISSUED 7/8/09.
9 CON ISSUED FOR A CYBERKNIFE LINEAR ACCELERATOR 8/10/06. CON APPROVED FOR 3RD CONVENTIONAL LINAC 8/5/09.
10 CON ISSUED FOR REPLACEMENT LINAC 2/26/09 SC-09-07.
11 CON ISSUED FOR 2ND LINAC 10/14/10, SC-10-31.

Certificate of Need Standards for Stereotactic Radiosurgery

1. The capacity of a dedicated Stereotactic Radiosurgery unit is 300 procedures annually. This is based on an average of two procedures per day times three 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 service, 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, that will be generated through changes in referral patterns, recruitment of specific physicians or other changes in circumstances.

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. Due to the unique nature and limited need for this type of equipment, the applicant should document how it intends 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 Section of the 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 effects of duplication in evaluating Certificate of Need applications for this service.

D H E C

PROMOTE PROTECT PROSPER



2012 – 2013

SOUTH CAROLINA HEALTH PLAN

EFFECTIVE 11/9/12

SOUTH CAROLINA STATE HEALTH PLANNING COMMITTEE

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James S. Zoller, Ph.D.	Consumer
Elliott F. Elam, Jr.	Consumer Affairs Representative (Ex-Officio)
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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, with one of the providers being a nursing home administrator. 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 aware 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.

R004403

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:

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

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

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

   (d) 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 effects 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. Quality of Patient Care:

There is both local and national interest regarding the quality of care in the delivery of health care services. The Department of Health and Environmental Control shares these concerns. Organizations such as the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and the Leapfrog Group have focused attention upon both patient safety and outcomes. These include the reduction of medical errors, decreasing the risk of health care-acquired infections, and the following of best practices for patient care.

During the development of this Plan, staff has reviewed the availability of data and quality standards for the types of beds and services referenced in the Plan. To the extent practicable, we have addressed quality standards in those sections of the Plan where we were comfortable that they were appropriate. However, we were not always able to identify standards that could be considered directly applicable for a bed or service in the Plan.

Therefore, where no standards are listed, an applicant may be requested to provide data from sources such as mySChospitals.com, hospitalcompare.hhs.gov, or leapfroggroup.org, to document how its quality of care compares to state, regional, or national averages.

K. Staffing Standards:

During the development of the 2008-2009 South Carolina Health Plan, the State Health Planning Committee agreed to undertake a study to determine how to incorporate nursing and technical staffing information into future Plans. Staff research indicates that California is the only state that mandates minimum nurse to patient ratios by law. Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington require hospitals to establish committees to address staffing planning and policy. Several of these states require that at least 50% of the membership must be direct care RNs. There are also 5 states (Illinois, New Jersey, New York, Rhode Island, and Vermont) that require some form of public notification or posting of staffing levels. These are all approaches that can be discussed for South Carolina.

Staff participated on the Steering Committee for the Office of Healthcare Workforce Research for Nursing (OHWRN), which was attempting to develop a supply/demand forecast model for nurses and allied technical staff. However, that research project was not completed.

Staff amended the Joint Annual Report (JAR) formats to obtain the current number and type of staff (RNs, EKG Techs, Physical Therapists, etc) by sector (hospitals, nursing homes, ASFs, etc) and the number of hours they work annually. From this information, staff can develop comparative staffing data for different types of facilities. However, we do not have reliable staffing requirements that would be appropriate as CON standards in the Plan.

CHAPTER II

INVENTORY 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 need for hospital beds is based on the utilization of individual facilities. Nursing home and home health service needs are projected by county. The need for acute psychiatric services, alcohol and drug abuse services, comprehensive rehabilitation services, and residential treatment centers for children and adolescents is 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 need for most services (cardiac catheterization, open heart surgery, etc.) is 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. Due to factors that 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:

The health care delivery system is in a state of evolution both nationally and in South Carolina. Due to the health reform movement, a number of health care facilities are 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 want to transfer or exchange specific technologies in order to better meet an identified need. Affiliated hospitals are defined as 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. In certain instances 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

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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 impact 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:

Where these projections were required for calculations, this Plan has been developed using the estimated civilian population of 4,673,000 for 2011 and projected population of 5,007,100 for 2018. 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. Please note that these are preliminary projections because not all of the 2010 Census data have been released. These numbers will be adjusted and finalized as the data become available.

E. Patient Statistics:

Patient statistics in the Plan are based on the 2011 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 November 8, 2012.

G. Definitions:

This is a synopsis of the relevant definitions appearing in each Chapter of the Plan. They are more fully defined in the individual chapters:

Chapter III

"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.

"Hospital bed" 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.

"Long Term Acute Care Hospitals (LTACHs)" are hospitals with an average Medicare inpatient length of stay of greater than 25 days, including all covered and non-covered days of stay of Medicare patients. They provide treatment to patients with complex medical conditions, such as strokes, cardiac care, ventilator dependency, wound care and post-surgical care.

"Critical Access Hospitals (CAHs)" are eligible for increased reimbursement without having to meet all criteria for full-service acute care hospitals. They are intended to provide essential health services to rural communities. In order to qualify as a CAH, a hospital must be located in a rural county and be located more than 35 miles from any other hospital or CAH (15 miles for areas with only

roads). It must be part of a rural health network with at least one full-service hospital. They have a maximum of 25 licensed beds and the annual average length of stay must be less than 4 days. Emergency services must be available 24 hours a day.

"Community Perinatal Center (Level I)": These hospitals provide services for uncomplicated deliveries and normal neonates. The hospital has 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 2,000 grams.

"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 1,500 grams.

"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 not be located closer than 60 miles from a Regional Perinatal Center. This level of care includes the management of neonates who are at least 30 weeks gestation with an anticipated birth weight of at least 1,250 grams. These hospitals manage a three year average of at least 1,200 deliveries annually. A CON is required to provide Level IIE services.

"Subspecialty Perinatal Center (Level III)": In addition to Level IIE requirements, these hospitals provide all aspects of perinatal care, including intensive care and a range of continuously available, sub-specialty 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. These hospitals manage a three year average of at least 1,500 deliveries annually, including the number of maternal transfers made prior to delivery to higher level perinatal hospitals, or at least an average of 125 neonate admissions that weigh less than 1,500 grams each, require ventilatory support, or require surgery. 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 provides consultative, outreach, and support services to other hospitals in the region. RPCs manage a three year average of at least 2,000 deliveries annually, or at least an average of 250 neonate admissions that weigh less than 1,500 grams each, require ventilatory support, or require surgery. No more than one Regional Perinatal Center will be approved in each perinatal region. The establishment of a Regional Perinatal Center requires Certificate of Need review.

"Pediatric Long Term Care Hospitals (PLATCHs)" are designed to provide care for children up to age 21 who have complex medical conditions that require extensive care on a long-term basis. Care may be rehabilitative or palliative. To be admitted, children must have ongoing health conditions that require both medical and nursing supervision and specialized equipment or services, such as Neonatal Abstinence Syndrome (NAS), birth defects, spinal cord or trauma injury, seizure disorders,

chronic lung disease, and extensive wound care. Many are non-ambulatory and dependent on medical technology such as ventilators, feeding tubes, IV infusions, and mobility devices.

Chapter IV

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

"Local Inpatient Crisis Stabilization Beds": the S.C. Department of Mental Health (SCDMH) has had substantial decreases in inpatient capacity, resulting in insufficient beds being available to meet the demand from referrals. This has led to persons in a behavioral crisis waiting in hospital emergency rooms for an appropriate inpatient psychiatric bed to become available. SCDMH has attempted to alleviate this problem by means of its "Crisis Stabilization Program." The program provides short-term emergency stabilization of psychiatric patients in the local community, by use of both local hospital beds and non-hospital residential programs. For patients needing stabilization in a hospital, SCDMH contracts with 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.

Chapter V

A "Comprehensive Rehabilitation Facility" is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program under competent professional supervision. It 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.

Chapter VI

"Freestanding Medical Detoxification Facilities" are 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. Detoxification facilities are envisioned as being physically distinct from inpatient treatment facilities, although there are no prohibitions against an inpatient facility providing detoxification services to its clients as needed. A CON is required for medical detoxification.

"Inpatient Treatment Facilities" are 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. A CON is required for an Inpatient Treatment Facility.

"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, suboxone and buprenorphine to psychopharmacologically occupy opiate receptors in the brain, extinguish drug craving and thus establish a maintenance state.

Chapter VII

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

Chapter VIII

A "Cardiac Catheterization" 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 are considered to be one procedure.

"Comprehensive Catheterization Laboratory" means a dedicated room or suite of rooms in which both diagnostic and therapeutic catheterizations are performed. They are located only in hospitals approved to provide open heart surgery, although diagnostic laboratories are allowed to perform emergent and/or elective therapeutic catheterizations in compliance with Standard 7 or 8 in the Plan.

"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

"Therapeutic catheterization" refers to a cardiac catheterization during which 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
36.07 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

"Percutaneous Coronary Intervention (PCI)" is a therapeutic catheterization procedure used to revascularize occluded or partially occluded coronary arteries. A catheter with a balloon or a stent is inserted into the blood vessel and guided to the site of the constriction in the vessel. During a Percutaneous Transluminal Coronary Angioplasty (PTCA), a balloon is inflated to flatten plaque against the artery wall and widen the narrowed artery. When a stent is used, 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. These procedures may be performed on an emergent or elective basis.

"Emergent or Primary PCI" means that a patient needs immediate PCI because, in the treating physician's best clinical judgment, delay would result in undue harm or risk to the patient.

An "Elective PCI" is scheduled in advance and performed on a patient with cardiac function that has been stable in the days prior to the procedure.

"Open Heart 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.

Chapter IX

"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.

"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. A single beam of radiation is delivered to the patient from several directions. It is being surpassed by Conformal and other more advanced modalities due to the reduced irradiation of healthy tissue.

"Fractionation": A small fraction of the entire prescribed dose of radiation is given in each treatment or session. The typical fractionation schedule for adults is once per day, five days a week. "Hyperfractionation" refers to radiation given in smaller doses twice a day. In "Hypofractionation," individual doses are given less than daily, such as in two-five sessions.

"Image-Guided Radiation Therapy (IGRT)" combines with IMRT or CRT to visualize the patient's anatomy during treatments. This allows for confirmation of beam location and adjustment of the beams if needed during treatments due to breathing. IGRT facilitates more accurate patient positioning and reduces 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. Due to its precision it can spare more healthy tissue, but it also requires detailed data collection and takes longer than conventional therapy.

"Stereotactic body radiation therapy (SBRT)" is a precision radiation therapy delivery concept derived from cranial stereotactic radiosurgery. It is characterized by one to five fraction delivery of focal high-dose radiation while limiting dose to surrounding normal tissues. SBRT has become an established treatment technique for lung, liver, and spinal lesions.

"Stereotactic Radiosurgery (SRS)" is a single-session procedure used to treat brain tumors and other brain disorders that cannot be treated by regular surgery. A special frame is attached to the patient's 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.

"Stereotactic Radiation Therapy (SRT)" is an approach similar to Stereotactic Radiosurgery that delivers 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 30-90 minutes for two-five sessions. It can be used to treat both brain and extracranial tumors.

Chapter X

"Positron Emission Tomography (PET)" uses small concentrations of radioactive material injected into the blood to capture color images of cellular metabolism. PET 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. PETs are now being combined with a Computerized Tomography (CT) scanner to create PET/CT scanners. In the Plan standards, the terms PET and PET/CT are used interchangeably; the Department does not differentiate between these modalities. 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.

"Positron Emission Mammography (PEM)" is a form of PET that uses high-resolution detection technology for imaging the breast. As with PET, a radiotracer is administered and the camera is used to provide a higher resolution image. However, the administered dose of FDG is only about half the amount of whole-body PET. PEM imaging is used for pre-surgical planning and staging, monitoring response to therapy, and checking for recurrence of breast cancer. Three-dimensional reconstruction of the PEM images is also possible.

Chapter XI

An "Ambulatory Surgical Facility (ASF)" is a distinct, freestanding entity organized, administered, equipped and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures, and/or services, for which patients are scheduled to arrive, receive surgery, or related care, and be discharged on the same day. The owner or operator makes the facility available to other providers who comprise an organized professional staff. This definition does not apply to an office or clinic for the private practice of licensed health care professionals.

An "Endoscope" is defined as a flexible, semi-flexible or rigid instrument, which may or may not have a light attached, that is inserted into a natural orifice in a non-sterile, clean environment, to visually inspect for purposes of screening and diagnosis and to perform therapeutic treatment of the interior of a bodily canal or a hollow organ (such as the colon, bladder, stomach or nasal sinuses).

An "Endoscopy ASF" is defined as one organized, equipped, and operated exclusively for the purpose of performing surgical procedures or related treatments through the use of an endoscope. Any appropriately licensed and credentialed medical specialist can perform endoscopy only surgical procedures or related treatments at an Endoscopy ASF.

Chapter XII

"Nursing Facilities" provide inpatient care for convalescent or chronic disease residents who require nursing care and related medical services. 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.

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. This category has been established to provide necessary services for retirement communities established by church, fraternal, or other organizations. Such beds must only serve the residents of the housing complex and be developed as a part of an entire housing construction 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 qualifications. To be considered under this special bed category, the following criteria must be met:

(1) The nursing facility must be 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.

The Social Security Act [Section 1883(a)(1)], permits certain small, rural hospitals to enter into a "Swing Bed" agreement, under which the hospital can use its beds to provide either acute or skilled nursing care, as needed. The hospital must be located in a rural area and have fewer than 100 beds. A Certificate of Need is not required to participate in the Swing Bed Program.

"Hospice" is 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. Home-based and outpatient hospice programs do not require CON review.

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. CON review is required for a hospice facility.

"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.

"Pediatric Home Health Agencies": Due to the limited number of home health providers available to treat children 18 years or younger, an exception to the home health criteria may be made for a CON for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 18 years or younger. The license for the agency will be restricted to serving children 18 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such agencies are not 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.

CHAPTER IX

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 in South Carolina, accounting for approximately 22% of all deaths. According to the South Carolina Central Cancer Registry (SCCCR), there were 23,240 new cases of cancer diagnosed in South Carolina in 2010 and 9,180 cancer deaths. Different types of cancer vary in their rates of growth, patterns of spread and responses to different types of treatment. The overall five-year survival rate is approximately 62%. The national death rates decreased 1.8% annually for men and 1.6% for women between 2004 and 2008.

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 palliative 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 two to 10 weeks, depending on the type of cancer and the treatment goal. The relevant CPT Procedure codes are: 77371-77373, 77402-77404, 77406-77409, 77411-77414, 77416, 77418, 77432, and 0073T.

A. Definitions

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 due to 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) refers to radiation given in smaller doses twice a day. In Hypofractionation, individual doses are given less often than daily, such as in two-five sessions.

Image-Guided Radiation Therapy (IGRT) combines with IMRT or 3DCRT to visualize (by means of EPIDs, kV scans or mV scans) the patient's anatomy during treatments. This allows for confirmation of beam location and adjustment of the beams if needed during treatments due to breathing. IGRT facilitates more accurate patient positioning and reduces 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. Due to its precision it can spare more healthy tissue, but it also requires detailed data collection and takes longer than conventional therapy.

Stereotactic body radiation therapy (SBRT) is a precision radiation therapy delivery concept derived from cranial stereotactic radiosurgery. It is characterized by one to five fraction delivery of focal high-dose radiation while limiting dose to surrounding normal tissues. SBRT has become an established treatment technique for lung, liver, and spinal lesions.

Stereotactic Radiosurgery (SRS) is a single-session procedure used to treat brain tumors and other brain disorders that cannot be treated by regular surgery. A special frame is attached to the patient's 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 an approach similar to Stereotactic Radiosurgery that delivers 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 two-five sessions. It can be used to treat both brain and extracranial tumors.

B. Types of Radiation Equipment

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 more 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:

1. 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;

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

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

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

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

6. field-shaping capability; and

7. 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. Linacs with 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. Therefore, a lower capacity of 5,000 treatments per year is established for such equipment (20 patients treated per day, 5 days per week, 50 weeks per year). IMRT/IGRT machines that perform stereotactic procedures have a lower capacity of 4,500 treatments per year (18 patients treated per day, 5 days per week, 50 weeks per year). MUSC has three linacs designated with a capacity of 5,000 treatments and two with a capacity of 4,500. The Tomotherapy unit at Spartanburg Regional has been designated with a capacity of 4,500 treatments and the Tomotherapy unit at Carolina Regional Radiation Center has been designated as having a capacity of 5,000 treatments per year. Greenville Memorial has a Novalis Brainlab used for stereotactic procedures with a 4,500 treatment capacity. McLeod Regional and AnMed Health each replaced an existing linac with one having stereotactic capabilities and a capacity of 4,500 treatments. Lexington Medical Center has a linac with stereotactic capabilities and a capacity of 5,000 treatments. Trident Medical Center has an ElektaSynergy linac with a capacity of 4,500 treatments and an approved CON for an additional linac with a capacity of 5,000 treatments. The capacities for these machines 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 1,500 treatments per year per unit, based on 6 treatments per day, 5 days per week, for 50 days per year. The Cyberknife at Roper Hospital is the only equipment so designated. It is an older generation unit with a previously designated capacity of 1,000 treatments per year. 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

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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.

C. Status of South Carolina Providers

1. Linear Accelerators

There are currently 31 facilities either operating or approved for a total of 60 linear accelerators in South Carolina. In 2011, the 53 operational linear accelerators performed 273,291 treatments, or an average of 5,156 treatments per unit.

2. Gamma Knife

Palmetto Health Richland performed 199 Gamma Knife treatments in 2011 while MUSC's Gamma Knife performed 163 treatments that year.

D. Certificate of Need Standards for Radiotherapy

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 have a capacity of 5,000 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. IMRT/IGRT linear accelerators performing stereotactic procedures have a capacity of 4,500 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. Linear Accelerators designed strictly to provide Stereotactic Radiotherapy have a capacity of 1,500 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.

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

6. 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 Standards 2, 3 or 4 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.

7. 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 Standards 2, 3 or 4 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.

8. 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.

9. 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

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

Quality

Incorrect doses of radiation can be dangerous. Two patients in New York died from lethal overdoses. In response, the Medical Imaging & Technology Alliance and the Advanced Medical Technology Alliance recently announced the Radiation Therapy Readiness Check Initiative, which is intended to incorporate safety-check mechanisms into radiation therapy equipment. The manufacturers have agreed to make equipment modifications to improve patient safety, by preventing equipment from operating unless the users verify that safeguards are in place.

The initiative requires medical physicists to record the performance of quality-assurance reviews of treatment plans. Technicians are required to perform beam modification checks, verify correct placement of machine accessories, and confirm correct patient placement. Individual manufacturers will be responsible for incorporating the safety-check software into new equipment and creating software add-ons that can be incorporated into existing equipment. However, some older machines may not be capable of adding the safeguards.

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 Section of the 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 effects of duplication in evaluating Certificate of Need applications for this service.

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RADIOTHERAPY

SERVICE AREAS	2011 POPULATION	# OF LIN ACC	POP PER LIN ACC	TOTAL AREA TREATMENTS	TREATMENTS PER LIN ACC	PLANNING AREA CAPACITY	UNMET NEED?	PERCENT CAPACITY
ANDERSON,OCONEE	263,800	3	87,967	17,816	5,939	18,500	NEED	96.3%
GREENVILLE,PICKENS	577,000	8	72,125	31,314	3,914	53,500	—	58.5%
CHEROKEE,SPARTANBURG UNION	371,800	5	74,360	17,954	3,591	32,500	—	55.2%
CHESTER,LANCASTER,YORK	339,900	3	113,300	15,054	5,018	21,000	—	71.7%
ABBEVILLE,EDGEFIELD GREENWOOD,LAURENS MCCORMICK,SALUDA	220,800	2	110,400	7,782	3,891	14,000	—	55.6%
FAIRFIELD,KERSHAW LEXINGTON,NEWBERRY RICHLAND	778,400	9	86,489	46,831	5,203	61,000	—	76.8%
CHESTERFIELD, DARLINGTON DILLON, FLORENCE, MARION MARLBORO	347,800	5	69,560	22,215	4,443	32,500	—	68.4%
CLARENDON,LEE,SUMTER	162,700	2	81,350	9,499	4,750	14,000	—	67.9%
GEORGETOWN,HORRY WILLIAMSBURG	369,600	5	73,920	31,902	6,380	33,000	NEED	96.7%
BAMBERG,CALHOUN ORANGEBURG	124,300	2	62,150	6,579	3,290	14,000	—	47.0%
ALLENDALE,BEAUFORT, HAMPTON,JASPER	222,000	2	111,000	10,242	5,121	14,000	—	73.2%
BERKELEY,CHARLESTON COLLETON,DORCHESTER	709,400	12	59,117	47,639	3,970	62,500	—	76.2%
AIKEN,BARNWELL	185,100	2	92,550	8,464	4,232	14,000	—	60.5%
STATE TOTAL	4,672,700	60	77,878	273,291	4,555	384,500	—	71.1%

MEGAVOLTAGE VISITS

REGION & FACILITY	COUNTY	# UNITS	FY 2009	FY 2010	FY 2011
REGION I					
ANMED HEALTH MEDICAL CENTER *1*	ANDERSON	2	12,449	11,923	11,643
GIBBS REGIONAL CANCER CTR SATELLITE *2*	CHEROKEE	1	—	—	—
GMH-CANCER CENTERS OF THE CAROLINAS	GREENVILLE	1	4,834	5,325	4,848
GMH-CANCER CENTERS CAROLINAS - EASTSIDE		1	9,487	7,676	6,875
GREENVILLE MEMORIAL MEDICAL CENTER		3	15,433	16,846	14,838
GREER MEDICAL CAMPUS CANCER CTR *3*		1	—	4,340	4,753
ST FRANCIS MILLINIUM CANCER CENTER *4*		1	—	—	—
GMH-CANCER CTRS CAROLINAS - OCONEE CO.	OCONEE	1	6,279	5,402	6,173
BAPTIST MEDICAL CENTER EASLEY *5*	PICKENS	1	—	—	—
CANCER CTRS CAROLINAS - MARY BLACK *6*	SPARTANBURG	1	—	—	656
SPARTANBURG REGIONAL MED CTR		2	18,612	19,525	17,298
VILLAGE AT PELHAM CANCER CENTER *7*		1	—	—	—
REGION II					
SELF REGIONAL HEALTHCARE	GREENWOOD	2	6,747	7,688	7,782
LANCASTER RADIATION THERAPY CTR *8*	LANCASTER	1	—	—	4,104
LEXINGTON MEDICAL CENTER	LEXINGTON	2	10,433	10,431	11,953
NEWBERRY ONCOLOGY ASSOCIATES *9*	NEWBERRY	1	—	2,585	2,307
PALMETTO HEALTH RICHLAND	RICHLAND				
LINEAR ACCELERATORS		2	14,107	11,783	10,754
GAMMA KNIFE		1	210	218	199
SOUTH CAROLINA ONCOLOGY ASSOCIATES		4	22,671	21,463	21,817
ROCK HILL RADIATION THERAPY CENTER	YORK	2	13,416	13,358	10,950
REGION III					
CAROLINAS HOSPITAL SYSTEM	FLORENCE	1	5,015	3,650	3,693
MCLEOD REGIONAL MEDICAL CENTER *10*		4	17,176	19,352	18,522
FRANCIS B FORD CANCER CENTER *11*	GEORGETOWN	1	5,305	5,515	6,193
CAROLINA REGIONAL CANCER CENTER	HORRY	2	15,613	20,946	25,709
CAROLINA REG CA CTR - CONWAY *12*		1			
CAROLINA REG CA CTR - MURRELS INLET *13*		1			
TUOMEY	SUMTER	2	10,812	9,848	9,499
REGION IV					
RADIATION ONCOLOGY CTR OF AIKEN *14*	AIKEN	2	7,886	8,880	8,464
SJC ONCOLOGY SERVICES - SC	BEAUFORT	1	6,182	5,481	6,036
BEAUFORT MEMORIAL HOSPITAL		1	4,633	4,437	4,208
MUSC MEDICAL CENTER *15*	CHARLESTON				
LINEAR ACCELERATORS		5	18,184	18,707	20,290
GAMMA KNIFE		1		47	163

ROPER WEST ASHLEY CANCER CTR	*16*		4	14,440	14,250	15,938
TRIDENT MEDICAL CENTER	*17*		3	11,664	13,307	11,411
REG MED CTR ORANGEBURG/CALHOUN	*18*	ORANGEBURG	2	6,545	6,318	6,579
TOTAL			**60**	**257,623**	**269,016**	**273,291**

1 CON ISSUED 1/30/12 TO REPLACE ONE OF OF THE EXISTING LINACS WITH A UNIT WITH STEREOTACTIC RADIOTHERAPY CAPABILITIES, SC-12-03.
2 LINAC APPROVED 3/31/03; APPEALED. CON ISSUED BY SUPREME COURT RULING 3/31/10. UTILIZATION FOR 2011 INCLUDED WITH SPARTANBURG REGIONAL MEDICAL CENTER.
3 CON ISSUED 10/12/07, SC-07-53.
4 CON ISSUED 6/12/12, SC-12-18.
5 CON ISSUED 6/12/12, SC-12-19.
6 CON ISSUED BY SUPREME COURT RULING 3/31/10.
7 CON TO MOVE A LINAC FROM SRMC TO VILLAGE AT PELHAM APPEALED 2/12/08. APPEAL WITHDRAWN, CON ISSUED 7/25/11, SC-11-25.
8 CON APPROVED 2/15/08; APPEALED. APPEAL DISMISSED 8/5/09; SC-09-39 ISSUED 8/12/09.
9 CON APPROVED 3/20/06.
10 CON ISSUED 8/22/11 TO REPLACE AN EXISTING LINACS WITH ONE WITH STEREOTACTIC RADIOTHERAPY CAPABILITIES, SC-11-30.
11 CON APPROVED 9/26/11 TO RELOCATE THE FACILTY FROM GEORGETOWN TO MURRELL'S INLET; APPEALED.
12 CON APPROVED 12/28/11 TO INSTALL A LINAC; APPEALED.
13 CON APPROVED 9/26/11 TO RELOCATE ONE LINAC FROM THE EXISTING LOCATION IN MYRTLE BEACH TO MURRELL'S INLET; APPEALED.
14 CON ISSUED TO TRANSFER OWNERSHIP FROM AIKEN REGIONAL MED CTR & ADD 2ND LINAC 6/11/09, SC-09-29.
15 CON FOR GAMMA KNIFE ISSUED 6/8/09. CON FOR 5TH LINAC ISSUED 7/8/09.
16 CON APPROVED FOR 3RD CONVENTIONAL LINAC 8/5/09.
17 CON ISSUED FOR REPLACEMENT LINAC 2/26/09 SC-09-07; CON ISSUED 10/10/12 FOR A 3RD LINAC. WITH A CAPACITY OF 5,000 TREATMENTS, SC-12-33.
18 CON ISSUED FOR 2ND LINAC 9/28/10, SC-10-31.

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Certificate of Need Standards for Stereotactic Radiosurgery

1. The capacity of a dedicated Stereotactic Radiosurgery unit is 300 procedures annually. This is based on an average of two procedures per day times three 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 dedicated Stereotactic Radiosurgery 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 service, 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, that will be generated through changes in referral patterns, recruitment of specific physicians or other changes in circumstances.

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. Due to the unique nature and limited need for this type of equipment, the applicant should document how it intends 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 Section of the 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 effects of duplication in evaluating Certificate of Need applications for this service.

☒ DHEC

Joint Annual Reports
South Carolina Department of Health and Environmental Control

2012

Date: 05/13/2013 User : DHEC Administrator
Admin Log Out

Linear Accelerator JAR, 2012 (Confirmed Complete on 04/15/2013)

A. Identification

Edit

Name of Facility: CAROLINA REGIONAL CANCER CENTER, LLC

Facility ID: LAX-0009 **Facility FEIN:** 570956164

Address: 4708 OLEANDER DR

City: MYRTLE BEACH **Zip Code:** 29577- **County:** HORRY

Name of Person Completing Form: Richard R. Lewis

Telephone Number: (239) 931-7343 **Fax Number:** (239) 931-7380

Email Address: rlewis@rtsx.com

Chief Administrative Officer: PATRICIA PRICE

Does your facility have its own National Provider Identifier (NPI, or Subpart NPI) issued from the National Plan and Provider Enumeration System? ◉ Yes ○ No ○ No Response

If yes, please report the ten-digit Facility NPI: 1679524714

Is your NPI a Subpart NPI, of a Parent Organization? ◉ Yes ○ No ○ No Response

If yes, please report:

Parent Organization Name: Atlantic Urology Clinics, LLC
Parent Organization City: Myrtle Beach
Parent Organization State: SC
Parent Organization NPI: 1447293790

B. Reporting Period

Edit

Report data for a full 12-month period, preferably from January 1, 2012 through December 31, 2012
If not in operation for a full 12-month period, please report data fom date of licensure to December 31, 2012.

Beginning Date: 01 / 01 / 2012 **Ending Date: 12 / 31 / 2012**

Beginning of your current fiscal year: 01 / 01 / 2012

Number of days in your reporting period: 365

Was your facility in operation 12 full months at the end of your reporting period? Yes

C. Utilization

Edit

Total number of patients admitted/treated during reporting period : 889

Number of linear accelerators : 3

Number of treatments provided *** : 22798
***refers to the number of patient visits, not the number of ports.

D. Patient Origin

Edit

County of Residence	Number of Patients	County of Residence	Number of Patients
ABBEVILLE	0	HORRY	736
AIKEN	0	JASPER	0
ALLENDALE	0	KERSHAW	0
ANDERSON	0	LANCASTER	0
BAMBERG	0	LAURENS	0
BARNWELL	0	LEE	0
BEAUFORT	1	LEXINGTON	0
BERKELEY	1	MCCORMICK	0
CALHOUN	0	MARION	22
CHARLESTON	0	MARLBORO	0
CHEROKEE	0	NEWBERRY	0
CHESTER	0	OCONEE	0
CHESTERFIELD	0	ORANGEBURG	0
CLARENDON	1	PICKENS	0
COLLETON	0	RICHLAND	0
DARLINGTON	0	SALUDA	0
DILLON	3	SPARTANBURG	0
DORCHESTER	0	SUMTER	1
EDGEFIELD	0	UNION	0
FAIRFIELD	0	WILLIAMSBURG	2
FLORENCE	2	YORK	0
GEORGETOWN	17	GEORGIA	1
GREENVILLE	0	NORTH CAROLINA	83
GREENWOOD	0	TENNESSEE	0
HAMPTON	0	OTHER: FL-1 MD-3 NH-2 NY-6 OH-3 PA-2 WI-1 WV-1	19
TOTAL	PATIENTS: 889		

E. Staff

Edit

- Information is requested on the total number of employees of the facility and select types of personnel and status of employment, as of the last day of the reporting period.
- Numbers reported here for full and part-time and budgeted vacancies should be consistent with payroll expenses.
- 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.
- If there are employees that do not fit into a listed personnel category, please list their job title along with employment status in the blank spaces provided.
- If there is not additional space, please attach an additional page with the requested information.

Category	Full Time w/ Benefits		Part Time w/o Benefits		Contract Positions		Full Time Posted Vacancies		Part Time Posted Vacancies	
	Employees	Hours	Employees	Hours	Employees	Hours	Employees	Hours	Employees	Hours
ADMINISTRATIVE										
Medical Director	1	2080	0	0	0	0	0	0	0	0
Radiation Physicist	0	0	0	0	3	5408	0	0	0	0
NURSING CARE										
RN	3	6240	0	0	0	0	1	2080	0	0
LPN	1	2080	0	0	0	0	0	0	0	0
Nursing Aide	0	0	0	0	0	0	0	0	0	0
ANCILLARY										
Radiation Technician	11	22880	0	0	0	0	0	0	0	0
MRI Technician	0	0	0	0	0	0	0	0	0	0
CT Technician	1	2080	0	0	0	0	0	0	0	0
X-ray Technician	0	0	0	0	0	0	0	0	0	0
OTHER										
Other 1 (specify): Radiation Oncologists	2	4160	0	0	0	0	0	0	0	0
Other 2 (specify): Dosimetrists	3	6240	0	0	0	0	0	0	0	0
Other 3 (specify): Office Staff	12	24960	0	0	0	0	0	0	0	0

Comments

Please provide any additional comments you may have for this facility: Edit

When you have completed all of the above sections, you may confirm your completed submission by clicking on the "Confirm Submission" button below. You may then log out.

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Date: 04/23/2012 **2011** Hospital : DHEC ADMIN

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Outline of Form Sections

Click on one of these links to jump directly to a section.

SCHEDULE A: Identification
SCHEDULE B: Classification
SCHEDULE C: Reporting Period
SCHEDULE D: Facilities and Services
- D1. General Medical, Surgical, And Ancillary Services
- D2. Selected Service Utilization

SCHEDULE E: Licensed Beds
SCHEDULE F: Utilization
- F1. Inpatient - Adult And Pediatric (Exclude Newborn)
- F2. Nursing Home Care
- F7. Obstetrics Unit

SCHEDULE G: Outpatient Utilization
SCHEDULE H: Hospital Employees as of the last day of the reporting period
- H2. Privileged Physicians

SCHEDULE I: Physician Arrangements
SCHEDULE J: Payer Arrangements
SCHEDULE K: Community Orientation
SCHEDULE L: Information Technology
SCHEDULE M: Care Coordination
SCHEDULE N: Supplemental Information
Comments

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SCHEDULE A: IDENTIFICATION

Definition

Hospital Name: GEORGETOWN MEMORIAL HOSPITAL

	# of Procedures 2010	# of Procedures 2011
Inpatient	5	8
Outpatient	186	152
Total	191	160

E. Megavoltage Radiation Therapy

Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

77401 Radiation treatment delivery, superficial and/or ortho voltage
77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV
77403 6-10 MeV
77404 11-19 MeV
77406 20+ MeV
77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV
77408 6-10 MeV
77409 11-19 MeV
77411 20+ MeV
77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV
77413 6-10 MeV
77414 11-19 MeV
77416 20+ MeV
77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session
77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
G0339 Single fractionation treatment
G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2010	1	607	5515
2011	1	627	6193
2. Gamma Knife			
2010			
2011			

***Note:** Under **Number of Treatments**, record the number of patient visits. This is NOT ports.

F. 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 outpatient 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 outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms 2010	Number of Rooms 2011	Inpatient Operations 2010	Inpatient Operations 2011	Outpatient Operations 2010	Outpatient Operations 2011	2011 Total
Operating	6	6	1296	1222	1900	1814	3036
Cystoscopy	0						
Endoscopy	2	2	791	499	663	556	1055
Other	0						
TOTAL	8	8	2087	1721	2563	2370	4091

How many days per week may elective surgery be scheduled? 7

SCHEDULE E: LICENSED BEDS

Definition

Licensed Bed Capacity on last day of reporting period: 131

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SCHEDULE F: UTILIZATION

Definition

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 last day of reporting period should be

Date: 05/13/2013 **2012** Hospital : DHEC ADMIN

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SCHEDULE I: Physician Arrangements
SCHEDULE J: Payer Arrangements
SCHEDULE K: Community Orientation
SCHEDULE L: Information Technology
SCHEDULE M: Care Coordination
SCHEDULE N: Supplemental Information
Comments

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SCHEDULE A: IDENTIFICATION

Definition

Hospital Name: GEORGETOWN MEMORIAL HOSPITAL
Name of Operating Authority: Georgetown Hospital System
Building Ownership: Georgetown Memorial Hospital
Name of Person Completing Form: Erin Shaffer Beadle
Email Address of Person Completing Form: ebeadle@georgetownhospitalsystem.org
Phone: (843) 520-8617
Chief Administrative Officer: Bruce Bailey, CEO

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SCHEDULE B: CLASSIFICATION

Definition

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 Unit:	# of Fixed Units: 1

	# of Procedures 2011	# of Procedures 2012
Inpatient	770	568
Outpatient	1492	1671
Total	2262	2239

D. PET Scanner (Include PET CT, report PET procedures only)

# of Mobile Unit: 1	# of Fixed Units:

	# of Procedures 2011	# of Procedures 2012
Inpatient	8	3
Outpatient	152	211
Total	160	214

E. Megavoltage Radiation Therapy

Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

0073T Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session
77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV
77403 6-10 MeV
77404 11-19 MeV
77406 20+ MeV
77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV
77408 6-10 MeV
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G0339 Single fractionation treatment
G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2011	1	627	6193
2012	1	621	5361
2. Gamma Knife			
2011			
2012			

*Note: Under **Number of Treatments**, record the number of patient visits. This is NOT ports.

F. 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 outpatient 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 outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms 2011	Number of Rooms 2012	Inpatient Operations 2011	Inpatient Operations 2012	Outpatient Operations 2011	Outpatient Operations 2012	2012 Total
Operating	6	6	1222	979	1814	1793	2772
Cystoscopy							
Endoscopy	2	3	499	450	556	1388	1838
Other							
TOTAL	8	9	1721	1429	2370	3181	4610

How many days per week may elective surgery be scheduled? 5

SCHEDULE E: LICENSED BEDS

Definition

Licensed Bed Capacity on last day of reporting period: 131

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SCHEDULE F: UTILIZATION

Definition

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 last day of reporting period should be recorded in TOTAL. Please account for all the inpatient beds set up and staffed on last day of reporting period.
- **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 and Staffed 2011	Beds Set Up and Staffed 2012	Admissions (Exclude Births) 2011	Admissions (Exclude Births) 2012	Discharges: Include Deaths (Exclude Newborns) 2011	Discharges: Include Deaths (Exclude Newborns) 2012	Total Patient Days Care (Exclude Newborns) 2011	Total Patient Days Care (Exclude Newborns) 2012
Acute and Subacute Care								
Adult Medical/Surgical	98	98	3839	3029	4376	3566	16965	12688
Obstetrical								

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C. Earl Hunter, Commissioner
Promoting and protecting the health of the public and the environment.

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September 26, 2011

Patricia Price, Regional Administrator
Carolina Regional Cancer Center
4708 Oleander Drive
Myrtle Beach, SC 29577

RE: Carolina Regional Cancer Center, LLC – Murrells Inlet
Murrells Inlet, South Carolina

Dear Ms. Price:

The Department recognizes that since this project involves the transfer of an existing service, compliance with the South Carolina Health Plan Certificate of Need Standards for Radiotherapy is not applicable. The Department concludes this project, as well as the project proposed for Francis B. Ford Cancer Treatment Center at Waccamaw Community Hospital, is designed to enhance care to its patients, is based primarily on its current patient distribution and a desire to improve access for its patients. The Department reviewed both Certificate of Need ("CON") applications concurrently due to the potential impact these projects could have upon each other. The projects did not meet the definition of competing applicants since neither applicant proposed to add a linear accelerator to the service area. However, both applicants propose to transfer a linear accelerator to an area within close proximity of each other, less than one mile, and thus are proposing to establish services in the Murrells Inlet area.

It is the decision of this Department that a Certificate of Need be issued to Carolina Regional Cancer Center, LLC – Murrells Inlet for the construction for the relocation and replacement of an existing linear accelerator from the existing location of Carolina Regional Cancer Center in Myrtle Beach to a new cancer treatment center to be constructed in Murrells Inlet.

The decision is based on the following:

1. The applicant has adequately documented the need for the project within the application;
2. The project will increase accessibility and availability of radiation therapy services to the identified service area;
3. The applicant's record is one of successful operation with adequate management experience; and,
4. The applicant has demonstrated this project to be financially feasible based upon the information available.

The findings pursuant to Section 501, Regulation No. 61-15, Certification of Need for Health Facilities and Services are not applicable to this project.

Should you require further information, please contact me at (803) 545-4200.

Sincerely,

Beverly Brandt

Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosure: Summary of Staff Findings
Notice of Appeal Procedure

cc: Sam Tolbert, Strategic Directions, Inc.
Wade Mullins, Esquire, Bruner Powell
Rick Kaylor, Vice President, Georgetown Hospital System
Bruce Bailey, CEO, Waccamaw Community Hospital
David Levitt, Levitt Healthcare Affiliates
Dan Westbrook, Esquire, Nelson Mullins

Notice of Appeal Procedure
Pursuant to S.C. Code Section 44-1-60

1. This decision of the S.C. Department of Health and Environmental Control (Department) becomes the final agency decision 15 calendar days after notice of the decision has been mailed or otherwise sent to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of $100 is filed with the Department by the applicant, permittee, licensee, or affected person.

2. An applicant, permittee, licensee, or affected person who wishes to appeal this decision must file a timely written request for final review with the Clerk of the Board at the following address or by facsimile at 803-898-3393. A filing fee in the amount of $100 made payable to SC DHEC must also be received by the Clerk within the time allowed for filing a request for final review. However, if a request for final review is filed by facsimile, the filing fee may be mailed to the Clerk of the Board if the envelope is postmarked within the time allowed for filing a request for final review.

   Clerk of the Board
   SC DHEC
   2600 Bull Street
   Columbia, SC 29201

3. In order to be timely, a request for final review must be received by the Clerk of the Board within 15 calendar days after notice of the decision has been mailed or otherwise sent to persons entitled to receive notice. If the 15th day occurs on a weekend or State holiday, the request is due to be received by the Clerk of the Board on the next working day. The request for final review must be received by the Clerk of the Board by 5:00 p.m. on the date it is due. A request for final review will be returned to the requestor if the filing fee is not received on time as described above.

4. The request for final review should include the following:
   a. the grounds on which the Department's decision is challenged and the specific changes sought in the decision
   b. a statement of any significant issues or factors the Board should consider in deciding whether to conduct a final review conference
   c. a copy of the Department's decision for which review is requested

5. If a timely request for final review is filed with the Clerk of the Board, the Clerk will provide additional information regarding procedures. If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within 30 calendar days after notice is mailed that the Board declined to hold a final review conference.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.

January 7, 2011

Summary of Staff Findings
Carolina Regional Cancer Center- Murrells Inlet

Background Information

Section 103.6 of R.61-15 "Certification of Need for Health Facilities and Services" states "Competing applicants means two or more persons and/or health care facilities as defined in this regulation who apply for Certificates of Need to provide similar services and/or facilities in the same service area and whose applications if approved would exceed the need for this facility or service."

The Department recognizes that the applications do not meet the definition of competing applicants in the strictest sense due to the fact that neither applicant proposed to add a linear accelerator to the service area. However, the applicants propose to transfer a linear accelerator to an area within close proximity of each other, less than one mile, and thus are proposing to establish services in the Murrells Inlet area. The Department is concerned about the potential impact these projects could have upon each other, and therefore reviewed the Certificate of Need ("CON") applications concurrently.

Note that since both projects involve the transfer of an existing service, compliance with the South Carolina Health Plan Certificate of Need Standards for Radiotherapy was not applicable. The Department concludes the project for each applicant is designed to enhance care to its patients, is based primarily on its current patient distribution and a desire to improve access for its patients.

The Department incorporates the Project Review Summaries for both projects by reference. These summaries were prepared for the Project Review Meeting held on August 15, 2011.

The SC Budget and Control Board Office of Research and Statistics (SCORS) indicated the following population projections for the service area:

County	2010	2015	Percent Change
Georgetown	62, 610	66,130	5.6%
Horry	265,360	291,080	9.7%
Williamsburg	35,370	35,240	- 0.4%
Total	363,340	392,450	8.0%

The projected increase is 5.2% for South Carolina as a whole.

The SCORS projections for the population aged 65 years and older are:

County	2010	2015	Percent Change
Georgetown	12,320	15,380	24.8%
Horry	43,000	53,010	23.3%
Williamsburg	5,300	6,290	18.7%
Total	60,620	74,680	23.2%

The projected increase is 18.8% for South Carolina as a whole.

Project Review Criteria Analysis

Carolina Regional Cancer Center, LLC ("CRCC") proposes to relocate and replace an existing linear accelerator operated from its main office to a new cancer treatment center in Murrells Inlet. CRCC currently operates three linear accelerators – two conventional units and one tomography unit – at its present location in Myrtle Beach. CRCC is proposing to lease a facility on vacant land located at the southeast corner of Courtfield Drive and Old Kings Highway in Murrells Inlet. The Total Project Cost is $7,993,972,08.

The Department also considered adverse impact. Both projects reflect a shift in current patients, that is, a redirection of existing patients, based on current patient distribution. Population shifts were considered. It is noted that in its August 26, 2011 response, CRCC made this comment regarding the Ford Cancer Center: "patients in the Murrells Inlet area are being referred by physicians employed by or with very high loyalty to Georgetown Hospital System. It is not likely that CRCC's presence in Murrells Inlet will change those referral patterns, which are due to existing economic and professional relationships."

1. Community Need Documentation – 2a, 2b, 2d
Distribution (Accessibility) – 3a, 3b, 3c, 3e

The applicant clearly identified the target population. They stated that the South Carolina Health Plan identifies the service area for linear accelerator services to be comprised of Georgetown, Horry and Williamsburg Counties and 29% of the cancer center volume originated from the Murrells Inlet area.

The projections of population changes were reasonable and based upon data from the SC Budget and Control Board, Office of Research and Statistics (ORS) and Claritas, Inc.

The following table presents the CRCC linear accelerator utilization since 2005:

Radiation Treatments	2005	2006	2007	2008	2009	2010
	15,770	14,032	13,107	14,355	15,613	20,946

Using a threshold of 19,000 treatments, the 20,946 treatments CRCC delivered in 2010 indicates they are operating at 110% of capacity. Even though the project does not relieve capacity constraints, adding a third treatment center to the service area improves access to Murrells Inlet area residents, which comprises 29% of current volume.

The following table summarizes the percent of CRCC patients from each area and the 2015 population projection provided by Nielsen/Claritas.

Area	CRCC Patient Origin	2015 Population Projection
Conway Area	22%	80,355
Georgetown Area & Williamsburg County	1%	72,415

Area	CRCC Patient Origin	2015 Population Projection
Loris Area	6%	24,588
Murrells Inlet Area	29%	100,778
Myrtle Beach Area	20%	71,438
North Myrtle Beach Area	22%	53,310
Total	100%	402,884

The ZIP codes were grouped into six market areas based on geography and the following table summarizes the percent of CRCC patients from each area and the 2015 population projection provided by Nielsen/Claritas.

The applicant provided the results of a travel time analysis which showed a 31% reduction in travel time (weighted) for the total population in the Murrells Inlet area. Approximately 20% of CRCC's treatments are expected to be provided at the new center in Murrells Inlet. About 29% of its patients live in the four ZIP codes comprising the Murrells Inlet area; however, it is expected that patients living in the northeastern area, who are closer to Myrtle Beach, will choose to receive treatment at the CRCC location in Myrtle Beach.

The table below shows the actual number of treatments by unit for 2009 and 2010 and projects 2011-2015:

Radiation Treatments	2009	2010	2011	2012	2013	2014	2015
Lin Acc #1 in M.Beach	5,105	6,095	8,407	8,667	9,477	9,714	9,957
Lin Acc #2 in M.Beach	4,653	5,404	5,695	5,778	na	na	na
Tomo Unit in M.Beach	5,855	9,447	8,407	8,667	9,477	9,714	9,957
CRCC - Myrtle Beach	15,613	20,946	22,419	23,112	18,954	19,428	19,914
CRCC - Murrells Inlet	na	na	na	na	4,739	4,857	4,978
Total	15,613	20,946	22,419	23,112	23,693	24,285	24,892
Change over prev. year		34.20%	7.00%	3.10%	2.50%	2.50%	2.50%

2. Acceptability – 4a, 4b

The applicant provided approximately three hundred (300) letters of support, all being form letters. It was estimated around 35% of community letters were from the Murrells Inlet area.

Record of the Applicant – 13a, 13b

CRCC has provided care to area cancer patients for over thirty-one (31) years at its current location. CRCC, originally known as Myrtle Beach Radiation Therapy Center, treated its first patient in March of 1980. On May 3, 2010, CRCC was sold to Atlantic Urology and 21st Century Oncology of South Carolina, LLC, which is wholly owned by Radiation Therapy Services, Inc. ("RTSI"). RTSI is one of the nation's largest providers of radiation therapy. CRCC is accredited by the American College of Radiology.

Regarding the ability to obtain necessary capital financing, the applicant stated they will finance its project costs through its parent organization RTSI, which will finance the project with

existing operating reserves. They also stated that at a later time, they might lease the linear accelerator or chose to finance some of the cost through borrowing arrangements with lenders.

Distribution - 22

The applicant identified existing distribution of services and addressed the effect of the proposed project upon the distribution to the target population. See "Community Need Documentation – 2a, 2b, 2d" and "Distribution (Accessibility) – 3a, 3b, 3c, 3e."

3. Financial Feasibility – 15
Cost Containment – 16a

See the last paragraph under "Record of the Applicant – 13a, 13b."

The income statements for CRCC showed a net income of $3,599,941 in 2009 and $5,064,062 in 2010. The projected income for the Myrtle Beach location for 2013, 2014 and 2015 indicated a net income of over $6 million each year. The proposed Murrells Inlet location showed a modest net income (approximately $800,000) for each of the first three years of operation, increasing each year.

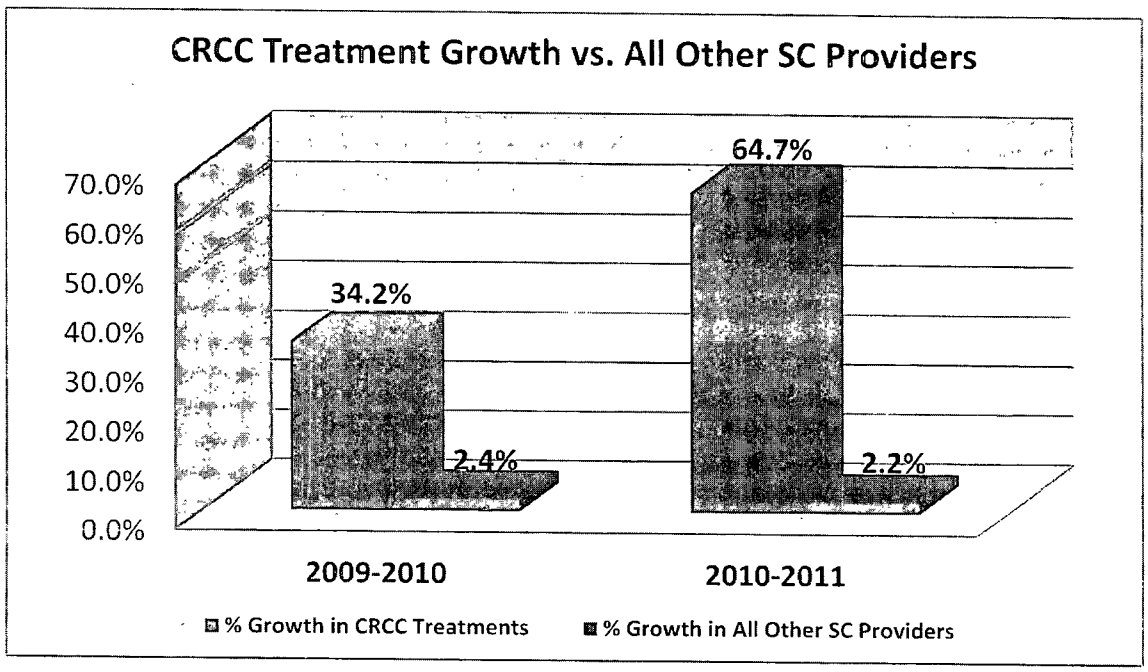
The project improves quality of care by replacing an existing linear accelerator with a state-of-the-art Varian Clinac Trilogy TrueBeam System. Additionally CRCC, as a subsidiary of the nation's largest provider of radiation therapy services, 21ST Century Oncology / Radiation Therapy Services, Inc., has access to a vast array of clinical, operational, management and financial resources to assist in the local delivery of radiation therapy services

CRCC TREATMENTS 2009 – 2011

	FY 2009	FY 2010	FY 2011
CRCC TREATMENTS:	15,613	20,946	25,709
% INCREASE OVER 2009:		**34.2%**	**64.7%**
S.C. TREATMENTS:	257,823	269,016	273,291
S.C. TREATMENTS W/OUT CRCC:	242,210	248,070	247,582
STATEWIDE % INC. W/OUT CRCC OVER 2009:		2.4%	2.2%

Source: 2012-2013 South Carolina Health Plan

Petitioner Exhibit 037-002



Petitioner Exhibit 039-001

ESTIMATED TREATMENTS FROM AUC REFERRALS AS % OF CRCC AND SERVICE AREA TOTALS, 2012 & 2017

	2012	PROJECTED 2017 W/O GRAND STRAND LIN-AC
SERVICE AREA TREATMENTS	28,170	31,802
CRCC TREATMENTS	22,798	24,565
GMH TREATMENTS	5,342	7,237
ESTIMATED AUC TREATMENTS AT CRCC	10,520*	11,335
% AUC TREATMENTS OF CRCC TOTAL	46%	46%
% AUC TREATMENTS OF SA TOTAL	37%	36%

Source: CRCC 2134 – 2151; Tolbert 12734 – 12735; Dep. of Constantine Mantz, M.D.; GMH and CRCC 2012 JARs
**Assumes 40 treatments per the documented 263 AUC treatment plans in 2012*

ESTIMATED TREATMENTS FROM AUC REFERRALS & OTHER PROVIDERS

	2012	Projected 2017
CRCC Treatments	22,798	24,565
Total No. Patients Treated at CRCC	884	953
Number of AUC Patients Treated at CRCC	263	284
Number of Non-AUC Patients Treated at CRCC	621	669
Est. Treatments for AUC referrals at 40 Txs per patient	10,520*	11,360
Est. Treatments from all other referral sources	12,278	13,205

Source: CRCC 2134 – 2151; Tolbert 12734 – 12735; Dep. of Constantine Mantz. M.D.; GMH and CRCC 2012 JARs
**Assumes 40 treatments per the documented 263 AUC treatment plans in 2012*

REVISED TOLBERT VERSION 2.0 ADVERSE IMPACT ANALYSIS BASED ON NO AUC REFERRALS TO GRAND STRAND

	2012	2017 w/out Grand Strand's Lin-Ac	2017 w/ Grand Strand's Lin-Ac
Treatments in Region	28,140	31,802	31,802
CRCC Total	22,798	24,565	21,258
AUC Treatments at CRCC	10,520	11,335	11,335
CRCC Less AUC Txs	12,278	13,230	9,923
Ford Cancer Center	5,342	7,237	7,165
Grand Strand Txs @ 25% of CRCC Txs Less AUC Txs and 1% of GMH	0		3,380
CRCC Conway Txs	0		5,479
CRCC Existing Txs	22,798		15,779
Total Existing Txs	28,140		22,944
Capacity of Existing Providers	26,000		26,000
% Capacity of Existing Providers	108%		88%

Source: CRCC 2134 – 2151; Tolbert 12734 – 12735; Dep. of Constantine Mantz, M.D.; GMH and CRCC 2012 JARs
**Assumes 40 treatments per the documented 263 AUC treatment plans in 2012*

REVISED TOLBERT VERSION 2.0 ADVERSE IMPACT ANALYSIS
BASED ON NO AUC REFERRALS

	2012	2017 w/out Grand Strand's Lin-Ac	2017 w/ Grand Strand's Lin-Ac
Treatments in Region	28,140	31,802	31,802
CRCC Total	22,798	24,565	20,596
AUC Treatments at CRCC	10,520	11,335	11,335
CRCC Less AUC Txs	12,278	13,230	9,261
Ford Cancer Center	5,342	7,237	7,165
Grand Strand Txs @ 30% of CRCC Txs Less AUC Txs and 1% of GMH	0		4,041
CRCC Conway Txs	0		5,479
CRCC Existing Txs	22,798		15,117
Total Existing Txs	28,140		22,282
Capacity of Existing Providers	26,000		26,000
% Capacity of Existing Providers	108%		86%

Source: CRCC 2134 – 2151: Tolbert 12734 – 12735; Dep. of Constantine Mantz, M.D.: GMH and CRCC 2012 JARs
**Assumes 40 treatments per the documented 263 AUC treatment plans in 2012*

REVISED TOLBERT VERSION 2.0 ADVERSE IMPACT ANALYSIS
BASED ON NO AUC REFERRALS

	2012	2017 w/out Grand Strand's Lin-Ac	2017 w/ Grand Strand's Lin-Ac
Treatments in Region	28,140	31,802	31,802
CRCC Total	22,798	24,565	19,934
AUC Treatments at CRCC	10,520	11,335	11,335
CRCC Less AUC Txs	12,278	13,230	8,599
Ford Cancer Center	5,342	7,237	7,165
Grand Strand Txs @ 35% of CRCC Txs Less AUC Txs and 1% of GMH	0		4,703
CRCC Conway Txs	0		5,479
CRCC Existing Txs	22,798		14,455
Total Existing Txs	28,140		21,620
Capacity of Existing Providers	26,000		26,000
% Capacity of Existing Providers	108%		83%

Source: CRCC 2134 – 2151; Tolbert 12734 – 12735; Dep. of Constantine Mantz, M.D.; GMH and CRCC 2012 JARs
**Assumes 40 treatments per the documented 263 AUC treatment plans in 2012*

Petitioner Exhibit 045-001

Consults	2010	2011	2012
Bogache, William K	26	26	19
Cerasaro, Thomas S	12	20	16
Fogarty, James Daniel	12	15	10
Frank, Walter R	15	13	22
Gangi, Glenn Ross	68	98	65
Grudzinski, Andrew Robert	56	71	52
Krzyzaniak, Kenneth E	22	24	22
Quillen, Timothy Joseph	15	21	12
Roberts, Brian J	22	49	25
Shore, Neal	25	27	25
Wood, Joseph Cary	10	18	18
Young, Richard W	9	24	17
Summary	292	406	303

From: Sam Tolbert [STolbert@StrategicDirectionsInc.com]
Sent: Friday, October 01, 2010 8:11 AM
To: Travis, Norton; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: RE: South Carolina

Essentially, SC DHEC can approve both applications if each applicant justifies the need and meets the standards in the State Health Plan. Each applicant can decide whether or not to oppose the other's application. In some cases, the parties choose a "live and let live" approach and others choose to vigorously oppose the other application.

- Sam Tolbert / Phone 864.992.0084

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Friday, October 01, 2010 8:01 AM
To: Sam Tolbert; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: Re: South Carolina

So, if GT is applying to relocate to Murrells and we do the same, what happens? Do we each oppose the other? Does this create stalemate and nothing happens til both challenges are resolved?

From: Sam Tolbert
To: Travis, Norton; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Sent: Fri Oct 01 07:58:01 2010
Subject: RE: South Carolina

Good question. "Competing" means DHEC has two or more applications and only one can be approved. It changes the review and approval process and creates an adversarial situation from the start.

- Sam Tolbert / Phone 864.992.0084

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Friday, October 01, 2010 7:38 AM
To: Sam Tolbert; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: Re: South Carolina

Can u explain what's meant by "completing"?

From: Sam Tolbert
To: Travis, Norton; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Sent: Fri Oct 01 05:46:30 2010
Subject: RE: South Carolina

ATTORNEY/EXPERT EYES ONLY

The relocations definitely should not be competing, but I don't think the expansions should either, but DHEC makes the final determination.

- Sam Tolbert / Phone 864.992.0084

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Friday, October 01, 2010 2:52 AM
To: Sam Tolbert; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: Re: South Carolina

Do u mean expansions or relocations?

From: Sam Tolbert
To: bryantco@sc.rr.com ; Travis, Norton
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Sent: Thu Sep 30 16:52:05 2010
Subject: RE: South Carolina
OK. Actually, I am not sure the two applications will be "completing" if both can be approved as expansions of existing services and not new services.

- Sam Tolbert / Phone 864.992.0084

From: bryantco@sc.rr.com [mailto:bryantco@sc.rr.com]
Sent: Thursday, September 30, 2010 4:03 PM
To: Sam Tolbert; Travis, Norton
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Mantz,Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: Re: South Carolina

The CON staff did not know about the notice on the Georgetown move. However, the notice does mean G'town will be filing a CON app. soon. Sam and I will talk about filing a completing application. I agree with Sam on the timing. Like equipment first then CON's for the other steps. I did confirm with the CON staff that a move of existing of equipment to a new location even in the service area will require a CON. Doug

Sent via BlackBerry by AT&T

From: Sam Tolbert <STolbert@StrategicDirectionsInc.com>
Date: Thu, 30 Sep 2010 08:10:26 -0700
To: Travis, Norton<ntravis@rtsx.com>
Cc: 'bryantco@sc.rr.com'<bryantco@sc.rr.com>; Dosoretz, Daniel<ddosoretz@rtsx.com>; Fernandez, Eduardo<eduardo@rtsx.com>; Mantz,Constantine<cmantz@rtsx.com>; Myslicki, H. Hugo<hmyslick@rtsx.com>; Delanois, Gary A.<gdelanoi@rtsx.com>
Subject: RE: South Carolina

MY THOUGHTS:
1. Upgrade one linac in MB.- THIS IS BEING ADDRESSED AS A LIKE-EQUIPMENT REPLACMENT.
2. Relocate one linac to Murrels Inlet area.—DOUG NEEDS TO VERIFY THAT THIS WILL REQUIRE A CON. I BELIVE IT DOES
3. Add 4th location in Conway. - THIS CAN BE DONE IN THE SAME CON AS #2, BUT PERHAPS SHOULD BE A SEPARATE ONE IN CASE #2 IS APPEALED AND THIS ISN'T. DO WE WANT TO SUBMIT BOTH AT THE SAME

ATTORNEY/EXPERT EYES ONLY

TIME?
4. Relocate the Conway linac if/when AUC does Carolina Forest project. – DOWN THE ROAD ....
SHALOM,
- Sam Tolbert / Phone 864.992.0084

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Thursday, September 30, 2010 11:06 AM
To: Sam Tolbert
Cc: 'bryantco@sc.rr.com'; Dosoretz, Daniel; Fernandez, Eduardo; Mantz, Constantine; Myslicki, H. Hugo; Delanois, Gary A.
Subject: Re: South Carolina

Sam, Greetings from Israel. Our first choice plan is:
1. Upgrade one linac in MB.
2. Relocate one linac to Murrels Inlet area.
3. Add 4th location in Conway.
4. Relocate the Conway linac if/when AUC does Carolina Forest project.
Others:.please jump in if.u disagree.

From: Sam Tolbert
To: Travis, Norton
Cc: 'bryantco@sc.rr.com'
Sent: Thu Sep 30 11:00:23 2010
Subject: RE: South Carolina
My suggestion is that we need to get a CON attorney engaged, now. We have plenty of time to oppose the Georgetown application since it has not been submitted yet. We need to get a copy of it as soon as it is submitted and then create a strategy.

Meanwhile, we need to get ours done ASAP. Please confirm that you will be adding a fourth LinAcc at the new location or if you will be moving / replacing one of the existing. Then I will send you a proposal.

Also, I had a meeting Monday evening with Michael Asbill and some of the physicians in Atlantic Urology about their ASC's and they mentioned you would be moving a LinAcc to Conway. I did not tell them anything differently since it would not have been appropriate.

- Sam Tolbert / Phone 864.992.0084

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Thursday, September 30, 2010 10:53 AM
To: 'bryantco@sc.rr.com'; Maynor, Rosa; Fernandez, Eduardo; Lewis, Richard R.; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.; Asbill, Michael; 'nshore@grandstrandurology.com'; Myslicki, H. Hugo; Sam Tolbert
Subject: Re: South Carolina

Doug, Unfortunately, we were unable to update Rich on the relocate to Murrels concept. My view is that we should oppose Georgetown and apply to relocate but need input of our local partners and advisors. Norton

---

From: Doug Bryant
To: Travis, Norton; Maynor, Rosa; Fernandez, Eduardo; Lewis, Richard R.; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.; Asbill, Michael; nshore@grandstrandurology.com ; Myslicki, H. Hugo; 'Sam Tolbert'
Sent: Thu Sep 30 09:31:23 2010
Subject: RE: South Carolina

ATTORNEY/EXPERT EYES ONLY

Norton,
I need some clarification. Rich, Sam and I are working on the resubmit for our replacement request because the first was denied. As stated in my earlier email, I have meeting with DHEC staff at 11:30 today. I will see what staff can tell me about the Georgetown action. Your email stated "don't think needed CON to relocate." I assume you are talking about stopping the Georgetown Hospital relocate?
We previously discussed relocating our own machine to the Murrells Inlet area. However, I was told yesterday by Rich that he did not think we are pursuing moving to the Murrells Inlet area . We are possibly moving equipment to Conway? I need to know if we have decided on a direction we plan to pursue?
If Georgetown files in Murrells Inlet we have two options: 1) file a contested case as an affected party opposing the application; 2) we can also file our own relocation request for Murrells Inlet along with the appeal. If we take either or both of these actions nothing is going to happen in the Murrells Inlet area for the foreseeable future.
We should continue to pursue our replacement since that is the quickest way to obtain an updated machine and makes a new machine available for relocation.
We can also leave Georgetown's application alone (no appeal/no competing application) and apply for our own relocation or CON for a new machine in the Conway/MBeach area.
Sam is ready to start with a CON but we will need all of the CON information land - building- equipment - utilization data before he can act.
Simple answer is if we just want to delay a new machine in Murrells Inlet, file an appeal of Georgetown and let Sam provide a competing application.
Please let me know your thoughts. Doug

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Thursday, September 30, 2010 8:29 AM
To: Maynor, Rosa; Fernandez, Eduardo; Lewis, Richard R.; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.; 'bryantco@sc.rr.com'; Asbill, Michael; 'nshore@grandstrandurology.com'; Myslicki, H. Hugo
Subject: Re: South Carolina

Doug. This is a change of plans. We need to act asap. Didn't think needed CON to relocate. Norton

---

From: Maynor, Rosa
To: Travis, Norton; Fernandez, Eduardo; Lewis, Richard R.; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.; 'bryantco@sc.rr.com'
Sent: Thu Sep 30 08:25:25 2010
Subject: RE: South Carolina
The notice states, "Notifies the public of the planned submission of a Certificate of Need Application to relocate radiation therapy services from the current location 2405 Frasier Street, Georgetown to 4070 Highway 17 Bypass, Murrells Inlet, SC". It is a relocation of services.

Thanks Rosa

From: Travis, Norton
Sent: Thursday, September 30, 2010 8:22 AM
To: Maynor, Rosa; Fernandez, Eduardo; Lewis, Richard R.; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.; 'bryantco@sc.rr.com'
Subject: Re: South Carolina

Rosa, Are u sure they're not looking to add a new one?

ATTORNEY/EXPERT EYES ONLY

From: Maynor, Rosa
To: Fernandez, Eduardo; Lewis, Richard R.; Travis, Norton; Mantz, Constantine; Francke, Patrick; Dosoretz, Daniel; Gillespie, Kerrin E.
Sent: Thu Sep 30 08:18:11 2010
Subject: Re: South Carolina
Everyone,

In today's paper Georgetown has placed their Public Notice to move their center from Georgetown to Murrell's Inlet. If they are allowed to do this it will take patients from the Myrtle Beach radiation site. The public notice is attached.

Thanks Rosa

ATTORNEY/EXPERT EYES ONLY

From: Travis, Norton
Sent: Wednesday, February 16, 2011 11:12 AM
To: 'Doug Bryant'; 'Sam Tolbert'
Cc: Dosoretz, Daniel; Fernandez, Eduardo; Delanois, Gary A.; 'Andrew Woods'; 'Wade Mullins'
Subject: FW: CRCC CON for Conway

fyi

Norton L. Travis
Executive Vice President
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Radiation Therapy Services, Inc.
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P: (516) 303-9220
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C:(516) 382-5144
ntravis@rtsx.com

From: Michael Asbill [mailto:masbill@atlanticurologyclinics.com]
Sent: Wednesday, February 16, 2011 10:48 AM
To: Travis, Norton
Cc: Neal Shore
Subject: RE: CRCC CON for Conway

I still feel we are missing the real area of concern. Conway is only 16.7 miles from CRCC. The Myrtle Beach facility covers this area well. I think the reason they are looking at North Myrtle Beach because the area covers Loris, North Myrtle Beach, and Little River. The only radiation services anywhere close are in Wilmington, NC.

Michael Asbill
Chief Executive Officer
Atlantic Urology Clinics, LLC
402 Singleton Ridge Road, Suite B
Conway, SC 29526
843.347.8600 Phone
masbill@atlanticurologyclinics.com

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Wednesday, February 16, 2011 10:32 AM
To: Michael Asbill
Cc: Neal Shore
Subject: RE: CRCC CON for Conway

NMB

Norton L. Travis
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From: Michael Asbill [mailto:masbill@atlanticurologyclinics.com]
Sent: Wednesday, February 16, 2011 9:09 AM
To: Travis, Norton
Cc: Neal Shore
Subject: RE: CRCC CON for Conway

I did not get the attachment. Is the location North Myrtle Beach or Loris?

Michael Asbill
Chief Executive Officer
Atlantic Urology Clinics, LLC
402 Singleton Ridge Road, Suite B
Conway, SC 29526
843.347.8600 Phone
masbill@atlanticurologyclinics.com

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Wednesday, February 16, 2011 8:45 AM
To: Neal Shore; Michael Asbill
Subject: Fw: CRCC CON for Conway

Sorry you weren't copied earlier

From: Sam Tolbert
To: Travis, Norton
Cc: Maynor, Rosa; Lewis, Richard R.; 'bryantco@sc.rr.com' ; 'awoods@libertypartnersgroup.com' ; WMULLINS@BRUNERPOWELL.com
Sent: Wed Feb 16 08:42:38 2011
Subject: CRCC CON for Conway

I agree we need to apply for Conway, but the timing is unclear
Doug will need to talk with the CON director to determine how DHEC will consider the new Seacoast and Grand Strand applications. They may or may not be considered "competing" with Georgetown's and ours in Murrell's Inlet. I do not think they are "competing" since a relocation and an addition in the service area can be both approved, but we need the CON director to confirm that. If she determines, they are all "completing" we will need to submit one for Conway by the second week in March (which will be quite a "rush" job.) - *Sam Tolbert / Phone 864.992.0084*

From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Wednesday, February 16, 2011 8:26 AM
To: Maynor, Rosa; Lewis, Richard R.; Sam Tolbert; Dosoretz, Daniel; Fernandez, Eduardo; Garcia, Joseph M.; 'bryantco@sc.rr.com'; 'awoods@libertypartnersgroup.com'
Subject: Re: Public Notice in Todays Paper

Doug/Sam, Seems to me that we need to file for Conway CON asap. Agreed?

From: Maynor, Rosa
To: Lewis, Richard R.; Sam Tolbert ; Travis, Norton; Dosoretz, Daniel; Fernandez, Eduardo; Garcia, Joseph M.; bryantco@sc.rr.com
Sent: Wed Feb 16 08:22:15 2011
Subject: Re: Public Notice in Todays Paper
Everyone,

I have attached the Public Notice that was in today's, The SunNews, in Myrtle Beach. Loris Healthcare System and McLeod Regional Medical Center is applying for a CON for North Myrtle Beach. This confirms the rumor that I communicated a few weeks ago. I suspect Grand Strand will be next.

Thanks Rosa

Confidentiality Statement:

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Thank you

Petitioner Exhibit 052-001

2010 P&L	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	JUL 2010	AUG 2010	SEP 2010	OCT 2010	NOV 2010	DEC 2010	2010
REVENUE													
SERVICE REVENUE	**0**	**0**	**0**	**0**	**1,050,000**	**1,147,137**	**1,737,177**	**2,010,516**	**1,865,134**	**1,840,072**	**1,376,650**	**1,362,388**	**12,389,073**
MANAGEMENT FEE REVENUE	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
OTHER REVENUE	**0**	**0**	**0**	**0**	**23**	**14**	**33**	**31**	**113**	**1,862**	**318**	**378**	**2,773**
TOTAL REVENUE	**0**	**0**	**0**	**0**	**1,050,023**	**1,147,152**	**1,737,210**	**2,010,547**	**1,865,247**	**1,841,934**	**1,376,968**	**1,362,765**	**12,391,846**
BAD DEBT	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**17,243**	**17,243**
NET REVENUE	**0**	**0**	**0**	**0**	**1,050,023**	**1,147,152**	**1,737,210**	**2,010,547**	**1,865,247**	**1,841,934**	**1,376,968**	**1,345,522**	**12,374,603**
COST OF THERAPY SERVICES													
PHYSICIANS COMP	0	0	0	0	163,395	163,802	190,961	252,290	273,440	268,884	247,219	225,726	1,785,716
SALARIES & BENEFITS	0	0	0	0	146,879	149,943	151,308	154,216	143,936	143,861	190,887	167,356	1,248,386
MEDICAL SUPPLIES	0	0	0	0	14,132	45,735	42,663	56,022	46,770	33,326	24,381	55,429	318,456
OCCUPANCY COSTS - RENT	0	0	0	0	40,300	40,276	40,276	45,276	45,276	45,276	45,276	42,654	344,613
DEPR & AMORT	0	0	0	0	41,313	41,585	41,643	41,882	62,362	48,702	55,284	121,831	454,602
TRANSPORTATION	0	0	0	0	0	132	1,335	1,041	1,192	932	1,991	919	7,541
UTILITIES	0	0	0	0	5,393	3,683	433	861	19,060	523	6,308	5,098	41,359
MEDICAL EQUIPMENT RENT	0	0	0	0	0	0	0	0	0	0	0	0	0
R&M MACHINES	0	0	0	0	25,159	28,643	29,625	28,895	27,493	30,268	27,793	15,259	213,135
OS SERVICES	0	0	0	0	185	689	161,566	69,740	66,834	67,662	60,598	72,032	499,307
OTHER DIRECT	0	0	0	0	58,432	28,050	(75,473)	5,149	5,151	5,697	7,181	655	34,842
TOTAL DIRECT EXPENSE	0	0	0	0	495,188	502,538	584,337	655,372	691,514	645,130	666,919	706,960	4,947,958
FACILITY GROSS PROFIT	**0**	**0**	**0**	**0**	**554,835**	**644,614**	**1,152,873**	**1,355,175**	**1,173,733**	**1,196,804**	**710,049**	**655,805**	**7,443,889**
FACILITY GROSS PROFIT %	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**52.84%**	**56.19%**	**66.36%**	**67.40%**	**62.93%**	**64.98%**	**51.57%**	**48.12%**	**60.07%**
GENERAL AND ADMIN													
G&A SALARIES	0	0	0	0	77,582	75,261	76,253	75,489	63,128	48,385	85,835	27,764	529,697
DEPR & AMORT	0	0	0	0	416	416	1,122	777	773	773	773	773	5,822
OFFICE RENT / UTIL	0	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE SUPPLIES	0	0	0	0	7,607	4,204	4,861	2,561	17,268	3,476	6,043	5,579	51,598
TELEPHONE	0	0	0	0	2,623	954	2,104	1,634	3,759	1,887	2,932	1,621	17,515
TAXES	0	0	0	0	4,310	3,500	3,500	3,500	3,500	3,500	3,500	(8,826)	16,484
IMPAIRMENT LOSS	0	0	0	0	0	0	0	0	0	0	0	0	0
ACCOUNTING	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGAL	0	0	0	0	0	0	0	0	0	0	13,342	3,074	16,417
REPAIRS & MAINT	0	0	0	0	3,594	9,686	7,725	(1,466)	7,240	3,767	6,680	11,096	48,323
CONSULTING	0	0	0	0	6,857	12,000	13,206	9,512	18,404	12,614	6,031	9,000	87,624
ENTERTAINMENT	0	0	0	0	0	0	0	0	0	0	816	300	1,116
OUTSIDE SERVICES	0	0	0	0	14,694	14,699	19,349	15,409	21,345	15,773	15,556	15,136	131,961
RECRUITING	0	0	0	0	0	0	0	0	0	0	0	0	0
TRAVEL MEETINGS	0	0	0	0	1,300	(532)	5,535	2,101	286	1,527	3,277	1,392	14,887
MARKETING	0	0	0	0	13,910	7,240	3,449	4,591	3,243	3,734	3,104	10,327	49,597
DONATIONS	0	0	0	0	0	10,500	0	9,010	0	0	1,000	500	21,010
OTHER G&A	0	0	0	0	501	1,723	3,123	2,185	2,622	2,019	9,624	3,229	25,025
CURRENCY EXCHANGE	0	0	0	0	0	0	0	0	0	0	0	0	0
DUES SUBS & LIC	0	0	0	0	20,553	(3,918)	94	4,806	5,826	5,216	5,914	17,023	55,513
TOTAL INSURANCE	0	0	0	0	9,223	9,222	4,927	8,241	10,563	8,516	18,060	2,248	71,000
TOTAL G&A EXPENSE	0	0	0	0	163,170	144,954	145,247	138,351	157,957	111,186	182,487	100,235	1,143,588
OPERATING INCOME	0	0	0	0	391,666	499,659	1,007,625	1,216,824	1,015,775	1,085,618	527,563	538,327	6,283,058
MINORITY INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA	**0**	**0**	**0**	**0**	**433,395**	**541,661**	**1,050,390**	**1,259,483**	**1,078,910**	**1,135,093**	**583,620**	**660,931**	**6,743,482**
EBITDA %	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**41.27%**	**47.22%**	**60.46%**	**62.64%**	**57.84%**	**61.63%**	**42.38%**	**48.50%**	**54.42%**

ATTORNEY EXPERT EYES ONLY

CRCC 000059

Petitioner Exhibit 052-002

2010 P&L	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	JUL 2010	AUG 2010	SEP 2010	OCT 2010	NOV 2010	DEC 2010	2010
INTERCOMPANY ACCOUNTS:													
INTERCO BILLING & COLLECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO CONSTRUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO INTEREST & DIV	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO MGMT FEE	0	0	0	0	0	0	0	0	0	0	0	1,121,836	1,121,836
INTERCO ROYALTY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO SALARY	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAL SUPPLIES - BILLABLE	0	0	0	0	7,425	42,570	35,318	52,145	40,815	29,330	0	33,775	241,378
MEDICAL SUPPLIES REIMBURSEMEN	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLABLE MEDICAL SUPPLIES	0	0	0	0	7,425	42,570	35,318	52,145	40,815	29,330	0	33,775	241,378
OPERATING EXPENSE %													
PHYSICIAN COMP	0.00%	0 00%	0 00%	0.00%	15.56%	14.28%	10.99%	12.55%	14.66%	14 61%	17 96%	16 57%	14.41%
DIRECT COMP	0.00%	0 00%	0 00%	0.00%	13.99%	13 07%	8.71%	7.67%	7.72%	7.81%	13.86%	12.28%	10 07%
INDIRECT COMP	0.00%	0.00%	0.00%	0.00%	7.39%	6.56%	4.39%	3.75%	3.38%	2 63%	6 23%	2 04%	4.27%
BAD DEBT	0.00%	0.00%	0 00%	0 00%	0 00%	0.00%	0.00%	0.00%	0.00%	0.00%	0 00%	1.27%	0 14%
MEDICAL SUPPLIES	0 00%	0.00%	0 00%	0.00%	1 35%	3 99%	2.46%	2.79%	2.51%	1.81%	1.77%	4.07%	2 57%
OTHER EXPENSE	0 00%	0.00%	0 00%	0 00%	24.42%	18.55%	15.45%	12.72%	17.27%	14.20%	21 86%	24.28%	17.83%
TOTAL OPERATING EXP	0.00%	0.00%	0.00%	0.00%	62.70%	56.44%	42.00%	39 48%	45.54%	41.06%	61.69%	60.50%	49.30%
FTE	0.0	0 0	0.0	0.0	0.0	0.0	39.0	39.4	39.1	37.8	41.1	28.8	18.8
STATISTICS:													
THERAPY REVENUE	0	0	0	0	1,050,000	1,147,137	1,737,177	2,010,516	1,865,134	1,840,072	1,376,650	1,362,388	12,389,073
TX DAYS PER MONTH	20	20	23	22	20	22	21	22	21	21	21	21	254
TOTAL TX PER DAY	0.00	0 00	0.00	0.00	63.55	75.50	103.76	108.86	105.10	98 10	93.38	87.19	61.28
RVU	0	0	0	0	20,358	36,710	46,021	49,237	46,887	43,368	40,372	37,885	320,838
RVU PER TX	0.0	0.0	0.0	0.0	16 0	22.1	21 1	20.6	21.2	21.1	20.6	20.7	20.6
REV PER TX STAT	$0 00	$0 00	$0.00	$0.00	$826 12	$690.63	$797.24	$839.46	$845 10	$893.24	$702.01	$744.07	$795.96
REV PER RVU	$0.00	$0 00	$0.00	$0.00	$51.58	$31.25	$37.75	$40.83	$39.78	$42 43	$34 10	$35 96	$38 61
IGRT (2-D & 3-D) %	0 0%	0 0%	0.0%	0.0%	41.5%	51.8%	61.9%	68 5%	75.0%	75.1%	76.7%	78.0%	67.5%
IMRT %	0 0%	0 0%	0 0%	0 0%	50 1%	73 1%	64 3%	69 4%	77.2%	75 9%	70 4%	74 1%	70 2%
GAMMA %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0 0%	0.0%	0 0%	0.0%	0.0%	0.0%
CALYPSO	0	0	0	0	0	0	0	0	0	0	0	0	0
CONSULT	0	0	0	0	3	194	90	83	95	89	41	125	720
TREATMENT PLAN	0	0	0	0	0	0	0	0	0	0	0	0	0
CONFORMAL PLAN	0	0	0	0	16	25	45	32	22	32	26	12	210
IMRT PLAN	0	0	0	0	18	61	50	57	54	43	40	36	359
CONFORMAL TX	0	0	0	0	634	446	777	734	503	496	580	475	4,645
IMRT TX	0	0	0	0	637	1,215	1,402	1,661	1,704	1,564	1,381	1,356	10,920
SEED	0	0	0	0	0	0	0	0	0	0	0	0	0
HDR	0	0	0	0	0	0	0	0	0	0	0	0	0
SRS SRT	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL TREATMENTS	0	0	0	0	1,271	1,661	2,179	2,395	2,207	2,060	1,961	1,831	15,565
PET	0	0	0	0	0	0	0	0	0	0	0	0	0
ULTRASOUND	0	0	0	0	0	0	0	0	0	0	0	0	0
CT IG 3-D	0	0	0	0	443	609	1,076	1,131	1,098	1,036	1,034	880	7,307
IGRT 2-D	0	0	0	0	84	252	273	509	558	511	471	548	3,206
GAMMA	0	0	0	0	0	0	0	0	0	0	0	0	0

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Petitioner Exhibit 052-003

2010 P&L	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	JUL 2010	AUG 2010	SEP 2010	OCT 2010	NOV 2010	DEC 2010	2010
DIAGNOSIS MIX %:													
BREAST %	0.0%	0.0%	0.0%	0.0%	25.0%	16.3%	12.1%	8.2%	6.8%	9.6%	6.3%	12.1%	11.3%
HEAD NECK %	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	4.5%	2.4%	5.4%	6.8%	9.4%	12.1%	5.1%
PROSTATE %	0.0%	0.0%	0.0%	0.0%	16.7%	34.9%	32.6%	36.5%	33.8%	35.6%	32.8%	25.9%	32.4%
RESPIRATORY %	0.0%	0.0%	0.0%	0.0%	11.1%	10.5%	6.8%	7.1%	12.2%	16.4%	15.6%	12.1%	10.9%
METASTASIS %	0.0%	0.0%	0.0%	0.0%	30.6%	17.4%	17.4%	23.5%	17.6%	20.5%	20.3%	15.5%	19.6%
OTHER %	0.0%	0.0%	0.0%	0.0%	16.7%	19.8%	26.5%	22.4%	24.3%	11.0%	15.6%	22.4%	20.7%
TOTAL %	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TREATMENT DIAGNOSIS %:													
BREAST TX %	0.0%	0.0%	0.0%	0.0%	25.2%	27.9%	18.2%	12.6%	8.9%	8.6%	9.1%	8.1%	14.0%
HEAD NECK TX %	0.0%	0.0%	0.0%	0.0%	6.9%	2.2%	1.9%	4.3%	3.3%	5.4%	5.4%	9.5%	4.7%
PROSTATE TX %	0.0%	0.0%	0.0%	0.0%	17.5%	27.6%	45.3%	50.9%	54.3%	52.9%	54.3%	49.8%	46.0%
RESPIRATORY TX %	0.0%	0.0%	0.0%	0.0%	16.1%	12.5%	9.9%	5.9%	6.4%	7.9%	11.9%	13.9%	10.0%
OTHER TX %	0.0%	0.0%	0.0%	0.0%	24.8%	17.9%	15.0%	16.0%	19.2%	17.8%	8.8%	12.2%	16.1%
METASTASIS TX %	0.0%	0.0%	0.0%	0.0%	9.5%	11.8%	9.6%	10.2%	7.8%	7.4%	10.6%	6.6%	9.1%
TOTAL TX %	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
RVU BY PAYOR %:													
RVU MIX MEDICARE	0.0%	0.0%	0.0%	0.0%	50.8%	62.4%	64.4%	58.5%	58.6%	57.0%	59.4%	58.6%	59.3%
RVU MIX MEDICAID	0.0%	0.0%	0.0%	0.0%	3.3%	4.6%	4.2%	3.3%	6.3%	6.2%	2.3%	4.3%	4.4%
RVU MIX SELF	0.0%	0.0%	0.0%	0.0%	3.2%	2.0%	2.6%	1.7%	1.1%	2.0%	2.5%	4.5%	2.3%
RVU MIX HMO	0.0%	0.0%	0.0%	0.0%	6.8%	4.8%	3.1%	3.2%	2.0%	6.5%	8.7%	5.7%	4.9%
RVU MIX PPO	0.0%	0.0%	0.0%	0.0%	25.7%	18.4%	17.3%	22.2%	22.5%	20.7%	21.1%	17.8%	20.5%
RVU MIX CAPITATED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RVU MIX COMMERCIAL	0.0%	0.0%	0.0%	0.0%	10.3%	7.8%	8.3%	11.1%	9.5%	7.6%	6.0%	9.1%	8.7%
RVU MIX TOTAL	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PAYOR MIX %:													
PAYOR MIX MEDICARE	0.0%	0.0%	0.0%	0.0%	50.2%	61.3%	57.9%	50.3%	49.8%	46.4%	60.5%	55.2%	53.6%
PAYOR MIX MEDICAID	0.0%	0.0%	0.0%	0.0%	3.2%	4.1%	3.6%	1.9%	4.4%	4.2%	1.9%	3.2%	3.3%
PAYOR MIX SELF	0.0%	0.0%	0.0%	0.0%	3.1%	2.5%	2.3%	1.8%	0.1%	0.3%	1.6%	2.1%	1.6%
PAYOR MIX HMO	0.0%	0.0%	0.0%	0.0%	6.1%	4.0%	2.8%	3.5%	2.7%	8.5%	8.1%	5.4%	4.9%
PAYOR MIX PPO	0.0%	0.0%	0.0%	0.0%	28.0%	20.2%	24.7%	32.0%	34.5%	30.1%	29.7%	24.4%	28.5%
PAYOR MIX CAPITATED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PAYOR MIX COMM	0.0%	0.0%	0.0%	0.0%	9.5%	7.9%	8.6%	10.5%	8.4%	10.5%	-1.9%	9.7%	8.1%
PAYOR MIX TOTAL	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
REV PER RVU BY PAYOR:													
REV PER RVU MEDICARE	$0.00	$0.00	$0.00	$0.00	$32.82	$34.35	$35.92	$36.25	$35.03	$34.53	$34.71	$33.85	$34.91
REV PER RVU MEDICAID	$0.00	$0.00	$0.00	$0.00	$32.04	$31.37	$34.51	$24.04	$28.70	$28.80	$28.42	$26.81	$29.21
REV PER RVU SELF	$0.00	$0.00	$0.00	$0.00	$32.84	$45.23	$35.63	$43.65	$4.18	$7.05	$22.77	$16.88	$25.78
REV PER RVU HMO	$0.00	$0.00	$0.00	$0.00	$29.77	$29.04	$36.23	$46.41	$54.96	$55.43	$31.76	$33.90	$39.14
REV PER RVU PPO	$0.00	$0.00	$0.00	$0.00	$36.22	$38.24	$57.14	$60.96	$63.28	$61.70	$48.11	$49.36	$53.80
REV PER RVU CAPITATED	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
REV PER RVU COMM	$0.00	$0.00	$0.00	$0.00	$30.68	$35.25	$41.52	$40.01	$36.60	$58.55	($10.65)	$38.46	$36.08
REV PER RVU TOTAL	$0.00	$0.00	$0.00	$0.00	$33.24	$34.96	$40.00	$42.19	$41.20	$42.43	$34.11	$35.96	$38.62

Petitioner Exhibit 052-004

2010 P&L	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	JUL 2010	AUG 2010	SEP 2010	OCT 2010	NOV 2010	DEC 2010	2010
AUTO EXPENSE	0	0	0	0	0	0	33	0	66	0	0	0	99
AUTO MILEAGE	0	0	0	0	0	462	149	327	224	0	471	292	1,925
BANK CHARGES	0	0	0	0	387	617	1,674	529	352	259	275	334	4,427
BANK CHARGE MERCHANT SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0
BOARD EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLING & COLLECTION NON INTERC	0	0	0	0	0	428	0	0	0	0	0	0	428
BILLING & COLLECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTINUING EDUCATION	0	0	0	0	0	0	0	0	0	0	0	0	0
CONSULTING-PAYCHEX-PAYROLL	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMP ENFORCEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
NON DEDUCTIBLE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT RENTAL/LEASE	0	0	0	0	0	0	0	0	367	0	0	0	367
GIFTS	0	0	0	0	0	0	0	0	0	0	0	0	0
FILING FEES	0	0	0	0	0	0	0	0	0	0	0	0	0
LOAN COST EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
VESTAR MANAGEMENT FEE	0	0	0	0	0	0	0	0	0	0	0	0	0
REGIONAL ADMIN ALLOCATION	0	0	0	0	0	0	0	0	0	0	0	0	0
MERGER AND ACQ EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
MERGER/ACQ MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	0	0
MOVING EXPENSE	0	0	0	0	0	0	0	0	0	0	6,500	0	6,500
NON-COMPETE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
PENALITIES· CEO-ADM	0	0	0	0	0	0	0	0	0	0	0	0	0
SCHOOL EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SECURITY	0	0	0	0	0	95	845	882	961	1,203	1,655	2,386	8,026
SEMINARS	0	0	0	0	0	0	0	0	0	0	495	0	495
TRASH	0	0	0	0	114	121	265	214	223	344	216	217	1,713
TRASH BIOHAZARD	0	0	0	0	0	0	0	0	0	0	0	0	0
UNIFORMS	0	0	0	0	0	0	157	233	430	213	13	0	1,046
OTHER EXP SA	0	0	0	0	0	0	0	0	0	0	0	0	0
PROF SRV AGREEMENT BUYOUT	0	0	0	0	0	0	0	0	0	0	0	0	0
PURCHASE PRICE ADJUSTMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
DEBT EXTINGUISHMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
(GAIN) LOSS ON SALE OF JV INTERE:	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON DISPOSAL OF CENTERS	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON SALE OF INVESTMEN	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON SALE OF REAL ESTATE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FX HEDGE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FV OF PHEI	0	0	0	0	0	0	0	0	0	0	0	0	0
RESTRUCTURING COST	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER G&A	0	0	0	0	501	1,723	3,123	2,185	2,622	2,019	9,624	3,229	25,025
DOWN TIME MACHINE	0	0	0	0	10	88	16	109	59	26	59	28	395
DOWN TIME OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MACHINE DOWN TIME	0	0	0	0	10	88	16	109	59	26	59	28	395
EBITDA NO INTERCO	0	0	0	0	433,395	541,661	1,050,390	1,259,483	1,078,910	1,135,093	583,620	660,931	6,743,482
EBITDA ADJUSTMENTS CORP	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA ADJUSTMENTS FS	0	0	0	0	0	0	0	0	0	0	0	0	0
ADJUSTED EBITDA	0	0	0	0	433,395	541,661	1,050,390	1,259,483	1,078,910	1,135,093	583,620	660,931	6,743,482
EBITDA INTERCO & ADDBACK	0	0	0	0	433,395	541,661	1,050,390	1,259,483	1,078,910	1,135,093	583,620	660,931	6,743,482
ADJUSTMENT/DENIAL	0	0	0	0	0	4,249	9,792	(2,934)	(50,658)	(64,381)	(28,278)	(54,468)	(186,679)

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Petitioner Exhibit 052-005

2010 P&L **SC MYRTLE BEACH** **ALL DPTS**
1/3/2013

	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	JUL 2010	AUG 2010	SEP 2010	OCT 2010	NOV 2010	DEC 2010	2010
INSURANCE - GENL	0	0	0	0	5,088	5,088	3,431	6,745	3,431	5,688	3,357	(4,928)	27,899
INSURANCE MED MAL	0	0	0	0	4,135	4,134	1,496	1,496	7,132	2,828	14,703	7,175	43,101
TOTAL INSURANCE	0	0	0	0	9,223	9,222	4,927	8,241	10,563	8,516	18,060	2,248	71,000

Petitioner Exhibit 052-006

2011 MONTHLY	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2011	FEB 2011	MAR 2011	APR 2011	MAY 2011	JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	2011
REVENUE													
SERVICE REVENUE	**1,544,974**	**1,542,536**	**2,113,188**	**1,937,070**	**2,038,964**	**1,954,142**	**1,838,330**	**2,171,342**	**1,783,300**	**1,649,468**	**1,808,269**	**1,853,487**	**22,235,071**
MANAGEMENT FEE REVENUE	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
OTHER REVENUE	**240**	**(4,805)**	**43**	**60**	**51**	**72**	**68**	**298**	**97**	**154**	**49**	**64**	**(3,608)**
TOTAL REVENUE	**1,545,214**	**1,537,731**	**2,113,231**	**1,937,130**	**2,039,015**	**1,954,214**	**1,838,398**	**2,171,640**	**1,783,398**	**1,649,622**	**1,808,318**	**1,853,552**	**22,231,463**
BAD DEBT	**37,919**	**27,131**	**56,480**	**8,505**	**31,552**	**24,325**	**25,637**	**24,014**	**5,906**	**29,919**	**19,224**	**9,872**	**300,484**
NET REVENUE	**1,507,294**	**1,510,600**	**2,056,751**	**1,928,626**	**2,007,463**	**1,929,889**	**1,812,761**	**2,147,626**	**1,777,492**	**1,619,704**	**1,789,094**	**1,843,680**	**21,930,979**
COST OF THERAPY SERVICES													
PHYSICIANS COMP	252,555	230,001	251,407	238,989	245,775	239,791	232,770	252,686	233,099	202,252	211,237	211,063	2,801,624
SALARIES & BENEFITS	157,218	164,039	193,034	156,547	161,641	157,162	166,922	140,954	143,754	144,602	142,184	161,124	1,889,181
MEDICAL SUPPLIES	26,059	30,443	44,527	25,215	40,702	73,872	19,267	23,491	3,083	17,298	14,032	29,238	347,226
OCCUPANCY COSTS - RENT	45,276	45,276	45,276	46,052	46,052	46,052	46,052	46,230	46,230	48,930	46,230	46,230	553,890
DEPR & AMORT	61,204	65,805	63,641	66,689	56,831	57,571	191,117	92,807	58,366	80,475	81,210	80,845	956,560
TRANSPORTATION	726	470	433	1,100	2,087	1,630	1,311	1,000	2,278	959	1,154	1,847	14,995
UTILITIES	4,389	6,432	5,279	4,271	4,940	6,027	7,466	8,283	7,160	8,020	6,367	4,520	73,155
MEDICAL EQUIPMENT RENT	0	0	0	0	0	0	0	0	0	0	0	0	0
R&M MACHINES	16,718	15,604	18,931	15,881	18,679	18,274	24,094	21,514	18,251	22,151	23,651	31,686	245,435
OS SERVICES	64,476	54,383	54,206	57,029	56,412	65,968	56,841	56,227	56,826	55,880	56,312	56,706	691,266
OTHER DIRECT	5,793	3,477	5,293	3,305	4,929	3,114	7,577	580	3,450	4,015	3,153	3,639	48,326
TOTAL DIRECT EXPENSE	634,415	615,930	682,027	615,080	638,048	669,462	753,416	643,772	572,497	584,582	585,532	626,898	7,621,658
FACILITY GROSS PROFIT	**910,799**	**921,801**	**1,431,204**	**1,322,051**	**1,400,967**	**1,284,752**	**1,084,982**	**1,527,868**	**1,210,901**	**1,065,041**	**1,222,786**	**1,226,654**	**14,609,806**
FACILITY GROSS PROFIT %	**58.94%**	**59.95%**	**67.73%**	**68.25%**	**68.71%**	**65.74%**	**59.02%**	**70.36%**	**67.90%**	**64.56%**	**67.62%**	**66.18%**	**65.72%**
GENERAL AND ADMIN													
G&A SALARIES	(8,732)	17,686	10,604	5,789	8,924	8,789	9,494	7,814	7,976	8,370	8,879	8,528	94,122
DEPR & AMORT	773	773	773	773	773	773	773	773	773	773	773	773	9,274
OFFICE RENT / UTIL	0	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE SUPPLIES	2,701	4,300	4,056	3,165	3,924	5,582	3,220	5,031	4,027	2,112	3,743	3,555	45,416
TELEPHONE	3,232	1,903	2,726	975	2,817	1,631	1,841	1,854	5,489	1,761	2,468	3,347	30,045
TAXES	2,058	2,058	2,058	2,058	2,529	2,058	1,588	2,058	2,058	2,058	2,058	43,719	66,360
IMPAIRMENT LOSS	0	0	0	0	0	0	0	0	0	0	0	1,281,684	1,281,684
ACCOUNTING	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGAL	3,000	3,105	3,000	3,196	3,000	3,000	10,000	288	6,000	3,000	3,249	3,000	43,838
REPAIRS & MAINT	6,002	4,461	10,052	9,898	6,185	5,819	9,508	8,078	9,048	8,267	5,572	5,405	88,293
CONSULTING	9,000	12,000	12,000	7,586	9,000	10,250	5,000	12,000	12,000	12,000	9,000	9,000	118,836
ENTERTAINMENT	200	0	0	112	815	12,500	0	0	0	0	0	0	13,627
OUTSIDE SERVICES	2,671	2,075	2,628	2,918	3,535	2,499	3,024	2,961	2,782	2,594	2,653	2,949	33,287
RECRUITING	0	0	94	0	0	0	0	0	0	842	816	0	1,753
TRAVEL MEETINGS	516	1,611	2,213	1,506	4,141	1,813	4,035	137	128	2,169	1,368	1,711	21,347
MARKETING	9,334	4,239	2,816	4,403	5,882	14,195	6,982	5,897	7,736	1,608	2,798	872	66,764
DONATIONS	477	0	0	559	0	250	0	0	0	0	0	0	1,286
OTHER G&A	4,352	3,951	4,205	2,460	3,184	8,949	2,129	1,570	1,401	3,276	1,697	2,606	39,781
CURRENCY EXCHANGE	0	0	0	0	0	0	0	0	0	0	0	0	0
DUES SUBS & LIC	4,376	1,609	3,055	2,288	2,317	766	1,427	1,305	1,038	1,626	1,427	1,149	22,382
TOTAL INSURANCE	8,327	8,187	2,841	6,654	6,654	6,654	6,654	7,254	6,654	6,654	6,556	6,556	79,642
TOTAL G&A EXPENSE	48,288	67,960	63,121	54,340	63,679	85,528	65,674	57,019	67,110	57,111	53,057	1,374,853	2,057,739
OPERATING INCOME	824,592	826,710	1,311,603	1,259,206	1,305,736	1,174,900	993,671	1,446,835	1,137,884	978,011	1,150,506	(158,072)	12,251,582
MINORITY INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA	**886,568**	**893,288**	**1,376,017**	**1,326,668**	**1,363,340**	**1,233,243**	**1,185,561**	**1,540,414**	**1,197,023**	**1,059,259**	**1,232,489**	**(76,454)**	**13,217,416**
EBITDA %	**57.38%**	**58.09%**	**65.11%**	**68.49%**	**66.86%**	**63.11%**	**64.49%**	**70.93%**	**67.12%**	**64.21%**	**68.16%**	**-4.12%**	**59.45%**

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2011 MONTHLY **SC MYRTLE BEACH** **ALL DPTS 1/3/2013**

	JAN 2011	FEB 2011	MAR 2011	APR 2011	MAY 2011	JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	2011
INCOME (LOSS) IN SUBSIDIARY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY BILLING & COLLECT	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY CONSTRUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO INTEREST & DIV	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY DRUG	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY HQ ALLOCATION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY K	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY MANAGEMENT FEE	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	1,122,000
INTERCOMPANY ROYALTY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY SALARY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY ACCOUNTS	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	93,500	1,122,000
EBITDA	793,068	799,788	1,282,517	1,233,168	1,269,840	1,139,743	1,092,061	1,446,914	1,103,523	965,759	1,138,989	(169,954)	12,095,416
ALL EXPENSES NO INTERCO	720,622	711,021	801,628	677,924	733,279	779,314	844,727	724,805	645,514	671,611	657,812	2,011,623	9,979,881
OPERATING EXPENSE %													
PHYSICIAN COMP	16 35%	14.91%	11.90%	12.34%	12.05%	12.27%	12.66%	11.64%	13 07%	12.26%	11.68%	11.39%	12.60%
DIRECT COMP	10.17%	10 67%	9.13%	8.08%	7.93%	8.04%	9.08%	6.49%	8 06%	8.77%	7.86%	8.69%	8.50%
INDIRECT COMP	(0.57%)	1.15%	0.50%	0.30%	0.44%	0.45%	0.52%	0 36%	0 45%	0.51%	0.49%	0.46%	0.42%
BAD DEBT	2 45%	1.76%	2.67%	0 44%	1.55%	1.24%	1.39%	1.11%	0.33%	1.81%	1.06%	0.53%	1.35%
MEDICAL SUPPLIES	1 69%	1.98%	2.11%	1 30%	2.00%	3.78%	1.05%	1.08%	0.17%	1.05%	0.78%	1.58%	1.56%
OTHER EXPENSE	16.54%	15.77%	11.62%	12 54%	12.00%	14.09%	21.25%	12.70%	14.11%	16.32%	14.50%	85.88%	20.46%
TOTAL OPERATING EXP	46.64%	46.24%	37.93%	35.00%	35.96%	39.88%	45.95%	33.38%	36.20%	40 71%	36.38%	108 53%	44 89%
PHYSICIAN SALARY	143,495	126,175	127,392	128,766	127,003	127,116	126,703	129,529	129,906	127,853	127,192	126,142	1,547,272
PHYSICIAN FRINGE	24,816	19,115	9,045	2,416	6,558	4,798	4,737	3,122	3,837	4,596	6,937	4,690	94,667
PHYSICIAN BONUS	84,244	84,711	114,970	107,807	112,214	107,877	101,330	120,036	99,356	69,803	77,108	80,230	1,159,686
ANCILLARY BONUS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PHYSICIANS COMP	**252,555**	**230,001**	**251,407**	**238,989**	**245,775**	**239,791**	**232,770**	**252,686**	**233,099**	**202,252**	**211,237**	**211,063**	**2,801,624**
DIRECT SALARY	129,018	132,092	140,733	130,344	133,767	133,609	142,258	124,561	125,142	123,420	120,466	122,974	1,558,385
DIRECT FRINGE	23,778	28,525	48,629	23,303	21,698	23,149	25,791	16,262	19,425	20,960	21,586	24,743	297,851
DIRECT BONUS	4,422	3,422	3,672	2,900	6,176	404	(1,127)	131	(813)	221	131	13,406	32,946
TOTAL DIRECT COMP	**157,218**	**164,039**	**193,034**	**156,547**	**161,641**	**157,162**	**166,922**	**140,954**	**143,754**	**144,602**	**142,184**	**161,124**	**1,889,181**
INDIRECT FRINGE	2,834	4,352	(1,205)	(72)	(77)	26	26	(179)	0	0	0	0	5,703
INDIRECT SALARY	(11,566)	13,335	11,810	5,861	9,001	8,763	9,468	7,993	7,976	8,370	8,879	8,528	88,419
INDIRECT BONUS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL INDIRECT COMP	**(8,732)**	**17,686**	**10,604**	**5,789**	**8,924**	**8,789**	**9,494**	**7,814**	**7,976**	**8,370**	**8,879**	**8,528**	**94,122**
GENERAL MEDICAL SUPPLIES	5,350	7,078	5,476	2,589	4,632	4,872	2,818	2,798	4,101	3,868	1,830	1,252	46,664
BILLABLE MEDICAL SUPPLIES	20,709	23,365	39,050	22,626	36,070	69,000	16,448	20,693	(1,019)	13,431	12,202	27,986	300,562
MEDICAL SUPPLIES REBATE	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL SUPPLIES	**26,059**	**30,443**	**44,527**	**25,215**	**40,702**	**73,872**	**19,267**	**23,491**	**3,083**	**17,298**	**14,032**	**29,238**	**347,226**
HEADCOUNT	35	33	33	33	33	33	34	33	34	32	32	32	33
FTE	30.2	31.0	31.1	30.4	30.6	30.7	30.7	30.0	29.3	28.6	27.4	28.0	29 8
NON PRODUCTIVE FTE	4.9	0.7	0.7	2.5	1.5	2.9	3 6	2.2	3.3	3.0	1.9	2.8	2.5
FURLOUGH FTE	0.0	0 0	0.0	0.0	0.0	0.0	0.0	0 0	0.0	0.2	0.1	0.1	0.0
ON CALL FTE	0.0	0 0	0.0	0 0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OVERTIME FTE	0.3	0.7	1.6	1.4	1.2	1.0	0.8	0 8	0.8	0.2	0.4	0.4	0.8

ATTORNEY EXPERT EYES ONLY
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2011 MONTHLY	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2011	FEB 2011	MAR 2011	APR 2011	MAY 2011	JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	2011
STATISTICS:													
THERAPY REVENUE	1,544,974	1,542,536	2,113,188	1,937,070	2,038,964	1,954,142	1,838,330	2,171,342	1,783,300	1,649,468	1,808,269	1,853,487	22,235,071
TX DAYS PER MONTH	21	20	23	21	21	22	20	23	21	21	21	21	255
TOTAL TX PER DAY	83.8	100.3	111.2	114.2	113.5	113.2	108.7	104.0	98.5	89.9	90.4	94.3	101.9
RVU	43,358	45,125	61,622	58,071	56,392	58,985	52,602	62,516	51,786	47,406	48,882	52,092	638,837
RVU PER TX	24.6	22 5	24 1	24.2	23.7	23.7	24 2	26 1	25.0	25.1	25.7	26.3	24.6
REV PER TX STAT	$878.32	$768.96	$826.43	$807.45	$855.27	$784 80	$845.60	$907.75	$861.91	$874.12	$952.22	$935.63	$855.29
REV PER RVU	$35.63	$34.18	$34.29	$33.36	$36.16	$33.13	$34.95	$34.73	$34.44	$34.79	$36.99	$35.58	$34 81
IGRT 2D %	27.6%	21.7%	20.1%	15.9%	15.4%	15.9%	8.5%	15 7%	14.7%	11.5%	12.1%	12.7%	15.9%
IGRT 3D %	48 8%	47.3%	60.3%	64.4%	68 4%	64.7%	69.5%	67.5%	61 5%	63.2%	63.3%	66.7%	62.5%
TOTAL IGRT (2-D & 3-D) %	76.5%	69.0%	80.5%	80.4%	83.7%	80.5%	78.0%	83.2%	76.2%	74.7%	75 5%	79.4%	78.4%
IMRT %	76 6%	78.1%	80.5%	77.9%	74 2%	77.3%	80.5%	78.3%	78 6%	80 9%	82.0%	77 6%	78.5%
GAMMA %	0.0%	0 0%	0.0%	0.0%	0.0%	0.0%	7.3%	145.5%	89.1%	94.8%	98.4%	115.7%	44.0%
CALYPSO	0	0	0	0	0	0	46	10	46	120	157	138	517
CONSULT	38	69	159	111	87	93	89	70	96	75	88	89	1,064
TREATMENT PLAN	94	57	81	112	89	86	72	85	70	58	81	92	977
CONFORMAL PLAN	11	13	16	20	25	21	13	21	21	20	16	24	221
IMRT PLAN	64	48	73	59	55	61	61	51	53	48	49	49	671
CONFORMAL TX	412	439	495	512	606	556	406	514	417	346	327	423	5,453
IMRT TX	1,347	1,567	2,059	1,870	1,768	1,925	1,750	1,873	1,626	1,526	1,558	1,538	20,407
SEED	0	0	0	0	0	0	0	0	0	0	0	0	0
HDR	0	0	0	0	0	0	0	0	17	5	2	10	34
SRS SRT	0	0	3	17	10	9	18	5	9	10	12	10	103
TOTAL TREATMENTS	1,759	2,006	2,557	2,399	2,384	2,490	2,174	2,392	2,069	1,887	1,899	1,981	25,997
PET	0	0	0	0	0	0	0	0	0	0	0	0	0
ULTRASOUND	0	0	0	0	0	0	0	0	0	0	0	0	0
IGRT 2-D	486	435	515	382	366	395	185	376	304	217	230	251	4,142
CT IG 3-D	859	949	1,543	1,546	1,630	1,610	1,510	1,615	1,273	1,193	1,203	1,321	16,252
GAMMA	0	0	0	0	0	0	158	3,480	1,844	1,788	1,868	2,293	11,431
DOWN TIME MACHINE	0	57	29	115	107	48	99	39	113	14	32	47	700
DOWN TIME OTHER	76	0	0	0	0	0	0	4	0	0	0	0	80
TOTAL MACHINE DOWN TIME	76	57	29	115	107	48	99	43	113	14	32	47	780

Petitioner Exhibit 052-009

2011 MONTHLY	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2011	FEB 2011	MAR 2011	APR 2011	MAY 2011	JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	2011
DIAGNOSIS MIX %:													
BREAST %	11.7%	7.0%	11.1%	5.4%	5.6%	8.1%	4.2%	4.7%	11.4%	12.1%	3.7%	9.8%	7.8%
HEAD NECK %	2.1%	12.3%	3.7%	6.3%	4.5%	3.5%	5.6%	4.7%	4.3%	6.9%	7.4%	4.3%	5.2%
PROSTATE %	35.1%	28.1%	43.2%	34.8%	38.2%	30.2%	33.3%	31.8%	30.0%	24.1%	35.8%	38.0%	34.1%
RESPIRATORY %	10.6%	12.3%	9.9%	17.0%	15.7%	5.8%	11.1%	14.1%	10.0%	15.5%	18.5%	8.7%	12.5%
METASTASIS %	19.1%	17.5%	14.8%	17.0%	18.0%	33.7%	19.4%	28.2%	18.6%	22.4%	17.3%	15.2%	20.1%
OTHER %	21.3%	22.8%	17.3%	19.6%	18.0%	18.6%	26.4%	16.5%	25.7%	19.0%	17.3%	23.9%	20.4%
TOTAL %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TREATMENT DIAGNOSIS %:													
BREAST TX %	10.8%	15.0%	9.5%	8.0%	6.8%	6.7%	6.9%	6.6%	6.9%	10.2%	10.9%	5.8%	8.5%
HEAD NECK TX %	10.1%	7.0%	7.9%	6.2%	5.0%	5.1%	4.3%	5.8%	5.7%	5.9%	5.9%	7.7%	6.3%
PROSTATE TX %	35.7%	38.4%	51.8%	51.2%	48.7%	50.2%	49.4%	45.6%	44.1%	47.5%	49.3%	46.4%	46.9%
RESPIRATORY TX %	9.7%	9.3%	9.5%	13.0%	13.7%	10.6%	7.8%	9.2%	11.4%	11.1%	13.7%	14.5%	11.1%
OTHER TX %	22.9%	19.9%	14.1%	15.2%	16.7%	16.8%	18.2%	20.8%	18.2%	16.1%	14.5%	16.5%	17.4%
METASTASIS TX %	10.8%	10.5%	7.2%	6.4%	9.1%	10.6%	13.4%	11.9%	13.7%	9.2%	5.6%	9.1%	9.8%
TOTAL TX %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
RVU BY PAYOR %:													
RVU MIX MEDICARE	56.5%	62.2%	67.2%	58.1%	54.7%	60.6%	65.2%	65.5%	66.2%	60.5%	61.0%	62.0%	61.8%
RVU MIX MEDICAID	6.2%	1.9%	3.1%	3.7%	5.4%	2.8%	1.4%	1.5%	2.3%	3.7%	1.3%	1.5%	2.9%
RVU MIX SELF	3.6%	6.0%	0.7%	1.0%	0.7%	0.6%	2.8%	3.0%	1.3%	1.8%	1.8%	3.1%	2.1%
RVU MIX HMO	3.1%	2.2%	4.5%	3.6%	2.9%	2.4%	0.9%	1.9%	4.8%	3.0%	2.0%	0.7%	2.7%
RVU MIX PPO	21.8%	23.7%	17.5%	25.5%	28.5%	26.4%	23.6%	22.4%	18.6%	23.2%	27.1%	24.0%	23.5%
RVU MIX CAPITATED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RVU MIX COMMERCIAL	8.8%	4.0%	6.9%	8.1%	7.8%	7.3%	6.1%	5.6%	6.7%	7.8%	6.7%	8.8%	7.1%
RVU MIX TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PAYOR MIX %:													
PAYOR MIX MEDICARE	50.9%	58.1%	62.9%	55.2%	47.3%	53.5%	57.7%	60.2%	60.0%	54.6%	53.3%	55.4%	55.9%
PAYOR MIX MEDICAID	4.4%	1.3%	2.1%	2.9%	4.1%	2.7%	1.2%	1.1%	1.5%	2.5%	0.5%	1.0%	2.1%
PAYOR MIX SELF	0.7%	2.4%	-3.3%	-0.8%	0.6%	-1.4%	1.6%	1.3%	0.4%	-0.5%	0.6%	1.6%	0.2%
PAYOR MIX HMO	3.0%	2.0%	3.6%	3.1%	2.2%	1.9%	0.7%	1.4%	3.6%	2.5%	1.4%	0.6%	2.1%
PAYOR MIX PPO	32.3%	34.1%	23.1%	37.0%	38.7%	35.6%	32.8%	31.3%	28.4%	32.6%	36.6%	32.6%	32.9%
PAYOR MIX CAPITATED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
PAYOR MIX COMM	8.8%	2.0%	11.6%	2.6%	7.1%	7.7%	6.0%	4.7%	6.2%	8.2%	7.7%	8.9%	6.8%
PAYOR MIX TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
REV PER RVU BY PAYOR:													
REV PER RVU MEDICARE	$32.02	$32.08	$32.22	$31.51	$31.30	$29.36	$30.92	$32.24	$31.15	$32.19	$32.31	$31.79	$31.57
REV PER RVU MEDICAID	$25.52	$23.59	$23.34	$26.15	$27.96	$31.74	$28.69	$25.30	$22.02	$24.04	$14.41	$23.36	$25.52
REV PER RVU SELF	$6.69	$13.72	($154.61)	($25.81)	$28.87	($81.13)	$20.12	$15.75	$9.76	($9.26)	$11.95	$18.14	$3.26
REV PER RVU HMO	$33.90	$31.41	$27.05	$28.17	$27.13	$26.78	$26.72	$25.71	$25.62	$29.81	$25.55	$29.83	$27.86
REV PER RVU PPO	$52.81	$49.44	$45.45	$48.03	$49.21	$44.89	$48.46	$49.02	$52.31	$50.08	$49.88	$48.39	$48.79
REV PER RVU CAPITATED	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
REV PER RVU COMM	$35.57	$17.77	$57.65	$10.59	$33.10	$35.19	$34.30	$29.11	$31.66	$37.59	$42.11	$35.99	$33.83
REV PER RVU TOTAL	$35.60	$34.37	$34.45	$33.12	$36.22	$33.24	$34.90	$35.10	$34.37	$35.64	$36.99	$35.58	$34.91

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Petitioner Exhibit 052-010

2011 MONTHLY	SC MYRTLE BEACH												ALL DPTS 1/3/2013
	JAN 2011	FEB 2011	MAR 2011	APR 2011	MAY 2011	JUN 2011	JUL 2011	AUG 2011	SEP 2011	OCT 2011	NOV 2011	DEC 2011	2011
AUTO EXPENSE	0	0	0	0	0	0	0	0	650	0	0	0	650
AUTO MILEAGE	69	0	0	0	0	13	0	57	0	129	112	421	801
BANK CHARGES	184	411	451	402	285	611	418	481	251	622	241	874	5,230
BANK CHARGE MERCHANT SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0
BOARD EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLING & COLLECTION NON INTERC	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLING & COLLECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTINUING EDUCATION	69	0	0	0	0	0	0	0	0	0	0	0	69
CONSULTING-PAYCHEX-PAYROLL	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMP ENFORCEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
NON DEDUCTIBLE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT RENTAL/LEASE	0	65	65	0	0	0	65	0	65	0	0	65	326
GIFTS	0	0	0	0	0	0	0	0	0	0	0	0	0
FILING FEES	0	1,000	0	0	0	7,000	0	0	0	0	0	0	8,000
LOAN COST EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
VESTAR MANAGEMENT FEE	0	0	0	0	0	0	0	0	0	0	0	0	0
REGIONAL ADMIN ALLOCATION	0	0	0	0	0	0	0	0	0	0	0	0	0
MERGER AND ACQ EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
MERGER/ACQ MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	0	0
MOVING EXPENSE	2,176	0	0	0	0	0	0	0	0	0	0	0	2,176
NON-COMPETE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
PENALITIES: CEO-ADM	0	0	45	45	0	(45)	0	0	0	0	0	0	45
SCHOOL EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SECURITY	1,635	2,254	2,703	1,289	2,618	1,140	1,418	753	201	1,448	1,113	688	17,257
SEMINARS	0	0	600	494	0	0	0	0	0	650	0	0	1,744
TRASH	219	221	231	230	232	230	228	230	234	228	232	448	2,963
TRASH BIOHAZARD	0	0	0	0	0	0	0	0	0	0	0	0	0
UNIFORMS	0	0	110	0	50	0	0	50	0	200	0	110	520
OTHER EXP SA	0	0	0	0	0	0	0	0	0	0	0	0	0
PROF SRV AGREEMENT BUYOUT	0	0	0	0	0	0	0	0	0	0	0	0	0
PURCHASE PRICE ADJUSTMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
DEBT EXTINGUISHMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
(GAIN) LOSS ON SALE OF JV INTERE:	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON DISPOSAL OF CENTERS	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON SALE OF INVESTMEN	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON SALE OF REAL ESTATE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FX HEDGE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FV OF PHEI	0	0	0	0	0	0	0	0	0	0	0	0	0
RESTRUCTURING COST	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER G&A	4,352	3,951	4,205	2,460	3,184	8,949	2,129	1,570	1,401	3,276	1,697	2,606	39,781
EBITDA NO INTERCO	886,568	893,288	1,376,017	1,326,668	1,363,340	1,233,243	1,185,561	1,540,414	1,197,023	1,059,259	1,232,489	(76,454)	13,217,416
EBITDA ADJUSTMENTS CORP	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA ADJUSTMENTS FS	0	0	0	0	0	0	0	0	0	0	0	0	0
ADJUSTED EBITDA	886,568	893,288	1,376,017	1,326,668	1,363,340	1,233,243	1,185,561	1,540,414	1,197,023	1,059,259	1,232,489	(76,454)	13,217,416
INTEREST	0	0	1	1	0	(1)	0	22,115	13,794	14,039	13,391	13,621	76,961
TAXES	0	0	0	0	0	0	0	0	0	0	0	4,335,592	4,335,592

LTM	SC MYRTLE BEACH												ALL DPTS 1/25/2013
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUN 2012	JUL 2012	AUG 2012	SEP 2012	OCT 2012	NOV 2012	DEC 2012	DEC LTM
REVENUE													
SERVICE REVENUE	**1,616,521**	**1,712,226**	**1,732,319**	**1,262,061**	**1,593,942**	**1,693,145**	**2,041,231**	**1,939,606**	**1,227,959**	**1,444,886**	**1,341,084**	**1,356,338**	**18,961,317**
MANAGEMENT FEE REVENUE	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
OTHER REVENUE	**97**	**69**	**66**	**50**	**216**	**144**	**32**	**2,378**	**121**	**(5,243)**	**20**	**0**	**(2,050)**
TOTAL REVENUE	**1,616,618**	**1,712,295**	**1,732,385**	**1,262,112**	**1,594,158**	**1,693,289**	**2,041,262**	**1,941,984**	**1,228,079**	**1,439,643**	**1,341,104**	**1,356,338**	**18,959,267**
BAD DEBT	**22,886**	**(23,305)**	**75,971**	**1,374**	**22,701**	**22,796**	**22,774**	**36,360**	**10,392**	**41,926**	**2,982**	**16,462**	**253,319**
NET REVENUE	**1,593,733**	**1,735,600**	**1,656,414**	**1,260,738**	**1,571,456**	**1,670,493**	**2,018,489**	**1,905,624**	**1,217,688**	**1,397,717**	**1,338,122**	**1,339,875**	**18,705,948**
COST OF THERAPY SERVICES													
PHYSICIANS COMP	223,949	220,481	212,030	195,126	231,164	176,299	202,482	202,572	169,102	183,266	180,485	205,926	2,402,883
SALARIES & BENEFITS	155,671	156,007	159,466	152,427	150,342	154,470	159,703	155,476	150,915	162,067	147,396	280,125	1,984,067
MEDICAL SUPPLIES	22,127	33,108	30,838	13,899	32,544	25,884	18,820	16,821	24,892	15,156	4,771	8,853	247,712
OCCUPANCY COSTS - RENT	46,230	42,964	42,764	43,843	43,843	43,843	43,843	43,929	43,929	43,929	43,929	43,929	526,972
DEPR & AMORT	91,617	88,037	88,119	80,771	81,334	91,743	84,240	117,588	88,882	88,757	91,019	90,617	1,082,724
TRANSPORTATION	1,053	1,289	1,657	720	645	1,737	534	1,368	1,389	1,012	1,431	1,344	14,178
UTILITIES	4,446	5,224	5,078	5,231	4,312	10,602	359	7,026	7,257	6,495	5,289	10,203	71,522
MEDICAL EQUIPMENT RENT	0	0	0	0	0	0	0	0	0	0	0	0	0
R&M MACHINES	19,557	25,847	39,701	33,804	34,065	30,742	30,283	30,742	35,749	34,440	37,496	30,217	382,642
OS SERVICES	58,495	55,880	56,422	56,618	56,114	57,767	57,901	62,585	60,990	57,868	57,821	57,748	696,209
OTHER DIRECT	4,205	3,575	3,602	3,503	4,550	3,551	3,775	4,569	4,750	3,480	3,602	3,475	46,637
TOTAL DIRECT EXPENSE	627,350	632,411	639,677	585,943	638,913	596,638	601,941	642,676	587,855	596,469	573,238	732,436	7,455,546
FACILITY GROSS PROFIT	**989,268**	**1,079,884**	**1,092,708**	**676,169**	**955,245**	**1,096,651**	**1,439,322**	**1,299,308**	**640,224**	**843,174**	**767,866**	**623,902**	**11,503,721**
FACILITY GROSS PROFIT %	**61.19%**	**63.07%**	**63.08%**	**53.57%**	**59.92%**	**64.76%**	**70.51%**	**66.91%**	**52.13%**	**58.57%**	**57.26%**	**46.00%**	**60.68%**
GENERAL AND ADMIN													
G&A SALARIES	13,003	11,014	13,301	11,048	11,856	13,053	10,655	14,760	12,417	12,791	13,500	12,579	149,977
DEPR & AMORT	773	773	773	773	773	773	773	773	773	978	1,143	1,143	10,220
OFFICE RENT / UTIL	0	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE SUPPLIES	2,714	4,220	4,022	2,906	4,813	5,734	2,684	5,012	5,240	9,187	(971)	4,244	49,804
TELEPHONE	3,699	1,917	2,829	2,390	3,173	2,727	2,730	2,674	2,898	2,536	2,516	3,421	33,509
TAXES	5,559	5,533	5,533	5,533	5,533	5,884	5,533	5,533	5,533	5,533	5,533	(21,549)	39,694
IMPAIRMENT LOSS	0	0	0	0	0	0	0	0	542,000	0	0	0	542,000
ACCOUNTING	0	0	0	0	0	0	0	0	0	0	0	0	0
LEGAL	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,382	3,000	3,000	3,000	36,382
REPAIRS & MAINT	7,563	6,269	6,672	7,860	4,111	10,574	3,515	5,650	5,873	10,978	6,162	2,168	77,393
CONSULTING	6,180	12,000	9,000	9,000	15,000	9,000	12,000	9,041	32,000	33,200	35,063	3,000	184,485
ENTERTAINMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
OUTSIDE SERVICES	2,297	3,869	4,515	2,719	(2,221)	3,322	3,824	2,940	2,591	1,832	1,797	3,512	30,997
RECRUITING	0	633	0	184	22,406	0	0	0	0	0	0	405	23,629
TRAVEL MEETINGS	1,748	1,760	5,142	2,087	3,186	4,268	2,787	179	2,354	2,127	408	1,973	28,018
MARKETING	8,612	1,295	1,145	557	1,174	2,103	756	2,511	2,456	802	756	802	22,967
DONATIONS	477	1,750	0	25,500	0	0	0	1,750	0	0	0	0	29,477
OTHER G&A	2,828	1,407	2,441	1,464	1,178	1,644	2,866	8,000	1,040	381,069	37,772	141,711	583,420
CURRENCY EXCHANGE	0	0	0	0	0	0	0	0	0	0	0	0	0
DUES SUBS & LIC	2,735	1,726	1,647	2,545	691	1,162	1,454	1,748	2,569	2,222	2,378	2,700	23,577
TOTAL INSURANCE	6,556	6,556	6,317	6,635	6,454	6,585	7,185	6,585	6,585	6,585	6,639	6,639	79,321
TOTAL G&A EXPENSE	67,742	63,722	66,338	84,201	81,129	69,827	59,761	70,157	627,712	472,838	115,696	165,748	1,944,870
OPERATING INCOME	898,641	1,039,467	950,400	590,594	851,415	1,004,028	1,356,787	1,192,791	2,121	328,409	649,187	441,692	9,305,532
MINORITY INTEREST	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA	**991,031**	**1,128,276**	**1,039,291**	**672,138**	**933,522**	**1,096,544**	**1,441,800**	**1,311,152**	**91,776**	**418,145**	**741,348**	**533,452**	**10,398,475**
EBITDA %	**61.30%**	**65.89%**	**59.99%**	**53.26%**	**58.56%**	**64.76%**	**70.63%**	**67.52%**	**7.47%**	**29.05%**	**55.28%**	**39.33%**	**54.85%**

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LTM	SC MYRTLE BEACH												ALL DPTS 1/25/2013
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUN 2012	JUL 2012	AUG 2012	SEP 2012	OCT 2012	NOV 2012	DEC 2012	DEC LTM
INCOME (LOSS) IN SUBSIDIARY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY BILLING & COLLECT	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY CONSTRUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCO INTEREST & DIV	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY DRUG	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY EQUIPMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY HQ ALLOCATION	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY K	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY MANAGEMENT FEE	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY ROYALTY	0	0	0	0	0	0	0	0	0	0	0	0	0
INTERCOMPANY SALARY	0	0	0	(1,918)	(2,568)	(5,756)	(1,119)	(299)	(1,493)	(5,074)	(1,703)	0	(19,931)
INTERCOMPANY ACCOUNTS	0	0	0	(1,918)	(2,568)	(5,756)	(1,119)	(299)	(1,493)	(5,074)	(1,703)	0	(19,931)
EBITDA	991,031	1,128,276	1,039,291	674,056	936,090	1,102,300	1,442,920	1,311,451	93,269	423,219	743,051	533,452	10,418,406
ALL EXPENSES NO INTERCO	717,977	672,828	781,985	671,518	742,743	689,260	684,475	749,193	1,225,958	1,111,234	691,917	914,646	9,653,735
OPERATING EXPENSE %													
PHYSICIAN COMP	13.85%	12.88%	12.24%	15.46%	14.50%	10.41%	9.92%	10.44%	13.77%	12.68%	13.46%	15.18%	12.67%
DIRECT COMP	9.63%	9.11%	9.21%	12.08%	9.43%	9.12%	7.82%	8.01%	12.29%	11.26%	10.99%	20.65%	10.46%
INDIRECT COMP	0.80%	0.64%	0.77%	0.88%	0.74%	0.77%	0.52%	0.76%	1.01%	0.89%	1.01%	0.93%	0.79%
BAD DEBT	1.42%	(1.36%)	4.39%	0.11%	1.42%	1.35%	1.12%	1.87%	0.85%	2.91%	0.22%	1.21%	1.34%
MEDICAL SUPPLIES	1.37%	1.93%	1.78%	1.10%	2.04%	1.53%	0.92%	0.87%	2.03%	1.05%	0.36%	0.65%	1.31%
OTHER EXPENSE	17.34%	16.09%	16.76%	23.58%	18.45%	17.52%	13.23%	16.63%	69.88%	48.39%	25.56%	28.81%	24.35%
TOTAL OPERATING EXP	44.41%	39.29%	45.14%	53.21%	46.59%	40.71%	33.53%	38.58%	99.83%	77.19%	51.59%	67.43%	50.92%
PHYSICIAN SALARY	132,750	129,931	132,452	134,717	137,258	124,592	128,761	131,280	124,807	129,869	128,699	128,582	1,563,699
PHYSICIAN FRINGE	18,316	14,445	6,946	5,127	15,589	342	11,652	7,589	3,541	6,438	6,998	32,497	129,480
PHYSICIAN BONUS	72,883	76,105	72,633	55,282	78,317	51,365	62,070	63,704	40,753	46,958	44,788	44,847	709,704
ANCILLARY BONUS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PHYSICIANS COMP	**223,949**	**220,481**	**212,030**	**195,126**	**231,164**	**176,299**	**202,482**	**202,572**	**169,102**	**183,266**	**180,485**	**205,926**	**2,402,883**
DIRECT SALARY	120,547	138,823	127,769	126,914	124,690	127,999	133,043	132,565	124,852	131,719	119,614	121,104	1,529,638
DIRECT FRINGE	32,981	15,041	29,554	23,370	23,509	24,328	24,517	20,768	23,920	27,852	25,285	154,193	425,316
DIRECT BONUS	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,143	2,497	2,497	4,829	29,113
TOTAL DIRECT COMP	**155,671**	**156,007**	**159,466**	**152,427**	**150,342**	**154,470**	**159,703**	**155,476**	**150,915**	**162,067**	**147,396**	**280,125**	**1,984,067**
INDIRECT FRINGE	980	(127)	2,168	944	1,009	959	772	1,090	876	253	954	888	10,767
INDIRECT SALARY	12,024	11,141	11,133	10,104	10,847	12,093	9,882	13,670	11,541	12,538	12,545	11,692	139,210
INDIRECT BONUS	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL INDIRECT COMP	**13,003**	**11,014**	**13,301**	**11,048**	**11,856**	**13,053**	**10,655**	**14,760**	**12,417**	**12,791**	**13,500**	**12,579**	**149,977**
GENERAL MEDICAL SUPPLIES	1,844	3,736	1,935	3,311	4,993	6,434	4,987	6,519	4,509	5,336	3,325	(939)	45,990
BILLABLE MEDICAL SUPPLIES	20,283	29,371	28,903	10,589	27,552	19,450	13,833	10,302	20,382	9,820	1,446	9,792	201,722
MEDICAL SUPPLIES REBATE	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MEDICAL SUPPLIES	**22,127**	**33,108**	**30,838**	**13,899**	**32,544**	**25,884**	**18,820**	**16,821**	**24,892**	**15,156**	**4,771**	**8,853**	**247,712**
HEADCOUNT	0	0	0	0	0	0	0	0	0	0	0	0	0
FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NON PRODUCTIVE FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FURLOUGH FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ON CALL FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OVERTIME FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

ATTORNEY EXPERT EYES ONLY
CRCC 000070

LTM	SC MYRTLE BEACH												ALL DPTS 1/25/2013
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUN 2012	JUL 2012	AUG 2012	SEP 2012	OCT 2012	NOV 2012	DEC 2012	DEC LTM
STATISTICS:													
THERAPY REVENUE	1,616,521	1,712,226	1,732,319	1,262,061	1,593,942	1,693,145	2,041,231	1,939,606	1,227,959	1,444,886	1,341,084	1,356,338	18,961,317
TX DAYS PER MONTH	21	21	22	21	22	21	21	23	19	23	21	20	255
TOTAL TX PER DAY	87 6	109.2	105.4	89.8	81.1	91 1	111.3	100.8	82.4	72 4	75.6	83.6	90.9
RVU	44,492	47,688	50,562	39,031	48,148	49,364	53,847	54,319	36,311	38,903	39,833	40,445	542,943
RVU PER TX	24.2	20.8	21.8	20.7	27.0	25.8	23.0	23.4	23.2	23.4	25.1	24.2	23 4
REV PER TX STAT	$879 02	$746.39	$747.01	$669.17	$892.96	$884.61	$873.07	$836.40	$784.64	$867.80	$845.04	$811.21	$817.90
REV PER RVU	$36.33	$35.90	$34.26	$32.34	$33.10	$34.30	$37.91	$35.71	$33.82	$37.14	$33.67	$33.54	$34.92
IGRT 2D %	9.6%	8.9%	9.9%	11.5%	12.1%	10.2%	17.2%	18.7%	22.2%	16.5%	15.2%	16.7%	13.9%
IGRT 3D %	70.5%	68.6%	68.1%	56.6%	78.0%	75.9%	66 8%	70.9%	62.9%	69.6%	73.0%	70.6%	69.2%
TOTAL IGRT (2-D & 3-D) %	80.2%	77.5%	78.0%	68.1%	90.1%	86.1%	84.0%	89.6%	85.2%	86.1%	88.2%	87.4%	83.1%
IMRT %	80.4%	77.2%	75.2%	78.3%	76.2%	82.8%	77.2%	78.6%	73.5%	72.2%	74.5%	72.1%	76.7%
GAMMA %	89.0%	45.0%	88.8%	104.3%	123 1%	100.0%	92.4%	84.5%	92.5%	92.2%	98.3%	83.4%	90.0%
CALYPSO	89	68	60	67	41	48	19	45	55	53	(20)	(23)	502
CONSULT	89	48	99	81	124	122	89	80	72	72	82	79	1,037
TREATMENT PLAN	82	51	72	35	111	123	74	76	55	61	88	58	886
CONFORMAL PLAN	21	16	19	7	21	18	12	28	14	17	19	25	217
IMRT PLAN	62	40	42	26	70	75	55	57	37	43	56	46	609
CONFORMAL TX	342	505	562	375	360	278	487	461	391	446	364	399	4,970
IMRT TX	1,479	1,770	1,744	1,476	1,361	1,585	1,804	1,822	1,150	1,202	1,183	1,205	17,781
SEED	0	0	0	0	0	0	0	0	0	0	0	0	0
HDR	10	10	10	31	46	42	35	23	10	0	10	31	258
SRS SRT	8	9	3	4	18	9	12	13	14	17	30	37	174
TOTAL TREATMENTS	1,839	2,294	2,319	1,886	1,785	1,914	2,338	2,319	1,565	1,665	1,587	1,672	23,183
PET	0	0	0	0	0	0	0	0	0	0	0	0	0
ULTRASOUND	0	0	0	0	0	0	0	0	0	0	0	0	0
IGRT 2-D	177	204	229	217	216	195	402	433	348	274	241	280	3,216
CT IG 3-D	1,297	1,574	1,580	1,068	1,392	1,452	1,561	1,644	985	1,159	1,159	1,181	16,052
GAMMA	1,636	1,033	2,060	1,968	2,198	1,914	2,161	1,959	1,447	1,535	1,560	1,395	20,866
DOWN TIME MACHINE	0	0	2	0	7	82	47	18	0	0	0	0	156
DOWN TIME OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL MACHINE DOWN TIME	0	0	2	0	7	82	47	18	0	0	0	0	156

Petitioner Exhibit 052-014

LTM	SC MYRTLE BEACH												ALL DPTS 1/25/2013
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUN 2012	JUL 2012	AUG 2012	SEP 2012	OCT 2012	NOV 2012	DEC 2012	DEC LTM
DIAGNOSIS MIX %:													
BREAST %	12.2%	9 8%	5.6%	5 7%	6.3%	9.8%	9.5%	9.2%	5.5%	6.6%	8.0%	6.9%	8.1%
HEAD NECK %	6.1%	2 0%	4.2%	0.0%	1.8%	5.7%	4 1%	6 6%	1.8%	3.3%	5.7%	3.4%	4.1%
PROSTATE %	42.7%	21.6%	34.7%	14.3%	35.1%	31.7%	23.0%	18 4%	25.5%	23.0%	28.4%	24.1%	28.4%
RESPIRATORY %	11.0%	7.8%	15.3%	17.1%	9.9%	8.1%	13.5%	9.2%	10.9%	16.4%	9.1%	8.6%	10.9%
METASTASIS %	12.2%	29.4%	4.2%	42.9%	18.0%	22.8%	28.4%	36.8%	30.9%	37.7%	25.0%	34.5%	25.1%
OTHER %	15.9%	29.4%	36.1%	20.0%	28.8%	22.0%	21.6%	19.7%	25.5%	13 1%	23.9%	22 4%	23 4%
TOTAL %	100 0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TREATMENT DIAGNOSIS %:													
BREAST TX %	9.6%	10.5%	8.2%	5.0%	7.3%	6.0%	8.4%	9.1%	8.8%	5 8%	8.8%	9.2%	8 1%
HEAD NECK TX %	4 9%	4.2%	3.7%	3.0%	0.9%	4.6%	6.1%	5.6%	7.0%	4.0%	4.5%	6.2%	4.6%
PROSTATE TX %	53 4%	54.0%	52 1%	47.6%	46.1%	45 5%	42.5%	41.7%	31.9%	28.3%	33.0%	39.7%	43.7%
RESPIRATORY TX %	10 9%	8.8%	8 4%	10.3%	13.8%	11 2%	8.1%	10.1%	10 9%	12.3%	9.8%	7.8%	10.1%
OTHER TX %	17 8%	17.0%	22.9%	23.1%	19.7%	19.3%	17.8%	16.2%	13.9%	20.2%	20.4%	19.3%	19.0%
METASTASIS TX %	3.4%	5.6%	4.7%	10.9%	12.2%	13 4%	17.2%	17.2%	27.4%	29.3%	23.6%	17.9%	14.5%
TOTAL TX %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
RVU BY PAYOR %:													
RVU MIX MEDICARE	54.4%	52.8%	60.3%	62.0%	62.2%	63.8%	61.2%	66.2%	69.4%	54.4%	52.2%	56.3%	59.7%
RVU MIX MEDICAID	1.7%	3.7%	1.0%	5.2%	0 8%	2.9%	2.7%	1 7%	2.2%	1.9%	2.6%	2.4%	2 4%
RVU MIX SELF	2.1%	3.0%	3.4%	-1.5%	4.7%	1.6%	0.6%	1.8%	1.3%	5 4%	5.6%	2 6%	2.5%
RVU MIX HMO	3.7%	2.2%	2.2%	3.0%	4.3%	1.1%	1.5%	2.9%	4.0%	3.7%	3.4%	3.0%	2.9%
RVU MIX PPO	21.9%	21.0%	18.6%	20.0%	18.5%	19 5%	26 4%	21 1%	16.0%	24.4%	23.0%	25.3%	21.3%
RVU MIX CAPITATED	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0 0%	0.0%	0.0%	0.0%
RVU MIX COMMERCIAL	16.1%	17.2%	14.6%	11.3%	9.4%	11.1%	7.6%	6.3%	7.1%	10.2%	13.2%	10 5%	11.2%
RVU MIX TOTAL	100 0%	100.0%	100.0%	100.0%	100 0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PAYOR MIX %:													
PAYOR MIX MEDICARE	46 8%	46.3%	56.2%	59.4%	58.3%	57.3%	49.2%	55 4%	61.2%	44 2%	46 2%	51.9%	52 6%
PAYOR MIX MEDICAID	1.8%	3.6%	0.7%	4.1%	-0 8%	1.7%	1.4%	1.2%	1 5%	1.4%	2 0%	1.4%	1 6%
PAYOR MIX SELF	1.3%	1.2%	0 3%	-5.0%	2 1%	0.6%	-0.8%	-0.0%	0.4%	1.9%	2.9%	-2.6%	0 2%
PAYOR MIX HMO	3.1%	1 9%	1 8%	2.8%	3.7%	0.8%	1.1%	2.6%	3.6%	3 0%	3 1%	2 8%	2 4%
PAYOR MIX PPO	30.7%	29.9%	26.1%	29.2%	28.7%	28.8%	40.9%	33.9%	28.7%	34.3%	33.8%	38 9%	32.1%
PAYOR MIX CAPITATED	0.0%	0.0%	0.0%	0 0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0 0%	0.0%	0.0%
PAYOR MIX COMM	16.2%	17 0%	15.0%	9.6%	8.0%	10.9%	8.2%	6.9%	4.7%	15.2%	12 0%	7.5%	11 0%
PAYOR MIX TOTAL	100.0%	100.0%	100.0%	100 0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
REV PER RVU BY PAYOR:													
REV PER RVU MEDICARE	$31.27	$31 48	$31.92	$30.96	$31.04	$30.82	$30.47	$29.89	$29.80	$30.19	$29.83	$30.94	$30.73
REV PER RVU MEDICAID	$38.19	$34.88	$24.16	$25.54	($34.91)	$20.47	$19.43	$25.13	$22.18	$26.22	$25 58	$20.38	$23 93
REV PER RVU SELF	$22.35	$14.67	$2.85	$107.77	$14.90	$11.62	($44.74)	($0.14)	$9.75	$13.23	$17.74	($33.57)	$3.44
REV PER RVU HMO	$30.54	$30.65	$28.32	$30.08	$28.62	$25.86	$26.90	$31.07	$30.76	$29.95	$30.08	$31.86	$29.82
REV PER RVU PPO	$51.02	$51.11	$48.08	$47.26	$51.18	$50.60	$58.74	$57.45	$60 70	$52.35	$49 58	$51.55	$52.62
REV PER RVU CAPITATED	$0 00	$0 00	$0 00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
REV PER RVU COMM	$36.55	$35 43	$35 22	$27 35	$28.07	$33 60	$41 11	$39.31	$22.35	$55.28	$30.39	$24.07	$34.35
REV PER RVU TOTAL	$36.34	$35.90	$34 26	$32 33	$33.11	$34.32	$37.89	$35.71	$33.82	$37 14	$33 67	$33.54	$34.92

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CRCC 000072

LTM	SC MYRTLE BEACH												ALL DPTS 1/25/2013
	JAN 2012	FEB 2012	MAR 2012	APR 2012	MAY 2012	JUN 2012	JUL 2012	AUG 2012	SEP 2012	OCT 2012	NOV 2012	DEC 2012	DEC LTM
AUTO EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
AUTO MILEAGE	0	0	0	190	254	237	482	453	0	0	327	794	2,737
BANK CHARGES	45	45	659	0	55	0	0	0	0	0	25	0	829
BANK CHARGE MERCHANT SERVICE	236	311	222	570	633	882	1,378	1,657	513	411	297	793	7,904
BOARD EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLING & COLLECTION NON INTERC	0	0	0	0	0	0	0	0	0	0	0	0	0
BILLING & COLLECTION	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTINUING EDUCATION	25	0	0	0	0	0	0	0	0	0	0	0	25
CONSULTING-PAYCHEX-PAYROLL	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMPLIANCE	0	0	0	0	0	0	0	0	0	0	0	0	0
CORPORATE COMP ENFORCEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
NON DEDUCTIBLE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT RENTAL/LEASE	0	0	0	0	0	65	0	0	65	0	0	0	130
GIFTS	100	0	0	0	0	0	0	0	0	0	0	0	100
FILING FEES	0	0	0	0	0	0	0	0	0	0	0	0	0
LOAN COST EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
VESTAR MANAGEMENT FEE	0	0	0	0	0	0	0	0	0	0	0	0	0
REGIONAL ADMIN ALLOCATION	0	0	0	0	0	0	0	0	0	379,826	37,014	139,470	556,310
MERGER AND ACQ EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
MERGER/ACQ MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	0	0
MOVING EXPENSE	0	0	0	0	0	0	0	5,557	0	0	0	0	5,557
NON-COMPETE EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
PENALITIES: CEO-ADM	0	0	0	0	0	0	0	0	0	0	0	0	0
SCHOOL EXPENSE	0	0	0	0	0	0	0	0	0	0	0	0	0
SECURITY	2,033	818	892	468	165	0	270	0	0	270	0	0	4,915
SEMINARS	0	0	0	0	0	0	0	0	0	0	0	0	0
TRASH	234	234	668	237	21	459	685	233	462	462	10	503	4,207
TRASH BIOHAZARD	0	0	0	0	0	0	0	0	0	0	0	0	0
UNIFORMS	155	0	0	0	50	0	50	100	0	100	100	151	706
OTHER EXP SA	0	0	0	0	0	0	0	0	0	0	0	0	0
PROF SRV AGREEMENT BUYOUT	0	0	0	0	0	0	0	0	0	0	0	0	0
PURCHASE PRICE ADJUSTMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
DEBT EXTINGUISHMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
(GAIN) LOSS ON SALE OF JV INTERE	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON DISPOSAL OF CENTERS	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON SALE OF INVESTMEN	0	0	0	0	0	0	0	0	0	0	0	0	0
LOSS ON SALE OF REAL ESTATE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FX HEDGE	0	0	0	0	0	0	0	0	0	0	0	0	0
GAIN/LOSS ON FV OF PHEI	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER G&A	2,828	1,407	2,441	1,464	1,178	1,644	2,866	8,000	1,040	381,069	37,772	141,711	583,420
EBITDA NO INTERCO	991,031	1,128,276	1,039,291	672,138	933,522	1,096,544	1,441,800	1,311,152	91,776	418,145	741,348	533,452	10,398,475
EBITDA ADJUSTMENTS CORP	0	0	0	0	0	0	0	0	0	0	0	0	0
EBITDA ADJUSTMENTS FS	0	0	0	0	0	0	0	0	0	0	0	0	0
ADJUSTED EBITDA	991,031	1,128,276	1,039,291	672,138	933,522	1,096,544	1,441,800	1,311,152	91,776	418,145	741,348	533,452	10,398,475
INTEREST	13,195	12,556	13,206	12,363	12,553	11,943	12,228	11,594	11,303	11,451	10,841	11,001	144,234
TAXES	0	0	0	0	837,006	(837,006)	0	0	0	0	0	0	0

ATTORNEY EXPERT EYES ONLY
CRCC 000073

From: Sam Tolbert [STolbert@StrategicDirectionsInc.com]
Sent: Friday, November 12, 2010 4:58 PM
To: Lewis, Richard R.; Travis, Norton; 'bryantco@sc.rr.com'
Cc: Dosoretz, Daniel; 'awoods@libertypartnersgroup.com'
Subject: RE: North Strand Radiation Oncology

All: Rich has sent a good bit of information we can use in the Conway CON application. I suggest we agree on the strategy of relocation to Murrells Inlet and addition in Conway and focus on getting the Murrells Inlet application submitted and then put together the one for Conway immediately thereafter.
Doug: Thanks for your great investigative work.

- Sam Tolbert / Phone 864.992.0084

-----Original Message-----
From: Lewis, Richard R. [mailto:rlewis@rtsx.com]
Sent: Friday, November 12, 2010 2:27 PM
To: Travis, Norton; 'bryantco@sc.rr.com'
Cc: Sam Tolbert; Dosoretz, Daniel; 'awoods@libertypartnersgroup.com'
Subject: RE: North Strand Radiation Oncology

Doug,

I can meet if we want to discuss the timing of putting together a Conway package. I had gathered a lot of data and provided much of it to you and Sam already. Please confirm if we need to begin this now, or can wait and just focus on the Murrells Inlet project for the time being.

Thanks

Rich Lewis
Executive Director of Operations Support 21st Century Oncology
239-931-7343 (office)
239-246-8769 (cell)

-----Original Message-----
From: Travis, Norton
Sent: Friday, November 12, 2010 1:59 PM
To: 'bryantco@sc.rr.com'; Lewis, Richard R.
Cc: 'STolbert@StrategicDirectionsInc.com'; Dosoretz, Daniel;
'awoods@libertypartnersgroup.com'
Subject: Re: North Strand Radiation Oncology

Doug, Your analysis of the Murrells situation seems right to me.

----- Original Message -----
From: Doug Bryant <bryantco@sc.rr.com>
To: Lewis, Richard R.; Travis, Norton
Cc: 'Sam Tolbert' <STolbert@StrategicDirectionsInc.com>; Dosoretz, Daniel; 'Andrew L. Woods' <awoods@libertypartnersgroup.com>
Sent: Fri Nov 12 13:47:10 2010
Subject: RE: North Strand Radiation Oncology

ATTORNEY/EXPERT EYES ONLY

Rich,
Would it be possible to have a conference call at some point between 12 and 3 Monday? Sam will be with Rosa during that time and we could talk through the options.
Sam and I agree that the best option is to move forward with the relocation to Murrells Inlet and prepare a second CON for a new unit in the Conway or northern Horry County. DHEC will be more favorability inclined to support a relocation over a new unit.

Redacted

As of today no application exists for North Strand. If a CON is submitted we should be ready to submit the second CON for a new unit. We are the existing provider closest to the Little River/NMB area and DHEC generally favors an existing provider. Our weak points in the north Horry County area are the distance/traffic issues driving from Little River to Conway and the political affiliations of McLeod and Loris Hospitals.
With two separate CONs we protect both our northern and southern service areas. Worse case we end up in court on both CONs and no one moves forward until the courts decide. Let me know if you want to conference on Monday or another time. Doug -----Original Message-----
From: Lewis, Richard R. [mailto:rlewis@rtsx.com]
Sent: Wednesday, November 10, 2010 7:31 PM
To: Travis, Norton; Doug Bryant
Cc: Sam Tolbert; Dosoretz, Daniel; Andrew L. Woods
Subject: RE: North Strand Radiation Oncology

Maybe we should apply as an expansion to Murrells Inlet and file the relocation to Conway later? The expansion would compete with the threat of a new entrant regardless of where they apply for and tie up the Georgetown application. Just a thought for discussion.

Rich Lewis
Executive Director of Operations Support 21st Century Oncology
239-931-7343 (office)
239-246-8769 (cell)

-----Original Message-----
From: Travis, Norton
Sent: Wednesday, November 10, 2010 5:43 PM
To: Doug Bryant
Cc: Sam Tolbert; Lewis, Richard R.; Dosoretz, Daniel; Andrew L. Woods
Subject: Re: North Strand Radiation Oncology

Unless we think it will hurt our relocation application, we should file for Conway before someone else tries to grab this spot.

Sent from my iPad

Norton L. Travis, Esq.
Executive Vice President/General Counsel Radiation Therapy Services, Inc.
1010 Northern Boulevard Suite 314
Great Neck, New York 11021
ntravis@rtsx.com
(516) 303-9220 (O)
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(516) 301-5780 (F)

On Nov 10, 2010, at 5:39 PM, "Doug Bryant" <bryantco@sc.rr.com> wrote:

ATTORNEY/EXPERT EYES ONLY

> Two questions from emails last night.
> First to Sam's question about the "need" for a new linear accelerator in our planning area: the DHEC Board voted today on the new state health plan. I have attached the latest need data on linear accelerators obtained from Les Shelton. The standard is 80% capacity for existing units to justify a new unit. As you can see by the attached chart our planning area is at 80.5%. This means there would be a need for one additional unit if both Georgetown and CRCC stay with the plan to move an existing unit to Murrells Inlet. We have talked about adding a new unit in Conway. We need to discuss since there is a need and there are rumors about a new application for a unit in North Myrtle Beach.
> To Rich's question about the 2005 CON application: reviewed the CON files today. The 2005 CON application was denied. The application was for North Stand Radiation Oncology Center,LLC (NSROC) a 50/50 joint venture between Mc Leod Medical Center (a 350+ bed hospital in Florence , SC); and Loris Health System (Loris Community Hospital 100+ beds, Sea Coast Medical Center, no beds, Loris Family Health Center and Alliance Home Care). Dick Tinsley, planner for Mc Leod, was the contact person for additional information. This application was part of a three-way fight with one of the applicants being Dr. Bass. The NSROC application included a new building, linear accelerator and CT to be located on Old Highway 17 and Myrtlepoint Road, North Myrtle Beach. Part of the justification was the driving distance to Bass (now CRCC) and Georgetown. Wade Mullins has a freedom of information request in the 2005 file so he represented one of the parties or had an interest in the case. The new support letters received by DHEC over the past two weeks and comments from Rep. Edge indicate a new application for the same location is likely on its way. The DHEC staff has not received any information on the project other than the support letters.
> Last , The Sea Coast Medical Center is an urgent care, MD office and outpatient facility, owned by Loris Health Systems, located on Highway 9 in Little River, SC. Sea Coasts is north of North Myrtle Beach and east of Loris. The facility is not more than 10 miles from the NC boarder.
> Hope this helps. Doug
> From: Sam Tolbert [mailto:STolbert@StrategicDirectionsInc.com]
> Sent: Tuesday, November 09, 2010 7:37 PM
> To: Doug Bryant
> Cc: Travis, Norton; Lewis, Richard R.
> Subject: North Strand Radiation Oncology
>
> Doug: Interesting info. I don't think the North Strand Radiation Oncology is showing in the Radiation Treatment inventory for the Georgetown / Horry / Williamsburg service area. It would be good to clarify that with Les and for you to look at the CON file and see what was approved and its status. Thanks for your investigative work!
>
> - Sam Tolbert / Phone 864.992.0084
>
> From: Lewis, Richard R. [mailto:rlewis@rtsx.com]
> Sent: Tuesday, November 09, 2010 5:36 PM
> To: Doug Bryant; Sam Tolbert
> Cc: Travis, Norton
> Subject: RE:
>
> Doug, just to confirm, when you indicate a CON was issued in 2005 - that was for the initial hospital - not a radiation therapy service? Or do they have a CON for radiation, just not operating it yet? Lastly, is this location also known as Seacoast - or different?
>
>
> Thanks
>
> Rich Lewis
> Executive Director of Operations Support 21st Century Oncology
> 239-931-7343 (office)

ATTORNEY/EXPERT EYES ONLY

> 239-246-8769 (cell)
>
> From: Doug Bryant [mailto:bryantco@sc.rr.com]
> Sent: Tuesday, November 09, 2010 4:39 PM
> To: Lewis, Richard R.; 'Sam Tolbert'
> Cc: Travis, Norton
> Subject:
>
> I met with Sallie and went through the Brachytherapy non applicability
> request today. I expect approximately a 3 week turnaround due to
> the holidays. I also discussed the North Strand Radiation Oncology
> facility with Sallie. A CON was issued for the facility in 2005. The
> ownership on the CON shows 50% Mc leod and 50% Loris Hospital. Sam I
> also attempted to reach Les and ask about the service area. He was
> out. I suspect he was attempting to stay away from the telephone
> since the State Health Plan is on the DHEC Board agenda tomorrow. I
> will catch up with him later. Doug <SHP2011.doc>

ATTORNEY/EXPERT EYES ONLY

2009 Consult Data

Physician	Consults
Bogache	3
Cerasaro	2
Fogarty	2
Frank	0
Gangi	4
Grudzinski	2
Krzyzaniak	4
Quillen	6
Roberts	5
Shore	4
Wood	3
Young	4

ATTORNEY EXPERT EYES ONLY
CRCC 001948

From: Bianchi, Mary Ann <mbianchi@rtsx.com>
Sent: Monday, October 1, 2012 9:24 AM
To: Travis, Norton <ntravis@rtsx.com>; Dosoretz, Daniel <ddosoretz@rtsx.com>; 'Doug Bryant' <bryantco@sc.rr.com>; Woods, Andrew <awoods@rtsx.com>; 'jimeaton53@aol.com'
Cc: 'Sam Tolbert' <stolbert@StrategicDirectionsInc.com>; Lewis, Richard R. <rlewis@rtsx.com>; Suarez, Margarita <margarit@rtsx.com>; 'Blanca Burnley' <bburnley@libertypartnersgroup.com>
Subject: FW: SC Revised State Plan for Linacs -- priv commun

In connection with the times Sam has given below, please advise if you are available to do this call:

Today, 10/1: after 5:00
Wed, 10/3: 12:00 – 2:00
Thurs, 10/4: anytime

Thanks everyone!

Mary Ann Bianchi
Legal Department
Radiation Therapy Services, Inc.
1010 Northern Boulevard - Suite 314
Great Neck, NY 11021
Direct: (516) 303-9221
Fax: (516) 301-5778
Cellular: (516) 491-8730
mbianchi@rtsx.com

From: Sam Tolbert [mailto:STolbert@StrategicDirectionsInc.com]
Sent: Sunday, September 30, 2012 6:13 PM
To: Bianchi, Mary Ann
Subject: RE: SC Revised State Plan for Linacs -- priv commun

Mary Ann: Here is my availability:

- Monday, 10/1 - 9:00 - 10:10, 11:30-12:30, 1:50-3:30 and after 5:00
- Tuesday, 10/2 - 7:00 - 1:00 pm and 2:30 - 4:30
- Wednesday (I am flying to Minnesota), 11:00 a.m. to 2:00 pm
- Thursday, anytime (at Mayo Clinic)
- Friday, 1:30 on

If you cannot work around my schedule, Doug Bryant can fill me in later.
Thank you.
- Sam Tolbert / Phone 864.992.0084

-----Original Message-----
From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Sunday, September 30, 2012 5:14 PM
To: 'bryantco@sc.rr.com'

Cc: Dosoretz, Daniel; 'awoods@libertypartnersgroup.com'; Eaton, James; 'STolbert@StrategicDirectionsInc.com'; Bianchi, Mary Ann; Lewis, Richard R.
Subject: Re: SC Revised State Plan for Linacs -- priv commun

Thanks Doug.
MaryAnn, please be sure Sam and Rich are on call.

----- Original Message -----
From: Doug Bryant [mailto:bryantco@sc.rr.com]
Sent: Sunday, September 30, 2012 02:07 PM
To: Travis, Norton
Subject: RE: SC Revised State Plan for Linacs -- priv commun

Norton,
If possible it would be helpful to have Sam or Rich on the call. My recommendation is certainly to apply for the new machine based on our past strategy. The new location should logically follow our patient distribution. I know our patient load increased significantly from 2010-11. Having Sam or Rich available to discuss patients origin may be helpful. As we discussed several months ago we want to avoid filing a new application that constructs an argument against our two existing applications. We crafted a solid case for Conway and won over Sea Coast. We will have to reshape our argument in a new application if we decide to locate in the North Stand area. If we add a machine in MB we will have to address where we locate the new Linac since we have not move the existing Linac to MI. Just some preliminary thoughts. Doug

1. Existing CON moving Linac from MB to Murrells Inlet... contested (negotiations status)?
2. Existing CON Conway new Linac approved and contested
3. New application location?

-----Original Message-----
From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Sunday, September 30, 2012 1:21 PM
To: 'bryantco@sc.rr.com'
Subject: Re: SC Revised State Plan for Linacs -- priv commun

Wow, some baby -- congrats!

----- Original Message -----
From: Doug Bryant [mailto:bryantco@sc.rr.com]
Sent: Sunday, September 30, 2012 12:45 PM
To: Travis, Norton
Cc: 'Sam Tolbert' <stolbert@StrategicDirectionsInc.com>
Subject: RE: SC Revised State Plan for Linacs -- priv commun

Norton,
Sam is correct. You may recall this was the "predicted" outcome we discuss in April or May given the increased utilization numbers that Sam and Rich were providing at that time. The Plan is expected to go the DHEC Board November 11 for final approval. Will be ready to discuss options as soon as MaryAnn gets us together. I apologize for Sam having to be the one to provide you with this information. I have been in Georgia for the last week

with my daughter who gave birth to a 9 lb. 14 oz. baby boy. I was somewhat out of touch for a few days due to some concerns involving the birth. Everyone is well and I'm back from traveling. Look forward to talking later in the week. Doug

-----Original Message-----
From: Travis, Norton [mailto:ntravis@rtsx.com]
Sent: Saturday, September 29, 2012 1:36 PM
To: Doug Bryant
Cc: Dosoretz, Daniel; Andrew L. Woods; James E. Eaton; Bianchi, Mary Ann
Subject: SC Revised State Plan for Linacs -- priv commun

Doug, hope all is well with you. Sam Tolbert informed me that the proposed 2013 plan would add an opening for another linac in Horry County. I'd like to set up a call asap with Andrew, Jim and me to discuss. MaryAnn, please coordinate. Thanks.

Sent from my iPad

Norton L. Travis, Esq.
Executive Vice President and General Counsel Radiation Therapy Services, Inc.
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Version: 2013.0.2677 / Virus Database: 2591/5798 - Release Date: 09/29/12

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Version: 2013.0.2677 / Virus Database: 2591/5801 - Release Date: 09/30/12

From: Sam Tolbert <STolbert@StrategicDirectionsInc.com>
Sent: Thursday, February 17, 2011 5:07 PM
To: 'Doug Bryant' <bryantco@sc.rr.com>
Subject: CRCC

That is helpful. She implies the addition of a scanner and the relocation are not competing. Still it may behoove us to get Conway submitted by March 10. Can you verify the cutoff date for accepting a "competing" application with Georgetown's?

- Sam Tolbert / Phone 864.992.0084

From: Doug Bryant [mailto:bryantco@sc.rr.com]
Sent: Thursday, February 17, 2011 4:12 PM
To: Sam Tolbert; 'Wade Mullins'
Subject: FW:

Sam and Wade
Do not know that Beverly's response is helpful? Beverly is currently involved in a debate on another project concerning when a CON is needed. She is being exceedingly cautious about her responses. The ongoing debates involves moving equipment within a service area. Beverly originally told an applicant that a CON was needed. The applicant argued that simply moving an piece of equipment from one location to another within the service area does not require a CON or an NA. Meetings have been taking place with Beverly and Ashley Biggers to make a Department decision. Nothing in writing yet but I am told the verbal understanding was that Beverly's decision was incorrect. Pending the outcome of that debate we have to assume that a CON is required just to move existing equipment . If the Department rules that a CON is not required for the movement of existing equipment we may have and other options for our client. We could propose moving the linear accelerator in MB to the Murrells Inlet area without crossing the Georgetown County line. We would hopefully be close enough to Murrells Inlet to capture the patients without having to be in Georgetown Co. We then could go after the CON for Conway or northern Horry Co. and close out that area as well. I would like your thoughts and **do not plan** to discuss on the call in the morning until I have something solid from the Department.
Doug

From: Beverly Brandt [mailto:brandtba@dhec.sc.gov]
Sent: Thursday, February 17, 2011 3:47 PM
To: Doug Bryant
Subject: Re:

Doug,
I cannot make an interpretation until the applications are reviewed. If they are both supposedly just upgrading/replacing an existing linac and moving it to a new location, then there is no overall increase in the number of linacs in the service area. The definition of "competing applications" specifically states "....and whose applications if approved would exceed the need for this facility or service." They are both trying to move into the same Murrells Inlet area, but not necessarily competing in a regulatory sense - too early to tell without reviewing all applications. When appropriate, we will have to look at the definition of competing and the standards in the Plan.

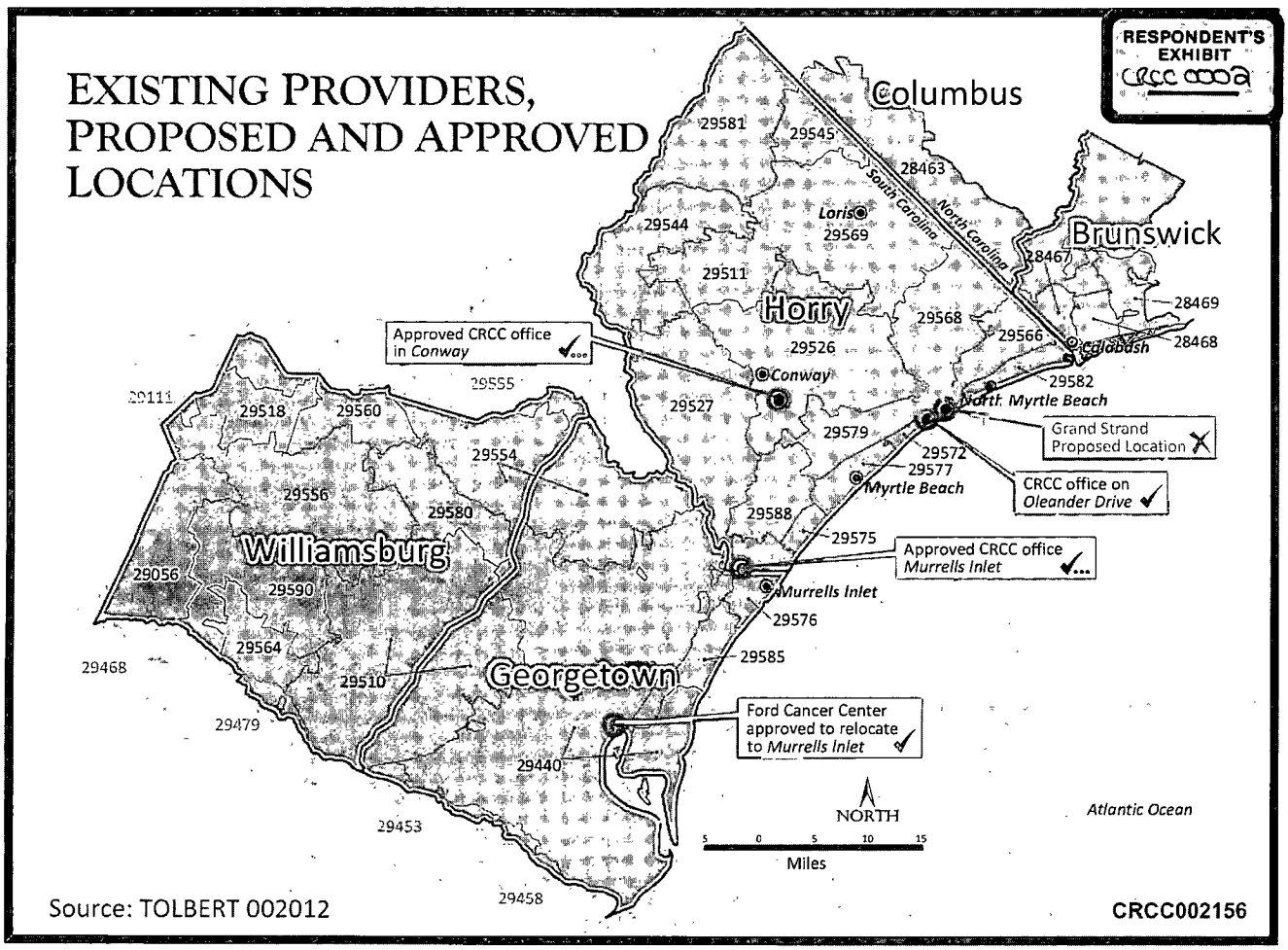
FYI, McLeod has just filed a CON for a replacement linac, but nothing has come in from Loris.

Thanks,

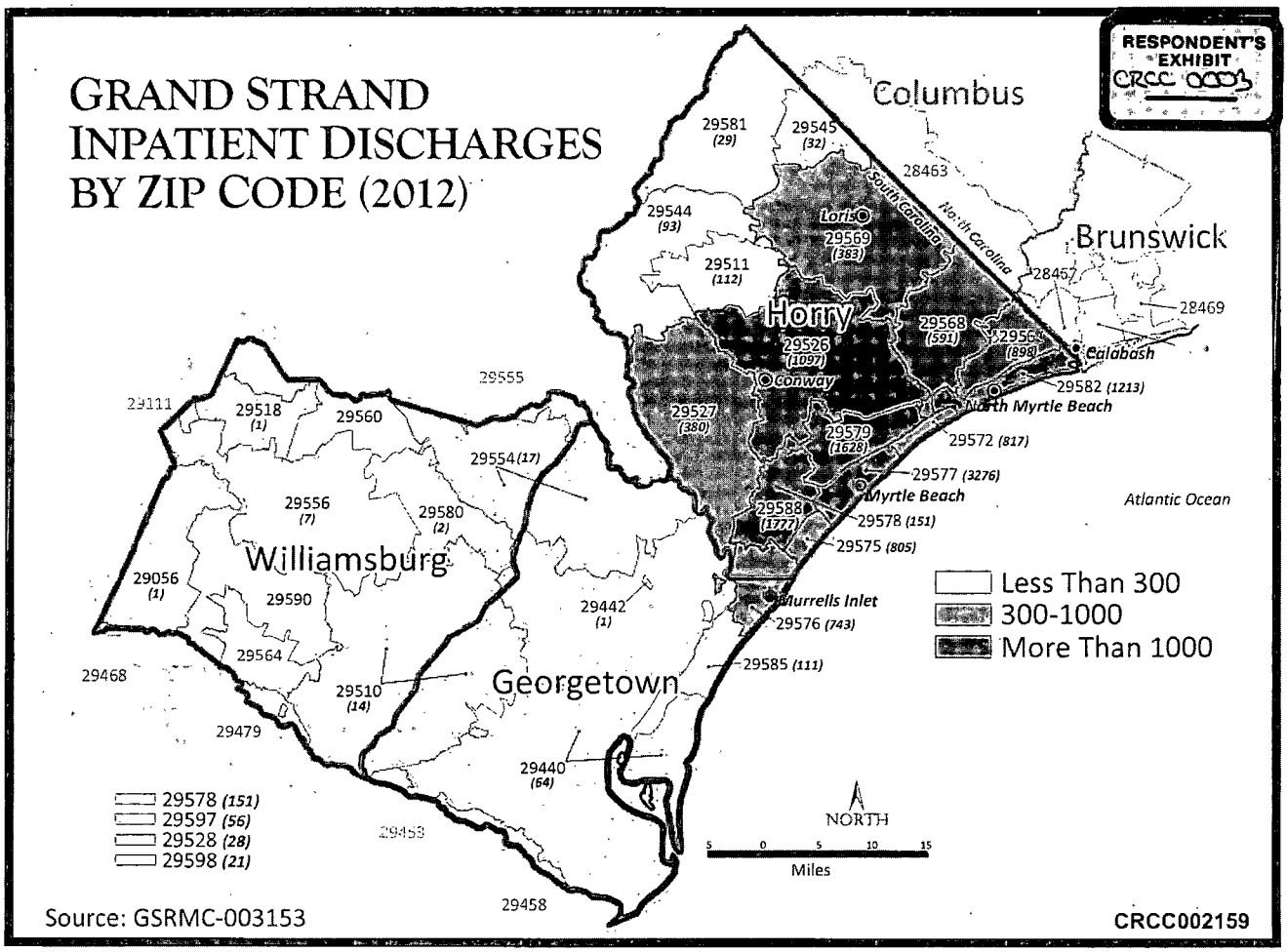
Beverly

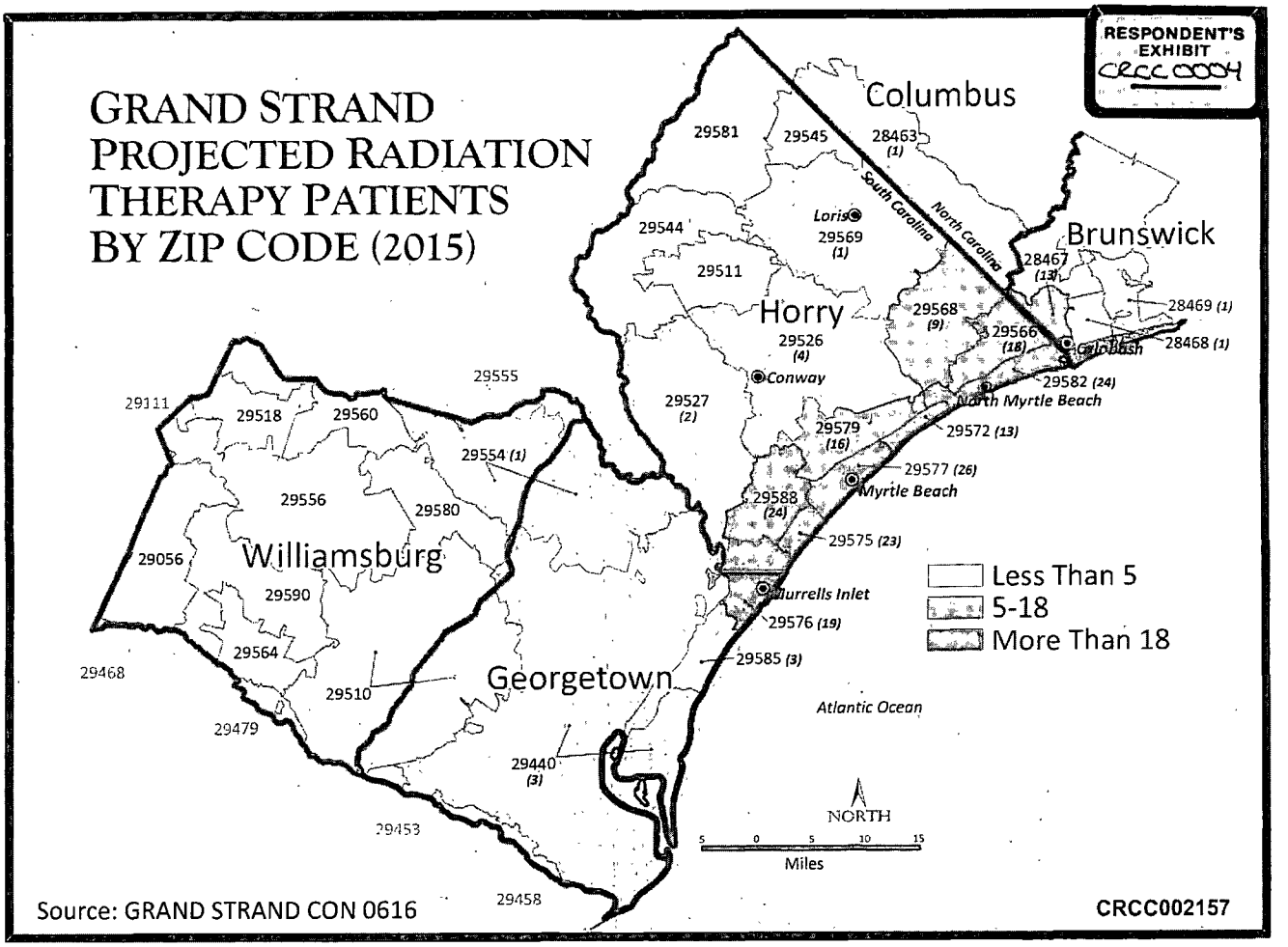
>>> "Doug Bryant" <bryantco@sc.rr.com> 2/16/2011 6:12 PM >>>
Beverly
I would like to obtain your opinion concerning a potential competing application situation. As you are aware both

Georgetown Hospital and 21st Century Oncology have or will apply to relocate a linear accelerator to Murrell's Inlet. I was advised today that McLeod and Loris Hospitals will file a CON for a new linear accelerator. The public notice for this application was posted in today's Myrtle Beach Newspaper. Please advise if these applications will be considered competing applicants. The two relocations are for the same location and the proposed new linear accelerator is to be located in North Myrtle Beach.
Thanks, Doug

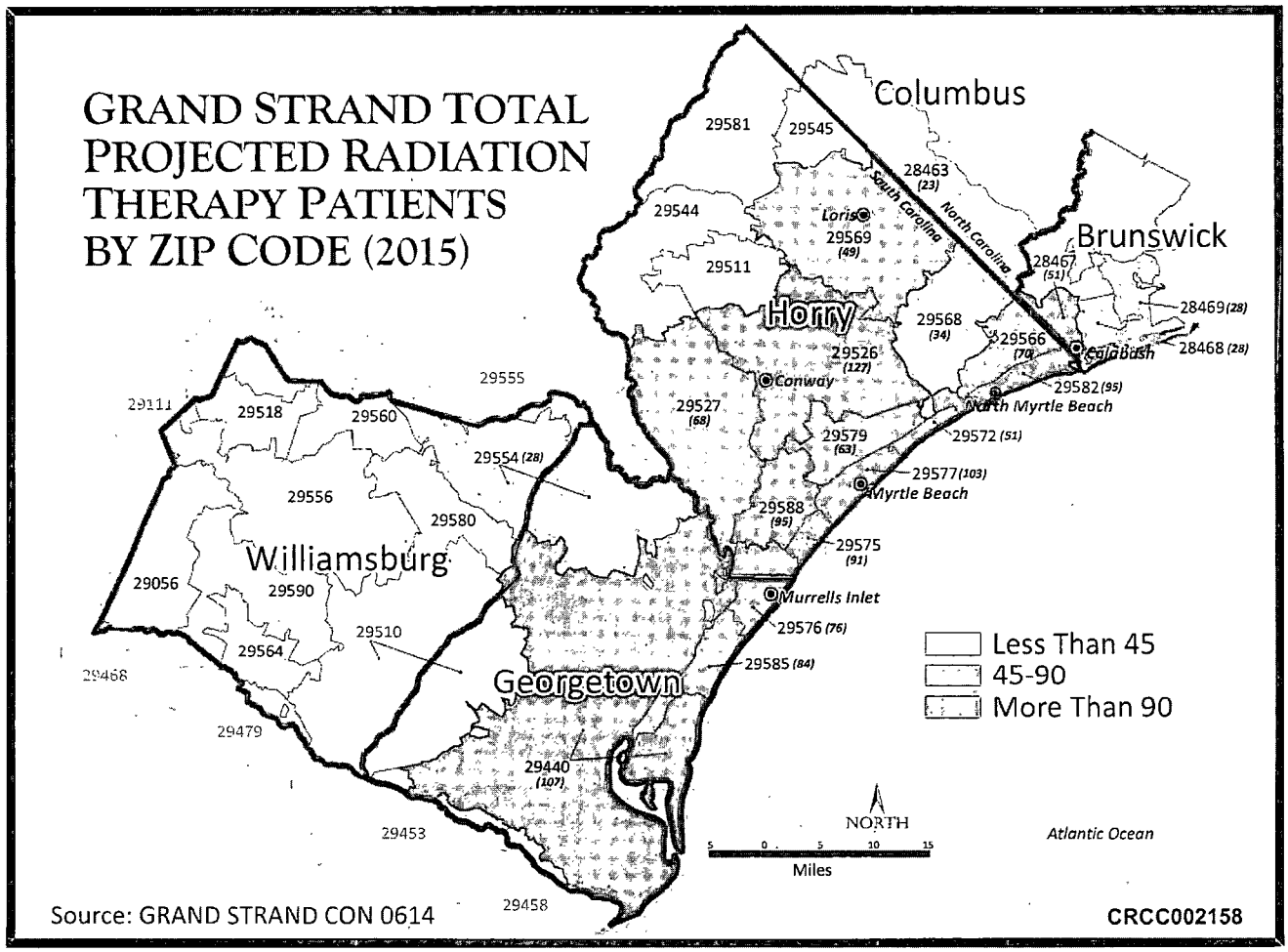

RESPONDENT'S EXHIBIT
EXISTING PROVIDERS, PROPOSED AND APPROVED LOCATIONS
Columbus
Brunswick
Horry
Williamsburg
Georgetown
Loris
Conway
Myrtle Beach
North Myrtle Beach
Calabash
South Carolina
North Carolina
29581
29545
28463
29544
29569
28467
29511
28469
29568
29566
28468
29526
29582
29555
29111
29518
29560
29527
29579
29554
29572
29577
29556
29580
29588
29575
29056
29590
29576
29564
29585
29468
29510
29479
29440
29453
29458
Approved CRCC office in Conway
Grand Strand Proposed Location
CRCC office on Oleander Drive
Approved CRCC office Murrells Inlet
Ford Cancer Center approved to relocate to Murrells Inlet
NORTH
5 0 5 10 15
Miles
Atlantic Ocean
Source: TOLBERT 002012
CRCC002156

R004490

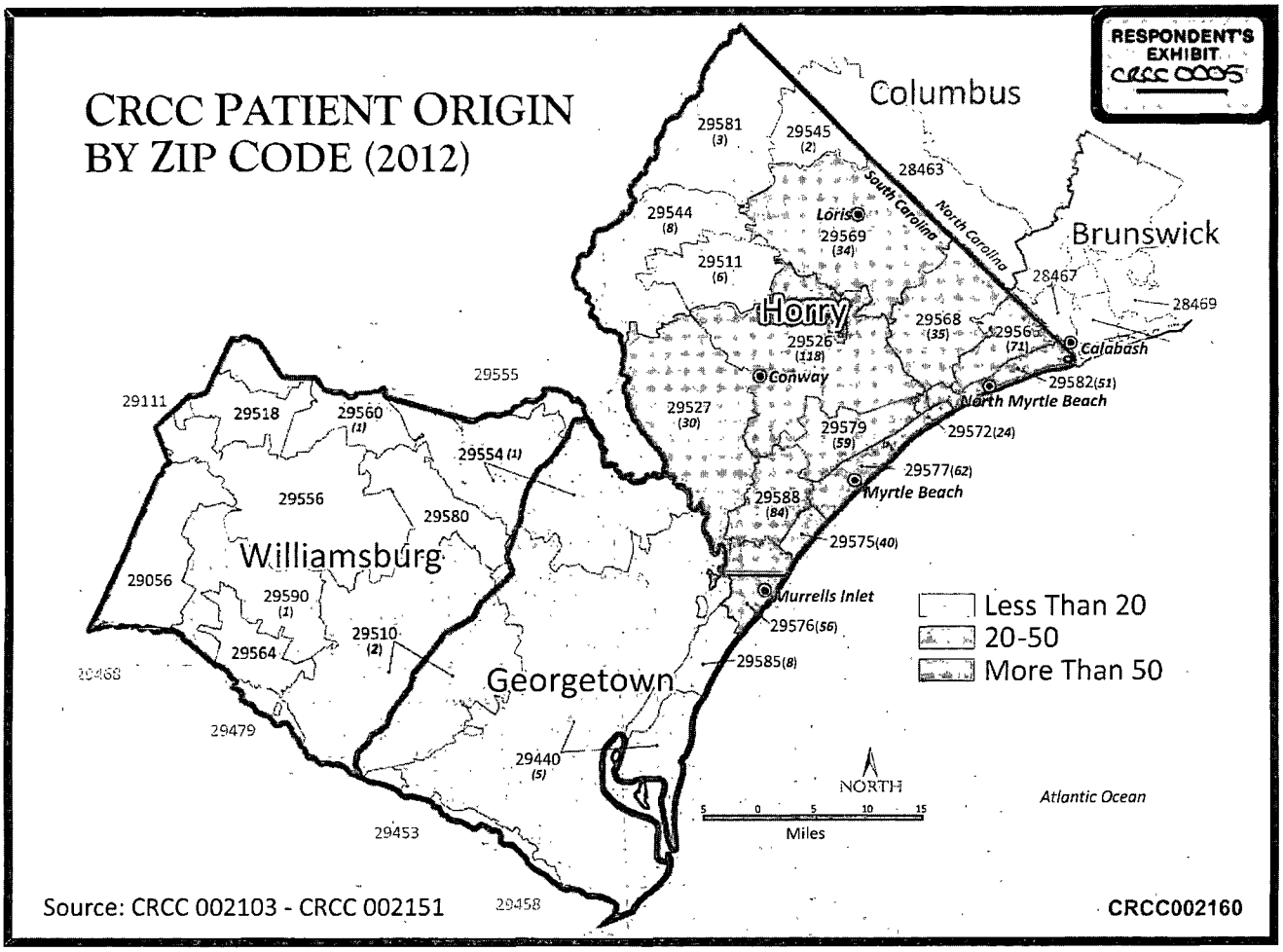

RESPONDENT'S EXHIBIT
CRCC 0003
GRAND STRAND
INPATIENT DISCHARGES
BY ZIP CODE (2012)
Columbus
Brunswick
Horry
Georgetown
Williamsburg
South Carolina
North Carolina
Loris
Conway
Calabash
North Myrtle Beach
Myrtle Beach
Murrells Inlet
Atlantic Ocean
29581 (29)
29545 (32)
28463
29544 (93)
29569 (383)
29511 (112)
28457
28469
29526 (1097)
29568 (591)
29566 (898)
29582 (1213)
29527 (380)
29579 (1628)
29572 (817)
29577 (3276)
29588 (1777)
29578 (151)
29575 (805)
29576 (743)
29585 (111)
29555
29111
29518 (1)
29560
29554 (17)
29556 (7)
29580 (2)
29056 (1)
29590
29442 (1)
29564
29468
29510 (14)
29479
29440 (64)
29453
29458
Less Than 300
300-1000
More Than 1000
29578 (151)
29597 (56)
29528 (28)
29598 (21)
NORTH
5 0 5 10 15
Miles
Source: GSRMC-003153
CRCC002159


RESPONDENT'S EXHIBIT
CRCC 0004
GRAND STRAND PROJECTED RADIATION THERAPY PATIENTS BY ZIP CODE (2015)
Columbus
Brunswick
Horry
Williamsburg
Georgetown
29581
29545
28463 (1)
29544
29569 (1)
29511
28467 (13)
28469 (1)
29568 (9)
29566 (18)
28468 (1)
29526 (4)
Conway
29582 (24)
North Myrtle Beach
29527 (2)
29579 (16)
29572 (13)
29577 (26)
Myrtle Beach
29588 (24)
29575 (23)
Murrells Inlet
29576 (19)
29585 (3)
29555
29111
29518
29560
29554 (1)
29556
29580
29056
29590
29564
29468
29510
29479
29440 (3)
29453
29458
Atlantic Ocean
Less Than 5
5-18
More Than 18
NORTH
5 0 5 10 15
Miles
Source: GRAND STRAND CON 0616
CRCC002157

R004492


GRAND STRAND TOTAL PROJECTED RADIATION THERAPY PATIENTS BY ZIP CODE (2015)
Columbus
Brunswick
Horry
Williamsburg
Georgetown
Loris
Conway
Myrtle Beach
North Myrtle Beach
Calabash
Murrells Inlet
South Carolina
North Carolina
29581
29545
28463 (23)
29544
29569 (49)
29511
28467 (51)
29568 (34)
28469 (28)
29566 (70)
28468 (28)
29526 (127)
29582 (95)
29555
29111
29518
29560
29527 (68)
29572 (51)
29554 (28)
29579 (63)
29577 (103)
29556
29588 (95)
29580
29575 (91)
29056
29590
29576 (76)
29510
29564
29585 (84)
29468
29479
29440 (107)
29453
29458
Less Than 45
45-90
More Than 90
NORTH
5 0 5 10 15
Miles
Atlantic Ocean
Source: GRAND STRAND CON 0614
CRCC002158

R004493


RESPONDENT'S EXHIBIT
CRCC 0005
CRCC PATIENT ORIGIN BY ZIP CODE (2012)
Columbus
Brunswick
Horry
Williamsburg
Georgetown
South Carolina
North Carolina
29581 (3)
29545 (2)
28463
29544 (8)
Loris
29569 (34)
29511 (6)
28467
28469
29568 (35)
29566 (71)
Calabash
29526 (118)
Conway
29582(51)
North Myrtle Beach
29527 (30)
29579 (59)
29572(24)
29577(62)
Myrtle Beach
29588 (84)
29575(40)
Murrells Inlet
29576(56)
29585(8)
29555
29111
29518
29560 (1)
29554 (1)
29556
29580
29056
29590 (1)
29564
29510 (2)
29468
29479
29440 (5)
29453
29458
Less Than 20
20-50
More Than 50
NORTH
5 0 5 10 15
Miles
Atlantic Ocean
Source: CRCC 002103 - CRCC 002151
CRCC002160



ANALYSIS OF ADVERSE IMPACT IF BOTH APPLICATIONS ARE APPROVED
BASED ON REDIRECTION IN CHANGE IN PHYSICIAN REFERRAL

Patients Referred to CRCC in 2012 and Expected Impact by GS on Referral Pattern

						Referrals to CRCC in 2012					
Referral Source	**Referral Direction**	**Referred to CRCC**	**Referred to GS**	**Referred to G'town a.**	**Grand Total**	**Conway & Loris**	**MB & NMB**	**Murrells Inlet**	**George-town**	**Williams-burg**	**All Other**
1-AUC - CRCC 100% to CRCC	AUC - CRCC 100%	263			263	48	84	72	4	1	54
2-CRCC - 100% Supportive	CRCC will get 100%	21			21	8	6	7	0	0	0
3-Coastal - Primary to GS with some to CRCC Conway	From Conway & Loris 75% to CRCC	67	22		89	89					
	From all else 75% to GS	47	139		186		110	42	1	1	32
4-GS Committed	GS will get 90%	2	15		17	5	7	1	0	0	4
5-GS Primary	GS will get 70%	9	20		29	6	16	5	0	0	2
6-GS Supportive	GS will get 50%	43	43		85	22	41	14	0	0	8
7-G'ton in MI gets 100%	G'ton in MI gets 100%			69	69	11	30	23	1	0	4
8-Other - Supports CRCC, GS, and	Other split 40/40/20	51	51	25	127	27	42	35	1	0	22
		502	290	94	886	216	336	199	7	2	126
Increase based on Market Growth											
2013	2.60%	515	298	97							
2014	2.54%	528	305	99							
2015	2.47%	541	313	102							
2016	2.41%	554	320	104							
2017	2.36%	567	328	107							
	Tx per Patient	25	25	25							
	Total Treatments	14171	8195	2667							

a. Assumes Ford Center relocates to Murrells Inlet; more analysis is needed to better assess redirection of CRCC referrals to Ford which is not an issue in this case

Financial Year	Patient Zip	Zip Name	Area	Referring Physician	Setting	Referral Direction	Group	Treatment Plans
2011	29579	Myrtle Beach	Myrtle Beach	Aardema, Austin Albert	Family Medicine – Ft. Myers, FL	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29575	Myrtle Beach	Murrells I	Acker, Jeffrey C	Radiation Oncology – Pinehurst, NC	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29526	Conway	Conway	Adams, Sara Elizabeth	Waccamaw Oncology	7-Gton in MI gets 100%	Other	1
2012	29526	Conway	Conway	Adams, Sara Elizabeth	Waccamaw Oncology	7-Gton in MI gets 100%	Other	1
2012	29577	Myrtle Beach	Myrtle Beach	Adams, Sara Elizabeth	Waccamaw Oncology	7-Gton in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Adams, Sara Elizabeth	Waccamaw Oncology	7-Gton in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Adams, Sara Elizabeth	Waccamaw Oncology	7-Gton in MI gets 100%	Other	1
2011	29566	Little River	North MB	Adler, Brian Keith	South Strand Internist	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29582	North Myrtle Beach	North MB	Aguero, Eric G	Francis B. Ford – Radiation Oncology	2-CRCC - 100% Supportive	Other	1
2012	29544	Galivants Ferry	Conway	Aguero, Eric G	Francis B. Ford – Radiation Oncology	2-CRCC - 100% Supportive	Other	1
2012	29577	Myrtle Beach	Myrtle Beach	Aguero, Eric G	Francis B. Ford – Radiation Oncology	2-CRCC - 100% Supportive	Other	1
2012	29587	Myrtle Beach	Myrtle Beach	Aguero, Eric G	Francis B. Ford – Radiation Oncology	2-CRCC - 100% Supportive	Other	1
2012	29588	Myrtle Beach	Murrells I	Aguero, Eric G	Francis B. Ford – Radiation Oncology	2-CRCC - 100% Supportive	Other	1
2010	29578	Myrtle Beach	Myrtle Beach	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2011	17972	Other State	SC Out-of-Region	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2011	28467	NC	NC	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2011	29579	Myrtle Beach	Myrtle Beach	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2012	28463	NC	NC	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2012	29526	Conway	Conway	Anderson, Thomas Shannon	Neurosurgery, GS Spine & Neuro Center	4-GS Committed	Other	1
2011	29585	Pawleys Island	Murrells I	Anguelov, Ivo V	Magnolia General Medicine – Internal Med	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29544	Galivants Ferry	Conway	Anguelova, Dora L	Magnolia General Medicine – Internal Med	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	28467	NC	NC	Arb, Birgit A	Cape Fear Cancer Specialists – Wilmington	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29510	Andrews	Georgetown	Babanoury, Agha B	MUSC Urology/Charleston VA	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29585	Pawleys Island	Murrells I	Babcock, William H	Hematology – Dorn VA Oncology	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	20874	Other State	SC Out-of-Region	Ball, Joseph A	Critical Care Medicine, Gaithersburg, MD	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29526	Conway	Conway	Baron, Paul L	Charleston Breast Center	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29582	North Myrtle Beach	North MB	Baron, Paul L	Charleston Breast Center	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	29566	Little River	North MB	Bebb, Gregory Gerard	Wilmington Surgical Associates	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Belcher, Kenneth	Hospitalist – Carolina Health Specialists	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29577	Myrtle Beach	Myrtle Beach	Belcher, Kenneth	Hospitalist – Carolina Health Specialists	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29588	Myrtle Beach	Murrells I	Belcher, Kenneth	Hospitalist – Carolina Health Specialists	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29575	Myrtle Beach	Murrells I	Benjamin, Jeff A	GS Spine & Neuro Center	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29511	Aynor	Conway	Benz, Francis M	Carolina Rheumatology/Neurology Assoc	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29526	Conway	Conway	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2011	29579	Myrtle Beach	Myrtle Beach	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	2
2011	29588	Myrtle Beach	Murrells I	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	28465	NC	NC	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29526	Conway	Conway	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29526	Conway	Conway	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29544	Galivants Ferry	Conway	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29544	Galivants Ferry	Conway	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	2
2012	29566	Little River	North MB	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29566	Little River	North MB	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29572	Myrtle Beach	Myrtle Beach	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29572	Myrtle Beach	Myrtle Beach	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2012	29577	Myrtle Beach	Myrtle Beach	Bibb, Robert D	Waccamaw Dermatology & Plastic Surgery	6-GS Supportive	Other	1
2010	29566	Little River	North MB	Blue, April L	Family Practice – Carolina Health Specialist	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29588	Myrtle Beach	Murrells I	Boatwright, Stephen E	Family Practice, Florence SC	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	28452	NC	NC	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	28467	NC	NC	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	28468	NC	NC	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29568	Longs	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1



2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29575	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29575	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29577	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29585	Pawleys Island	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	2
2010	29585	Pawleys Island	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	28467	NC	NC	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29526	Conway	Conway	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29566	Little River	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29568	Longs	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29575	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29577	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29579	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29579	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29582	North Myrtle Beach	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29526	Conway	Conway	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29566	Little River	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29566	Little River	North MB	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29572	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	3
2012	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29577	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29577	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29578	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29579	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29579	Myrtle Beach	Myrtle Beach	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29588	Myrtle Beach	Murrells I	Bogache, William K	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29526	Conway	Conway	Bogdan, Carol Ann	Waccamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29527	Conway	Conway	Bogdan, Carol Ann	Waccamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29566	Little River	North MB	Bogdan, Carol Ann	Waccamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29559	Loris	Loris	Bogdan, Carol Ann	Waccamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Waccamaw Hospital	7-Gton in MI gets 100%	Other	1

2010	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29582	North Myrtle Beach	North MB	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2010	29585	Pawleys Island	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	2
2010	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	28467	NC	NC	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29527	Conway	Conway	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29527	Conway	Conway	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29544	Galivants Ferry	Conway	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29566	Little River	North MB	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29578	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1
2012	28469	NC	NC	Bogdan, Carol Ann	Wacamaw Hospital	7-Gton in MI gets 100%	Other	1

2012	29526	Conway	Conway	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29566	Little River	North MB	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29566	Little River	North MB	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	2
2012	29575	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29576	Murrells Inlet	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29578	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29579	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29587	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	2
2012	29587	Myrtle Beach	Myrtle Beach	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Bogdan, Carol Ann	Wacamaw Hospital	7-GTon in MI gets 100%	Other	1
2011	29575	Myrtle Beach	Murrells I	Bohan, Michael N	Other	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29526	Conway	Conway	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29527	Conway	Conway	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29576	Murrells Inlet	Murrells I	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29579	Myrtle Beach	Myrtle Beach	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29526	Conway	Conway	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29527	Conway	Conway	Bondy, Peter C	Carolina Bays ENT	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	29526	Conway	Conway	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2010	29527	Conway	Conway	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2010	29575	Myrtle Beach	Murrells I	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2010	29576	Murrells Inlet	Murrells I	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2011	29568	Longs	North MB	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2011	29576	Murrells Inlet	Murrells I	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2011	29579	Myrtle Beach	Myrtle Beach	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2011	29588	Myrtle Beach	Murrells I	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2012	29526	Conway	Conway	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2012	29577	Myrtle Beach	Myrtle Beach	Borowicz, Mark Richard	Surgical Assoc. of Myrtle Beach	4-GS Committed	Other	1
2010	29578	Myrtle Beach	Myrtle Beach	Botse-beidoo, Edward	Carolina Health Specialists – Internal Med	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29568	Longs	North MB	Botse-beidoo, Edward	Carolina Health Specialists – Internal Med	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	28468	NC	NC	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29575	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29577	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29578	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29579	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29582	North Myrtle Beach	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29582	North Myrtle Beach	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2010	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	28467	NC	NC	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29526	Conway	Conway	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29527	Conway	Conway	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29566	Little River	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29568	Longs	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-GTon in MI gets 100%	Other	1

2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2011	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29566	Little River	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29568	Longs	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29575	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29579	Myrtle Beach	Myrtle Beach	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29582	North Myrtle Beach	North MB	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29588	Myrtle Beach	Murrells I	Brackett, Newton Craig	Coastal Carolina Breast Center/Waccamaw	7-Gton in MI gets 100%	Other	1
2012	29575	Myrtle Beach	Murrells I	Bradley, Deborah Ann	Duke – Hematology and Oncology	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29569	Loris	Loris	Bremner, Sandra Marion	Other	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29576	Murrells Inlet	Murrells I	Brown, Rhonda G	Nurse Practitioner	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29566	Little River	North MB	Butler, J Clark	Stand Orthopedic Consultants	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29566	Little River	North MB	Butler, J Clark	Stand Orthopedic Consultants	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29526	Conway	Conway	Cacace, John	Emergency Med., Conway Emg. Group	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	Cady, Brian Thomas	Hospitalist - EmCare	8-Other - Supports CRCC, GS, and Ford	Other	1
2012	29526	Conway	Conway	Camp, E Ramsay	Asst. Prof. of Surgery, MUSC	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29576	Murrells Inlet	Murrells I	CAMP, RAMSAY MD	Other	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	29577	Myrtle Beach	Myrtle Beach	CAMP, RAMSAY MD	Other	8-Other - Supports CRCC, GS, and Ford	Other	1
2011	28432	NC	NC	Center, Inc, Tabor City	Family Medicine (?), Tabor City, NC	8-Other - Supports CRCC, GS, and Ford	Other	1
2010	29575	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29575	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29578	Myrtle Beach	Myrtle Beach	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2010	29588	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	16735	Other State	SC Out-of-Region	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29575	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29579	Myrtle Beach	Myrtle Beach	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2011	29588	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29575	Myrtle Beach	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29576	Murrells Inlet	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1
2012	29585	Pawleys Island	Murrells I	Cerasaro, Thomas S	Atlantic Urology	1-AUC - CRCC 100% to CRCC	AUC	1